Canterbury Health Laboratories
OBSTETRICS SFPG REQUEST FORM

Canterbury Health Laboratories
www.chl.co.nz | 0800THELAB

Surname Given Names			Copy to	
Age or D.O.B.	Sex	NHI	Sample date, time	
Care of (**OG Team or Consultant**)		Location	Collected by	Requested by

TESTS REQUIRED:	**Please provide the following information:**
☐ ***SFPG*** (sFlt-1/PlGF ratio) • Clinical features of pre-eclampsia	Gestational Age: ____ Weeks ☐ Singleton Pregnancy or ☐ Multiple Pregnancy
OR	***Indication (if requesting ratio) (<u>Please select one</u>):***
☐ ***PLGF*** (PlGF only) • Screening for early-onset placental insufficiency at 20+0 to 28+0 weeks	☐ Suspected pre-eclampsia ☐ Isolated new or worsening hypertension ☐ Isolated new or worsening proteinuria
Specimen Requirements: *1 x red <u>or</u> gold (SST) tube.*	☐ Isolated foetal growth restriction