

# Canterbury Health Laboratories

## OBSTETRICS 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:



**SFPG** (sFlt-1/PIGF ratio)

- Clinical features of pre-eclampsia

**OR**



**PIGF** (PIGF only)

- Screening for early-onset placental insufficiency at 20+0 to 28+0 weeks

**Specimen Requirements:** 1x Serum tube.

### Please provide the following information:

Gestational Age: \_\_\_\_ Weeks

☐ Singleton Pregnancy or ☐ Multiple Pregnancy

**Indication (if requesting ratio) (Please select one):**

☐ Suspected pre-eclampsia

☐ Isolated new or worsening hypertension

☐ Isolated new or worsening proteinuria

☐ Isolated fetal growth restriction