


Canterbury Health Laboratories

OBSTETRICS REQUEST FORM

Surname			Given Names		Copy to	Sample date, time	Requested by
Age or D.O.B.	Sex	NHI			 <p style="font-size: small; margin-top: 5px;">Canterbury Health Laboratories www.chl.co.nz 0800THELAB</p>	Collected by	
Care of		Location					

TESTS REQUIRED:



SFPG (sFlt-1/PIGF ratio)

1x Serum tube (separate and send aliquot to Endo)

Please provide the following information:

Gestational Age: ____ Weeks

Singleton Pregnancy or Multiple Pregnancy

Indication (Please select one):

Suspected pre-eclampsia

Isolated new or worsening hypertension

Isolated new or worsening proteinuria

Isolated fetal growth restriction