



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

REQUISITION FOR FOETAL PATHOLOGICAL AUTOPSY

Date

Consultant In charge of the patient.....
 Name of the Mother..... CR No.....
 Gender of the Foetus..... Period of gestation.....(Weeks)
 Date and Time of delivery of stillborn foetus.....
 Birth weight.....grams

Brief Relevant History

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Maternal investigations

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Tissues sent: Foetus/ Placenta/ Cord/ Foetal blood /Other (pls specify):

.....

Form filled by..... (Full name & Designation)

Signature.....Date:.....

AIMS PATNA