Referral
Recurrent Pregnancy Loss clinic
BC Women's Hospital
Phone: (604) 875-3628
Fax: (604) 875-3136

BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

Appointment will be given directly to the patient

Date: _____

Name	☐ New patient ☐ Re-referral. Reason:
DOB PHN	_____
Address	**Referring Provider name**:
City & Postal Code	_____ Billing # :_____
Email	cc: _____
Phone Number Primary Alternate	cc: _____
Pregnancy History G_____ T_____ P_____ SA_____ TA _____ E_____ L_____	cc: _____

Language barrier ☐ No ☐ Yes
Interpreter booked ☐ No ☐ Yes Language spoken_____

Please note that:

- A large number of losses are due **to random aneuploidy** (abnormal number of chromosomes) in the embryo.
- We recommend **cytogenetic testing** at the time of 2nd consecutive pregnancy loss or any loss ≥ 10 weeks (by CRL).
- **Unexplained pregnancy loss refers to a pregnancy proven to be 46XX /46XY *or* where karyotype was not obtained.**

Reason for Referral

☐ ≥ 2 consecutive unexplained pregnancy losses at ≤10 weeks gestation

☐ ≥ 1 unexplained pregnancy loss ≥ 10 weeks and ≤ 20wks gestation by U/S

☐ Patients with ≥ 1 documented unexplained pregnancy loss at any gestational age **WITH**:

- ☐ Chronic histiocytic intervillositis *OR*
- ☐ Known anti-phospholipid syndrome *OR*
- ☐ Suspected major uterine anomaly *(includes fibroids and adenomyosis, excludes arcuate uterus) OR*
- ☐ Known parental translocation

Done	Not Done	Send copies of the following if available:
☐	☐	Consultation with summary of each pregnancy
☐	☐	Ultrasounds with confirmation of pregnancy
☐	☐	Ultrasounds with confirmation of demise
☐	☐	HCG levels if pregnancy not seen in ultrasound (pregnancy of unknown location)
☐	☐	Blood type
☐	☐	Surgical Pathology
☐	☐	Karyotype of the loss (If pending, referral is declined and re-referral is required once criteria met)
☐	☐	HSG or hysteroscopy or other anatomic evaluation
☐	☐	Parental karyotypes
☐	☐	TSH, Prolactin, HbA1C
☐	☐	Anti-cardiolipin antibody, Lupus Anticoagulant antibody, B-2 Glycoprotein antibody
☐	☐	Other:

Please note: *As of October 2019, patients that are currently pregnant, have previously completed negative RPL work-up, or are undergoing Assisted Reproductive Technology will no longer be accepted as new referrals.*

Incomplete Referrals will *not* be accepted