Referral
Recurrent Pregnancy Loss Clinic
BC Women's Hospital
Phone: (604) 875-3706
Fax: (778) 504-9762

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

Appointment will be given directly to the patient

Date: _____

Name Pronouns	☐ New patient ☐ Re-referral. Reason:
DOB PHN	
Address	**Referring Provider name**:
City & Postal Code	Billing # :
Email Consent to Email ☐ No ☐ Yes	cc:
Phone Number Primary Alternate	cc:
Pregnancy History G_____ T_____P_____SA_____TA _____E_____L_____	cc:

Identify as Indigenous ☐ No ☐ Yes Language barrier ☐ 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 and subsequent pregnancy loss.
- **Unexplained pregnancy loss refers to a pregnancy proven to be 46XX /46XY *or* where karyotype was not obtained.**

Reason for Referral

☐ ≥ 2 unexplained pregnancy losses at ≤10 weeks gestation *(biochemical losses must be > 6wks by LMP)*

☐ ≥ 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*
- □ Asherman's syndrome
- □ Suspected major uterine anomaly *(includes fibroids: submucosal & intramural, and Mullerian anomalies; excludes adenomyosis and 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 November 2024, patients with secondary infertility will no longer be accepted. Please refer to a fertility centre*
**Patients that are currently pregnant or are undergoing AssistedReproductive Technology will no longer be accepted as new referrals.*
**We are unable to provide early Pregnancy Monitoring for patients living outside of the Lower Mainland. Referring Providers will be responsible for monitoring their patients with advice available from the RPL clinic.*

Incomplete Referrals will *not* be accepted