



ARP ACCOUNT #

HOSPITAL/CLINIC

VETERINARIAN

COLLECTION DATE

OWNER NAME: \_\_\_\_\_ ANIMAL NAME: \_\_\_\_\_

SPECIES: \_\_\_\_\_ ANIMAL AGE: \_\_\_\_\_ GENDER: **M** **F** PATIENT ID: \_\_\_\_\_

Biopsy

Mini Biopsy  
(no microscopic description)

Cytology

Mini Cytology  
(no microscopic description)

Non-diagnostic biopsy/  
cytology resubmission  
(indicate previous ARP accession number below)

Post cytology histopathology  
(indicate previous ARP accession number below)  
**Mini** (no microscopic description) **Regular**

Previous ARP accessions:

Employee biopsy  
or cytology:

Doctor  
Staff

Professional Courtesy  
Biopsy/Cytology

Pathologist Preference:

Gasper

Other \_\_\_\_\_

Send results (if not already on file) or duplicate results to:

Name: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**SAMPLE SITE/LOCATION**

**# OF SPECIMENS**

**EVALUATE MARGINS?**

**STANDARD**  
Cross Sectional/  
Radial Technique

**EXTENSIVE**  
Serial Sectioning  
Technique\*

**Orange Peel  
Technique\***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*Additional fee

**HISTORY/LESION DESCRIPTION** (Failure to provide appropriate information may result in delayed results)

**DURATION OF LESION/CLINICAL SIGNS:** (Attach additional pages as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR MASS LESIONS:** Size: \_\_\_\_\_ Shape: \_\_\_\_\_ Color: \_\_\_\_\_ Consistency: \_\_\_\_\_ Distribution: \_\_\_\_\_

**ARE THERE HUSBANDRY ISSUES RELEVANT TO THE CLINICAL DISEASE? IF SO, PLEASE DESCRIBE:**

\_\_\_\_\_  
\_\_\_\_\_

**WORKING CLINICAL DIAGNOSIS:** \_\_\_\_\_

**WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?**

\_\_\_\_\_  
\_\_\_\_\_



Illustrations by Josh Larsen