



ARP Account #

Hospital/Clinic

Veterinarian

Collection Date

**ANIMAL
REFERENCE
PATHOLOGY™**Advancing the art *and* science of veterinary medicine™

OWNER NAME: _____ ANIMAL NAME: _____

BREED: _____ ANIMAL AGE: _____ GENDER: M F M(N) F(S) 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
StaffProfessional Courtesy
Biopsy/Cytology

Pathologist Preference:

 McGill Gardiner Trainor Dailey Gailbreath Tatiersky
 No Preference Other _____

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

Name: _____ Fax/Email: _____

SAMPLE SITE/LOCATION**# OF SPECIMENS**

1. _____
-
2. _____
-
3. _____

Folate: _____

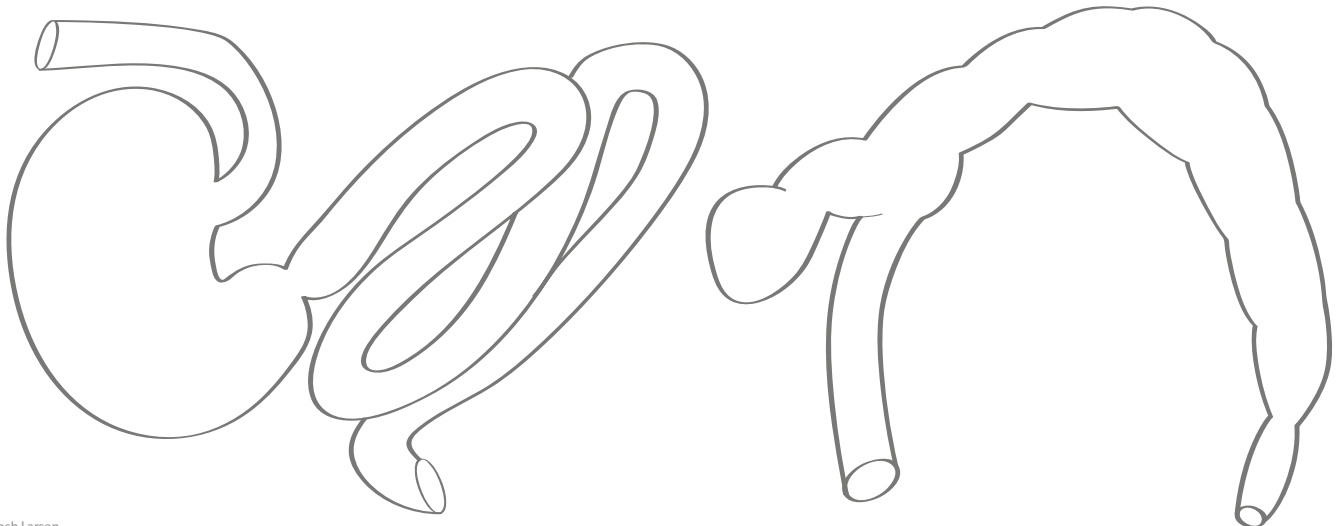
Cobalamin: _____

Pancreatic Lipase Immunoreactivity: _____

Trypsin-like immunoreactivity: _____

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: _____**WORKING CLINICAL DIAGNOSIS:** _____**WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?**

PLEASE INDICATE THE SAMPLED AREAS, NUMBER OF SAMPLES FOR EACH REGION OF THE GI TRACT AND ANY NOTABLE ENDOSCOPIC FINDINGS

Illustrations by Josh Larsen

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