



ARP Account #

Hospital/Clinic

Veterinarian

Collection Date

ANIMAL REFERENCE PATHOLOGY™

Advancing the art and science of veterinary medicine™

OWNER NAME: \_\_\_\_\_ ANIMAL NAME: \_\_\_\_\_ ANIMAL AGE: \_\_\_\_\_ PATIENT ID: \_\_\_\_\_

SPECIES:  Canine  Feline  Other \_\_\_\_\_ BREED: \_\_\_\_\_ GENDER:  M  F  M(N)  F(S)

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:

McGill  Gardiner  Trainor  Dailey  Gallbreath  Tatiarsky   
  No Preference  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\*

Table with 4 columns: Sample Site/Location, # of Specimens, Standard Cross Sectional/Radial Technique, Extensive Serial Sectioning Technique, Orange Peel Technique. Rows 1-3.

\*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)

Blank lines for history/lesion description.

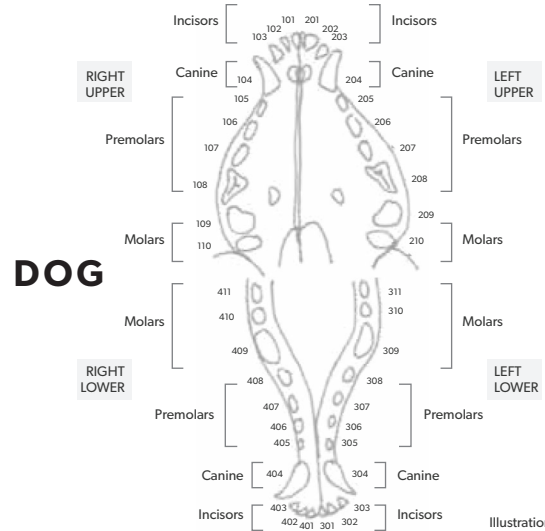
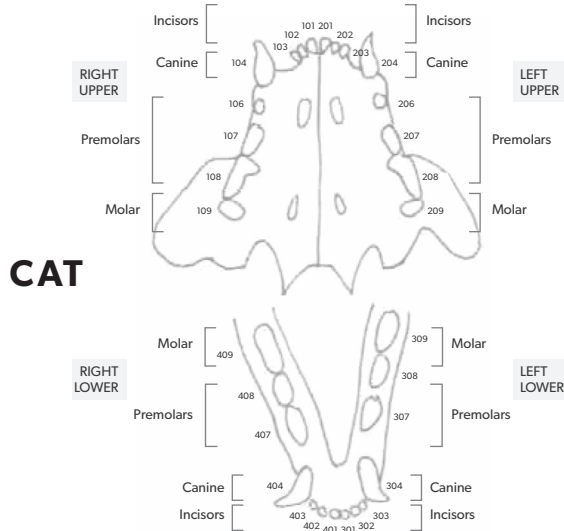
FOR MASS LESIONS: Size: \_\_\_\_\_ Shape: \_\_\_\_\_ Color: \_\_\_\_\_ Consistency: \_\_\_\_\_ Distribution: \_\_\_\_\_

SEVERITY OF PERIODONTAL DISEASE?  Normal  Mild  Moderate  Severe

ARE THERE ANY OSTEOLYTIC CHANGES? \_\_\_\_\_

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

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



Illustrations by Kate Weed Lyman