



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 Staff
 Professional Courtesy Biopsy/Cytology

Pathologist Preference:

 McGill
 Gardiner
 Trainor
 Dailey
 Gallbreath
 Tatiersky
 No Preference
 Other _____

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

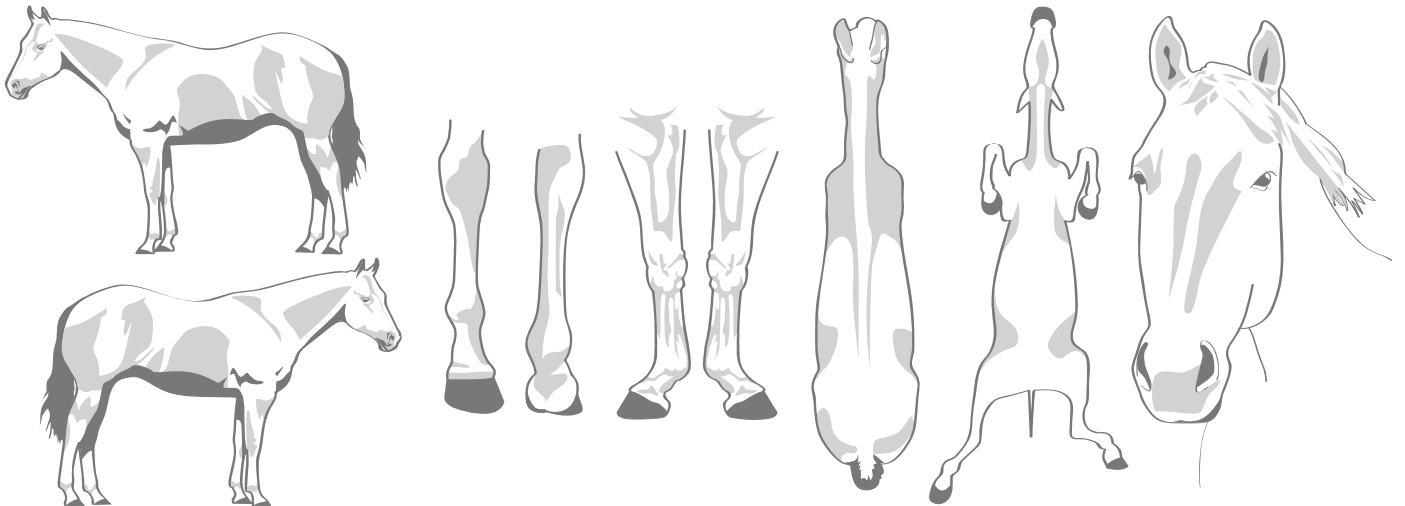
Name: _____ Fax/Email: _____

SAMPLE SITE/LOCATION**# OF SPECIMENS****EVALUATE MARGINS?**

		EVALUATE MARGINS?		
		STANDARD Cross Sectional/ Radial Technique	EXTENSIVE Serial Sectioning Technique*	Orange Peel Technique*
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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: _____**FOR UTERINE BIOPSIES PLEASE PROVIDE STAGE OF ESTRUS AT TIME OF BIOPSY AND YEARS OF BARRENNESS/UNSUCCESSFUL BREEDING OR FOALING:** _____**WORKING CLINICAL DIAGNOSIS:** _____**WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?** _____

Illustrations by Josh Larsen

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