



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: _____

HISTOPATHOLOGY

- Regular biopsy
- Regular biopsy with copper stain
- Regular biopsy with liver histochemical stain panel
(copper, iron, reticulin, trichrome stains)
- Regular biopsy with quantitative copper levels
- Regular biopsy with liver histochemical stain panel
and quantitative copper levels
(copper, iron, reticulin, trichrome stains)

- Mini biopsy*
- Mini biopsy with copper stain*
- Mini biopsy with liver histochemical stain panel*
(copper, iron, reticulin, trichrome stains)
- Mini biopsy with quantitative copper levels*
- Mini biopsy with liver histochemical stain panel
and quantitative copper levels*
(copper, iron, reticulin, trichrome stains)

CYTOLOGY

- Cytology
- Mini Cytology*
- 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

* Mini biopsy does not include a microscopic description

Previous ARP accessions:

Employee biopsy
or cytology:Doctor
StaffProfessional Courtesy
Biopsy/Cytology

Pathologist Preference:

McGill Gardiner Trainor Dailey Gaibreath Tatiarsky

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. _____

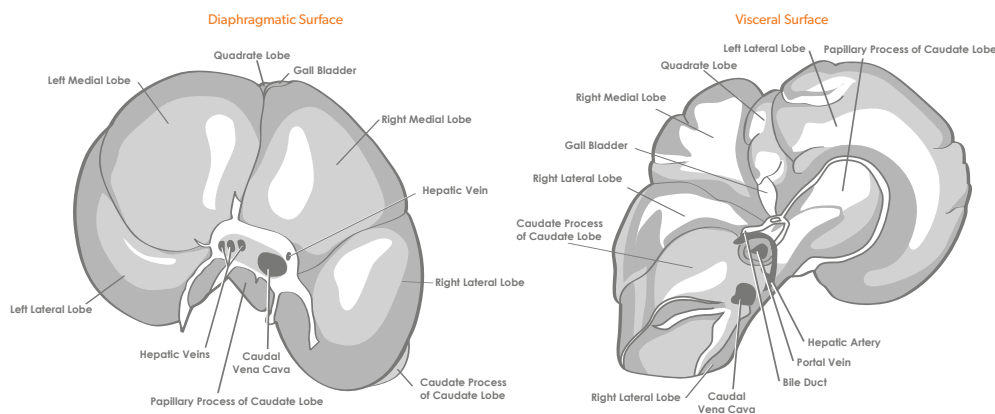
ALT: _____ Conjugated bilirubin: _____ PT: _____

AST: _____ Unconjugated bilirubin: _____ aPTT: _____

ALPHOS: _____ Bile acids pre: _____ post: _____ Ammonia: _____

GGT: _____ Bile acids total: _____ Cholesterol: _____

Total bilirubin: _____ Albumin: _____ Glucose: _____

HISTORY/LESION DESCRIPTION (Failure to provide appropriate information may result in delayed results)**DURATION OF LESION/CLINICAL SIGNS:** (Attach additional pages as necessary)**ABDOMINAL ULTRASOUND AND OTHER IMAGING FINDINGS:****FOR MASS LESIONS:** Size: _____ Shape: _____ Color: _____ Consistency: _____ Distribution: _____**WORKING CLINICAL DIAGNOSIS:** _____**WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?**

Illustrations by Josh Larsen

WWW.ANIMALREFERENCEPATHOLOGY.COM

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