



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 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)

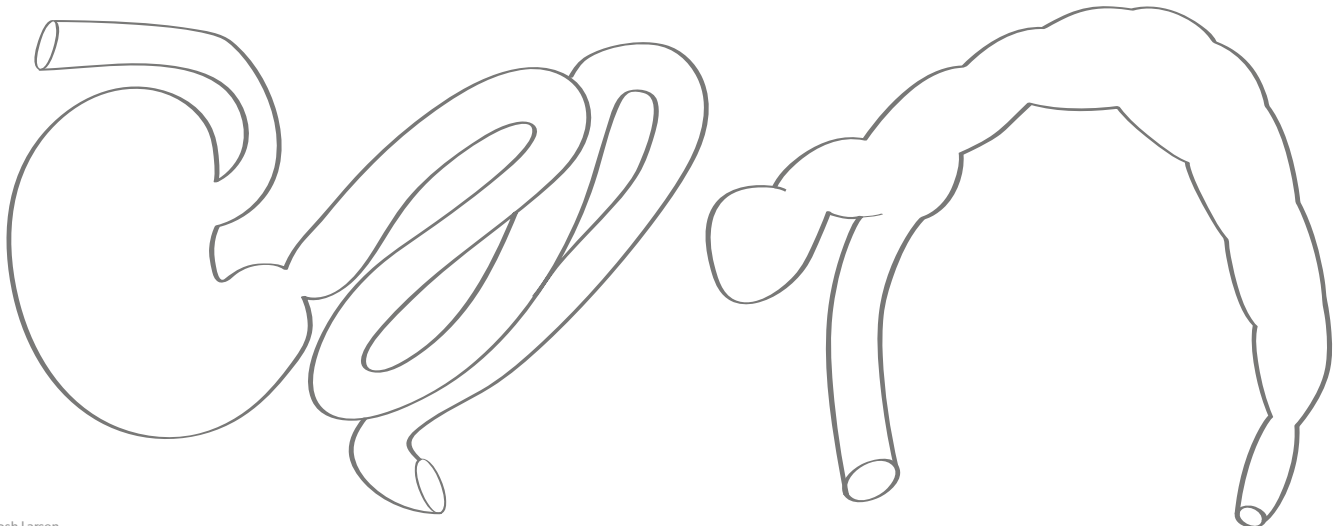
DURATION OF LESION/CLINICAL SIGNS: (Attach additional pages as necessary)

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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