



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. \_\_\_\_\_

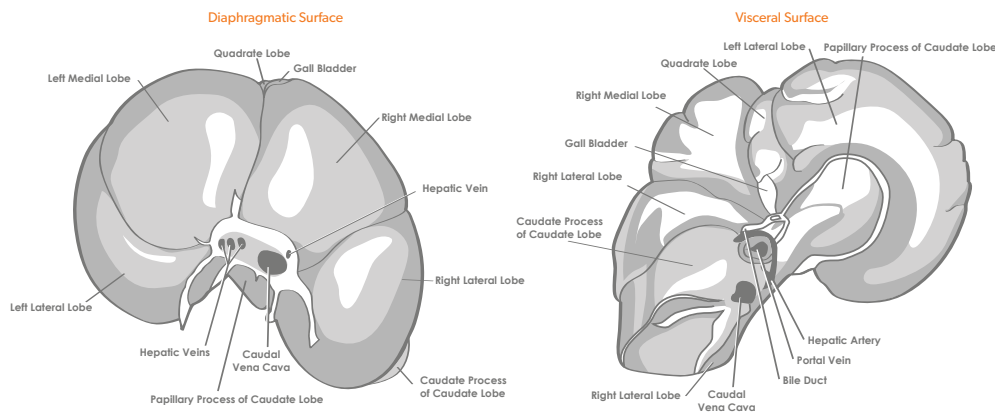
ALT: \_\_\_\_\_ Conjugated bilirubin: \_\_\_\_\_ PT: \_\_\_\_\_

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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