



ARP Account #

Hospital/Clinic

Veterinarian

Collection Date

**ANIMAL
REFERENCE
PATHOLOGY™**

Advancing the art *and* science of veterinary medicine™

OWNER NAME: _____ **ANIMAL NAME:** _____

SPECIES: _____ **BREED:** _____ **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 Tatiarsky
No Preference Other _____

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

Name: _____ Fax/Email: _____

SAMPLE SITE/LOCATION

OF SPECIMENS

SAMPLE TYPE

Eyelid

Globe

Evisceration

Exenteration

Cornea

1. _____

2. _____

HISTORY/LESION DESCRIPTION (Failure to provide appropriate information may result in delayed results)

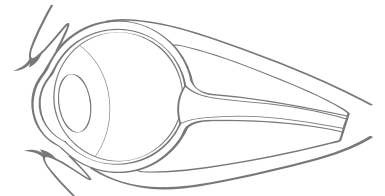
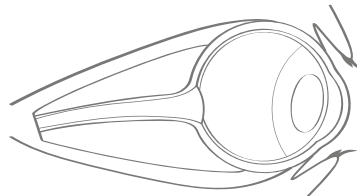
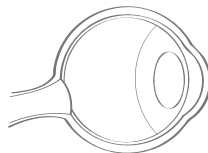
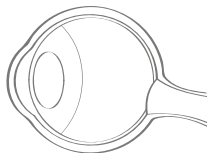
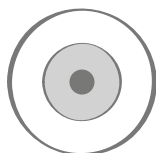
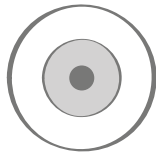
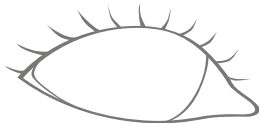
OPHTHALMIC FINDINGS:

GENERAL MEDICAL CONDITIONS:

INTRAOCULAR PRESSURE: OS _____ OD _____ **EYE COLOR:** _____

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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