



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 Tatiarsky
 No Preference Other _____

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

Name: _____ Fax/Email: _____

SAMPLE SITE/LOCATION

OF SPECIMENS

EVALUATE MARGINS?

			STANDARD		
			Cross Sectional/ Radial Technique	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

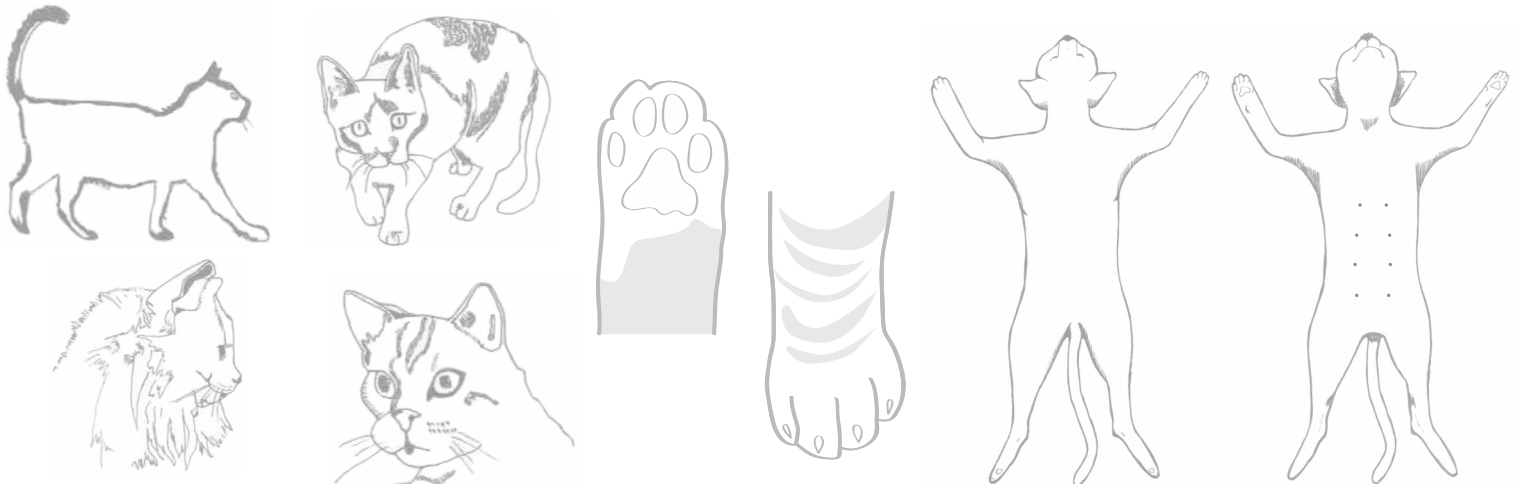
HISTORY/LESION DESCRIPTION (Failure to provide appropriate information may result in delayed results)

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

FOR MASS LESIONS: Size: _____ Shape: _____ Color: _____ Consistency: _____ Distribution: _____

WORKING CLINICAL DIAGNOSIS: _____

WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?



Illustrations by Kate Weed Lyman and Lindsay Thompson

WWW.ANIMALREFERENCEPATHOLOGY.COM

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