



ARP ACCOUNT #	HOSPITAL/CLINIC	VETERINARIAN	COLLECTION DATE
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OWNER NAME: _____ **ANIMAL NAME:** _____
SPECIES: _____ **ANIMAL AGE:** _____ **GENDER:** **M** **F** **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: Gasper 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	EXTENSIVE Serial Sectioning Technique* Orange Peel Technique*
1. _____	_____		
2. _____	_____		
3. _____	_____		

*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: _____

ARE THERE HUSBANDRY ISSUES RELEVANT TO THE CLINICAL DISEASE? IF SO, PLEASE DESCRIBE:

WORKING CLINICAL DIAGNOSIS: _____

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



Illustrations by Josh Larsen