



ARP ACCOUNT #

HOSPITAL/CLINIC

VETERINARIAN

COLLECTION DATE

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***

- _____
- _____
- _____

*Additional fee

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

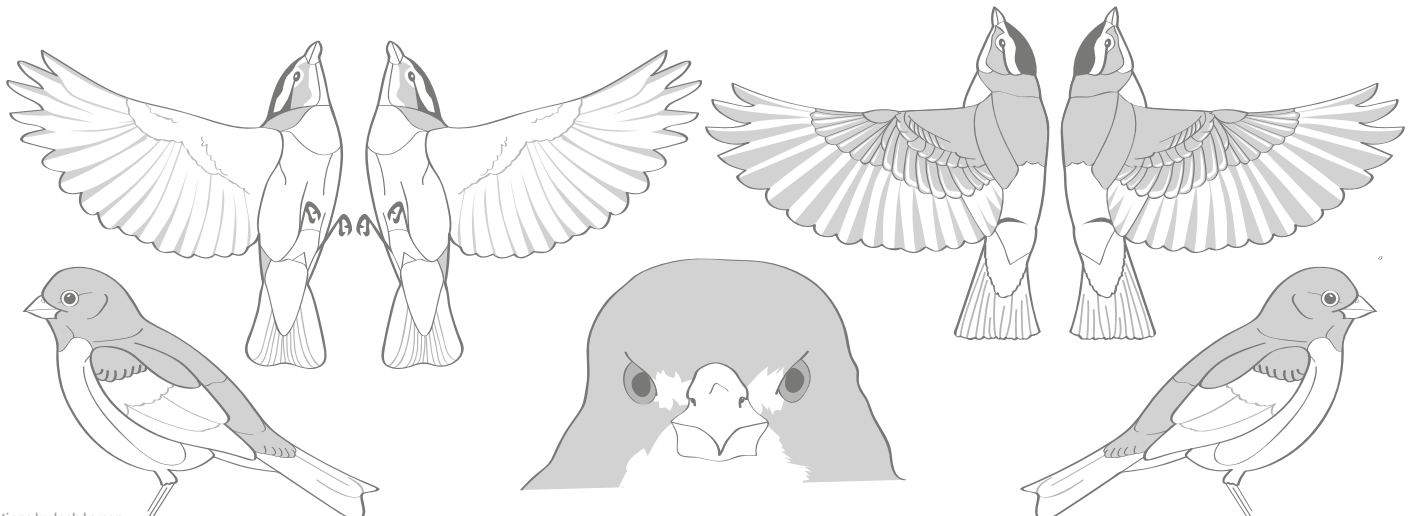
DURATION OF LESION/CLINICAL SIGNS: (Attach additional pages as necessary)

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