

Bone Marrow Aspirate Request for Additional Cells Submission Form

1. Patient details:

Registered name:

Passport number:

Sex:

Age:

Breed:

Laboratory use only

Horse use:

2. Cells Requested:

2. 1 Volume of cells required (please check)

See guidelines below and check required number of cells:

- 10 million cells - Standard
(2 NaCit tubes required)
- 20 million cells
(4 NaCit tubes required)
- 30 million cells
(6 NaCit tubes required)
- 40 million cells
(8 NaCit tubes required)
- Owner HAS NOT given consent for the
use of surplus material for research
and development purposes.

2. 2 Sample Detail (please check)

Always Required: x 4mL Blood +NaCit

Additional Samples: x 4mL Blood + NaCit

(please indicate number - see section 2.1)

Comments/special requests:

* Please send in blood collection tubes to:
MDS EMC, Virginia Tech
17690 Old Waterford Rd
Leesburg, Virginia 20176

3. Declaration:

I certify that at the time of blood collection, this horse was free from clinical signs of infectious disease and prior to this collection has not been outside of the US for a period of at least 8 weeks. I hereby submit my sample and agree to the Equine Partners America, LLC terms and conditions that have been provided to me with my original submission form.

Signature of veterinary surgeon:

Name printed:

Date:

Practice address (please inform us if delivery address is different):

Tel (required):

Email (required):