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| HOSPITAL LABEL |
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|---|
| Laboratory Use Only<br>ACCESSION #<br>NOTES |
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### VETERINARIAN INFORMATION

|                        |                     |       |     |  |
|------------------------|---------------------|-------|-----|--|
| REFERRING VETERINARIAN | VETERINARY PRACTICE |       |     |  |
| POINT OF CONTACT       | PHONE               | EMAIL |     |  |
| ADDRESS                | CITY                | STATE | ZIP |  |

### PATIENT AND OWNER INFORMATION

|              |         |       |      |        |        |
|--------------|---------|-------|------|--------|--------|
| PATIENT NAME | SPECIES | BREED | AGE* | GENDER | WEIGHT |
| OWNER NAME   | PHONE   | EMAIL |      |        |        |

**\*AGED, INFIRMED, OR PATIENTS ON MEDICATIONS OR WITH LIMITED TISSUE MAY NOT GROW CELLS**

### INJURY INFORMATION

|             |             |  |   |         |             |
|-------------|-------------|--|---|---------|-------------|
| INJURY DATE | DESCRIPTION | <input type="checkbox"/> RF <input type="checkbox"/> LF<br><input type="checkbox"/> RH <input type="checkbox"/> LH | <input type="checkbox"/> JOINT / BURSA / SHEATH<br><input type="checkbox"/> TENDON / LIGAMENT<br><input type="checkbox"/> OTHER | # SITES | LESION SIZE |
| MEDICATIONS |             | OTHER TREATMENTS   |   |         |             |

### ADDITIONAL DOSE INFORMATION

|                            |                      |                             |
|----------------------------|----------------------|-----------------------------|
| REQUESTED DATE OF SHIPMENT | # CELLS PER SHIPMENT | VOLUME DILUENT PER SHIPMENT |
| SPECIAL REQUESTS           |                      |                             |

**PLEASE SEND COMPLETED FORM TO:**  
 info@equinepartnersamerica.com