

HOSPITAL LABEL

Laboratory Use Only ACCESSION # NOTES

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			

OWNER DOES NOT GIVE CONSENT FOR USE OF SURPLUS MATERIAL FOR RESEARCH AND DEVELOPMENT PURPOSES

***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 <input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> JOINT / BURSA / SHEATH <input type="checkbox"/> TENDON / LIGAMENT <input type="checkbox"/> OTHER	# SITES	LESION SIZE
MEDICATIONS		OTHER TREATMENTS			

SAMPLE INFORMATION

SUBMISSION DATE	SUBMITTED SAMPLES	REQUESTED PROCESSING
SPECIAL REQUESTS	<input type="checkbox"/> BLOOD <input type="checkbox"/> BONE MARROW (HEPARINIZED) <input type="checkbox"/> BONE MARROW (CITRATED) <input type="checkbox"/> OTHER	<input type="checkbox"/> MESENCHYMAL STEM CELLS IN BMA <input type="checkbox"/> MESENCHYMAL STEM CELLS IN PRP <input type="checkbox"/> MESENCHYMAL STEM CELLS IN ACS <input type="checkbox"/> MESENCHYMAL STEM CELLS IN LRS/10% SERUM <input type="checkbox"/> OTHER
# CELLS PER SHIPMENT	VOLUME DILUENT PER SHIPMENT	BANKING OF CELLS 5 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO

Laboratory Use Only	REGENMED UPS LABEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRACKING NUMBER
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PLEASE SEND COMPLETED FORM AND SAMPLE TO:

RegenMed@VT
 Marion duPont Scott EMC
 17690 Old Waterford Rd
 Leesburg, VA 20176