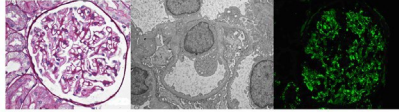


**International Veterinary
Renal Pathology Initiative**



Tissue Analysis With A Clinical Perspective

**International Veterinary Renal
Pathology Service**

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Specimen Submission Form

Date specimens obtained: _____

Submitting Center

Hospital/Clinic: _____ Attending Clinician: _____

Clinician Email(s)*: _____

Lab/Technician Email(s)*: _____

Phone: ___/____ Hospital Address: _____

Contact for invoice** : _____ Email or fax for invoice** : _____

*Results will be sent to email addresses provided on submission form.

**Please ensure correct invoice contact information. Missing or incorrect information will delay resulting.

Case Identification

Animal Name: _____ Owner Name: _____

Signalment: Dog [] Cat [] Breed _____

Gender: MI [] MC [] FI [] FS [] Age or Date of Birth: _____

Case or Medical Record Number at Submitting Center: _____

Clinical Synopsis:

Clinical Syndrome: Acute renal failure [] Nephritic syndrome [] Nephrotic syndrome []

Other (explain): _____

Clinical Data: SCr _____ UPC _____ SA/b _____ BP _____ USG _____

Clinician's Narrative Summary (insert or append)

Tissue Specimens:

Method: Open surgical [] Laparoscopic [] Ultrasound-guided [] Necropsy []

Using: Wedge [] Needle [] (specific brand and size): _____

Processed for: TEM (formalin) [] **w/in ___ min;** LM (formalin) []; IF (Michel's) []

For IVRPS Use: Accession no. _____ Date received: _____