



*Tissue Analysis with a Clinical Perspective*

**Shipping Address**  
IVRPS - TAMU VMTH Clin Path  
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### Submitting Center Information

Clinic name (no acronyms):

Attending clinician:

Phone:

Email(s) for results:

Clinic address:

### Patient Information

Animal name:

Owner name:

Species:

Breed (no acronyms):

Sex:

Age or date of birth:

Weight (kg):

Hospital MR #:

### Clinical Synopsis

Clinicopathologic data: SCr:

SAlb:

USG:

BP:

UPC:

Urine Protein (mg/dL):

Urine Creatinine mg/dL):

Brief summary and purpose/goal of sample evaluation; please attach additional information as needed:

### Sample Information

Test(s) requested:

#### Kidney:

Collection date:

Was sample collected post-mortem?

Collection method:

Biopsy needle size (if used):

Tissue submitted in:

Time from collection to formalin fixation:

#### Bladder, urethra, or ureter:

Collection date:

Was sample collected post-mortem?

Collection method:

Tissue submitted in:

#### Urine:

Collection date:

Sample type:

Collection method:

Online payment is required at time of submission. Results cannot be released unless payment has been received.  
To order and pay for tests, go to: <https://tamu.estore.flywire.com/international-veterinary-renal-pathology-service>

Order Number: \_\_\_\_\_

*\*To facilitate tracking and identification of samples, please **email** submission form to  
ivrps@tamu.edu and include a **printed copy** with shipped specimens\**

For IVRPS Use: Accession #: \_\_\_\_\_ Date received: \_\_\_\_\_