



Tissue Analysis with a Clinical Perspective

Shipping Address

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Submitting Center Information

Clinic name (no acronyms):

Attending clinician:

Phone:

Clinician Email (Required):

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 procedure:

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 procedure:

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: _____