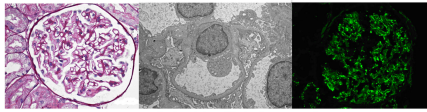


**International Veterinary Renal Pathology Service**



*Tissue Analysis with a Clinical Perspective*

**Shipping Address**  
IVRPS - VMTH Central Rcvg  
404 Raymond Stotzer Pkwy  
Bldg 508, Room 120  
College Station, TX 77843-4457  
ivrps@tamu.edu; 979-862-3842

**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: \_\_\_\_\_