

ART Equine Bone Marrow Submission Form

Registered Name of Animal: _____ Age: _____

Name of Owner: _____ Contact Veterinarian: _____

Contact Information: Phone: _____ Email: _____
(Please provide both but indicate preferred method by circling one)

Injury Location (Limb & Anatomic Structure): _____

Degree of Injury (Please Circle One):

Mild: (<25% Cross-Section) Moderate: (25-50% Cross-Section) Marked: (> 50% Cross-Section)

Recommended Stem Cell Numbers:

<u>Tendon/Ligament Injury:</u> 1-3 million cells/cm ³ lesion (Based on cross-sectional area)	<u>Joint injury:</u> Pastern joint = 5 million cells Carpal joint } Coffin joint } 10-15 million Fetlock joint }	Stifle joint } Tibiotarsal joint } 20-25 million Shoulder/Hip }
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Target Number of Stem Cells for First Treatment*: _____ Number of Treatments[†]: _____
**Standard concentration of stem cells is 10 million cells/ml* *†Each additional treatment = \$120*

Would You Like Additional Stem Cells Banked? ** (up to 20 million cells) Yes No
*** Please see Banking Policy for Pricing and Guidelines*

Total Number of Stem Cells Requested: _____
(We will need 2-3ccs of whole blood for every 10 million cells requested)

Additional Comments: _____

Shipping Address:

Billing Address:

Please complete and return this form with the bone marrow and serum sample to:

Advanced Regenerative Therapies
320 East Vine Drive Suite 122
Fort Collins, CO 80524

Questions please call 970-212-0749

www.art4dvm.com

Office Use:

Rec'd _____
 NC _____