

Date of tissue sampling:

Vet surgeon conducting tissue harvest:

Patient name/ID:

Vet surgeon administering stem cells (if different):

Owner surname:

Administering practice address
(to which AdiShot vials will be shipped):

Dog/Cat:

Body weight (Kg):

Breed:

Contact phone number for sample updates:

Male/Female:

Date of Birth:

Source of adipose tissue e.g. R inguinal fat pad:

Condition(s) to be treated (e.g. bilateral elbow OA):

Please indicate the injection formulation you require:

Intra-articular (I.A.) Intravenous (I.V.) Epidural

Number of I.A. vials required (1 vial = 2 joints)*

Number of joints to be treated:

Treatment plan (e.g. stem cells alone/combination with PRP/Adjunct to surgery):

Other requirements: Please give details for I.V. vials / reduced volume for small joints */ any specials:

General health / other medical conditions:

Please select cryostorage plan:

Standard 15-month plan (included)**

Extended 3 year plan
(extra fee £50)

CTSL conduct research to ensure optimal use of stem cells in veterinary medicine. Please tick if owner does not want surplus cells to be used in this way.

Signed:

FOR LAB USE ONLY. LAB ID: