



## Repeat Treatment Submission Form

Lab ref: (office use only)		Vet name:	
Date:		Practice address:	
Animal name/ID:			
Male/Female:		Practice phone:	
Date of Birth:		No. stem cell vials: (1 vial = 2 joints)	
Arrangements made for 25ml of whole blood to be sent to CTSL lab?	Please enter yes / no / other	No. joints to be treated or details of other requirements:	
Condition to be treated & treatment plan:			
Please call us if you have any questions about the numbers of vials OR you require bespoke vials with higher numbers of cells per ml e.g. smaller volumes for small joints/ small animals)			
Signed:			