

Animal and Contact Information *Please Write Horse's Name on all Tubes – One Form per Horse*

Fat Collection Date _____ # Collection Tubes Submitted _____
 Horse Name / ID _____ Sport/Discipline _____
 Breed _____ Sex: Male Female Neutered? Yes No Age (Yrs) _____
 Body Score: (1 = Thin, 10 = Fat) _____ Owner Consent Submitted? Yes No
 Veterinarian _____ Vet Phone () _____ Vet Cell Ph () _____
 Horse Owner _____ Owner Phone () _____ Vet Fax () _____

Shipping Info for Regenerative Cell Return ** Needed for FedEx Shipping, No PO Boxes*

Ship to* _____
 Address 1* _____
 Address 2* _____
 City* _____ State* _____ Zip* _____ Ship To Ph* () _____

Injury Information

Injury Date _____ or Duration of disease _____ Cells to be used with PRP Yes No **Last Resort** Yes No
 New injury Chronic **Location:** LF RF LR RR **Severity:** Mild/Sm Moderate/Md Severe/Lg
Tendons & Ligaments: Number of lesions to be treated _____ **Complications:** Avulsion Sepsis Sheath
 SDFT DDFT Extens Check Colat SL Branch SL Body SL Origin Impar Other _____
 Description / Zones: _____
 Previous Treatments: _____

Joints: Number of sites to be treated _____ Cells to be used with surgery Yes No
 L: Coffin (F/R) Hock Fetlock Stifle Other: _____ R: Coffin (F/R) Hock Fetlock Stifle Other: _____
 Injury Type: OA OCD – No Cyst OCD with Cyst Meniscus Cartilage Other _____
 Description: _____
 Previous Treatments: _____

Other Indications by preapproval only: Number of sites to be treated _____ **Description and Location:** _____

Please contact Vet-Stem veterinarian to discuss treatment options

Syringe & Order Specifications **(One dose = one syringe = one lesion or site to be treated)**

- Standard for intra-articular/intralesional administration: 2.0 mL per site or lesion (recommended)
- Standard for IV administration: 5 mL with a Hemo-Nate filter

Preferred Treatment Plan: Indicate the number of syringes per volume requested for the initial treatment:
 _____ @ 0.6 mL Volume _____ @ 2 mL _____ @ 5 mL w/Hemo-Nate (for IV only) _____ Other _____

Alternate Treatment Plan: Processing occasionally does not yield sufficient cells for fulfillment of the preferred treatment plan. Please provide an alternate treatment plan based on highest priority treatment sites and methods:
 _____ @ 0.6 mL Volume _____ @ 2 mL _____ @ 5 mL w/Hemo-Nate (for IV only) _____

Billing and Pricing Information

Bill credit card on file Bill attached credit card authorization Check enclosed

Equine Vet-Stem Process

- Includes processing of two Vet-Stem Collection Tubes, dose(s) for initial treatment and banking of extra dose(s), if cell yield allows, at no additional cost. Additional processing charge per tube over two tubes submitted

Ship by FedEx – **Priority Overnight Only** to: 12860 Danielson Court, Suite B ■ Poway, California 92064

Please Use Vet-Stem provided Collection Kit and Cold Pack

Laboratory Submission Instructions

Equine Vet-Stem Process Information:

- Processing of up to two Vet-Stem Collection Tubes of adipose
- Additional Vet-Stem Collection Tubes (over two tubes) will be processed at additional charges per tube
- Provides dose(s) for initial treatment
- Creates additional doses for banking at no charge **if cell yield is sufficient**
- First year of banking. Annual fees for banked doses will be charged to owner after 12 months per animal per year

What you need to do before fat collection or shipment:

- **Call Vet-Stem to schedule processing** – advanced scheduling is required to ensure timely processing
- Review the case with a Vet-Stem staff veterinarian (not required, but recommended)
- Have the owner complete the Owner Consent form – important for future banking agreement
- Freeze the ice pack at least 24 hours before use
- Credit Card Authorization – (from Veterinary Hospital, not pet owner) completed or on file with Vet-Stem

Shipping:

- Ship collected sample via FedEx **on Monday, Tuesday, or Wednesday** unless alternate shipping and processing days have been previously arranged.
- **Ship all samples the same day that they are harvested.**

What Vet-Stem needs before a sample can be processed and cells returned:

- Collection tube(s) **labeled with the animal name**
- A completed Owner Consent Form
- A completed Laboratory Submission form including:
 - Animal, Vet, and Owner information
 - Animal injury information
 - Veterinarian's initials for statement regarding cancer
 - Shipping instructions for return shipment of cells (no PO Boxes for FedEx)
 - **Syringe and Order specifications**
 - Standard syringe preparation is one dose per syringe per treatment site
 - **Standard volume** of cell preparation is 2 mL **for intra-articular/intralesional** treatment (volume can be 0.6, 2 or 5 mL) (Vet-Stem standard syringe sizes are 1 mL, 3 mL and 10 mL)
 - Whenever the Preferred Order is for more than one dose, please submit an Alternate Order for fewer doses
 - Credit card and payment information

Note: Vet-Stem will do everything possible to process and return cells for injection on the date requested, but larger samples, unscheduled cases, or laboratory workload may occasionally create a delay of one additional day.