MBG Centre
MOLECULAR BIOLOGY & GENOMICS
مركـز التشخيص الجزيئي و الجينوم

STEM CELL SUBMISSION FORM - LARGE ANIMAL

Animal and Contact Information

Veterinarian:	**Organization:**
Telephone:	**Email:**
Owner Name:	**Owner consent submitted:** ☐ **Yes** ☐ **No**
Animal Name:	**Sport/Discipline:**
Species:	**Breed:**
Date of Birth/ Age:	**Sex:** ☐ **Male** ☐ **Female**
Neutered? ☐ **Yes** ☐ **No**	**Body Score: (1=Thin,10=Fat):**
Fat Collection Date and Time:	**Number of Collection Tubes Submitted:**

Injury Information

Injury Date or Duration of disease: ☐ **New Injury** ☐ **Re-injury** ☐ **Chronic**	Last Resort? ☐ Yes ☐ No **Location:**

Tendons & Ligaments:

Number of lesions to be treated:

☐ SDFT ☐ DDFT ☐ Extens ☐ Check ☐ Colat ☐ SL Branch ☐ SL Body ☐ SL Origin ☐ Impar ☐ Other: _________

Complications: ☐ Avulsion ☐ Sepsis ☐ Sheath | Size/Severity: ☐ Small ☐ Medium ☐ Large/Severe

Description/Zones:

Previous Treatments:

Joints:

Number of sites to be treated | Severity: ☐ Mild ☐ Moderate ☐ Severe

Injury Type: ☐ OA ☐ OCD – No Cyst ☐ OCD with Cyst ☐ Meniscus ☐ Cartilage ☐ Other:___________

Description (affected joints): | Cells to be used with surgery? ☐ Yes ☐ No

Previous Treatments:

Fractures and Other Indications:

Number of sites to be treated: | Injury Type: ☐ Avulsion ☐ Plated Fracture ☐ Other:____

Description and Location:

(Please contact MBG-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 syringe (recommended)
- Standard for IV administration: 5 mL syringe with a Hemo-Nate filter

Treatment Plan: Indicate the number of syringes per volume requested for the initial treatment. Processing occasionally does not yield sufficient cells for fulfilment of the preferred treatment plan. Please provide an alternate treatment plan based on highest priority treatment sites and methods:

☐ @0.6mL Volume ☐ @2mL ☐ @5mL w/Hemo-Nate (forIVonly) ☐ Other: ______

Delivery instructions for initialtreatmentand Banking

☐ ***Standard Service*** = Deliver syringes for initial treatment and bank additional doses if cell yield permits

☐ Ship All Cells Back ☐ Other: _______________

Ship overnight only. PleaseUseMBG-StemprovidedCollectionKitandColdPack.