STEM CELL SUBMISSION FORM - SMALL ANIMAL

Document ID: MBG-F0227

Version Number: 3
Effective Date: 05 Sep 2024
Authorized By: Kamal Khazanehdari

Animal and Contact Information

Please Write Animal Name on all Tubes – One Form per Animal

Fat Collection Date_____ Collection Site:☐ Inguinal☐ Thoracic☐ Wall ☐ Falciform☐ Other_____
Collection Tubes Submitted_____ Owner Consent Submitted? ☐ Yes ☐ No
Animal Name: _____ Sport/Discipline: _____ Age (Yrs): _____
Species:☐ Canine ☐ Feline ☐ Other Breed: _____ Sex: ☐ Male ☐ Female
Neutered? ☐ Yes ☐ No Body Score: (1=Thin, 5=Fat) _____
Veterinarian: _____Vet Tel: _____ Vet Email: _____
Owner: _____Owner Tel: _____ Owner Email:_____

Injury & Disease Information

Injury Date: _____ or Duration of the disease: _____ ☐ New injury ☐ Re-injury ☐ Chronic
Cell to be used with Surgery? ☐ Yes ☐ No
Other Current Disease (s):_____
Previous Treatments:_____

Joints: Number of sites to be treated _____ Severity:☐ Mild ☐ Moderate☐ Severe
Injury Type: ☐ OA ☐ OCD ☐ Meniscus ☐ Other:_____
Location: **Left**: ☐ Hip ☐ Elbow ☐ Stifle ☐ Other: _____**Right**:☐ Hip☐ Elbow ☐ Stifle ☐ Other:_____
Description: _____ ____

Soft Tissue: Number of sites to be treated _____ Severity:☐ Mild ☐ Moderate ☐ Severe
Injury Type:☐ Cruciate Ligament ☐ Other: _____
Location:☐ LF ☐ LR ☐ RF ☐ RR
Description: _____

(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: 0.6 mL per syringe (recommended)
- Standard for IV administration: 5 mL syringe with a Hemo-Nate filter

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

Delivery instructions for initial treatment and Banking

☐ **Standard Service** = Deliver syringes for initial treatment and bank additional doses if cell yield permits
☐ Ship All Cells Back ☐ Other:_____

Ship–***Overnight Only*** to: **Molecular Biology and Genomics Centre, CVRL, P.O. Box 597 Dubai, UAE**

Please Use MBG-Stem Provided Collection Kit and Cold Pack