

PLATELET RICH PLASMA (PRP) THERAPY REQUISITION FORM

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Please call MBG-Stem prior to collection to schedule Processing

Animal Information

Animal Name/ID: _____ Owner Name: _____

Breed: _____ Sex: Male Female Neutered? Yes No Age(Yrs) _____

Veterinarian Information

Name: _____ Telephone: _____ Mobile: _____ Fax: _____

Clinic Name: _____

Injury Information

Injury Date: _____ New Injury Re-injury Chronic Last Resort? Yes No

Location: LF RF LR RR Other _____

Tendons and Ligaments: SDFT DDFT Extends Colat SL Branch SL Body SL Origin

Impar Other Complications Avulsion Sepsis Sheath

Description / Zones: _____ Previous Treatments: _____

Number of lesions to be treated: _____ Size/Severity: Small Medium Large/Severe

Joints: Is the PRP to be used in conjunction with surgery? Yes No Severity: Mild Moderate Severe

Injury Type: OA OCD - No Cyst OCD with Cyst Meniscus Cartilage Other

Description (affected joints): _____ Number of sites to be injected: _____

Previous Treatments: _____

Fractures and Other Indications

Injury Type: Avulsion Plated Fracture Other: _____

Sample Collection and Syringe Return

Blood Collection Date: _____ Blood Collection Time: _____

Total amount of blood: _____ Total amount of anti-clot: _____

Number of syringes: 1 2

Points to Note

What you need to do before blood collection or shipment

- Call to schedule processing.
- Refrigerate (2-8 deg Celsius) the PCM gel pack.
- Complete PRP Submission Form.
- Fill syringe with 8mL anti-clot prior to blood collection.

For MBG Centre Use Only

Sample Remarks: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	Comments:
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