



ART Canine Bone Marrow Submission Form

Name of Animal: _____ Age: _____

Name of Owner: _____

Contact Veterinarian: _____

Contact Information: *Please provide both but indicate preferred method by circling one:*

Phone: _____ Email: _____

Injury Location (Limb & Anatomic Structure): _____

Degree of Injury (please circle one): Mild Moderate Marked

Target Number of Stem Cells*: _____

**Standard concentration of stem cells is 5 million cells/0.5ml*

Request to bank stem cells
(Will need additional serum for banking)

Recommended Stem Cell Numbers:

Tendon/Ligament Injury:
0.5-1 million cells/cm of lesion

Joint Injury:
Maximum of 5 million cells/joint

Additional Comments: _____

Shipping Address:

Billing Address:

Please complete and return this form with the bone marrow and serum sample to:

**Advanced Regenerative Therapies
320 East Vine Drive Suite 122
Fort Collins, CO 80524**

Questions please call Cristin at 970-222-9831 or T.K. at 970-420-0651

www.art4dvm.com