



ART Equine Bone Marrow Submission Form

Registered 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 (<25% cross-section)
Moderate (25-50% cross-section)
Marked (>50% cross-section)

Target Number of Stem Cells*: _____ Request to bank stem cells
**Standard concentration of stem cells is 10 million cells/ml* (Will need additional serum for banking)

Recommended Stem Cell Numbers:

Tendon/Ligament Injury:

1-3 million cells every 1cm of lesion depending on cross-section of affected area

Joint injury:

Pastern joint = 5 million cells
Carpal joint }
Coffin joint } 10-15 million cells
Fetlock joint }
Stifle joint }
Tibiotarsal joint } 20-25 million cells
Shoulder/Hip }

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