SUPERLIVER
TEST REQUEST FORM

PATIENT INFO

SPECIES:
- Dog
- Cat
- Horse
- Other (specify):
- Surgical Excision (Circle One):
  - Wedge
  - Punch
  - Laparoscopic
  - Cup
  - Needle/Tru-Cut

SEX:
- Female
- Male
- FS
- MC

BREED:

DATE:

ANTECH ACCOUNT #:

EMAIL ADDRESS:

PATIENT NAME:

AGE:

Number of Biopsies:
Number of Lobes Sampled:
(Label Specimen Cassettes or Jars)

Previous Accession Numbers:

Clinical History (HEMATOLOGIC FINDINGS, DATE ELEVATED LIVER ENZYMES FIRST NOTED, TRENDS IN VALUES OVER TIME): DO NOT SEND COPIES OF THE PATIENT'S MEDICAL RECORD

Summary of Ancillary Tests (AMMONIA, BILE ACICS, PROTEIN C ACTIVITY ASSAY, DIAGNOSTIC IMAGING):

Current Treatment:

Diet (LOW COPPER, LOW PURINE, ETC.):

Supplements:

Medications (CIRCLE ALL THAT APPLY, PROVIDE DOSE, DURATION, RESPONSE):

- Immunosuppressants: Prednisone Atopica Mycophenolate
- Neutraceuticals: Vit E Vit B6 Polyunsaturated Phosphatidylcholine Denosyl/Denamarin
- Chelators: Penicillamine Zinc
- Other (e.g. Lactulose):

SPECIMEN PROCESSING - LAB USE ONLY

<table>
<thead>
<tr>
<th>Container #</th>
<th>Bottle Label</th>
<th>Piece(s)</th>
<th>Section(s)</th>
<th>Cassette #</th>
<th>Notes</th>
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</thead>
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