USAPHCR-Europe Laboratory Sciences (LS)
Veterinary Pathology Division

Pathology Submission Form

Owner's Last Name

Animal's Name / Tatoo Number

Previous LS-VPD Case Number

Common Name (dog, cat, etc.)

Date of Birth

Age

Sex

Neutered ☐ Yes ☐ No

Breed / Type

Clinician's Name and Email

Clinic Name

Unit

Telephone

Fax

Relevant History (signs, duration, lab findings, and recent therapy)

Lesion Description / Post Mortem Findings (location, size, distribution)

Contributor's Working Diagnosis

LS POLICY

Lab Use Only

Date Received:

Tissue Submitted: ☐ Histology ☐ Cytology ☐ Other

Containers:

Slides:

Accession No.

Gross Description, Histologic Examination, and Diagnosis:

Stored Tissue: ☐ Yes ☐ No

Date:

Send Samples To: U.S. Army Public Health Command Region-Europe
(WK4UPX) Laboratory Sciences
ATTN: MCHB-AE-LS Customer Support Division
CMR 402, APO AE 09180

— or —

U.S. Army Public Health Command Region-Europe
(WK4UPX) Laboratory Sciences
ATTN: MCHB-AE-LS Customer Support Division
Kirchberhg Kaserne, Gebaude 3809, Raum 147
D-66849 Landstuhl, Germany

Print Form