European Veterinary Laboratory Directorate

Pathology Submission Form

Owner's Last Name

Animal's Name/Tatoo Number

Previous VLE Case Number

Common Name (dog,cat)

Date of Birth

Age

Sex

Neutered ☐ Yes ☐ No

Breed/Type

Clinician's Name and Email

Clinic Name

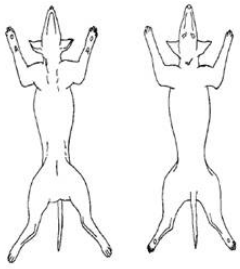
Unit

Telephone

Fax

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

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



Contributor's Working Diagnosis

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:

Veterinary Laboratory Europe
CMR 402
APO AE 09180

or

Veterinary Laboratory Europe
Geb. 3810, Zim 122B
66849 Landstuhl/Kirchberg, GE

VLE Form D-90 (31 Mar 08)

Print Form