USAPHCR-Europe Laboratory Sciences (LS)

Request for Laboratory Analysis Veterinary Pathology

Laboratory Use Only----------

RLA Review By: _____ Date: _____ LS SRN: _____

Submitter Case # _____

POC: _____ Email: _____ Phone #: _____

Alternate POC: _____ Atl. Email: _____ Alt. Phone #: _____

Unit: _____ Clinic: _____

Owner's LAST Name _____ Animal Name _____ Birth Date _____

Species / Breed _____ Sex _____ Status _____ Age _____

Tattoo / CHIP # _____ Date Samples Taken _____ Previous LS VPD Case # _____

☐ *I do **NOT** authorize PHCR-Europe LS* to sub-contract sample preparation and / or requested analyses to a Contract Laboratory.

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

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

Contributor's Working Diagnosis

Laboratory Use Only ----------

Samples Submitted [ ] # Containers [ ] # Slides [ ] Date [ ]

Tissues Stored [ ] Date Stored [ ] LS Sample #s [ ]

Gross Description & Cassette List

Ship To:

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

— or —

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

Print Form