



VRL Maryland
 401 Professional Drive
 Suite 210
 Gaithersburg, MD 20879
 Phone: 800.804.3586
 Fax: 240.686.6776
 VRL-Maryland@vrl.net

FOR VRL OFFICE USE ONLY

PATHOLOGY SAMPLE SUBMISSION FORM

Email Completed form to VRL-Maryland@vrl.net
 Send a Copy with the Sample Shipment

INVESTIGATOR/CONTACT: _____
 COMPANY NAME: _____
 ADDRESS: _____

 PHONE: _____
 FAX: _____
 EMAIL: _____
 EMAIL: _____
 EMAIL: _____

P.O/REFERENCE NO (REQUIRED): _____
 BILLING CONTACT: _____
 ADDRESS: _____

 PHONE: _____ FAX: _____
 CREDIT CARD HOLDER: _____
 CARD NUMBER: _____
 EXPIRATION AND CVV: _____
 EMAIL ADDRESS: _____

Lab Contact Name (and phone number if different from above): _____

DATE SHIPPED: _____ KNOWN/SUSPECTED HUMAN PATHOGEN? _____

Special Instructions: _____

Euthanized or Found Dead (circle one)

ANIMAL HISTORY/CLINICAL SIGNS (study related or clinical case)
GROSS LESIONS (describe organ/tissue, location, size, color, discharge, etc.)

ANIMAL ID	SPECIES	STRAIN and/or AGE	HISTOPATHOLOGY SERVICE REQUESTED <small>(Please list tissues to be submitted)</small>