

## New Client Request Form

**FACULTY OF VETERINARY SCIENCE  
VETERINARY PATHOLOGY DIAGNOSTIC SERVICES  
B14, UNIVERSITY OF SYDNEY, 2006  
PHONE: 02 9351 3099  
FAX: 20 9351 7421**

*\*Please return this form filled in so results can be sent promptly.*

**Name (practice/unit)**.....

**Trading Name:** .....

**Physical Address:** .....

.....

.....**Post Code** .....

**Postal Address:** .....

.....

.....**Post Code**.....

**Address for Accounts/Invoice:** .....

.....

.....**Post Code**.....

Email (accounts) .....

Contact Person .....

Telephone .....

Fax .....

Email (results) .....

**Please specify mode for results**

**Email**

**Fax**

**ADDRESS FOR SPECIMENS**

Veterinary Pathology Diagnostic Services  
Room 149  
McMaster Building B14  
Faculty of Veterinary Science  
University Of Sydney  
NSW 2006

**NOTE** University of Sydney Post Code is 2006