

## VETERINARY PATHOLOGY DIAGNOSTIC SERVICES SYDNEY

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### NEW CLIENT FORM

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

Name (practice/unit): \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN (Corresponding to Trading Name. Do not leave blank): \_\_\_\_\_

\_\_\_\_\_

Vendor ID/ PeopleSoft ID: \_\_\_\_\_

USyd account codes (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Address for Accounts/Invoice: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email (Accounts): \_\_\_\_\_

Email (Results): \_\_\_\_\_

Telephone: \_\_\_\_\_

#### ADDRESS FOR SPECIMENS:

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