

## New Client Request Form

**SYDNEY SCHOOL OF VETERINARY SCIENCE  
VETERINARY PATHOLOGY DIAGNOSTIC SERVICES  
B14, UNIVERSITY OF SYDNEY, 2006  
PHONE: 02 9351 3099**

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

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

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

**ABN:** .....

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

.....

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

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

.....

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

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

.....

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

Email (accounts) .....

Contact Person .....

Telephone .....

Fax .....

Email (results) .....

### **ADDRESS FOR SPECIMENS**

Veterinary Pathology Diagnostic Services  
Room 213, Second Floor  
McMaster Building B14  
Sydney School of Veterinary Science  
University Of Sydney  
NSW 2006

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