

**JCU VETERINARY DIAGNOSTIC LABORATORY**  
**CLIENT DETAILS**



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*Please return this form by email to [diagnosticpathologyservices@jcu.edu.au](mailto:diagnosticpathologyservices@jcu.edu.au) at your earliest convenience.*

**Practice Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Practice Contact Number:** \_\_\_\_\_

**Practice Email:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Email results to:** \_\_\_\_\_

**Email invoice to:** \_\_\_\_\_

**Veterinarians on staff:**

*Please include any regular locum / visiting clinicians.*

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