

Enquiries/Account Setup Form

1: PRACTICE DETAILS

Name: _____

Address: _____

Postal Address (if different from above): _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Operating Hours: Monday to Friday: _____

Saturday: _____

2: REPORTING (TEST RESULTS)

Company (if different from above): _____

Address (if different from above): _____

Phone: _____ Fax: _____

Result email address: _____

Delivery method for reports (select all methods required):

Online Access

Fax (secure fax only)

Email

Results as PDF attachments or

Result information embedded in body of email

3: SIGNATURE

Name: _____

Position/Company: _____

Signature: _____

Date: _____

Please fax completed form to Launceston: (03) 6711 2020, Hobart: (03) 6108 9920 or email: enquiries@tmlpath.com.au



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