

Transcendent Pathology New Research Client Application

This is not a contract. This record will allow our company to serve your needs and the needs of your patients and their owners more efficiently.
Welcome to Transcendent Pathology. We are veterinarians dedicated to serving veterinarians.

Business, Hospital or Clinic Name

DBA (if different)

Contact person or Owner

Title or Position

Address

Phone _____ **Fax** _____

Type of business or practice _____ **No. of employees** _____

Date business established

Pathology products and services generally used

Pathology products and services you will incorporate presently or in future

Business or Hospital Category:

HOSPITAL CORPORATION or NON-PROFIT HOSPITAL

Owner or Founder's Name:

State of incorporation:

UNIVERSITY, CRO, RESEARCH INSTITUTE, HUMANE SOCIETY, ZOOLOGICAL SOCIETY

Additional Organization Information

ANIMAL CLINIC OR GROUP PRACTICE

Names and addresses of the partners

SOLO PRACTITIONER

Types of animals cared for: **Small Animals Primarily** **Large Animals Primarily** **Mixed Practice**

Laboratory Animals **Exotic or Zoo Animals** **Avian or Piscine Species** **Other**

Are you interested in ON-SITE NECROPSY **Yes** **No**

SERVICE or SURGICAL BIOPSY CONSULTATION? **Yes** **No**

Are you interested in ON-SITE CYTOLOGY

CONSULTATION? **Yes** **No**

Do you require Frozen Sections? **Yes** **No**

Do you currently have a pathology service

provider? **Yes** **No**

If yes, current provider name:

Please list personnel authorized to make pathology service purchase decisions

Purchase order required? **Yes** **No**

Purchase order number:

Authorized signature:

Printed name:

Title: _____ **Date:** _____