



Histology Diagnostic Services

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# Newcomer

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Name of Practice: \_\_\_\_\_

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

Practice stamp:

VAT-ID: (for veterinarians outside Germany) \_\_\_\_\_

The report should be sent by:

Post

Fax

Email

Interim results (via tel.) are requested:

everytime

in particular cases

never

I am looking forward to our good collaboration.

With best regards,

*K. Brosinski*

Katrin Brosinski

