

TRANSCENDENT
PATHOLOGY

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Transcendent Pathology New Client Application

Welcome to Transcendent Pathology. This record will allow our company to serve your needs more efficiently.
Translating Your Innovations From the Benchside to the Bedside and Every Step In Between!

Business, Hospital or Clinic Name

DBA (if different)

Contact person or Owner

Title or Position

Address

Phone

Fax

Website and Email Address

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: