

Clemson University Veterinary Diagnostic Center Request for Email Delivery of Results

(Send to: 500 Clemson Rd., Columbia SC 29220)

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Client Name:			
Address:			-
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Phone:			-
Fax:			-
Email address:			-
We/I would like to established is claimer and understand for errors or omissions in	d that email is an ins	ecure method of delivery and	have read the CVDC policy that CVDC accepts no liability
This Section for Lab	use only		
Confirmation			
Call Date:/_	/	Signature of Licensed Veteri	narian, Owner or Authorized Agent
Contact Name:		,	,
Lab Staff Name:		/ _ Date	/ of Signature