



THE UNIVERSITY OF
MELBOURNE

Costing agreement for histopathology services

I/We _____ from (business name) _____

understand that charges will be incurred in the Histopathology Laboratory of the Faculty of Veterinary Science, as listed on the current charge sheet or as agreed in writing.

Signature of Project Leader _____ Date _____

Name of Collaborator (if applicable) within the Anatomic Pathology Section

Signature of Collaborator _____ Date _____

Addressed To:

Name: _____

Address: _____

Account No /Code: _____

Authorised personnel under this Agreement:
(Print name)

Contact phone numbers:

Faculty of Veterinary Science

The University of Melbourne, 250 Princes Hwy, Weribee 3030, Australia

Phone: +61 3 9731 2274

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