

## Request for Online Account

The submission of this form is your request to be allowed access to completed or preliminary reports generated by the Animal Disease Diagnostic Laboratory in West Lafayette, IN. Your access will be limited to reports originating from the clinic(s) from which you are currently practicing.

Please fill out ALL the information below:

First and Last name: \_\_\_\_\_

Veterinary License ID: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax to: Steve Vollmer  
ADDL Computer Systems Manager  
765-494-9181

You can expect a response by e-mail within approximately 5 working days.