



**CONSULTATION OR TEST REQUEST FORM (TRF)**

*PRICES EFFECTIVE January 1, 2009*

**HEMOPET / HEMOLIFE - W. JEAN DODDS, DVM**

11330 MARKON DRIVE, GARDEN GROVE, CA 92841

Phone: (714) 891-2022 Fax: (714) 891-2123 BILLING: (714) 891-2022 Fax: (714) 891-2124 (lab)

<b>VETERINARIAN:</b>		<b>Email:</b>		<b>DATE:</b>	
<b>CLINIC NAME</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
				<b>COUNTRY:</b>	
<small>(IMPORTANT! Include Phone #)</small>			<small>(IMPORTANT! Include Fax #)</small>		
<b>PHONE:</b>			<b>FAX:</b>		

<b>CLIENT:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>FAX:</b>		<b>Email:</b>	

<b>THE FOLLOWING INFORMATION IS <u>CRITICAL</u> and MUST BE PROVIDED FOR DR. DODDS' INTERPRETATION !</b>					
<b>Species (circle): Canine Feline Equine Other</b>					
<b>Pet Name:</b>			<b>Breed:</b>		
<b>Age:</b>		<b>Sex (circle): F FS M MN</b>		<b>Weight:</b>	
<b>REASON FOR TESTING &amp; BRIEF HISTORY:</b> (please use back or separate sheet if needed)					
<b>ON MEDICATION (circle): YES NO If Yes, brief list:</b>					
<b>HOW MUCH ?</b>		<b>HOW OFTEN ?</b>		<b>BLOOD DRAWN ___ HRS POST PILL</b>	

PLEASE SEE REQUIREMENT PAGE FOR DESCRIPTION AND ADDITIONAL TEST INFORMATION

Check tests desired and enclose appropriate fees (Prices in US dollars)	Cost
___ Thyroid Profile 5 (Thyroid 5)	\$ 65.00
___ Thyroid Profile 4 (Thyroid 4)	\$ 55.00
___ Profile 44	\$ 45.00
___ add on T3AA and T4AA (AAs)	\$ 20.00
___ Profile 7200 (minus CBC, deduct \$6)	\$ 95.00
___ Thyroid OFA Registry Panel (86135)	\$ 85.00 + \$ 15.00 OFA
___ Profile D2 (minus CBC, deduct \$6)	\$ 55.00
___ Distemper & Parvo Vaccine Titers	\$ 36.50
___ Rabies Titer	\$ 75.00
___ von Willebrand Test ( vWF )	\$ 57.00
___ Heartworm Antigen (as add on to any of above tests)	\$ 15.00
___ Other Tests	\$ _____
___ Consultation Request Only	\$ 30.00
Additional amount as a Donation to HEMOPET	
\$ _____	
<b>Total:</b>	
\$ _____	

Credit Card Account Number (all but Discover): \_\_\_\_\_ Type \_\_\_\_\_

Expiration Date: (Month & Year): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

PRINT NAME as it appears on your card: \_\_\_\_\_

\*Please call for availability and pricing of other Diagnostic Tests. Thank you !

Download additional forms from <http://www.hemopet.org/services.html> OR e-mail at [hemopet@hotmail.com](mailto:hemopet@hotmail.com)

## SAMPLE REQUIREMENTS

Test	Instructions / Description
<b>THYROID ANTIBODY PROFILE (Thyroid 5)</b>	For patient on thyroid medication, please draw blood <b>4-6 hours after giving thyroid medication</b> . Collect 3 to 5 mL of blood in a red top tube (RTT), allow to clot for <b>30 min</b> before centrifugation (to avoid hemolysis). Transfer SERUM to empty redtop or plastic tube. <b>1.5 mL SERUM</b> is REQUIRED for the Thyroid Antibody Profile. <b>Test includes T3, T4, free T3, free T4 and TGAA</b>
<b>THYROID ANTIBODY PROFILE (Thyroid 4)</b>	Same as the above, <b>1.0 mL SERUM</b> is REQUIRED for the Thyroid Antibody Profile. <b>Test includes T3, T4, free T3 and, free T4</b>
<b>Profile 44</b>	Send <b>0.5 mL SERUM</b> <b>Test includes T4 and free T4.</b>
<b>THYROID AUTOANTIBODY (AAs)</b>	Send <b>0.5 mL SERUM</b> <b>Test includes T3AA and T4AA</b>
<b>PROFILE 7200</b>	Send <b>1 mL</b> whole blood in lavender-top tube ( <b>EDTA</b> ) <u>AND</u> <b>1.5 mL SERUM</b> . Include ice pack when shipping, but do not freeze sample. <b>Test includes CBC with differential, Chemistry Panel and Thyroid5.</b>
<b>OFA REGISTRY PANEL (86135)</b>	<b>2.5 mL SERUM</b> is REQUIRED to complete all testing. <u>Include completed &amp; signed OFA form, and a separate check for \$15.00 made out to OFA.</u>
<b>Profile D2</b>	Same as profile 7200 <b>Test includes CBC with differential and Chemistry panel (but NO Thyroid profiles).</b>
<b>DIST &amp; PARVO TITERS</b>	Send <b>1.0 mL SERUM</b>
<b>RABIES VACCINE TITER</b>	Send <b>1.0 mL SERUM</b> in red top or plastic tube. <u>Note:</u> Allow 14 - 21 days testing time.
<b>VON WILLEBRAND TEST (vWF)</b>	Take <b>1 mL PLASMA</b> from a citrate tube (light blue tube). Transfer plasma to empty redtop or plastic tube. Include ice pack when shipping, but do not freeze sample. Clearly label the tube as " <b>PLASMA</b> ". <u>Note:</u> Allow 4-7 days testing time.
<b>PHENOBARBITAL</b>	Blood sample should be drawn 4-6 hours after giving medication. <b>1.0 mL SERUM</b> is required. <b>Please use PLAIN red top tube, NOT an SST tube.</b> INDICATE IF "PRE" OR "POST".
<b>BROMIDE</b>	Blood sample should be drawn 4-6 hours after giving medication. <b>1.0 mL SERUM</b> is required. <b>Please use PLAIN red top tube, NOT an SST tube.</b>
<b>BILE ACIDS PRE &amp; POST</b>	<b>1<sup>st</sup> tube is fasting, 2<sup>nd</sup> tube is 2-4 hours post-fatty meal.</b> <b>1.0 mL SERUM</b> in each tube. <b>Label tubes clearly 1st &amp; 2<sup>nd</sup> or "pre" and "post".</b>
<b>URINE BILE ACID</b>	Freshly collected <b>urine, 3 mL.</b>
<b>FELINE PANLEUKOPENIA VACCINE TITER</b>	Send <b>1.0 mL SERUM</b>
<b>CONSULTATION REQUEST</b>	(Attach or FAX all lab and/or medical information)