



TEST REQUEST / CONSULTATION SUBMISSION FORM
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HEMOPET / HEMOLIFE – W. JEAN DODDS, DVM
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VETERINARIAN: (Name MUST be provided)		DATE:
CLINIC NAME:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

CLIENT:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

THE FOLLOWING INFORMATION IS CRITICAL FOR DR. DODDS' INTERPRETATION !

Species (circle): Canine Feline Equine Other

Pet Name:	Breed:
Age:	Sex (circle): F FS M MN Weight:
REASON FOR TESTING & BRIEF HISTORY:	
ON MEDICATION (circle): YES NO If Yes, brief list:	
HOW MUCH ?	HOW OFTEN ? BLOOD DRAWN ___ HRS POST PILL

Check tests desired and enclose appropriate fees (Prices in US dollars)	Cost
___ Thyroid Profile 5™ (T4, Free T4, T3, Free T3, TgAA)	\$ 71.00
___ Thyroid Profile 5™ PLUS (T4, Free T4, T3, Free T3, TgAA – PLUS CBC, Differential , Chemistries) <i>Formerly the 7200</i> (without CBC, deduct \$6)	\$115.00
___ Thyroid Profile 4 (T4, Free T4, T3, Free T3)	\$ 60.00
___ Thyroid Profile 4 PLUS (T4, Free T4, T3, Free T3 – PLUS CBC, Differential , Chemistries) <i>Formerly the D1</i> (without CBC, deduct \$6)	\$ 95.00
___ Thyroid Profile 2 (T4, Free T4) <i>Formerly the 44</i>	\$49.00
___ Thyroid OFA Registry Panel (86135) (Include completed & signed OFA form & separate check for \$15.00 made out to the OFA)	\$105.00 +\$15.00
___ CBC, Differential, Chemistries (D2) (without CBC, deduct \$6)	\$58.00
___ Distemper & Parvo Vaccine Titers	\$40.00
___ Rabies Titer	\$75.00
___ von Willebrand Test (vWD)	\$73.25
___ Heartworm Antigen	\$ 9.00
___ Consultation Request Only	\$ 35.00
___ Other Tests	\$ _____
Additional amount as a Donation to HEMOPET	\$ _____
Visit us at http://www.hemopet.org/services.html	TOTAL
	\$ _____

Credit Card Account Number (all but Discover): _____ Type _____ Expiration Date: (Month & Year): _____

Authorized Signature: _____ PRINT NAME as it appears on your card: _____

SAMPLE REQUIREMENTS

Test	Instructions / Description
Thyroid Profile 5™	For patient on thyroid medication, please draw blood 4-6 hours after giving thyroid medication . Collect 3 to 5 mL of blood in a red top tube (RTT), allow to clot for 30 min before centrifugation (to avoid hemolysis). <u>Transfer SERUM to empty redtop or plastic tube.</u> 1.5 mL SERUM is REQUIRED for the Thyroid Profile 5™. Test includes T3, T4, free T3, free T4 and TGAA PLEASE SUBMIT SERUM ONLY.
Thyroid Profile 5™ PLUS <i>Formerly the 7200</i>	Send 1 mL whole blood in lavender-top tube (EDTA) <u>AND 1.5 mL SERUM.</u> <u>Transfer SERUM to empty redtop or plastic tube.</u> Include ice pack when shipping, but do not freeze sample. Test includes CBC with differential, Chemistry Panel and Thyroid 5™.
Thyroid Profile 4	For patient on thyroid medication, please draw blood 4-6 hours after giving thyroid medication . Collect 3 to 5 mL of blood in a red top tube (RTT), allow to clot for 30 min before centrifugation (to avoid hemolysis). <u>Transfer SERUM to empty redtop or plastic tube.</u> 1 mL SERUM is REQUIRED for the Thyroid Profile 4. Test includes T3, T4, free T3, free T4 PLEASE SUBMIT SERUM ONLY.
Thyroid Profile 4 PLUS <i>Formerly the D1</i>	Send 1 mL whole blood in lavender-top tube (EDTA) <u>AND 1 mL SERUM.</u> <u>Transfer SERUM to empty redtop or plastic tube.</u> Include ice pack when shipping, but do not freeze sample. Test includes CBC with differential, Chemistry Panel and Thyroid 4.
Thyroid Profile 2 <i>Formerly the 44</i>	Send 0.5 mL SERUM Test includes T4 and free T4. PLEASE SUBMIT SERUM ONLY.
Thyroid OFA Registry PANEL (86135)	2.5 mL SERUM is REQUIRED to complete all testing. <u>Include completed & signed OFA form, and a separate check for \$15.00 made out to OFA.</u>
Profile D2	Send 1 mL whole blood in lavender-top tube (EDTA) <u>AND 1.5 mL SERUM.</u> <u>Transfer SERUM to empty redtop or plastic tube.</u> Test includes CBC with differential and Chemistry panel (but NO Thyroid profiles).
DIST & PARVO TITERS	Send 0.5 mL SERUM PLEASE SUBMIT SERUM ONLY.
RABIES VACCINE TITER	Send 1.0 mL SERUM in red top or plastic tube. <u>Note: Allow 14 - 21 days testing time.</u>
VON WILLEBRAND TEST (vWF)	Take 1 mL PLASMA 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 " PLASMA ". <u>Note: Allow 4-7 days testing time.</u>
PHENOBARBITAL	Blood sample should be drawn 4-6 hours after giving medication. 1.0 mL SERUM is required. <u>Transfer SERUM to empty redtop or plastic tube.</u> DO NOT USE SST. INDICATE IF "PRE" OR "POST".
BROMIDE	Blood sample should be drawn 4-6 hours after giving medication. 1.0 mL SERUM is required. DO NOT USE SST.
BILE ACIDS PRE & POST	1st tube is fasting, 2nd tube is 2-4 hours post-fatty meal. 1.0 mL SERUM in each tube. Label tubes clearly 1st & 2nd or "pre" and "post".
URINE BILE ACID	Freshly collected urine, 3 mL.
FELINE PANLEUKOPENIA VACCINE TITER	Send 1.0 mL SERUM
CONSULTATION REQUEST	(Attach or FAX all lab and/or medical information)

Suggestions for Mailing Diagnostic Samples:

- **For Sending Serum Samples** some clients use unnecessarily expensive shipping methods. We suggest using USPS 2 Day-Priority mail. It's easy to use and very reasonable (\$4.95). Put your serum sample tubes in a zip lock baggie & then wrap with bubble wrap or paper stuffing. Put the wrapped sample with your filled out request form in a small box. So far, we have experienced no sample breakage with this method of shipping and we receive them very quickly. **Whole blood Lavender top or Blue top tubes** require an ice pack with an overnight courier such as Fed-Ex, UPS Express Mail.