



CONSULTATION OR TEST REQUEST FORM (TRF)

Prices Effective JANUARY 01 2010

HEMOPET / HEMOLIFE - W. JEAN DODDS, DVM
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ENRICHING PET LIFE THROUGH DIAGNOSTIC TESTING
world-wide personal mail-in diagnostic lab for vets and pets

VETERINARIAN (must be provided) :		Email:		DATE:
CLINIC NAME				
Address:				
City:	State:	Zip:	COUNTRY:	
PHONE:		FAX:		

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

THE FOLLOWING <u>MUST BE PROVIDED</u> 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: (please use back or separate sheet if needed)			
ON MEDICATION (circle): YES NO If Yes, brief list:			
HOW MUCH ?	HOW OFTEN ?	BLOOD DRAWN ____ HRS POST PILL	

PLEASE SEE NEXT PAGE FOR ADDITIONAL TEST INFORMATION

Check tests desired and enclose appropriate fees (Prices in US dollars)	Cost
____ Thyroid Profile 5 (Thyroid 5™)	\$ 71.00
____ Thyroid Profile 4 (Thyroid 4)	\$ 60.00
____ Profile 44	\$ 49.00
____ T3AA only <i>or</i> T4AA only	\$ 25.00
____ Profile 7200 (minus CBC, deduct \$6)	\$ 115.00
____ Thyroid OFA Registry Panel (86135)	\$ 105.00 + \$ 15.00 OFA
____ Profile D2 (minus CBC, deduct \$6)	\$ 58.00
____ Distemper & Parvo Vaccine Titers	\$ 40.00
____ Rabies Titer	\$ 75.00
____ von Willebrand Test (vWF)	\$ 73.25
____ Heartworm Antigen (as add on to any of above tests)	\$ 17.00
____ Other Tests	\$ _____
____ Consultation Request Only	\$ 35.00
Additional amount as a Donation to HEMOPET	
\$ _____	
Total:	
\$ _____	

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 pricing of other Diagnostic Tests and to purchase PRE-PAID mailing materials.

Visit us at <http://www.hemopet.org/services.html>

SAMPLE REQUIREMENTS

Test	Instructions / Description
THYROID ANTIBODY PROFILE (Thyroid 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 Antibody Profile. Test includes T3, T4, free T3, free T4 and TGAA PLEASE SUBMIT SERUM ONLY.
THYROID ANTIBODY PROFILE (Thyroid 4)	Same as the above, 1.0 mL SERUM is REQUIRED for the Thyroid Antibody Profile. Test includes T3, T4, free T3 and, free T4 . PLEASE SUBMIT SERUM ONLY.
Profile 44	Send 0.5 mL SERUM Test includes T4 and free T4. PLEASE SUBMIT SERUM ONLY.
THYROID AUTOANTIBODY (AAs)	Send 0.5 mL SERUM Test includes T3AA and T4AA PLEASE SUBMIT SERUM ONLY.
PROFILE 7200	Send 1 mL whole blood in lavender-top tube (EDTA) AND 1.5 mL SERUM. <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™.
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) AND 1.5 mL SERUM. <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:</u> Allow 14 - 21 days testing time.
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:</u> Allow 4-7 days testing time.
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)