



TEST REQUEST SUBMISSION FORM

PRICES EFFECTIVE January 1, 2008

FOR RESEARCH STUDY

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

VETERINARIAN:		DATE:
Clinic:		
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: Eurasier
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	<i>PRICES IN US DOLLARS</i>	Cost
Thyroid Ab Profile (D8T) and add on TgAA to D8T		\$65.00
Thyroid Ab Profile (D8T); add on TgAA to D8T; and <u>OFA Panel</u> (86135)		\$85.00
Profile 7200 CBC, Differential, Chemistries, D8T and TgAA		\$95.00
Profile 7200 CBC, Differential, Chemistries, D8T, TgAA and OFA Panel		\$125.00
Other:		
Other:		
Additional amount as a Donation to HEMOPET		\$
Total:		\$

If dog is on thyroid therapy, what dose and how many hours post-pill?

For OFA Panel, please include completed and signed OFA form plus \$15 check made out to the OFA

If participating in the thyroiditis DNA genetic marker research – submit additional EDTA tubes [NO CHARGE]

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!