



TEST REQUEST SUBMISSION FORM

PRICES EFFECTIVE January 1, 2006

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: Rhodesian Ridgeback
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 Ab Profile (D8T) (If on thyroid therapy, what dose and how many hours post-pill?) <u>AND</u> ADD ON TgAA to D8T <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">OR</div> ____ Thyroid Ab Profile (D8T); add on TgAA to D8T; and OFA Panel (86135) <small>(include completed and signed OFA form)</small>		\$55.00 <small>(if participating in hypothyroidism research – additional EDTA tubes)</small>
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 availability and pricing of other Diagnostic Tests. Thank you!**