

TEST REQUEST SUBMISSION FORM

FOR HEMOPET USE ONLY

W. Jean Dodds, DVM

HEMOPET 11330 Markon Drive, Garden Grove, CA 92841

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VETERINARIAN (please provide fax number)

Name and Clinic		Date	
Address		City	
Prov	Postal Code	Phone	Fax

CLIENT

Name		e-mail	
Address		City	
Prov	Postal Code	Phone	Fax

PET INFORMATION

Species	Canine	Feline	Equine	Other		
Pet Name		Breed				
Age	Sex	F	FS	M	MN	Weight

Reason for the Test & Brief History			
On Medication	Yes	No	If Yes, brief list

<input checked="" type="checkbox"/>	Check tests desired and enclose appropriate fees (fees effective January 1, 2006)	Cost US\$
	Thyroid Profile D8T (T3, T4, Free T3, Free T4, T3 auto antibodies and T4 auto antibodies.) Please enter number of hours between giving thyroid medication and blood draw_____.	\$ 65.00
	Add on TgAA to D8T	\$ 27.00
	Profile #7200 includes CBC, Differential, Superchem (includes liver enzymes) and D8T thyroid. Please enter number of hours between giving thyroid medication and blood draw_____.	\$ 87.00
	Profile SA020, D2 CBC, Superchem	\$ 52.00
	Profile SA150, Distemper & Parvo Vaccine Titers	\$ 35.00
	Profile S16685, Rabies Titer	\$ 75.00
	Profile S17123, von Willebrand Test vWD	\$ 55.00
	Profile T750, PHENOBARBITAL	\$ 45.00
	BROMIDE Profile T730,	\$ 53.00
	Profile T220, SERUM BILE ACIDS PRE & POST	\$ 44.00
	Profile 85645, URINE BILE ACIDS	\$ 43.00
	Profile S16053, PANLEUKOPENIA VACCINE TITER	\$ 35.00
	Profile T615, Heartworm; If added on to any of the above tests	\$ 10.00
	Other Tests (Please call for availability and pricing)	
	Additional amount as a Donation to HEMOPET	
Grand Total in US Dollars		

Please make Money Order in US \$ payable to HEMOPET.

Credit Cards are acceptable, Please contact Helene Proudfoot (709.745.5373 or harphill@nl.rogers.com) for details.