

Test Requisition Form

Frozen Serum Test Kit

Prices valid through Dec 31, 2021



VDI Laboratory, LLC
4685 Runway St, STE K
Simi Valley, CA 93063
805-577-6742

Veterinarian: _____
Facility Name: _____
Address: _____
Phone: _____
Email/Fax: _____

Patient Name: _____
Species: Canine Feline Equine _____
Gender: M MN F FS
Breed: _____
Age: _____ Weight: _____ lb kg
Draw Date: _____ Applied Date: _____

Fasted Sample? Unknown <8 hours since last meal >8 hours since last meal

Vitamin D

Not Taking
 Currently Taking: _____ IU/Day

B12 (Cobalamin)

Not Taking
 Currently Taking: _____ mcg/Day

Magnesium

Not Taking
 Currently Taking: _____ mg/Day

Wellness

Cancer-Suspected or Confirmed

Special collection/handling. Contact VDI 805-577-6742

*Prices listed as X/X: initial/monitoring within 6mo of previous.

Species Price

Species Price*

- 101 **Essential Vitamins 1**
VitD, B12 C,F
- 112 **Essential Vitamins 1 + Mg**
VitD, B12, Mg C,F
- 102 **Essential Vitamins 2**
VitD, B12, Mg, tCa C,F
-133 **+ Folate** C
- 103 **Canine Essential Wellness**
CRP, VitD, B12 C
-104 **+ Osteoarthritis Assessment** C
-105 **+ Cancer Risk Assessment** C
-106 **+ Chem12** C
- 134 **Canine Essential Wellness 2**
CRP, VitD, B12, Folate, Mg C
-140 **+ Osteoarthritis Assessment** C
-138 **+ Cancer Risk Assessment** C
- 109 **Canine Complete Wellness**
CRP, VitD, B12, Folate, Mg, Chem12,
Cancer Risk Assessment, OA Risk Assessment C
- 110 **Feline Essential Wellness**
HPT, VitD, B12 F
-111 **+ Chem12** F
- 136 **Feline Essential Wellness 2**
HPT, VitD, B12, Folate, Mg F

- 201 **Cancer Panel (General)**
TK1, CRP or HPT C,F
-202 **+ VitD** C,F
-203 **+ B12** C,F
-204 **+ VitD + B12** C,F
-210 **+ VitD + B12 + Mg** C,F
- 228 **Feline GI Lymphoma Panel**
TK1, HPT, B12, Folate F
-234 **+ VitD** F
- 205 **Pre-Stem Cell Therapy Panel**
TK1, CRP, HA, VitD C
- 206 **Pericardial Effusion Panel**
TK1 (serum), TK1 (pericardial fluid) C

Individual Tests/Combinations

- 901 **Vitamin D** C,F,E *Standalone/Addon*
- 902 **B12 (Cobalamin)** C,F
- 914 **Folate** C,F
- 903 **Magnesium** C,F
- 904 **Total Calcium** C,F
- 905 **CRP: High sensitivity. canine specific** C
- 906 **Haptoglobin - Small Animal** C,F
- 907 **Haptoglobin - Equine** E
- 908 **Equine Lymphoma - TK1** E
- 909 **Hyaluronic Acid** C
- 912 **Chem 12** C,F
- xxx _____ Custom/Other

Other Acute Disease

- 301 **Osteoarthritis Panel**
Hyaluronic Acid, CRP C
- 302 **Osteoarthritis Panel + VitD**
Hyaluronic Acid, CRP, VitD C
- 303 **Calcemia Panel**
PTH, tCa, VitD C,F
- 304 **Vitamin D Toxicity Panel**
VitD, tCa, PTH C,F

Lab Use Only

T E
 W HM UL 1 GP REJ T3
 LV IC CLT GPAT _____ T2
 T1

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Patient Background



Please check any box that **currently** applies to the patient. If further information is available, you may fill in the blanks as appropriate. Any additional information can be used during contextual review.

Suspected Condition/Differential Diagnosis: _____

Relevant Medications/Procedures

(patient currently taking at time of blood draw)

- No Current Medications/Therapies
- Corticosteroids: _____
 - Short Term (<6mo) Long Term (>6mo)
 - Prednisone Prednisolone Hydrocortisone
 - Triamcinolone (Vetalog) Dexamethasone (Azium)
 - Betamethasone (Betasone) Budesonide
 - Methylprednisolone (Depo-Medrol and Medrol)
- Chemotherapy: _____
- NSAIDS: _____
- Antibiotics: _____
- Other: _____
- Surgery within previous 60 days

Clinical Findings

- Hypercalcemia _____ mg/dL
- Enlarged Lymph Node(s)
- Thickened Intestines
- GI Signs
- Anemia
- Fever
- Mass Detected:
 - Abdomen
 - Anal
 - Derm
 - Heart
 - Kidney
 - Limb _____
 - Liver
 - Prostate
 - Spleen
 - Other _____

Cancer History (if applicable)

Patient:

- is apparently healthy (no signs of cancer)- screen
- is suspected of having cancer
- has cancer
 - Type: _____
 - Dx Date (mm/yy): _____
 - Currently Being Treated Not Being Treated
- is in remission (or history of cancer)
 - Type: _____
 - Dx Date (mm/yy): _____
 - Currently Being Treated Not Being Treated

Concurrent Disease

confirmed/suspected

- Cushing's Disease
- B12 Deficiency

Other Disease

- Autoimmune: _____
- Vector borne: _____
- Inflammatory: _____

Additional Information