

Test Requisition Form

Prices valid through Oct 1, 2022



VDI Laboratory, LLC
www.vdilab.com
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 fast >8 hours fast

Vitamin D

Not Taking
 Currently Taking:

_____ IU/Day

B12 (Cobalamin)

Not Taking
 Currently Taking:

_____ mcg/Day

Magnesium

Not Taking
 Currently Taking:

_____ mg/Day

Cortisol Suppression/ ACTH Stimulation:

Baseline Time: _____ Time: _____

If submitting with Dry Serum Kits, confirm samples are applied to correct wells.

Dry Kit 1

Well A Well B _____

Dry Kit 2

Well A _____

Cancer Diagnostics- Suspected or Confirmed

| ✓ | Code | Test/Panel Name | Includes | Species | Price* |
|---|------|--|---------------------|---------|--------|
| | 201 | Cancer Panel - General | TK1, CRP or HPT, NI | C,F | |
| | 201b | Cancer Panel - Lymphoma <i>(See GI section below for the GI Lymphoma Panel)</i> | TK1, CRP or HPT, NI | C,F | |

201 Cancer Panel Add-ons. You may select more than one.

Additional charge each

Additional charge each

VitD

B12

Folate

Mg

tCa

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|--|---|---------|-------|
| | 205 | Pre-Stem Cell Therapy Panel | TK1, CRP, HA, VitD, NI | C | |
| | 908 | Equine Lymphoma - TK1 | TK1 | E | |
| | 206 | Pericardial Effusion Panel <i>(requires 2 sample types)</i> | TK1 (serum), TK1 (pericardial fluid) | C | |

Gastrointestinal (GI) Disease

| ✓ | Code | Test/Panel Name | Includes | Species | Price* |
|---|------|---|--|---------|--------|
| | 228 | GI Lymphoma Panel | TK1, CRP/HPT, B12, Folate, NI | C,F | |
| | 234 | GI Lymphoma Panel + VitD | TK1, CRP/HPT, B12, Folate, VitD, NI | C,F | |
| | 235 | GI Lymphoma Panel + VitD + Mg | TK1, CRP/HPT, B12, Folate, VitD, Mg, NI | C,F | |
| | 250 | Chronic Enteropathy (CE) Panel | CRP/HPT, B12, Folate, VitD, TP, Alb, Glob, A/G Ratio | C,F | |
| | 260 | Advanced GI Panel <i>frozen serum only</i> | TK1, CRP/HPT, cPL/fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio | C,F | |
| | 280 | Pancreatitis Monitoring Panel <i>frozen serum only</i> | TK1, cPL/fPL, CRP/HPT, B12 | C,F | |
| | 270 | Protein Losing Syndrome Panel | VitD, TP, Alb, Glob, A/G Ratio | C,F | |
| | 029 | B12/Folate | B12, Folate | C,F | |
| | 143 | GI Vitamins Panel | VitD, B12, Folate, Mg | C,F | |

Other Acute Disease

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|----------------------------------|-----------------------|---------|-------|
| | 301 | Osteoarthritis Panel | HA, CRP/HPT | C,F | |
| | 302 | Osteoarthritis Panel + VitD | HA, CRP/HPT, VitD | C,F | |
| | 308 | Osteoarthritis Panel + VitD + Mg | HA, CRP/HPT, VitD, Mg | C,F | |
| | 303 | Calcemia Panel | PTH, tCa, VitD | C,F | |
| | 304 | Vitamin D Toxicity Panel | VitD, tCa, PTH | C,F | |

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

Custom/Other

Wellness Panels

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|-------------------------------|----------------------------|---------|-------|
| | 101 | Essential Vitamins 1 | VitD, B12 | C,F | |
| | 112 | Essential Vitamins 1 + Mg | VitD, B12, Mg | C,F | |
| | 135 | Essential Vitamins 1 + Folate | VitD, B12, Folate | C,F | |
| | 102 | Essential Vitamins 2 | VitD, B12, Mg, tCa | C,F | |
| | 133 | Essential Vitamins 2 + Folate | VitD, B12, Folate, Mg, tCa | C,F | |

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|----------------------|--------------------------------|---------|-------|
| | 103 | Essential Wellness | CRP/HPT, VitD, B12 | C,F | |
| | 134 | Essential Wellness 2 | CRP/HPT, VitD, B12, Folate, Mg | C,F | |

Essential Wellness Add-ons. You may select more than one.

Additional charge each

Cancer Risk Assessment (CRA)

Osteoarthritis Assessment (HA)

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|--|--|---------|-------|
| | 109 | Complete Wellness <i>(requires 2 DSTK, 3 wells)</i> | CRP/HPT, VitD, B12, Folate, Mg, Chem12, HA, CRA. | C,F | |

Individual Tests/ Add-ons

| ✓ | Code | Test/Panel Name | Includes | Species | Price |
|---|------|---|--|---------|-------|
| | 901 | Vitamin D | | C,F,E | |
| | 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 | |
| | 909 | Hyaluronic Acid | | C,F | |
| | 912 | Chem 12 | | C,F | |
| | 916 | Cortisol | | C,F | |
| | 917 | DEX Suppression Test - LOW DOSE | <i>Complete Cortisol Section Above</i> | C,F | |
| | 918 | DEX Suppression Test - HIGH DOSE | <i>Complete Cortisol Section Above</i> | C,F | |
| | 919 | ACTH Stimulation Test | <i>Complete Cortisol Section Above</i> | C,F | |
| | 915 | cPL/fPL (quantitative) <i>frozen serum only</i> | | C,F | |

Lab Use Only

CB T E

IP

HM IC PK

LP CLT LV PID

GPT W OS PU REJ _____

T3 A | B

T2 C | *

T1 C | *

Test Requisition Form

Patient Background



Specimen Shipping Address

VDI Lab Receiving
4685 Runway St. STE K
Simi Valley, CA 93063

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)
- Chemotherapy: _____
- NSAIDs: _____
- Antibiotics: _____
- OA/DJD therapy: _____
 - Adequan HA Injections/Oral PRP/Stem Cell
- Other: _____
- Surgery within previous 60 days

Cancer History (if applicable)

Patient:

- is apparently healthy (no signs of cancer)- screen
- is sick but NOT suspected of having cancer
- 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

GI Findings

- GI Signs
 - Diarrhea
 - Constipation
 - Vomiting
 - Inappetence
 - Weight Loss
 - Bloody Stool
- Abdominal Pain
- Lethargy

Ultrasound Findings

- Thickened Muscularis Layer
 - Diffuse Focal
- Thickened Mucosa
 - Diffuse Focal
- Increased Wall Thickness
 - Diffuse Focal
- Loss of Wall Layering
 - Symmetrical Asymmetrical
- Splenic Changes
 - Enlarged Mass
 - Abnormal parenchyma

Concurrent Disease

confirmed/suspected

- Cushing's Disease
- Addison's Disease
- B12 Deficiency
- Degenerative Joint Disease (eg. OA)

Other Disease

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

Other Clinical Findings

- Hypercalcemia _____ mg/dL
- Enlarged Lymph Node(s)
 - Unilateral Node Involvement
 - Bilateral Node Involvement

- Anemia
- Fever
- Mass Detected:

- Abdomen
- Anal
- Derm
- Heart
- Kidney
- Limb _____
- Liver
- Prostate
- Spleen
- Other _____

Additional Information