



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: _____

Please Complete Patient Background On Reverse Side

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

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 <small>(See GI section below for the GI Lymphoma Panel)</small>	TK1, CRP or HPT, NI	C, F	

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

Additional charge			Additional charge		
VitD	B12	Folate	Mg	tCa	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

✓	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 <small>(requires 2 sample types)</small>	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 <small>frozen serum only</small>	TK1, CRP/HPT, cPL/fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio	C, F	
	280	Pancreatitis Monitoring Panel <small>frozen serum only</small>	TK1, cPL/fPL, CRP/HPT, B12	C, F	
	270	Protein Losing Syndrome Panel	VitD, TP, Alb, Glob, A/G Ratio	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	

Canine Allergy

✓	Code	Panel Name - (Allergen count)	Price
	751	Canine Allergy I - (64)	
	752	Canine Allergy II - (61)	
	753	Canine Allergy I & II - (125)	

Feline Allergy

Coming Soon

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	
<input type="checkbox"/> Cancer Risk Assessment (CRA)	<input type="checkbox"/> Osteoarthritis Assessment (HA)

✓	Code	Test/Panel Name	Includes	Species	Price
	109	Complete Wellness <small>(requires 2 DSTK, 3 wells)</small>	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	<small>Complete Cortisol Section Above</small>	C, F	
	918	DEX Suppression Test - HIGH DOSE	<small>Complete Cortisol Section Above</small>	C, F	
	919	ACTH Stimulation Test	<small>Complete Cortisol Section Above</small>	C, F	
	915	cPL/fPL (quantitative) <small>frozen serum only</small>		C, F	

Lab Use Only

HM IC PK

LP CLT LV PID

GPT W OS PU REJ

CB T E

IP _____

T3 A B

T2 C *

T1

Test Requisition Form

Patient Background



Specimen Shipping Address

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

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 _____

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: _____
- High-Dose Vitamin C Therapy
- 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