



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

Patient Name: _____
first last
 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	Price*
	201	Cancer Panel - General	TK1, CRP or HPT, NI	C, F
	201b	Cancer Panel - Lymphoma <small>(See GI section for GI LSA Panel)</small>	TK1, CRP or HPT, NI	C, F

201 Cancer Panel Add-ons. You may select more than one.					
<small>See price schedule for addition cost or contact VDI</small>					
<input type="checkbox"/>	VitD	<input type="checkbox"/>	B12	<input type="checkbox"/>	Folate
<input type="checkbox"/>	Mg	<input type="checkbox"/>	tCa	<small>frozen serum only</small>	

✓	Code	Test/Panel Name	Includes	Species	Price
	205	Pre-Stem Cell Therapy Panel	TK1, CRP/HPT, HA, VitD, NI	C, F	
	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	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
	143	GI Vitamins Panel	VitD, B12, Folate, Mg	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, NI, cPL/fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio	C, F

Advanced GI Panel integrations						
Related GI Diseases			Allergy Testing <small>(price only when added to Advanced GI)</small>			
<input type="checkbox"/>	Addison's (Cortisol)	<input type="checkbox"/>	Cholangitis (ALT/ALP)	<input type="checkbox"/>	Allergy I	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Allergy II	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Allergy III	<input type="checkbox"/>

Other Acute Disease				
✓	Code	Test/Panel Name	Includes	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 <small>frozen serum only</small>	PTH, tCa, VitD	C, F
	304	VitD Toxicity Panel <small>frozen serum only</small>	VitD, tCa, PTH	C, F

Allergy (IgE) Testing				
✓	Code	Panel Name	Allergen Count	Price
	751	Allergy I	64 (canine) / 63 (feline)	C, F
	752	Allergy II	61	C, F
	753	Allergy III	125 (canine) / 124 (feline)	C, F
	760	Allergic Dermatitis Panel	Allergy III + VitD, CRP/HPT	C, F

Wellness Panels				
✓	Code	Test/Panel Name	Includes	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
	143	Essential Vitamins 1 + Mg + Folate	VitD, B12, Folate, Mg	C, F
	013	Vitamin D + Mg	VitD, Mg	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.	
<small>See price schedule for addition cost or contact VDI</small>	
<input type="checkbox"/>	Cancer Risk Assessment (CRA)
<input type="checkbox"/>	Osteoarthritis Assessment (HA)

✓	Code	Test/Panel Name	Includes	Species	Price
	109	Complete Wellness <small>frozen serum only</small>	CRP/HPT, VitD, B12, Folate, Mg, Chem12, HA, CRA.	C, F	
	121	Complete Wellness - NO CHEM12	Same as above - no Chem12	C, F	

Mineral Analysis				
✓	Code	Test/Panel Name	Notes	Price
	701	Mineral & Toxic Metal Fur Analysis	Requires FUR sample	C, F
	702	Mineral & Toxic Metal Fur Analysis + VitD, B12, Folate, Mg	Requires Fur & Serum Samples	C, F

Individual Tests/ Add-ons				
✓	Code	Test/Panel Name	Species	Price
	901	Vitamin D	C, F, E	
	902	B12 (Cobalamin)	C, F	
	914	Folate	C, F	
	903	Magnesium	C, F	
	904	Total Calcium	<small>frozen serum only</small>	C, F
	905	CRP: high sensitivity, canine specific	C	
	906	Haptoglobin - small animal	C, F	
	909	Hyaluronic Acid	C, F	
	912	Chem 12	<small>frozen serum only</small>	C, F
	916	Cortisol	Complete Cortisol Section on reverse side	C, F
	919	ACTH Stimulation Test		
	917	DEX Suppression Test - LOW DOSE		
	918	DEX Suppression Test - HIGH DOSE	<small>DEX Suppression Tests should be frozen serum only.</small>	
	915	cPL/fPL (quantitative)	<small>frozen serum only</small>	C, F

Lab Use Only											
<input type="checkbox"/>	HM	<input type="checkbox"/>	IC	<input type="checkbox"/>	UL	<input type="checkbox"/>	PK	<input type="checkbox"/>	NID	<input type="checkbox"/>	T4
<input type="checkbox"/>	LP	<input type="checkbox"/>	CLT	<input type="checkbox"/>	LV	<input type="checkbox"/>	PID	<input type="checkbox"/>		<input type="checkbox"/>	T3
<input type="checkbox"/>	GPT	<input type="checkbox"/>	W	<input type="checkbox"/>	OS	<input type="checkbox"/>	PU	<input type="checkbox"/>	REJ	<input type="checkbox"/>	T2
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	T1
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	A
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	B
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	C
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	*

Custom/Other _____

Test Requisition Form

Patient Background



Specimen Shipping Address

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

Current Supplementation

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 Testing

ACTH Stimulation Test:

Dry Kit 1

Basal: Well A Post 1hr: Well B

Dry Kit 2

Post 2hr (if needed): Well A

DEX Suppression Test (frozen serum):

3 properly labeled tubes: Basal, 4hr, 8hr

Samples collected for dry kits, should be stored cold, in-tube, until time to apply. Apply all samples to dry kits at the same time.

For frozen serum, please label tubes accurately. Otherwise load Dry Kits as indicated to the left.

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
 - Inappetance
 - 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)
- 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 _____

Allergic Dermatitis

Check all that apply for integration into Allergic Dermatitis Interpretation

Canine

- Affected ear pinnae
- Affected front feet
- Age of onset <3 years
- Chronic/recurring yeast infections
- Corticosteroid-responsive pruritis
- Mostly indoor lifestyle
- Nonaffected dorsolumbar area
- Pruritis without skin lesions at onset

Feline

- 2+ body sites affected
- Symmetrical alopecia
- Lesions on the lips
- Erosions or ulcers on the chin/neck
- Absence of lesion on the rump
- Absence of nonsym. alopecia on rump
- Absence of nodules or tumors
- Presence of at least two of four:
 - Symmetrical Alopecia
 - Miliary dermatitis
 - Eosinophilic dermatitis
 - Head & Neck erosions/ulcers