

Test Requisition Form

Prices valid through Dec 31, 2023



VDI Laboratory, LLC
www.vdilab.com
805-577-6742

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

*Repeat Cancer Panels within 6mo of previous are reduced by \$35

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 for GI LSA Panel)</small>	TK1, CRP or HPT, NI	C,F	

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

See price schedule for additional cost or contact VDI

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

frozen serum only

✓ 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	Species	Price*
260	Advanced GI Panel 12 (AGI 12) <small>For Dx of: GI LSA vs IBD, Pancreatitis, PLE, Essential Vitamins, Gut Status. For Dry Submission: 2 DSTK (3 wells minimum)</small>	TK1, CRP/HPT, NI, cPL/fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio	C,F	
269	Advanced GI Panel 16 (AGI 16) <small>For Dx of: same as above PLUS Allergies, Addison's, and Cholangitis For Dry Submission: 2 DSTK (4 wells minimum)</small>	TK1, CRP/HPT, NI, cPL/fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio, ALP, ALT, Cortisol, Allergy Panel	C,F	

✓ 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	
143	GI Vitamins Panel	VitD, B12, Folate, Mg	C,F	
740	GI Microbiome Panel <small>Requires Stool Collection Kit</small>	NGS Bacteria & Fungi	C,F	
741	GI Microbiome Panel + B12/Folate <small>Requires Stool Collection Kit & Serum</small>	NGS Bacteria & Fungi, B12, Folate	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	
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	Species	Price
753	Allergy Panel (Allergy III)	125 (72 food, 53 environmental)	C,F	
760	Allergic Dermatitis Panel	Allergy Panel + VitD, CRP/HPT	C,F	

Glyphosate Testing

✓ Code	Panel Name	Sample Type	Species	Price
780u	Glyphosate Panel	Urine Sample (3-5 mL)	C,F	
780f	Glyphosate Panel	Fur Sample (50 - 100 mg)	Contact VDI	

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	
143	Essential Vitamins 1 + Mg + Folate	VitD, B12, Folate, Mg	C,F	
013	Vitamin D + Mg	VitD, Mg	C,F	

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

See price schedule for additional cost or contact VDI

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

✓ 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	
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	Species	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

✓ Code	Test/Panel Name	Price
901	Vitamin D	C,F,E
902	B12 (Cobalamin)	C,F
914	Folate	C,F
903	Magnesium	C,F
909	Hyaluronic Acid (HA)	C,F
905	CRP: high sensitivity	C
906	Haptoglobin	C,F

Individual Tests

✓ Code	Test/Panel Name	Price
904	Total Calcium	C,F
912	Chem 12	C,F
916	Cortisol	C,F
919	ACTH Stim Test	
917	DEX Supp. - low dose	
918	DEX Supp. - high dose	
915	cPL/fPL (quantitative)	C,F

frozen serum only

Lab Use Only

- Missing: lid | box | pak CB 2Day
 Damage: foam | box LCB Express
 No Postage

of samples in package _____

- HM IC UL PK NID T4
 LP CLT LV PID T3 A | B
 GPT W OS PU REJ T2 C | *
 T1

Test Requisition Form

Patient Background



Specimen Shipping Address
VDI Lab Receiving
9420 Topanga Canyon Blvd. STE 100
Chatsworth, CA 91311

Current Supplementation

Fasted Sample? <input type="checkbox"/> Unknown <input type="checkbox"/> <8 hrs fast <input type="checkbox"/> >8 hrs fast	Recent Diet Change? <input type="checkbox"/> Changed in last 3 months <input type="checkbox"/> Since last test <input type="checkbox"/> No Change	
Vitamin D <input type="checkbox"/> Not Taking <input type="checkbox"/> Currently Taking: _____ IU/Day	B12 (Cobalamin) <input type="checkbox"/> Not Taking <input type="checkbox"/> Currently Taking: _____ mcg/Day	Magnesium <input type="checkbox"/> Not Taking <input type="checkbox"/> 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

No Current Medications/Therapies

Steroids: Short Term (<6mo) Long Term (>6mo)
 Chemo: CHOP COP CCNU Other
 NSAIDs: _____

Other Medications/Therapy:
 Galliprant (or similar) Cyclosporine or Azathioprine
 Sulfasalazine Apoquel (or similar JAK inhibitor)
 Immunotherapy Hormonal Therapy
 TKIs (eg Palladia, Kinavet) Other: _____

Radiation Therapy

Antibiotics: _____

Anti-inflammatory botanicals
 Anti-proliferative botanicals (for list of common botanicals contact VDI)

Surgery within previous 60 days

OA/DJD therapy: _____
 Adequan HA Injections/Oral PRP/Stem Cell

Cancer History (if applicable)

Patient is apparently healthy (no signs of cancer)
 Patient is sick but NOT suspected of having cancer
 Patient is suspected of having cancer
 Patient has cancer
Type: _____
Dx Date (mm/yy): _____
 Currently Being Treated Not Being Treated

Patient is in remission (or history of cancer)
Type: _____
Dx Date (mm/yy): _____
 Currently Being Treated Not Being Treated

Concurrent Disease

confirmed/suspected

<input type="checkbox"/>	<input type="checkbox"/>	Cushing's Disease
<input type="checkbox"/>	<input type="checkbox"/>	Addison's Disease
<input type="checkbox"/>	<input type="checkbox"/>	B12 Deficiency
<input type="checkbox"/>	<input type="checkbox"/>	Degenerative Joint Disease (eg. OA)
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vector borne: _____
<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory: _____
<input type="checkbox"/>	<input type="checkbox"/>	Pancreatitis: _____

GI Findings

No GI signs
 GI Signs
 Diarrhea
 Constipation
 Vomiting
 Inappetance
 Weight Loss
 Bloody Stool
 Abdominal Pain
 Lethargy

Ultrasound Findings

Not Performed
 No Significant 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 Abnl parenchyma

Other Clinical Findings

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

Anemia
 Fever
 Mass Detected:
 Abdomen Limb _____
 Anal Liver _____
 Derm Prostate _____
 Heart Spleen _____
 Kidney Other _____

Allergic Dermatitis

Check all that apply for integration into Allergic Dermatitis Interpretation

Canine

None of the below apply
 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

None of the below apply
 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