

# Test Requisition Form

Prices valid through Jun 30, 2024



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

Please Also Complete Patient Background On Reverse Side

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: \_\_\_\_\_

Recommended  
"Best Value" Panels

### SAMPLE TYPES:

FS = Frozen Serum DS = Dry Serum EF = Effusion U = Urine FUR = Fur STL = Stool/Fecal - requires microbiome collection kit

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

### Cancer Diagnostics- Suspected or Confirmed

✓	Code	Test/Panel Name	Includes	Sp.	Price*	Sample
	201	Cancer Panel - General	TK1, CRP or HPT, NI	C,F		FS or DS
	201b	Cancer Panel - Lymphoma <i>(See GI section for GI LSA Panel)</i>	TK1, CRP or HPT, NI	C,F		FS or DS

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

See price schedule for cost or contact VDI | FS or DS unless otherwise noted.

+ VitD  + B12  + Folate  + Mg  + tCa *frozen serum only*

	229	Cancer Panel + VitD, B12, Fol, Mg	TK1, CRP or HPT, NI, VitD, B12, Fol, Mg	C,F		FS or DS
	205	Pre-Stem Cell Therapy Panel	TK1, CRP/HPT, HA, VitD, NI	C,F		FS or DS
	908	Equine Lymphoma - TK1	TK1	E		FS or DS
	206	Pericardial Effusion Panel <i>(requires 2 sample types)</i>	TK1 (serum), TK1 (pericardial fluid)	C		EF plus FS or DS

### Gastrointestinal (GI) Disease

✓	Code	Test/Panel Name	Includes	Sp.	Price	Sample
	260	<b>Advanced GI Panel 12 (AGI 12)</b> For Dx of: GI LSA vs IBD, Pancreatitis, PLE, Essential Vitamins, Gut Status. <i>For Dry Submission: 2 DSTK (3 wells minimum)</i>	TK1, CRP or HPT, NI, cPL or fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio	C,F		FS or DS
	269	<b>Advanced GI Panel 16 (AGI 16)</b> For Dx of: same as above PLUS Allergies, Addison's, and Cholangitis <i>For Dry Submission: 2 DSTK (4 wells minimum)</i>	TK1, CRP or HPT, NI, cPL or fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio, ALP, ALT, Cortisol, Allergy Panel	C,F		FS or DS
	228	GI Lymphoma Panel	TK1, CRP or HPT, B12, Folate, NI	C,F		FS or DS
	143	GI Vitamins Panel	VitD, B12, Folate, Mg	C,F		FS or DS
	740	GI Microbiome Panel <i>Requires Stool Collection Kit</i>	NGS Bacteria & Fungi	C,F		STL
	741	GI Microbiome Panel + B12/Folate <i>Requires Stool Collection Kit &amp; Serum</i>	NGS Bacteria & Fungi, B12, Folate	C,F		STL plus FS or DS

### Other Acute Disease

✓	Code	Test/Panel Name	Includes	Sp.	Price	Sample
	301	Osteoarthritis Panel	HA, CRP or HPT	C,F		FS or DS
	302	Osteoarthritis Panel + VitD	HA, CRP or HPT, VitD	C,F		FS or DS
	303	Calcemia Panel <i>frozen serum only</i>	PTH, tCa, VitD	C,F		FS
	304	VitD Toxicity Panel <i>frozen serum only</i>	VitD, tCa, PTH	C,F		FS

### Allergy (IgE) Testing

✓	Code	Panel Name	Allergen Count	Sp.	Price	Sample
	753	Allergy Panel (Allergy III)	125 (72 food, 53 env.)	C,F		FS/DS
	760	Allergic Dermatitis Panel	Allergy + VitD, CRP/HPT	C,F		FS/DS

### Glyphosate Testing

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

Custom/Other

### Wellness Panels

✓	Code	Test/Panel Name	Includes	Sp.	Price	Sample
	101	Essential Vitamins 1	VitD, B12	C,F		FS or DS
	112	Essential Vitamins 1 + Mg	VitD, B12, Mg	C,F		FS or DS
	135	Essential Vitamins 1 + Folate	VitD, B12, Folate	C,F		FS or DS
	143	Essential Vitamins 1 + Mg + Folate	VitD, B12, Folate, Mg	C,F		FS or DS
	013	Vitamin D + Mg	VitD, Mg	C,F		FS or DS

✓	Code	Test/Panel Name	Includes	Sp.	Price	Sample
	103	Essential Wellness	CRP or HPT, VitD, B12	C,F		FS or DS
	134	Essential Wellness 2	CRP or HPT, VitD, B12, Folate, Mg	C,F		FS or DS

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

See price schedule for cost or contact VDI | FS or DS unless otherwise noted.

+ Cancer Risk Assessment (CRA)  + Osteoarthritis Assessment (HA)

✓	Code	Test/Panel Name	Includes	Sp.	Price	Sample
	109	Complete Wellness <i>frozen serum only</i>	CRP or HPT, VitD, B12, Fol, Mg, Chem12, HA, CRA.	C,F		FS
	121	Complete Wellness - NO CHEM12	CRP or HPT, VitD, B12, Fol, Mg, HA, CRA.	C,F		FS or DS

### Mineral Analysis

✓	Code	Test/Panel Name	Notes	Sp.	Price	Sample
	701	Mineral & Toxic Metal Fur Analysis	29 Minerals & Metals	C,F		FUR
	702	Mineral & Toxic Metal Fur Analysis plus VitD, B12, Folate, Mg	29 Minerals & Metals plus VitD, B12, Fol, Mg	C,F		FUR plus FS or DS

### Individual Tests

✓	Code	Test/Panel Name	Sp.	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	

FS or DS unless otherwise noted.

### Individual Tests

✓	Code	Test/Panel Name	Sp.	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* FS or DS unless otherwise noted.

### 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 |  \*

# Test Requisition Form

## Patient Background



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

### Current Supplementation

<b>Fasted Sample?</b> <input type="checkbox"/> Unknown <input type="checkbox"/> <8 hrs fast <input type="checkbox"/> >8 hrs fast	<b>Recent Diet Change?</b> <input type="checkbox"/> Changed in last 3 months <input type="checkbox"/> Since last test <input type="checkbox"/> No Change	
<b>Vitamin D</b> <input type="checkbox"/> Not Taking <input type="checkbox"/> Currently Taking: _____ IU/Day	<b>B12 (Cobalamin)</b> <input type="checkbox"/> Not Taking <input type="checkbox"/> Currently Taking: _____ mcg/Day	<b>Magnesium</b> <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 cortisol should be stored cold, in-tube, until the last cortisol collection is done. Then, apply all samples for that patient to the dry kits at the same time.

If not applying serum to dry kits within 6 hours, store the serum in the freezer for up to 30 days.

### Suspected Condition / Differential Diagnosis:

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### 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

### 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 \_\_\_\_\_

### 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: _____

### 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