



Test Requisition Form

www.vdilab.com | 805-577-6742

Please Also Complete Patient Background On Reverse Side

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

Patient Name: _____
first last
 Species: Canine Feline Equine _____
 Gender: M MN F FS
 Breed: _____
 Age: _____ Weight: _____ lb kg
do not put D.O.B
 Draw Date: _____ Applied Date: _____

Recommended "Best Value" Panels

SAMPLE TYPES:

FS = Frozen Serum DS = Dry Serum EF = Effusion U = Urine FUR = Fur (DERM = Skin Swab | STL = Fecal Swab) - requires microbiome collection kit

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

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

	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 or HPT, HA, VitD, NI	C,F	FS or DS
	908	Equine Lymphoma - TK1	TK1	E	FS or DS
	206	Pericardial Effusion Panel	Contact VDI for details		

Gastrointestinal (GI) Disease

✓	Code	Test/Panel Name	Includes	Sp.	Sample
	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 or HPT, NI, cPL or fPL, B12, Folate, VitD, Mg, TP, Alb, Glob, A/G Ratio	C,F	FS or DS
	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 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 <small>Requires Stool Collection Kit</small>	NGS Bacteria & Fungi	C,F	STL
	741	GI Microbiome Panel + B12/Folate <small>Requires Stool Collection Kit & Serum</small>	NGS Bacteria & Fungi, B12, Folate	C,F	STL plus FS or DS

Allergy (IgE) & Dermatology Testing

✓	Code	Panel Name	Allergen Count	Sp.	Sample
	753	Allergy Panel	125 (72 food, 53 env.)	C,F	FS or DS
	760	Allergic Dermatitis Panel	Allergy, VitD, CRP/HPT	C,F	FS or DS
	790	Allergic Dermatitis & Infection Panel <small>(Requires serum & skin swab kit)</small>	Allergic Dermatitis Panel + Skin/Ear Biome Panel	C,F	FS or DS + DERM
	791	Skin/Ear Microbiome Panel	NGS Bacteria & Fungi	C,F	DERM

Other Specialty Panels

✓	Code	Test/Panel Name	Includes	Sp.	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 <small>frozen serum</small>	PTH, tCa, VitD	C,F	FS
	320	Insulin Resistance Panel <small>frozen serum</small>	Insulin + Glucose	C,F	FS
	321	Insulin Resistance Panel + VitD, Mg	Insulin, Glu, VitD, Mg	C,F	FS
	780u	Glyphosate Panel (urine)	Glyphosate	C,F	U
	780f	Glyphosate Panel (fur - contact VDI)	Glyphosate	C,FE	FUR
	792	Mycotoxin Panel	16 Mycotoxins	C,F	U
	793	Environmental Mold & Mycotoxins	16 Mycotoxins and 15 Molds	C,F	Other

Custom/Other

Wellness Panels

✓	Code	Test/Panel Name	Includes	Sp.	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

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

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

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

✓	Code	Test/Panel Name	Includes	Sp.	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

✓	Code	Test/Panel Name	Includes	Sp.	Sample
	109	Complete Wellness <small>frozen serum only</small>	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 & Diet Analysis

✓	Code	Test/Panel Name	Notes	Sp.	Sample
	701	Mineral & Toxic Metal Fur Analysis	29 Minerals & Metals	C,FE	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.
	901	Vitamin D	C,FE
	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
	913	PTH 1-84	C,F

FS or DS unless otherwise noted.

Individual Tests

✓	Code	Test/Panel Name	Sp.
	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	C,F
	915	cPL/fPL (quantitative)	
	921	Insulin	C,F

frozen serum only

FS or DS unless otherwise noted.

Lab Use Only

Version 0125

- Missing: lid | box | pak CB 2Day
 Dmg: foam | box | env LCB Express
 Plus: urine | fur | biome # of samples in package _____
 No Postage New ID

- HM UL PK LV-S T4 2 devices
 LP CLT PID LV-M T3 A | B
 IC W PU OS 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?
 Unknown
 <8 hrs fast >8 hrs fast

Recent Diet Change?
 Changed in last 3 months
 Since last test No Change

Vitamin D **B12 (Cobalamin)** **Magnesium**
 Not Taking Not Taking Not Taking
 Currently Taking: Currently Taking: Currently Taking:
 _____ IU/Day _____ mcg/Day _____ 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:

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

GI Findings

No GI signs
 GI Signs
 Diarrhea
 Constipation
 Vomiting
 Inappetence
 Weight Loss
 Bloody Stool
 Flatulence
 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)
 Node Involvement: Unilateral Bilateral

Anemia Fever

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

Recent Chemistries (within prev. 30 days)

L: low N: normal H: high

Date Performed _____

Total Protein:	<input type="checkbox"/> <u>L</u>	<input type="checkbox"/> <u>N</u>	<input type="checkbox"/> <u>H</u>	BUN:	<input type="checkbox"/> <u>L</u>	<input type="checkbox"/> <u>N</u>	<input type="checkbox"/> <u>H</u>	Calcium:	<input type="checkbox"/> <u>L</u>	<input type="checkbox"/> <u>N</u>	<input type="checkbox"/> <u>H</u>
Albumin:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creatinine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Globulin:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUN/Creat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/G ratio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glucose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Bili:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Patient is in remission

Type: _____
 Dx Date (mm/yy): _____
 Currently Being Treated Not Being Treated

Concurrent Disease

confirmed/suspected

Cushing's Disease
 Addison's Disease
 B12 Deficiency
 Degenerative Joint Disease (eg. OA)
 Autoimmune: _____
 Vector borne: _____
 Inflammatory: _____
 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