



Test Request Submission Form
PRICES EFFECTIVE JANUARY 1, 2009

HEMOPET / HEMOLIFE W. JEAN DODDS, DVM
11330 MARKON DRIVE, GARDEN GROVE, CA 92841
Phone: (714) 891-2022 Fax: (714) 891-2123 BILLING: (714) 891-2022

VETERINARIAN:		DATE:
Clinic:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

CLIENT:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

THE FOLLOWING INFORMATION IS *CRITICAL* FOR DR. DODDS' INTERPRETATION !!!

Species : Canine Breed: Alaskan Klee Kai

Pet Name:	Diet:	Age:
Sex (circle): F FS M MN	If intact female, start of last heat cycle:	Weight:
REASON FOR TESTING & HISTORY :		
ON MEDICATION (circle): YES NO If Yes, list:		
WHAT DOSE?	HOW OFTEN?	BLOOD DRAWN _____ HRS POST PILL

Check tests desired and enclose appropriate fees	PRICES IN US DOLLARS	Cost
Thyroid 5 Ab Profile (formerly D8T) ; includes T3AA + T4AA as appropriate		\$65.00
Thyroid 5 Ab Profile, and OFA Panel (86135)		\$85.00
Profile 7200 CBC, Differential, Chemistries, Thyroid 5 Ab Profile		\$95.00
Profile 7200 CBC, Differential, Chemistries, Thyroid 5, and OFA Panel		\$125.00
Other Tests If participating in the hypothyroidism/thyroiditis DNA genetic marker research – submit additional EDTA tubes [NO CHARGE]		
		\$
Total:		\$

Please call for availability and pricing of other Diagnostic Tests

For OFA Certification, please include completed and signed OFA form plus \$15 check made out to the OFA

Credit Card Account Number (all but Discover): _____ Type _____
 Expiration Date: (Month & Year): _____ Authorized Signature: _____
 PRINT NAME as it appears on your card: _____

**The hypothyroidism/thyroiditis genetic marker research
 requires additional *WHOLE* blood, a signed consent form, and a 3 generation pedigree**