# National Veterinary Diagnostic Services


Please fill out completely and ship to

N.V.D.S.
29620 Ashdale Way
Quail Valley, CA 92587-9511

Phone
(951) 543-4678
Fax
(877) 349-8217


NVDS USE ONLY

Date Received: _____
Time Received: _____
Tubes Received: _____
Sample Condition: _____
Courier: _____

NVDS USE ONLY

## Test Request

Veterinarian's Name: _____ Owner's Name: _____

Clinic Name: _____ Animal's Name: _____

Address: _____ Your Client's ID: _____

City: _____ State: ____ Zip: _____ Date Of Birth: _____ Sex: _____

Phone: _____ Fax: _____ Species: _____ Breed: _____

Date & Time Sample Collected: _____ Date Sample Shipped: _____

Test(s) Requested:

☐ EI1 ($120.00) ☐ Total Estogen ($70.00) ☐ Cortisol ($22.00) ☐T3 ($11.00) ☐T4 ($11.00)
☐ IgA, IgG, & IgM ($60.00) ☐ IgA ($30.00) ☐ IgG ($30.00) ☐ IgM ($30.00)

Clinical/Differential Diagnosis:

History (clinical signs, nutrition, vaccination, medication, environment, etc.):

Treatments: _____

If this is a resubmission, how has the animal's symptoms and conditions changed?