

US EURASIER Club 2018



HEMOPET / HEMOLIFE - W. JEAN DODDS, DVM
11561 SALINAZ AVE. GARDEN GROVE, CA 92843

Phone: (714) 891-2022 Fax: (714) 891-2123

Visit us at www.hemopet.org OR e-mail at info@hemopet.org

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

Please send additional copy of report to (fax# or e-mail): _____

THE FOLLOWING INFORMATION IS <u>CRITICAL</u> and <u>MUST BE PROVIDED</u> FOR DR. DODDS' INTERPRETATION !

Pet Name:	Species: Canine	Breed:
Age:	Sex (circle): F FS M MN	Weight:
BRIEF HISTORY: (please use back or separate sheet if needed)		
DIET INFORMATION:		
HOW LONG ON CURRENT DIET?		
ON MEDICATION (circle): YES NO If Yes, brief list:		
HOW MUCH?	HOW OFTEN?	BLOOD DRAWN ____ HRS POST PILL

Check tests desired and enclose appropriate fees (Prices in US dollars)	Cost
____ Thyroid Profile 5™ PLUS (T4, Free T4, T3, Free T3, TgAA – PLUS CBC, Differential , Chemistries) (without CBC, deduct \$6)	153.00
____ Thyroid Profile 5™ (T4, free T4, T3, free T3, TgAA)	86.70
____ Thyroid Gold Registration & Certificate (order with any Normal/Passing Thyroid Profile 5) Registered Name _____ Register # _____ D.O.B. _____	12.75
____ Thyroid Profile 4 PLUS (T4, Free T4, T3, Free T3 – PLUS CBC, Differential , Chemistries) (without CBC, deduct \$6)	140.25
____ Thyroid Profile 4 (T4, Free T4, T3, Free T3)	78.20
____ Thyroid Profile 2 (T4, Free T4)	69.70
____ OFA Thyroid Registry, Expanded Profile(T4, T3, free T3, T4AA, T3AA, FT4ED, cTSH, TgAA) Include completed & signed OFA form, and a separate check for \$15.00 made out to OFA.	131.75 + 15.00
____ CBC, Differential, Chemistries (without CBC, deduct \$6)	73.95
____ Parvo and Distemper Titers	44.20
____ Rabies Vaccine Titer	83.30
____ Heartworm Antigen	12.75
____ Nutriscan Diagnostics (Food Intolerance Testing) Salivary IgA & IgM – 24 Foods Beef, corn, duck, wheat, soy, cow's milk, lamb, venison, chicken, turkey, pork, white fish, hen's egg, Barley, lentils, millet, oatmeal, salmon, rabbit, rice, quinoa, potato, sweet potato, and peanut	252.00
Additional amount as a Donation to HEMOPET	\$ _____
TOTAL	\$ _____

Payment Method: <input type="checkbox"/> Personal Check	
<input type="checkbox"/> Credit Card # _____	Exp. Date: (Month & Year): _____
CVC # _____	
Name on Credit Card (print)	Signature

TESTING REQUIREMENTS

Tests	Testing Requirements / Panel Details
Thyroid Profile 5™ PLUS	Send 1 mL whole blood in lavender-top tube (EDTA) AND 1.5 mL SERUM . Transfer SERUM to empty redtop or plastic tube. Include ice pack when shipping, but do not freeze sample. Test includes CBC with differential, Chemistry Panel and Thyroid 5™ Profile.
Thyroid Profile 5™	For patient on thyroid medication, please draw blood 4-6 hours after giving thyroid medication, If applicable. Collect 3 to 5 mL of blood in a red top tube (RTT). Centrifuge. Transfer SERUM to empty redtop or plastic tube. 1.5 mL SERUM is REQUIRED for the Thyroid Profile 5™. Test includes T3, T4, free T3, free T4 and Thyroglobulin Autoantibody.
Thyroid Profile 4 PLUS	Send 1 mL whole blood in lavender-top tube (EDTA) AND 1 mL SERUM . Transfer SERUM to empty redtop or plastic tube. Due to the lavender-top tube Include ice pack when shipping, but do not freeze sample. Should be sent with an overnight courier. Test includes CBC with differential, Chemistry Panel and Thyroid 4 Profile.
Thyroid Profile 4	For patient on thyroid medication, please draw blood 4-6 hours after giving thyroid medication, If applicable. Collect 3 to 5 mL of blood in a red top tube (RTT). Centrifuge. Transfer SERUM to empty redtop or plastic tube. 1 mL SERUM is REQUIRED for the Thyroid Profile 4. Test includes T3, T4, free T3, free T4
Thyroid Profile 2	Send 0.5 mL SERUM Test includes T4 and free T4.
OFA THYROID (EXPANDED PROFILE)	2.5 mL SERUM is REQUIRED to complete all testing. Include completed & signed OFA form, and a separate check for \$15.00 made out to OFA. Test includes T4, T3, free T3, T4AA, T3AA and OFA (FT4ed, TSH, TgAA)
CBC, Differential & Chemistries	Send 1 mL whole blood in lavender-top tube (EDTA) AND 1.5 mL SERUM . Transfer SERUM to empty redtop or plastic tube. Due to the lavender-top tube Include ice pack when shipping, but do not freeze sample. Should be sent with an overnight courier Test includes CBC with differential and Chemistry panel.
Parvo and Distemper Titers	Send 0.5 mL SERUM
Rabies Vaccine Titer	Send 1.0 mL SERUM in red top or plastic tube. <u>Note:</u> Allow 21 days testing time.
Heartworm Antigen	Send 0.5 mL SERUM
Nutriscan Diagnostics	SALIVARY IgA & IgM Collect 2 mLs of saliva using the special saliva kit provided 24 Foods (beef, corn, duck, wheat, soy, cow's milk, lamb, venison, chicken, turkey, pork, white fish, hen's egg, barley, lentils, millet, oatmeal, salmon, rabbit, rice, quinoa, potato, sweet potato, and peanut)