



**TEST REQUEST FORM** PRICES EFFECTIVE August 1, 2016

HEMOPET / HEMOLIFE W. JEAN DODDS, DVM

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VETERINARIAN		Date
Clinic		
Address		
City	State	Zip
Phone	FAX	Email

CLIENT		
Address		
City	State	Zip
Phone	FAX	Email

THE INFORMATION BELOW IS <b>CRITICAL</b> FOR DR. DODDS' INTERPRETATION Species: Canine		
Pet's Name	Breed	Irish Water Spaniel
Age	Sex (circle) F FS M MN	Weight
Reason for Testing & Brief History		
On Medication (circle) YES NO If Yes, please list.		
How Much?	How Often?	Blood Drawn _____ Hours Post Pill

Check tests desired & enclose appropriate fees	Cost in US Dollars
<p><b>Please include Completed &amp; Signed IWS QUESTIONNAIRE/D &amp; DNA INFORMED CONSENT FORM/F w/BOTH options.</b></p> <p>[prices are discounted thanks to Hemopet &amp; the IWS Thyroid Study]</p> <p><b>No additional charge for DNA thyroid testing.</b></p> <p>_____ Thyroid Profile 5 &amp; DNA: (T4, free T4, T3, free T3, TgAA)</p> <p>_____ OFA Thyroid Expanded Profile &amp; DNA: (T4, T3, free T3, T4AA, T3AA and OFA (FT4ED, TSH, TgAA)</p> <p><b>Also include Completed &amp; Signed:</b></p> <p><b>OFA APPLICATION FOR THYROID DATABASE/G &amp; \$15/US check to OFA if you want these results submitted to OFA's IWS thyroid database.</b></p> <p><b>You must check the box &amp; decide BEFORE results are returned.</b></p> <p><b>OFA Thyroid is required for IWS CHIC certification.</b></p>	<p>\$102.00/US \$80.00/US <b>to Hemopet</b></p> <p><b>- or -</b></p> <p>\$145.00/US <b>\$112.00/US</b> <b>to Hemopet</b> <b>+ \$15.00/US</b> <b>to OFA</b></p>
<p>Donation to HEMOPET or Rabies Challenge Fund</p> <p>Please circle/indicate your preference</p>	<p>\$ _____</p>
<b>Total:</b>	<p>\$ _____</p>

All Payment in US dollars or via credit card

Credit Card # (Mastercard/Visa/AmEx) \_\_\_\_\_ Type \_\_\_\_\_

Expiration Date: (Month & Year) \_\_\_\_\_ Authorized Signature \_\_\_\_\_

PRINT NAME as it appears on your card \_\_\_\_\_