



# National Veterinary Diagnostic Services

29620 Ashdale Way  
Quail Valley, CA 92587-9511

Phone (951) 543-4678 Fax (877) 349-8217  
e-mail: [info@national-vet.com](mailto:info@national-vet.com)

Dear Doctor,

Here is a list of the tests we routinely run including their sample requirements.

EI1 (Endocrine/Immune 1) - Most common

Tests include: Total Estrogen, Cortisol, T3, T4, IgA, IgG, & IgM

Sample Requirements: 2 ML Serum shipped overnight with an Ice Pack.

EI3 (Endocrine/Immune 3)

Tests include: Total Estrogen, Cortisol, T3, & T4

Sample Requirements: 2 ML Serum shipped overnight with an Ice Pack.

Total Estrogen

Sample Requirements: 2 ML Serum shipped overnight with an Ice Pack.

Cortisol

Sample Requirements: 1 ML Serum shipped overnight with an Ice Pack.

IgA, IgG, OR IgM

Sample Requirements: 0.5 ML Serum shipped overnight with an Ice Pack.

IgA, IgG, & IgM

Sample Requirements: 1 ML Serum shipped overnight with an Ice Pack.

T3 & T4

Sample Requirements: 1 ML Serum shipped overnight with an Ice Pack.

Testing is usually performed over the weekend. Results are available every Monday unless rechecks are required.

If you need any more information, please feel free to contact me.

Jason MacDonald  
National Veterinary Diagnostic Services



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## Account Information

Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate/After hours: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts payable manager: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate/After hours: \_\_\_\_\_

How do you prefer to receive your bills?

Fax  Phone  Mail  e-mail  Address: \_\_\_\_\_

Technical contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate/After hours: \_\_\_\_\_

Attending doctors: \_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

How do you prefer to receive your results?

Fax  Phone  Mail  e-mail  Address: \_\_\_\_\_

Account # \_\_\_\_\_ Representative: \_\_\_\_\_ Route # \_\_\_\_\_

