



National Veterinary Diagnostic Services, LLC

4221 Pecan Bend Drive
Richmond, TX 77406-8601

Phone Fax
(281) 661-4292 (877) 349-8217
e-mail: info@national-vet.com

Dear Doctor,

Here is a list of our current prices. We are giving substantial discounts over what the current market rate is. We will try to maintain these prices as long as we can, but we need your support and continued service to keep our prices low.

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.

Payment is required prior to the test being run unless arrangements have been made in advance.

Testing is performed over the weekend. Results are available every Tuesday.

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 # _____

