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: _____

Send Results via ☐ Fax Results ☐ Mail Results ☐ E-Mail Results: _____

Test(s) Requested: ☐ EI1 ☐ EI3 ☐ Total Estogen ☐ Cortisol ☐ T3 ☐ T4
☐ IgA, IgG, & IgM ☐ IgA ☐ IgG ☐ IgM

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?