National Veterinary Diagnostic Services, LLC

Please fill out completely and ship to

N.V.D.S.
26856 Clark Rd
Waller, TX 77484

Phone
(281) 661-4292
Fax
(877) 349-8217

NVDS USE ONLY

Date Received: _____

Time Received: _____

Tubes Received: _____

Sample Condition: _____

Courier: F U P O

NVDS USE ONLY

Test Request

Veterinarian's Name: _____ Owner (Last,First): _____

Clinic Name: _____ Animal's Name: _____

Address: _____ Your Client's ID: _____ Weight: _____

City: _____ State: ____ Zip: _____ Date Of Birth: _____ Sex: ☐ M ☐ CM ☐ F ☐ SF

Phone: _____ Fax: _____ Species: ☐ K9 ☐ Fe ☐ Eq Breed: _____

Date & Time Sample Collected: _____ Date Sample Shipped: _____

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

Report Format: ☐ Standard ☐ Comparable (4 most recent tests) ☐ Both

Test(s) Requested: ☐ EI-1 ☐ EI-3 ☐ Total Estogen ☐ Cortisol ☐ Post Cortisol ☐ T3 ☐ T4
☐ IgA, IgG, & IgM ☐ IgA ☐ IgG ☐ IgM ☐ Heartworm

Clinical/Differential Diagnosis:

History (clinical signs, nutrition, vaccination, medication, environment, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Treatments: _____

_____

_____

_____

Is this a recheck? ☐ Yes ☐ No. If yes, how have the animal's condition and symptoms changed?

_____

_____

_____

_____

_____