



National Veterinary Diagnostic Services, LLC

26856 Clark Rd
Waller, TX 77484

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

Dear Doctor,

Here is a list of our current tests. Pricing is available directly to veterinarians.

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.

Heartworm

Sample Requirements: 0.5 ML Serum or Plasma. Does not need to be shipped overnight.

Payment is required at the time the test is submitted unless arrangements have been made in advance.

Testing is setup on Saturdays and the results are usually available every Tuesday.

The package does NOT need to be sent first overnight or early delivery. Standard overnight is fine. If you use the US Postal Service, please complete the signature waiver. If using FedEx or UPS, please do NOT require a signature. We can not always get to the door in time to accept your package. Failure to do so may result in your package not being delivered in a timely manner and could adversely affect the quality of the results, requiring you to collect and ship a fresh sample.

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

Jason MacDonald
National Veterinary Diagnostic Services, LLC
jasonm@national-vet.com



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Sample Collection

In an effort to send us the best possible sample, please follow the collection protocols below.

1. Avoid using alcohol at the collection site. Just a minute amount can cause hemolysis in the blood. If you must, make sure you wipe as much of the alcohol away before sticking with the needle.
2. Immediately after collecting the sample in a red top tube (RTT) or serum separator tube (SST), place the tube on its side in your refrigerator for 10 – 15 minutes. This will allow for the highest amount of surface area to allow for quicker clotting.
3. After the blood has clotted, centrifuge the sample for 5 – 10 minutes. If the sample was collected in a red top tube (RTT) draw off the serum and place it in a clean RTT. If you collected in a serum separator tube (SST), you may leave the serum in the tube after it has been centrifuged.
4. Immediately refrigerate or freeze the sample until you are ready to ship. If you were not able to separate the serum or if the serum is severely hemolyzed, **DO NOT FREEZE THE SAMPLE**. Freezing a sample that has not been separated or one that is hemolyzed will destroy the sample.
5. Package the sample in a separate compartment from the test request, so the sample is not in the same compartment as the paperwork. Place the sample and paperwork in an insulated container and ship using an overnight service with an ice pack to keep the sample cold.

The package does NOT need to be sent first overnight or early delivery. Standard overnight is fine. If you use the US Postal Service, please complete the signature waiver. If using FedEx or UPS, please do NOT require a signature. We can not always get to the door in time to accept your package. Failure to do so may result in your package not being delivered in a timely manner and could adversely affect the quality of the results, requiring you to collect and ship a fresh sample.

We suggest shipping Monday – Thursday. If you must ship on a Friday, please contact the lab prior to shipping so we know to expect the sample on Saturday. You **MUST** inform the shipping company that you want a Saturday delivery. Failure to do so may result in a delivery delay and a damaged sample. Be aware that FedEx and UPS has an additional fee for Saturday deliveries.

If you have any questions, please feel free to contact us.



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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 # _____

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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 Estrogen 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?
