

Service Request



Date _____
Name _____ Clinic/Lab _____
Address _____
Phone _____ Fax _____ Email _____

Animal Name/ID# _____			Age _____	Breed _____
Species	Gender	Sterilized	Please return my results by: Fax Phone Mail	
Canine	Male	Yes		
Feline	Female	No		

Canine Diagnostic

Canine Diagnostic	Sample Required	Result
Distemper Antibody (IFA)	1-ml serum	_____
Parvovirus Antibody (IFA)	1-ml serum	_____
Coronavirus Antibody (IFA)	1-ml serum	_____
Heartworm Antigen (ELISA)	1/2-ml serum	_____
Brucella Canis (IFA)	1-ml serum	_____
Ehrlichia Canis (IFA)	1-ml serum	_____
Lymes Titer (IFA)	1-ml serum	_____
Leishmania Titer (IFA)	1-ml serum	_____
Babesia Canis (IFA)	1-ml serum	_____
Rocky Mountain Spotted Fever (IFA)	1-ml serum	_____
Anaplasma Phagoytophila (IFA)	1-ml serum	_____
Antinuclear Antibody (IFA)	1-ml serum	_____

Feline Diagnostic

Feline Diagnostic	Sample Required	Result
AIDS Virus Antibody (IFA)	1/2-ml serum	_____
Peritonitis Virus Antibody (IFA)	1/2-ml serum	_____
Leukemia Virus Antigen (ELISA)	1/2-ml serum	_____
Leukemia Virus Antibody (ELISA)	1/2-ml serum	_____
Heartworm Antibody (IFA)	1/2-ml serum	_____
Heartworm Antigen (ELISA)	1/2-ml serum	_____
Panleukopenia Antibody (IFA)	1/2-ml serum	_____
Toxoplasma Antibody (IFA)	1/2-ml serum	_____
Antinuclear Antibody (IFA)	1/2-ml serum	_____
Herpes Virus Antibody (IFA)	1/2-ml serum	_____
Calicivirus Antibody (IFA)	1/2-ml serum	_____

Submitting your Service Request:

The fee is \$10 per test. Enclose completed Service Request form with your sample along with a check made out to Hansen Dx. Ship via FedEx or UPS to: Hansen Dx, 1589 Bucks Lake Road, Quincy, CA 95971 (530) 283-9377. All collection and mailing supplies shall be provided by the sender. Not more than 1-ml of serum required per submission.



Once you've completed your order, save this document for your records.
Email this PDF to info@HansenDx.com or print and fax the order to **(530) 283-9364**.