# Service Request

HANSEN Dx
The Canine and Feline Experts

Date _____

Name _____ Clinic/Lab _____

Address _____

Phone _____ Fax _____ Email _____

Animal Name/ID# _____ Age _____ Breed _____

**Species**
- ◯ Canine
- ◯ Feline

**Gender**
- ◯ Male
- ◯ Female

**Sterilized**
- ◯ Yes
- ◯ No

Please return my results by: ◯ Fax ◯ Phone ◯ Mail

| 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 | Sample Required | Result |
|---|---|---|
| ☐ AIDS Virus Antibody (IFA) | 1/2-ml serum | |
| ☐ AIDS Virus Antibody (ELISA) | 1/2-ml serum | |
| ☐ AIDS Virus Antibody (FRET) | 1/2 ml serum | |
| ☐ Peritonitis Virus Antibody (IFA) | 1/2-ml serum | |
| ☐ Leukemia Virus Antigen (ELISA) | 1/2 ml serum | |
| ☐ Leukemia Virus Antigen (FRET) | 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.

SAVE

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.**