



**Protatek**<sup>TM</sup>  
Reference Laboratory

## VADDS Password Request Form

**This form is to have access to lab reports \* please note export lab results cannot be accessed they will be lacking the signature required.**

Please fill out this form and return by mail, fax or e-mail to:

Protatek Reference Laboratory  
540 W. Iron Ave Suite 106  
Mesa, AZ 85210  
480.545.8499 (ph)  
480.545.8409 (fax)  
prl@protatek.com (e-mail)

**PRL Account code:** \_\_\_\_\_ **(NOTE: This is your User Name Login) \* must have an account set up with your first submission please ask for new customer form.**

(NOTE: If more than one account code per hospital, please use one form per account code)

Veterinary Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Veterinarians currently at this Hospital:

(Last name)

(First name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PASSWORD REQUESTED:** \_\_\_\_\_

\_\_\_\_\_  
Veterinary Hospital's Authorized Signature

\_\_\_\_\_  
Name / Title (Please print)

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### PRL OFFICE USE ONLY:

User Login Code: \_\_\_\_\_

Password: \_\_\_\_\_

Effective Date: \_\_\_\_\_