

**PROTATEK REFERENCE LABORATORY**

**VADDS Password Request Form**



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](mailto:prl@protatek.com) (e-mail)

PRL Account code: \_\_\_\_\_ (NOTE: This is your User Name Login)

(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)

---

**PRL OFFICE USE ONLY:**

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

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

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