

PROTATEK REFERENCE LABORATORY



VADDS Password Request Form

A subsidiary of Pharmgate Biologics Inc.

Please fill out this form and return by mail or e-mail to:
Protatek Reference Laboratory
540 W. Iron Ave., Suite 106
Mesa, AZ 85210
480.545.8499 (phone)
prl@pharmgate.com (e-mail)

Please **DONOT** access report for export cases via this online function. Export report has more requirements and/or extra steps to become acceptable for USDA endorsement.

PRL Account#: _____

(NOTE: This is your PRL account# (a six-digits character), used as username to Login. If more than one account# per hospital, please use one form per account#.)

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: _____