

HOW TO SUBMIT A SAMPLE



1. BLOOD DRAW

- 3-5 ml of serum
- Spin down & pour into Spectrum tube

If you don't have a centrifuge:

1. Leave sample in **red top tube** until blood coagulates
2. Pour serum in Spectrum tube, ensuring red cells aren't transferred
3. Submit

If you don't have plastic tubes, use a red top or tiger top

2. ORDER FORMS

- Complete an order & history form for each submitted sample
- Submitting multiple samples? Properly label samples & corresponding order forms

3. SHIP SAMPLE

- Generate & print a prepaid FedEx shipping label
- Package sample & submission forms together
- Call 1.800.463.3339 or visit FedEx.com to schedule pick up
- Do not ship samples with dry ice or ice packs. Labels provided are 2-day express

4. REVIEW RESULTS

- Results are faxed or emailed within 72-hours after receiving the sample
- Followed by a result booklet via mail in about 7-10 business days
- For help interpreting results & pursuing treatment, call us at (800) 553.1391

DIAGNOSTIC ORDER FORM - SPECTRUM VETERINARY



spectrum vet

2801 S 35th St. Phoenix, AZ 85034

P: (480) 464-8971

TF: (800) 553-1391

FAX: (480) 898-0611

www.vetallergy.com

Please complete this form as fully as possible, **including history form**. Return form with sample as per delivery instructions.

No Steroid Withdrawal required // 3-5 mls of Serum

Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____

For Office Use Only:

Specimen No: _____ Date Rcvd: _____

Supply Request:

- Supplies (4 of each: order form, labels, serum vials)
- Federal Express Labels
- Brochures (Qty. 25) circle one Pet Horse Treatment
- Office Poster
- Other (Please specify) _____

Clinic Email _____
Receive results via email within 24-48 hours of sample receipt

Animal's Name _____

Owner's Name _____

Breed _____ Date _____

Canine Feline Equine Age _____

ALLERGY TESTING

SPOT PLATINUM - BEST VALUE

All the most common antigens in one complete package, includes all panels listed below. For more information and complete panels visit www.vetallergy.com/spot/

_____ Individual Panels _____

REGIONAL PANEL

53 individual regional inhalant allergens

COMPREHENSIVE FOOD PANEL

24 most common commercial food ingredients

INDIVIDUAL/SPECIAL ORDER (LIST BELOW)

See list of possible allergens AND turnaround times at www.vetallergy.com/specials/

1. _____	2. _____	3. _____	4. _____	5. _____
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BITING INSECT (EQUINE)

Culicoides, Cockroach, Mosquito, Stable Fly, Deer Fly, Horse Fly & Fire Ant

INDOOR PANEL (CANINE/FELINE)

12 common indoor allergens

THYROID TESTING OPTIONS

T5 Panel (T4, free T4, T3, free T3, & TgAA)

T4 Panel (T4, free T4, T3, free T3)

add TSH to any above

Patient Sex (Please Circle):

F FS M MN

Weight: _____ lbs. _____ oz.

* Please submit a separate sample of 2-3 mls of serum if requesting an allergy test. **ATTACHED HISTORY FORM REQUIRED.**

VACCICHECK TITER TESTING OPTIONS

Canine Vaccicheck

Antibody titer test for Parvovirus, Distemper, and Infectious Hepatitis. In-clinic kits available for purchase, visit www.vaccicheck.com for more information

Feline Vaccicheck

Antibody titer test for Panleukopenia. In-clinic kits available for purchase, visit www.vaccicheck.com for more information

BE SURE TO FILL OUT THE HISTORY FORM ON PAGE 2

Patient Name: _____ **DOB:** _____ **Sex:** _____
Species: Dog Cat Horse **Breed:** _____ **Age problem started:** _____

1. During the past year, how itchy has the pet been during a typical outbreak?
(1 being occasionally itchy and 10 being constant severe scratching)
 1 2 3 4 5 6 7 8 9 10
2. Using the same scale how itchy has the pet been over the last month? _____
3. Is the problem worse during certain times of year? When? Winter Spring Summer Fall
4. Has the patient been previously allergy tested? Yes No If yes, when? _____
 If yes, by whom? _____
 If by Spectrum, provide lab number: _____
5. **DIET HISTORY:** *(Please provide a complete account for the last year, include a separate sheet if necessary (please include treats)*
 What type of food is the pet fed? Dry Canned Treats/scraps Brand: _____

6. *Check below which clinical signs have been present and how severe they have been over the course of the pet's entire dermatological issues. (Check one box per clinical sign)*

CLINICAL SIGN	NEVER OCCURS	OCCURS RARELY	OCCURS OCCASIONALLY	OCCURS OFTEN
Scratching, licking, biting at self				
Hair loss, poor regrowth of hair				
Increased redness to skin				
Red spots, pimples, bumps, rash				
Dandruff, flakiness, scalliness of skin				
Increased odor (skin or coat)				
Crusty or scabby patches (skin)				
Open, raw sores				
Areas that ooze blood or pus				
Eyes - redness, itching, discharge				
Change in color/texture of hair				
Ear infections				
Diarrhea or loose stools				
Vomiting				
Sneezing or wheezing				
Changes in personality				
Changes in activity level				
Changes in appetite				
Changes in water consumption				

7. *How much licking, biting, chewing, scratching or rubbing does pet do in the following areas? (Check one box per clinical sign)*

BODY AREA	NOT ITCHY	MILDLY ITCHY	MODERATELY ITCHY	SEVERELY ITCHY
Feet/paws				
Legs/arms				
Belly/genital area				
Armpits/chest/sides of body				
Face/eyes				
Ears/ear flaps				
Along the back or rump				
Tail				
Anal area				

8. *On the list of medications below, check if they have been given and, if so, how much relief they produced. (Check "yes" box if given and how much treatment helped.)*

TREATMENT/MEDICATION	WAS IT EVER GIVEN?		IF GIVEN, HOW MUCH DID IT HELP?	
	YES	NO	DID NOT HELP	HELPED A LOT
Cortisone pills or shots				
Antihistamines				
Cyclosporine (Atopical)				
Apoquel				
Allergy Shots or drops				