

DIAGNOSTIC ORDER FORM - SPECTRUM LABS



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www.WeAreSpectrum.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:	
<input type="checkbox"/> Supplies (4 of each: order form, labels, serum vials) <input type="checkbox"/> Federal Express Labels <input type="checkbox"/> Brochures (Qty. 25) <small>circle one</small> Pet Horse Treatment <input type="checkbox"/> Office Poster <input type="checkbox"/> Other (Please specify) _____	
Clinic Email _____	
Receive results via email within 24-48 hours of sample receipt	
Animal's Name _____	
Owner's Name _____	
Breed _____	Date _____
<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> 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

BITING INSECT (EQUINE)

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

COMPREHENSIVE FOOD PANEL

24 most common commercial food ingredients

INDOOR PANEL (CANINE/FELINE)

12 common indoor allergens

INDIVIDUAL/SPECIAL ORDER (LIST BELOW)

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

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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

Keep me informed about feline Vaccicheck; Email address: _____

PLEASE MAKE A COPY FOR YOUR RECORDS

ALLERGY SERVICES HISTORY FORM

Please complete and return with order form

Date: _____
Animal's Name: _____
Animal's Age: _____ Sex: _____

Veterinarian: _____
Owner: _____
 Dog Cat Horse Breed: _____

Section A: (to be completed for all Species)

1. The signs include:

SKIN ISSUES:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Itching | <input type="checkbox"/> Dry Skin |
| <input type="checkbox"/> Oily Skin | <input type="checkbox"/> Odor |
| <input type="checkbox"/> Redness | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Loss of Hair | <input type="checkbox"/> Dandruff |

RESPIRATORY ISSUES:

- Cough
 Sneeze
 Runny Nose

GASTROINTESTINAL ISSUES:

- Vomiting
 Diarrhea

Other _____

2. Has the animal ever been tested for allergies in the past? Yes* No

If yes:

by Spectrum Lab No. _____

by other means. Specify _____

3. Has the animal ever been on hyposensitization (allergy shot) treatment? Yes No

When: _____

4. Has the animal ever been on steroids?

- Yes No

Injections/When: _____

Oral/When: _____

5. When are the symptoms worst?

- Spring Summer Fall Winter Year Round

6. What age did you 1st notice problem? _____

Section B: (to be completed for Canine/Feline)

1. What type and brand of food do you feed your pet? (check all that apply)

- | | |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Canned | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Table Scraps | <input type="checkbox"/> Other |

Brand: _____

Other: _____

2. Does your pet use food supplements/vitamins?

- Yes No

Specify: _____

3. Do members of your household smoke?

- Yes No

4. Is your pet exposed to other animals?

- Yes No

Dog Cat Bird Other _____

5. What % is pet indoors _____ outdoors _____?

6. Comments: _____

Section C: (to be completed for Equine)

1. What % is horse outdoors _____ barn _____?

2. What does diet consist of? _____

3. Comments: _____