TEST REQUEST FORM



1101-C Cambridge Square Alpharetta, GA, 30009 USA

Tel: 470-275-6851 Fax: 470-233-6887

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FOR OFFICE USE ONLY

contact@petpreferreddx.com			
Universal panel I, most common allergens (Canine/Feline) - 54 allerge Universal panel II, no food (Canine/Feline/Equine) - 44 allergens (IgE) Extended Univ. panel I, more food (Canine/Feline) - 100 allergens (IgE Extended Univ. panel II, more pollen (Canine/Feline) - 94 allergens (IgE Food only panel (Canine/Feline) - 54 allergens (IgE) Pollen only panel (Canine/Feline/Equine) - 54 allergens (IgE)	54 food items (IgG) Echinococcus (canine, IgG)		
VETERINARY CLINIC INFORMATION			
Clinic:	Tel: () - Fax: () -		
Address:	E-mail: Blood collection Date//		
Veterinarian:	Serum volume ml (1.0 ml required)		
PATIENT DETAILS			
Owner Name: Last	First		
	/ Feline / Equine D.O.B/		
Male/Female Breed	Spayed/Neutered Weight		
Address:	· · · · · · · · · · · · · · · · · · ·		
Actual Pet's address if different from above:			
For allergy test only:			
Other pets in household			
Diet Treats			
When are symptoms more frequent (please circle):			
All Year J F M A M J	J A S O N D		
OUTDOORS INDOORS DAYTIME NIGHT	TTIME WALKING RUNNING		
Already known allergies:			
Allergy Symptoms: Skin problems Respiratory Otitis Other:			
State any current treatment:			
State any previous treatments:			
Success rate from 1 to 10 (10 is the best)			
Additional notes:			
VETERINARIAN SIGNATURE (REQUIRED)	Date:/		
Put the protective bag with serum sample and this form to Pet Preferred Diagnostics.	in the box and ship in the prepaid envelope		
Note, that you can ship two boxes in one envelope.			