

TEST REQUEST FORM



**Pet Preferred
Diagnostics**

**1101-C Cambridge Square
Alpharetta, GA, 30009 USA**

Tel: 470-275-6851
Fax: 470-233-6887
contact@petpreferredx.com

FOR OFFICE USE ONLY

Universal panel I (Canine/Feline) - 54 allergens (IgE)	<input type="checkbox"/>	Food Intolerance (Canine/Feline) - 54 food items (IgG)	<input type="checkbox"/>
Extended Univ. panel (Canine/Feline) - 100 allergens (IgE)	<input type="checkbox"/>	Echinococcus (canine, IgG)	<input type="checkbox"/>
Universal panel II (Canine/Feline/Equine) - 44 allergens (IgE)	<input type="checkbox"/>	Lyme disease (canine, IgG)	<input type="checkbox"/>
Food panel (Canine/Feline) - 54 allergens (IgE)	<input type="checkbox"/>	Lyme disease (equine, IgG)	<input type="checkbox"/>
Pollen panel (Canine/Feline/Equine) - 54 allergens (IgE)	<input type="checkbox"/>	West Nile virus (equine, IgG)	<input type="checkbox"/>

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	
Pet's Name		Canine / 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 NIGHTTIME 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 in the box and ship in the prepaid envelope to Pet Preferred Diagnostics.

Note, that you can ship **two** boxes in one envelope.