

TEST REQUEST FORM												
	11600 Atlantis Place, Ste C-1 Alpharetta, GA, 30022, USA Tel: +1 (470) 275-6851; Fax: +1 (470) 233-6887 contact@petpreferred.com	FOR OFFICE USE ONLY										
ALLERGY PANELS:												
Universal panel I, most common allergens (Canine/Feline) - 60 allergens (IgE) ☐		Food intolerance (Canine/Feline) ☐										
Universal panel II, no food (Canine/Feline/Equine) - 45 allergens (IgE) ☐		54 food items (IgG) ☐										
Extended Univ. panel I, more food (Canine/Feline) - 99 allergens (IgE) ☐		Early Cancer screening ☐										
Extended Univ. panel II, more pollen (Canine/Feline) - 104 allergens (IgE) ☐		(Canine/Feline/Leporine/Musteline)										
Food only panel (Canine/Feline) - 53 most common allergens (IgE) ☐		22 cancers & 16 neurological syndromes (IgG) ☐										
Pollen only panel (Canine/Feline) - 61 allergens (IgE) ☐		Echinococcus (canine, IgG) - 9 markers ☐										
Extended Equine panel (Equine only) - 121 allergens (IgE) ☐		Lyme disease monitoring profile (canine, IgG) ☐										
VETERINARY CLINIC INFORMATION												
Clinic: _____		Tel: () - Fax: () -										
Address: _____		E-mail: _____										
		Blood collection Date ____/____/____										
Veterinarian: _____		Serum volume for Food intolerance/Cancer/Lyme										
Serum volume for allergy test _____ ml (1.0 ml required)		disease/Echinococcus tests _____ ml (0.1 ml required)										
PATIENT DETAILS												
Owner Name: Last _____		First _____										
Pet's Name _____	Canine / Feline / Leporine/ Musteline/ Equine		D.O.B. ____/____/____									
Male/Female _____	Breed _____	Neutered/Spayed _____	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 or many samples in one box and one envelope.												
For all test details visit: https://www.petpreferred.com/for-veterinary-care-providers												