

PLEASE ENSURE  
YOU ADD YOUR  
VET CODE!

VET CODE

DATE	ANIMAL ID / PIMS NUMBER		
VETERINARY SURGEON	OWNER'S NAME		
ADDRESS STAMP	OWNER'S ADDRESS		
	NAME OF ANIMAL		
	SPECIES	AGE	
	BREED	SEX	NEUTERED <input type="checkbox"/>

↓ Please tick test required (✓) PLEASE REFER TO CURRENT DIRECTORY OF PRODUCTS AND SERVICES FOR PANEL CONTENT AND SAMPLE REQUIREMENTS

<b>SKIN SCREENS</b>		<b>Allergy Assessment Programme</b>	
<input type="checkbox"/> SCE	Basic Skin Screen	<b>ALLERGY SCREENS</b>	
<input type="checkbox"/> SCEF	Extended Basic Skin Screen	<input type="checkbox"/> G_ALSC	Screen (Canine & Feline)
<input type="checkbox"/> SCEFE	Comprehensive Skin Screen (Equine Only)	<input type="checkbox"/> G_ALSCH	Screen (Equine)
<input type="checkbox"/> NAIL1	Basic Nail Examination	<input type="checkbox"/> G_ASCF	Screen and Flea IgE
<input type="checkbox"/> NAIL2	Comprehensive Nail Examination	<b>ALLERGY PANELS</b>	
<b>SKIN ASSAYS</b>		<input type="checkbox"/> G_ALI	Indoor Panel
<input type="checkbox"/> FCUL	Dermatophyte Culture & Identification	<input type="checkbox"/> G_ALGUK	Grass & Weeds Panel
<input type="checkbox"/> SPF	Skin Parasites / Dermatophytes (Direct Microscopy)	<input type="checkbox"/> G_ALE	Trees Panel
<input type="checkbox"/> MFC	Skin Parasites / Dermatophytes (including dermatophyte culture)	<input type="checkbox"/> G_EPIC/F	Epidermal Panel
<b>DERMATOLOGY PROFILES</b>		<b>EQUINE SPECIFIC PANELS</b>	
<b>CANINE</b>		<input type="checkbox"/> G_ALSCH	Screen (Equine)
<input type="checkbox"/> DER1	Dermatology Investigative Profile 1	<input type="checkbox"/> G_PI	Equine Insect Panel
<input type="checkbox"/> DER2	Dermatology Investigative Profile 2	<b>EXTENDED BASIC ALLERGY PANELS</b>	
<input type="checkbox"/> DER3	Dermatology Investigative Profile 3	<input type="checkbox"/> G_OUT	Grass & Weeds, Trees Panel
<input type="checkbox"/> DER4	Dermatology Investigative Profile 4	<input type="checkbox"/> G_INDC/F	Indoor & Epidermal Panel
<b>FELINE</b>		<b>COMPREHENSIVE ALLERGY PANEL</b>	
<input type="checkbox"/> DEF2	Dermatology Investigative Profile 2	<input type="checkbox"/> G_COMP	Indoor, Grass & Weeds, Trees Panels
<b>EQUINE</b>		<b>PREMIUM ALLERGY PANEL</b>	
<input type="checkbox"/> DEE1	Dermatology Investigative Profile 1	<input type="checkbox"/> G_PREMC /F	Indoor, Grass & Weeds, Trees Panels plus Avacta Food Panel
<b>DERMATOHISTOPATHOLOGY</b>		<b>OTHER ASSAYS</b>	
<input type="checkbox"/>	<i>Please also submit a completed Histology/Cytology form</i>	<input type="checkbox"/> SCAB	Sarcoptes IgG
<input type="checkbox"/> HISK	Histology & Complete Skin examination	<input type="checkbox"/> G_MAL	Malassezia IgE
<input type="checkbox"/> HICL	Histology & Culture / Sensitivity	<input type="checkbox"/> SENSIC/F	Allergy Lab Food Allergy Panel
<input type="checkbox"/> SWAB2	Swab - for swabs from additional sites e.g. ear	<b>IMMUNOTHERAPY</b>	
<input type="checkbox"/> HIST1	Dermatohistopathology	<i>To order Immunotherapy, please use the specific Immunotherapy Request Form. Please contact our Customer Support team for further information.</i>	
<input type="checkbox"/> AHIS	Add Dermatohistopathology to a Dermatology Profile		

PREVIOUS REF. N°	CROSS REF. N°
<b>PATIENT INFORMATION, PLEASE COMPLETE IF INTERPRETATION IS REQUIRED // History, Clinical Findings &amp; Current Therapy</b>	

<b>FOR LAB USE ONLY</b>					
EDTA	SEP SERUM	PART SPUN GEL	HAIR	HEPARIN	COURIER
SMEAR	WHOLE BLOOD	SPUN GEL	SKIN SCRAPE	CITRATE	GTD
SWAB	UN SPUN GEL	FLUORIDE	G MAIL	FIXED TISSUE	REV
Analysed result/SNAP® TEST enclosed	LABELLED	UNLABELLED	FRESH TISSUE	NHIS	
LOCK BOX					