

LAB NUMBER (LAB USE ONLY)	DATE	ANIMAL ID / PIMS NUMBER		
	VETERINARY SURGEON	OWNER'S NAME		
	ADDRESS STAMP	OWNER'S ADDRESS		
NAME OF ANIMAL				
SPECIES		AGE		
VET CODE	BREED	SEX	NEUTERED <input type="checkbox"/>	ENTIRE <input type="checkbox"/>

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

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

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

FOR LAB USE ONLY					
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
Analysers result/SNAP® TEST enclosed	LABELLED	UNLABELLED	FRESH TISSUE	NHIS	
LOCK BOX					