

**TEST REQUEST FORM**



**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, <b>most common allergens</b> (Canine/Feline) - <b>60 allergens</b> (IgE)	<input type="checkbox"/>	Food intolerance (Canine/Feline)	<input type="checkbox"/>
Universal panel II, <b>no food</b> (Canine/Feline/Equine) - <b>45 allergens</b> (IgE)	<input type="checkbox"/>	<b>54 food items</b> (IgG)	
Extended Univ. panel I, <b>more food</b> (Canine/Feline) - <b>105 allergens</b> (IgE)	<input type="checkbox"/>	Early Cancer screening (Canine/Feline)	<input type="checkbox"/>
Extended Univ. panel II, <b>more pollen</b> (Canine/Feline) - <b>104 allergens</b> (IgE)	<input type="checkbox"/>	<b>22 cancers &amp; 14 neurological syndromes</b> (IgG)	
Food only panel ( Canine/Feline ) - <b>54 allergens</b> (IgE)	<input type="checkbox"/>	Echinococcus (canine, IgG)	<input type="checkbox"/>
Pollen only panel (Canine/Feline/Equine) - <b>61 allergens</b> (IgE)	<input type="checkbox"/>	Lyme disease (canine, IgG)	<input type="checkbox"/>

**VETERINARY CLINIC INFORMATION**

Clinic:	Tel: ( ) -	Fax: ( ) -
Address: _____	E-mail: _____	
	Blood collection Date ____/____/____	
Veterinarian:	Serum volume for <b>Food intolerance/Cancer/Lyme disease/Echinococcus</b> tests _____ ml ( <b>0.1 ml required</b> )	
Serum volume for <b>allergy</b> test _____ ml ( <b>1.0 ml required</b> )		

**PATIENT DETAILS**

Owner Name: Last	First
Pet's Name	Canine / Feline / Equine
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
<b>When are symptoms more frequent</b> (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:**

<b>Allergy Symptoms:</b> 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.