

TEST REQUEST FORM



**1101-C Cambridge Square
Alpharetta, GA, 30009 USA**
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contact@petpreferred.com

FOR OFFICE USE ONLY

ALLERGY PANELS:	Food intolerance (Canine/Feline) <input type="checkbox"/>
Universal panel I, most common allergens (Canine/Feline) - 60 allergens (IgE) <input type="checkbox"/>	54 food items (IgG) <input type="checkbox"/>
Universal panel II, no food (Canine/Feline/Equine) - 45 allergens (IgE) <input type="checkbox"/>	Early Cancer screening <input type="checkbox"/>
Extended Univ. panel I, more food (Canine/Feline) - 105 allergens (IgE) <input type="checkbox"/>	(Canine/Feline/Leporine/Musteline)
Extended Univ. panel II, more pollen (Canine/Feline) - 104 allergens (IgE) <input type="checkbox"/>	22 cancers & 16 neurological syndromes (IgG) <input type="checkbox"/>
Food only panel (Canine/Feline) - 54 allergens (IgE) <input type="checkbox"/>	Echinococcus (canine, IgG) - 9 markers <input type="checkbox"/>
Pollen only panel (Canine/Feline/Equine) - 61 allergens (IgE) <input type="checkbox"/>	Lyme disease monitoring profile (canine, IgG) <input type="checkbox"/>

For all test details visit: <https://www.petpreferred.com/for-veterinary-care-providers>

VETERINARY CLINIC INFORMATION

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

PATIENT DETAILS

Owner Name: Last	First
Pet's Name	Canine / Feline / Leporine/ Musteline/ 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

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.