



Allergy Testing Submission Form

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Clinic information		Patient Information	
Name of submitting veterinarian:		Owner's name:	Sex M/F :
Clinic/address label:		Patient's name:	Neutered Y/N:
		Species:	Date sample collected:
Breed:			
Specific IgE Test		Initial presentation (please select as appropriate)	
Standard panel (24 allergen)	2ml serum (immediately separate from blood after collection)	Itching and scratching	
Extended panel (36 allergen)		Hair loss	
		When are clinical signs present ?	
Patient History		Seasonal clinical signs (please indicate season: _____)	
Age when skin problems started		Year-round clinical signs	
<input type="checkbox"/> <1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-7 years <input type="checkbox"/> >7 years		Season(s) when clinical signs are worse ?	
Clinical sign(s)		Location affected	
Scratching		Face	
Biting		Feet	
Chewing		Body	
Licking		Tail area	
Rubbing		Legs	
Skin infections		Ears	
Ear infections		Are fleas controlled?	
Any other animal(s) in the house?		Yes	
Yes		No	
No		Has patient successfully had an 8 week or longer strict dietary trial?	
If yes, do they also have skin problems?		Yes	
		No	
Is <i>Malassezia</i> detected ?		<i>Demodex</i> or <i>Sarcoptes</i> detected?	
Yes		Yes	
No		No	
Have steroids been used recently?		If yes, have these been successfully treated?	
Yes (please answer below)		Yes (How long : _____)	
No		No	
If yes, what type and when last given :			