

## TEST REQUEST FORM



**Pet Preferred  
Diagnostics**

**1101-C Cambridge Square  
Alpharetta, GA, 30009 USA**

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Fax: 470-233-6887

contact@petpreferredxx.com

### FOR OFFICE USE ONLY

Canine/Feline Universal panel I - <b>54 allergens</b> (IgE)	<input type="checkbox"/>	Canine Echinococcus (IgG)	<input type="checkbox"/>
Canine/Feline Extended panel - <b>100 allergens</b> (IgE)	<input type="checkbox"/>	Canine Lyme disease (IgG)	<input type="checkbox"/>
Canine/Feline Universal panel II - <b>44 allergens</b> (IgE)	<input type="checkbox"/>	Equine Lyme disease (IgG)	<input type="checkbox"/>
Canine/Feline Food panel - <b>54 allergens</b> (IgE)	<input type="checkbox"/>	Equine West Nile virus (IgG)	<input type="checkbox"/>
Canine/Feline Food Intolerance - <b>54 food items</b> (IgG)	<input type="checkbox"/>		

### VETERINARY CLINIC INFORMATION

Clinic:	Tel: (    )    -	Fax: (    )    -
Address: _____	E-mail: _____	
	Blood collection Date ____/____/____	
Veterinarian:	Serum volume _____ ml ( <b>1.0 ml required</b> )	

### PATIENT DETAILS

Owner Name: Last		First	
Pet's Name	Canine / Feline / Equine	D.O.B. ____/____/____	
Male/Female	Breed	Spayed/Neutered	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): <div style="display: flex; justify-content: space-around; font-size: small;"> <span>All Year</span> <span>J</span> <span>F</span> <span>M</span> <span>A</span> <span>M</span> <span>J</span> <span>J</span> <span>A</span> <span>S</span> <span>O</span> <span>N</span> <span>D</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>OUTDOORS</span> <span>INDOORS</span> <span>DAYTIME</span> <span>NIGHTTIME</span> <span>WALKING</span> <span>RUNNING</span> </div>			

### 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.