

Companion Animal Allergy Submission Form



LAB NO.	
---------	--

LAB TECH INITIALS	
-------------------	--

CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 691 8200 (Option 2)
Laboratory E-mail Address:	Lab-SA@idexx.com

DEMOGRAPHIC INFORMATION REQUIRED	
Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status: <input type="checkbox"/> Stat <input type="checkbox"/> Routine	

PATIENT DETAILS	
Name:	
Owner Name and Surname:	
<input type="checkbox"/> Canine	<input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Breed:
<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Age:	Years Months

SPECIMEN TYPE	<input type="checkbox"/> Blood <input type="checkbox"/> Swab <input type="checkbox"/> Faeces <input type="checkbox"/> Skin <input type="checkbox"/> Organ <input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Free-Flow <input type="checkbox"/> Catheter <input type="checkbox"/> Other (Specify):

Please complete the CAG Allergy History Section as well as required tests & submit together with your blood samples. Refer to the pricelist for details on allergens tested in each panel.

TEST MENU	SAMPLE
<input type="checkbox"/> ASDCF General Allergy Screening Dog & Cat with fleas (GREER®) ELISA	4ml
<input type="checkbox"/> ASDC General Allergy Screening Dog & Cat without fleas (GREER®) ELISA	4ml
<input type="checkbox"/> FAP General Food Allergy Panel Dog & Cat Feed test (23 Allergens)	4ml
<input type="checkbox"/> SAPTGH Specific Small Allergy Panel Dog & Cat (GREER®) Trees / Grasses / Herbs (8 Allergens)	4ml
<input type="checkbox"/> SAPMF Specific Small Allergy Panel Dog & Cat (GREER®) Mites / fungi (without fleas) (6 Allergens)	4ml
<input type="checkbox"/> LAPMMF Specific Large Allergy Panel Dog, Cat, (GREER®) Mites / molds / fleas (10 - 11 allergens)	4ml

TEST MENU	SAMPLE
<input type="checkbox"/> Histopathology	
<input type="checkbox"/> FNA Cytology	
Culture (incl. Antibiogram)	
<input type="checkbox"/> CUAE - Aerobic	
<input type="checkbox"/> CUAN - Aerobic & Anaerobic	
<input type="checkbox"/> CUFU - Fungal	

PET OWNER SECTION A detailed history is essential. Please complete the following section.

BASIC HISTORY	
Age of your pet when the problems started?	<input type="checkbox"/> < 1yr <input type="checkbox"/> 1-3 year <input type="checkbox"/> 4-7 years <input type="checkbox"/> > 7 years
Season/s in which the problems started?	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Autumn
Duration of the Condition?	

SYMPTOMS	
Does your pet do any of the following?	<input type="checkbox"/> Scratch <input type="checkbox"/> Chew <input type="checkbox"/> Bite <input type="checkbox"/> Rub <input type="checkbox"/> Lick <input type="checkbox"/> Other (Specify)
If yes, where?	<input type="checkbox"/> Ears <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/> Rump <input type="checkbox"/> Legs
Which of the following started first?	<input type="checkbox"/> Itching / Scratching <input type="checkbox"/> Hair Loss / Rash

ENVIRONMENT	
Is your pet primarily based?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Percentage of time spent indoors (if applicable)?	<input type="checkbox"/> ≤25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76% - 100%
Describe your pet's inside environment (if applicable):	
Percentage of time spent outdoors (if applicable)?	<input type="checkbox"/> ≤25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76% - 100%
Describe your pet's outdoor environment (if applicable):	<input type="checkbox"/> Rural <input type="checkbox"/> Wooded <input type="checkbox"/> Suburban <input type="checkbox"/> Near Water <input type="checkbox"/> Urban
What other pets are in your household?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Ferret <input type="checkbox"/> Small Rodents <input type="checkbox"/> Rabbit <input type="checkbox"/> Other (Specify)
Do any other of your pets in the household have skin problems?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Ferret <input type="checkbox"/> Small Rodents <input type="checkbox"/> Rabbit <input type="checkbox"/> Other (Specify)

**CLINICAL DESCRIPTION OF THE SKIN CONDITION AND DISTRIBUTION OF LESIONS
(COMPLETE THE RELEVANT SCHEMATIC)**

Primary Lesions
(provide details): _____

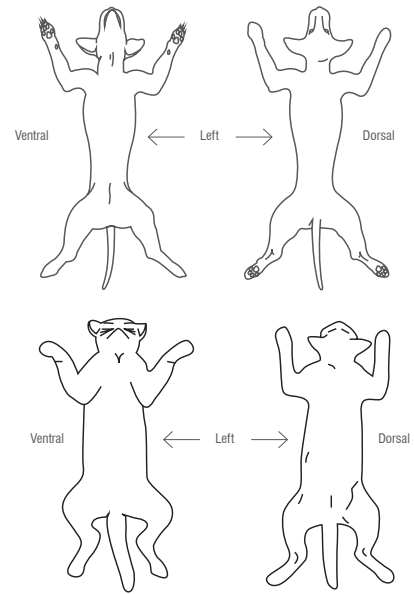
Secondary Lesions
(provide details): _____

Pruritis? Present Absent

Seasonal? Yes No

Worse: Spring/Summer Autumn/Winter

Any other previous illness? _____



BATHING

How often is your pet bathed? Weekly Monthly Not bathed Brand (Specify): _____

Shampoo type used (check all that apply): Anti-itch Antibacterial Antifungal Hypoallergenic

DIET

Food Type (check all that apply): Homemade / home-cooked Hypoallergenic Commercial Prescription Raw

Brand (specify): _____

Table Food? Yes No

Treats? Biscuits Rawhides Chewies Bones Brand (specify): _____

VETERINARIAN SECTION

Fleas controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often are products applied?
Are all pets in the household on preventatives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a food trial been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which hypoallergenic diet was prescribed?	Was diet strictly adhered to? <input type="checkbox"/> Yes <input type="checkbox"/> No
During which season/s are symptoms present? <input type="checkbox"/> Winter <input type="checkbox"/> Spring	<input type="checkbox"/> Summer <input type="checkbox"/> Autumn
Is Malassezia a problem for the pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were skin scrapings positive for Sarcoptes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were skin scrapings performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the pet treated for Sarcoptes? <input type="checkbox"/> Yes <input type="checkbox"/> No	What product was used?
How many times has the pet been treated for pyoderma? <input type="checkbox"/> Never/Rarely (once per year) <input type="checkbox"/> Occasionally (2-3 times per year)	
When were steroids last used? Type: _____ Dose: _____	
What was the response to steroids? <input type="checkbox"/> No response <input type="checkbox"/> Temporary response <input type="checkbox"/> Excellent response	
Were any alternative treatments employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please specify details
What was the response to alternative treatments? <input type="checkbox"/> No response <input type="checkbox"/> Temporary response <input type="checkbox"/> Excellent response	

SUBMITTING VETERINARY CLINIC

STAMP

Name: _____

Signature: _____

Date: _____

LEGEND

- Serum gel collection tube
- Impression smear
- Fine needle aspirate

- Swab
- Organ/ Tissue
- Fluid

FOR OFFICE USE ONLY

Date Received: _____

Initials: _____

Samples Submitted: _____