

# WHAT TO SUBMIT (& how)

## SUBMISSION REQUIREMENTS:

Urine: 2-3mls of a mid-stream urine sample.

Wet Active Infection: Swab the infected area with any culturette swab.

Dry Active Infection: Wet culturette swab with sterile saline then swab the infected area.

Compound Fracture: Submit any hardware extracted from the infection site.

Submit sample and order/history form to Spectrum Veterinary at:  
2801 S 35th St  
Phoenix, AZ 85021

Pre-paid FedEx labels are provided at: [www.spectrum.vet/ship](http://www.spectrum.vet/ship)



## ANTIBIOTIC INTERACTIONS DURING TESTING:

It is best to have the patient off antibiotics for 7-10 days prior to swabbing and submitting a sample. If that is not possible please contact us to determine submission options.

## TURN AROUND TIME FOR SUBMISSION

Each bacteria grows and colonizes at its own rate. Because these colonization rates can affect the turnaround time of your test, result arrivals can vary. It is our goal to provide results within 7-10 business days from when we receive the sample.



**Please note: The BecScreen assay can not be run off of a serum sample.** If you are requesting both a BecScreen and an allergy test please include a swab of the infected area for BecScreen and 3mls of serum for the allergy test.

# ALLERGY ORDER FORM

2801 S. 35<sup>th</sup> St. | Phoenix, AZ 85034 | 800.553.1391 | www.Spectrum.vet

EFFECTIVE 01.01.2019



## For Office Use Only:

Please complete this form as fully as possible, including history form.  
Return form with sample as per delivery instructions.  
No Steroid Withdrawal required // 3-5 mls of Serum

Specimen No: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Veterinarian \_\_\_\_\_

Animal's First Name \_\_\_\_\_

Clinic \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Canine       Feline       Equine

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Breed \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_

Clinic Email \_\_\_\_\_

Weight:  Under 22 lbs       Over 22 lbs

Receive results via email within 72 business hours of sample receipt

**NEED SUPPLIES?**  Check here

For expedited supply orders go to [www.spectrum.vet/supplies](http://www.spectrum.vet/supplies) or call us at 800.553.1391

## ALLERGY TESTING

**TEST & TREAT PACKAGE**  SubQ Injections  Sublingual Drops  CALL CLINIC  
Includes 1 SPOT Platinum Allergy Test & 1 Treatment of your choice



**SPOT PLATINUM** (TEST ONLY-91 ALLERGENS (SM ANIMAL) / 86 ALLERGENS (EQUINE))  
Includes weeds, trees, grasses, epidermals, foods, mites, molds, staph, insects, Malassezia, indoor (or barn) allergens

### INDIVIDUAL PANELS

**REGIONAL PANEL (53 ALLERGENS)**  
Includes regional inhalent allergens

**COMPREHENSIVE FOOD PANEL (SM ANIMAL ONLY)**  
24 Most common commercial pet food ingredients

**INDIVIDUAL/SPECIAL ORDER ALLERGENS (LIST BELOW)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## CHRONIC INFECTION ASSAY

[www.BecScreen.com](http://www.BecScreen.com)

- BECSCREEN PANEL**
- BECSCREEN PANEL W/ ALLERGY**

LIST ANTIBIOTICS PATIENT HAS PREVIOUSLY BEEN TREATED WITH IN NOTES SECTION OF HISTORY FORM

\*Active infection required: Discontinue antibiotics 7-10 days prior to sample collection.

## ANTIBODY TITER TESTING

[www.VacciCheck.com](http://www.VacciCheck.com)

**CANINE VACCICHECK**

Antibody titer test for Parvovirus, Distemper & infectious Hepatitis. In-clinic tests also available for purchase, visit [www.VacciCheck.com](http://www.VacciCheck.com) for more information.

**CONTINUE TO HISTORY FORM**

# SPECTRUM SERVICES HISTORY FORM

Please complete and return with order form

Date: _____	Veterinarian: _____
Animal's Name: _____	Owner: _____
Animal's Age: _____ Sex: _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse Breed: _____

### CANINE / FELINE PATIENTS

**1. Current Allergy Symptoms are:**

Skin Issues     Respiratory Issues     GI Issues

Other \_\_\_\_\_

**2. What age did the symptoms begin?** \_\_\_\_\_

**3. Has the animal ever been tested for allergies in the past?**     Yes\*     No

If yes:

by Spectrum    Lab No. \_\_\_\_\_

by other means.    Specify \_\_\_\_\_

Has patient been on hyposensitization treatment?

Yes     No    When? \_\_\_\_\_

**4. Has the animal ever been on "relief" meds?**

Yes     No

What: \_\_\_\_\_

When: \_\_\_\_\_

**5. What age did you 1st notice problem?** \_\_\_\_\_

**6. What foods do you feed?**

Canned     Dry     Table Scraps

Brand: \_\_\_\_\_

Other: \_\_\_\_\_

**7. Exposed to other animals?**

Dog     Cat     Bird     Other: \_\_\_\_\_

### EQUINE PATIENTS

**1. Current Allergy Symptoms are:**

IBH/Hives     Respiratory Issues     Hairloss

Other \_\_\_\_\_

**2. What age did the symptoms begin?** \_\_\_\_\_

**3. Has the animal ever been tested for allergies in the past?**     Yes\*     No

If yes:

by Spectrum    Lab No. \_\_\_\_\_

by other means.    Specify \_\_\_\_\_

Has patient been on hyposensitization treatment?

Yes     No    When? \_\_\_\_\_

**4. Describe the stable environment (other animals, insects, climate, etc)** \_\_\_\_\_

\_\_\_\_\_

**5. Describe horse's diet:** \_\_\_\_\_

\_\_\_\_\_

**6. How have the horse's symptoms been treated in the past?**

\_\_\_\_\_

\_\_\_\_\_

### BECSCREEN HISTORY DETAILS OR ADDITIONAL ALLERGY NOTES

\_\_\_\_\_

\_\_\_\_\_

\* As of Jan. 1, 2014 we are no longer offering retesting on our own results at half price, except for food panels. If you have a patient that isn't performing well on treatment please contact Technical Services for additional assistance.