HOW TO SUBMIT A SAMPLE

1. BLOOD DRAW
   • 3-5 ml of serum
   • Spin down & pour into Spectrum tube
   If you don’t have a centrifuge:
     1. Leave sample in red top tube until blood coagulates
     2. Pour serum in Spectrum tube, ensuring red cells aren’t transferred
     3. Submit
        If you don’t have plastic tubes, use a red top or tiger top

2. ORDER FORMS
   • Complete an order & history form for each submitted sample
   • Submitting multiple samples? Properly label samples & corresponding order forms

3. SHIP SAMPLE
   • Generate & print a prepaid FedEx shipping label
   • Package sample & submission forms together
   • Call 1.800.463.3339 or visit FedEx.com to schedule pick up
   • Do not ship samples with dry ice or ice packs. Labels provided are 2-day express

4. REVIEW RESULTS
   • Results are faxed or emailed within 72-hours after receiving the sample
   • Followed by a result booklet via mail in about 7-10 business days
   • For help interpreting results & pursuing treatment, call us at (800) 553.1391

Need Supplies? Request them on your order form or at www.spectrum.vet

Questions? Contact us at (800) 553.1391

Icons made by Freepik and Those Icons from www.flaticon.com
ALLERGY ORDER FORM

2801 S. 35th St. | Phoenix, AZ 85034 | 800.553.1391 | www.Spectrum.vet
EFFECTIVE 01.01.2019

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

Veterinarian ________________________________
Clinic ________________________________
Address ________________________________
City ___________ State _______ Zip ___________
Phone (___) _______ Fax (___) ___________
Clinic Email ________________________________

Receive results via email within 72 business hours of sample receipt

Animal’s First Name ________________________________
Last Name ________________________________

- Canine
- Feline
- Equine

Breed ________________________________
Age ________________ Date ________________

Weight:  
- Under 22 lbs
- Over 22 lbs

NEED SUPPLIES?  □ Check here
For expedited supply orders go to 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

□ 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

□ CANINE VACCICHECK
Antibody titer test for Parvovirus, Distemper & infectious Hepatitis. In-clinic tests also available for purchase, visit www.VacciCheck.com for more information.

CONTINUE TO HISTORY FORM
SPECTRUM SERVICES HISTORY FORM
Please complete and return with order form

Date: _________________________________________
Animal’s Name: _______________________________
Animal’s Age: _____________    Sex: _____________
Veterinarian: __________________________________
Owner: _______________________________________
Breed: _____________  
[ ] Dog  [ ] Cat  [ ] 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.