

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

ALLERGY ORDER FORM

2801 S. 35th 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 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

- 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

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: _____	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.