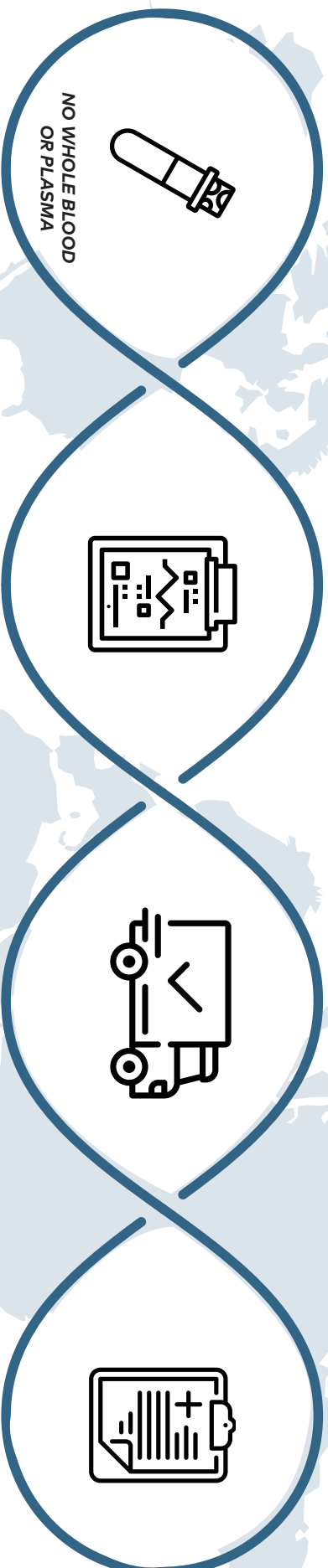


# HOW TO SUBMIT A SAMPLE



spectrum vet



## 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

**Questions?** Contact us at (800) 553.1391

(Icons made by Freepik and Those! Icons from [www.flaticon.com](http://www.flaticon.com))

# ALLERGY ORDER FORM

2801 S. 35<sup>th</sup> 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

**For Office Use Only:**

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

## SUPPLY REQUEST:

- Lab Supplies (order forms, serum vials)
- Mailing Supplies (FedEx bags, labels)
- Brochures (Qty. 25) circle one Pet Horse Treatment
- Office Poster
- Other (Please specify) \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

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

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

Clinic Email \_\_\_\_\_  
Receive results via email within 72 business hours of sample receipt

Animal's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Breed \_\_\_\_\_ Date \_\_\_\_\_

Canine  Feline  Equine Age \_\_\_\_\_

## 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 TESTING

- FULL BIOFILM PANEL
- FULL BIOFILM 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.

## VACCICHECK SEND OUT TITER TESTING

- 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.