

A stylized illustration of a petri dish containing various bacterial colonies. The colonies are represented by different shapes and colors, including dark blue, light blue, and grey. The background of the dish is light grey with curved lines representing the rim. The overall aesthetic is clean and scientific.

# Are recurrent bacterial infections a frustration in your practice?

WE HAVE YOUR SOLUTION.

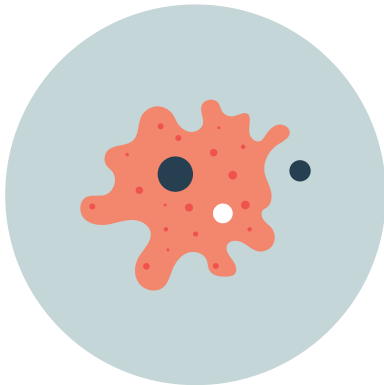
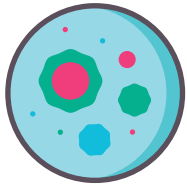
**BecScreen**

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

# WHY

## BIOFILM SUSCEPTIBILITY

# TESTING?



Bacteria can be found in 2 different states: **planktonic** and **biofilms**.

Bacteria found in a planktonic state are free-floating bacteria - commonly found on growth plates and test tubes in a microbiology laboratory. Planktonic bacteria are more susceptible to antibiotics and eradications by the immune system.

Biofilms, on the other hand, are an organized community of bacteria, attached to an inert or living surface. Biofilms develop from planktonic bacteria that form over time, held together by a mucous-like extracellular matrix. This matrix acts as protection from the immune system and antibiotics may not be able to penetrate the multiple surface layers of the biofilm, resulting in antibiotic resistance.

The BecScreen assay helps determine which antibiotic(s) and what dosage of antibiotic(s) are best used to treat the infection.

## DID YOU KNOW?

as many as **80%** of infections are caused by biofilms

““ One of the most intriguing and clinically relevant features of microbial films is their significantly higher antibiotic resistance relative to their free-floating counterparts, which generates serious consequences for therapy of biofilm-associated infections. The MIC of antibiotics to biofilm-growing bacteria may be up to 1000-fold higher than that of planktonic bacteria. ””

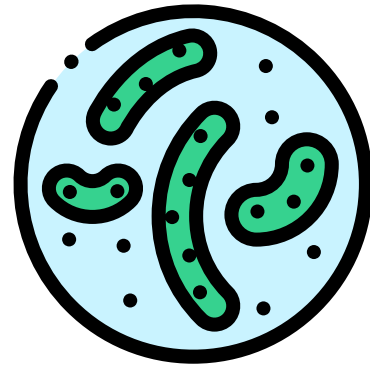
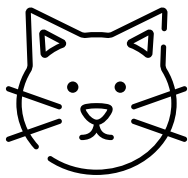
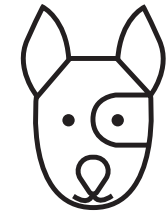
F. Sun, et al., 2013



# WHO IS

BIOFILM SUSCEPTIBILITY

# TESTING FOR?



BecScreen is suitable for all aerobic bacteria infections, particularly chronic infections for

**CANINE FELINE EQUINE**

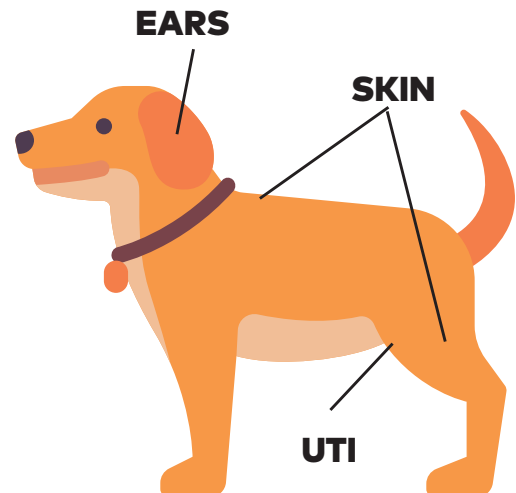
## COMMON

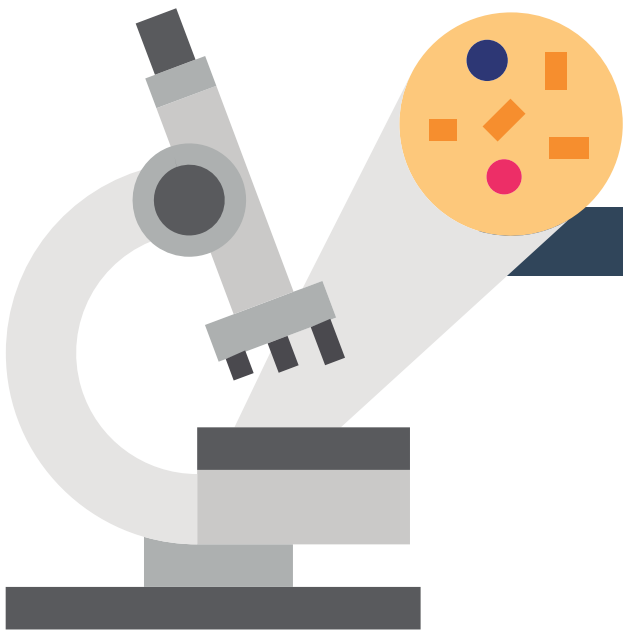
### INFECTION SITES



Biofilms are ubiquitous. They can be found in a variety of environments, forming on surfaces, both natural (skin, teeth) and synthetic (medical implants).

Chronic infections; including ear, skin, and urinary tract. Delayed wound healing, could be symptomatic of a biofilm-related infection, as well.





# WHEN TO UTILIZE BECSCREEN?

Biofilm associated infections are typically chronic and recurrent. These types of infections are generally associated with treatment failure because of the biofilm's higher level of antibiotic resistance.

BecScreen is an in-vitro antibiotic susceptibility test used to determine the specific antibiotics to which a bacterium is sensitive. This test helps in determining which antibiotic(s) and what dosage of antibiotic(s) is to be used in treating the infection.

## SAMPLE CASES:

### Chronic Recurrent Pyoderma

10 year old Yorkshire Terrier presented with chronic recurrent pyoderma in the dorsal trunk, where staphylococcus pseudointermedius was cultured. Symptoms disappeared on the initial antibiotic therapy with  $\beta$ -lactam antibiotics but returned after completion of therapy.



### Chronic Sinusitis

1 year old DSH presented with chronic sinusitis.

Symptoms included nasal discharge and facial swelling. Pseudomonas aeruginosa was isolated from the nasal discharge.

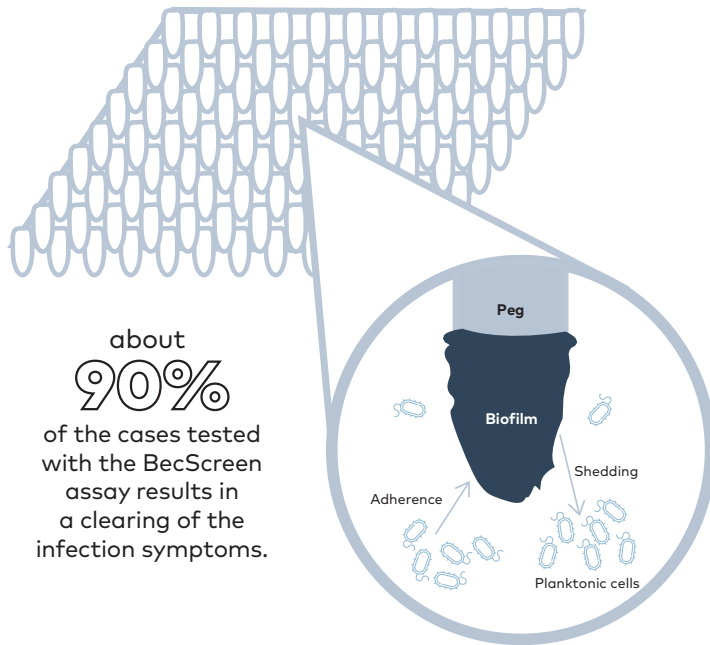
### Chronic UTI

9 year old Pittbull mix female presented with a chronic UTI.

Symptoms were present for over 4 months and a urine cultured isolated E. coli. Initial antibiotic therapy resolved the symptoms, but returned after completion of the treatment regimen.

# WHY BECSCREEN?

Our BecScreen assay helps you to treat chronic infections through a 3-step process.



**1** Culture quickly identifies & assesses the bacteria

**2** Biofilm growth to replicate the infection in its natural state

**3** Sensitivity to identify the best antibiotic(s) to clear the infection

## HOW TESTING IS PERFORMED

Our BecScreen assay cultures bacteria as a biofilm and tests the antibiotic susceptibility of that biofilm in the lab. The assay consists of a 2-part system, a microtiter lid with 96 specialized pegs and a microtiter plate with inoculated growth medium. This system allows planktonic (free-floating) bacteria to adhere to these 96 pegs when placed in the microtiter plate containing the growth medium, resulting in biofilm formation.

Once biofilms have formed on the 96 pegs, the 96 biofilms are then challenged against various antibiotics, or combination antibiotics, to determine a precise antibiotic treatment and dosage.

By growing the bacteria in our lab in its biofilm state rather than in a Planktonic state, we're able to...



More effectively assess infections



Provide precise antibiotic treatment & dosage



Prevent infections from returning



Reduce antibiotic usage & future bacterial resistancy

# 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)

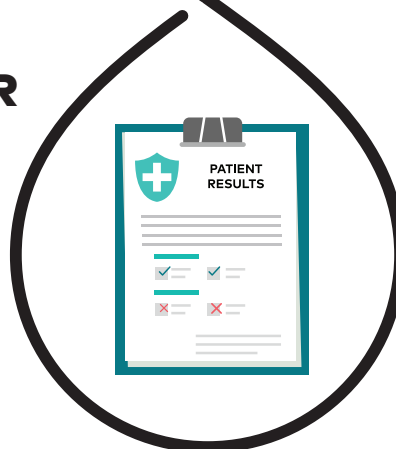


## ANTIBIOTIC INTERACTIONS DURING TESTING:

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

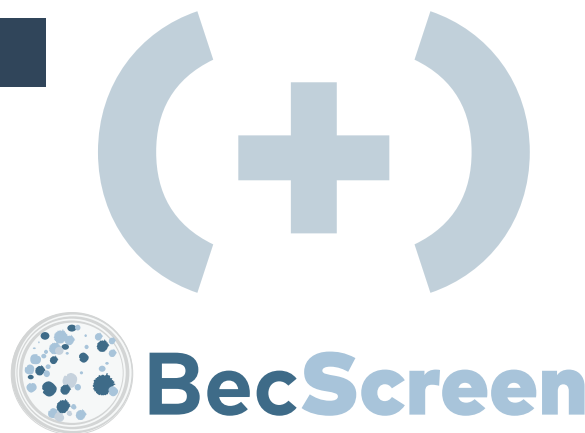
Each bacteria grows and colonizes at its own rate. Because these colonization rates can affect the turnaround time of your test, result arrivals can vary. It is our goal to provide results within 7-10 business days from when we receive the sample.



Our panels contain the most current and frequently used antibiotics in veterinary medicine. If any of our antibiotics become outdated or antiquated, we retain the ability to upgrade our panels at any time, ensuring you the highest quality results possible.

## MBEC GRAM POSITIVE ANTIBIOTICS

Amoxicillin	Enrofloxacin
Ampicillin	Erythromycin
Azithromycin	Gentamicin Sulfate
Cefazolin	Marbofloxacin
Cefovecin	Minocycline
Cefpodoxime	Orbifloxacin
Ceftiofur Sodium	Oxacillin Sodium
Chloramphenicol	Rifampin
Ciprofloxacin	Tetracycline
Clindamycin	Trimethoprim + Sulfamethoxazole
Doxycycline	Vancomycin



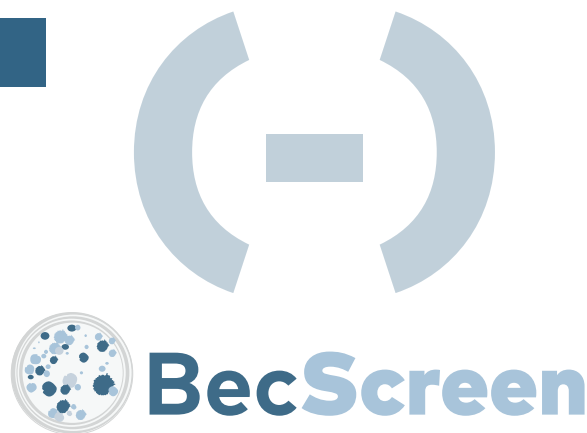
## MBEC GRAM POSITIVE COMBINATION ANTIBIOTICS

Amoxicillin/Clavulanate + Clindamycin	Gentamicin + Amoxicillin/Clavulanate
Amoxicillin/Clavulanate + Imipenem	Gentamicin + Cefalexin
Amoxicillin/Clavulanate+ Orbifloxacin	Gentamicin + Ampicillin
Cefalexin + Clindamycin	Gentamicin + Clindamycin
Cefalexin + Doxycycline	Gentamicin + Doxycycline
Cefalexin + Gentamicin	Gentamicin + Minocycline
Cefalexin + Imipenem	Gentamicin + Orbifloxacin
Cefalexin + Orbifloxacin	Minocycline + Cefalexin
Cefalexin + Trimethoprim/Sulfamethoxazole	Minocycline + Orbifloxacin
Chloramphenicol + Clindamycin	Orbifloxacin + Ampicillin
Chloramphenicol + Erythromycin	Orbifloxacin + Doxycycline
Chloramphenicol + Gentamicin	Orbifloxacin + Imipenem
Chloramphenicol + Orbifloxacin	Trimethoprim/Sulfamethoxazole + Amoxicillin/Clavulanate
Chloramphenicol + Trimethoprim/Sulfamethoxazole	Trimethoprim/Sulfamethoxazole + Ampicillin
Chloramphenicol + Vancomycin	Trimethoprim/Sulfamethoxazole + Clindamycin
Clindamycin + Ampicillin	Trimethoprim/Sulfamethoxazole + Doxycycline
Clindamycin + Imipenem	Trimethoprim/Sulfamethoxazole + Gentamicin
Clindamycin + Orbifloxacin	Trimethoprim/Sulfamethoxazole + Imipenem
Clindamycin + Vancomycin	Trimethoprim/Sulfamethoxazole + Minocycline
Doxycycline + Chloramphenicol	Trimethoprim/Sulfamethoxazole + Orbifloxacin
Doxycycline + Clindamycin	Trimethoprim/Sulfamethoxazole + Vancomycin
Doxycycline + Erythromycin	Vancomycin + Amoxicillin/Clavulanate
Doxycycline + Imipenem	Vancomycin + Ampicillin
Erythromycin + Cefalexin	Vancomycin + Orbifloxacin

Our panels contain the most current and frequently used antibiotics in veterinary medicine. If any of our antibiotics become outdated or antiquated, we retain the ability to upgrade our panels at any time, ensuring you the highest quality results possible.

## MBEC GRAM NEGATIVE ANTIBIOTICS

Amikacin	Enrofloxacin
Amoxicillin + Clavulanate	Gentamicin Sulfate
Ampicillin	Imipenem
Azithromycin	Marbofloxacin
Cefazolin	Minocycline
Cefovecin	Orbifloxacin
Cefpodoxime	Oxacillin Sodium
Ceftiofur Sodium	Rifampin
Chloramphenicol	Tetracycline
Ciprofloxacin	Trimethoprim + Sulfamethoxazole
Doxycycline	Tobramycin
	Vancomycin



## MBEC GRAM NEGATIVE COMBINATION ANTIBIOTICS

Amikacin + Amoxicillin/Clavulanate	Chloramphenicol + Doxycycline
Amikacin + Ampicillin	Chloramphenicol + Imipenem
Amikacin + Ceftazidime	Chloramphenicol + Minocycline
Amikacin + Chloramphenicol	Chloramphenicol + Orbifloxacin
Amikacin + Doxycycline	Chloramphenicol + Trimethoprim/Sulfamethoxazole
Amikacin + Imipenem	Chloramphenicol + Trimethoprim/Sulfamethoxazole + Doxycycline
Amikacin + Minocycline	Doxycycline + Orbifloxacin
Amikacin + Orbifloxacin	Doxycycline + Trimethoprim/Sulfamethoxazole
Amikacin + Trimethoprim/Sulfamethoxazole	Gentamicin + Amoxicillin/Clavulanate
Amoxicillin/Clavulanate + Ceftazidime	Gentamicin + Ampicillin
Amoxicillin/Clavulanate + Imipenem	Gentamicin + Ceftazidime
Amoxicillin/Clavulanate + Orbifloxacin	Gentamicin + Doxycycline
Amoxicillin/Clavulanate + Trimethoprim/Sulfamethoxazole	Gentamicin + Imipenem
Ampicillin + Orbifloxacin	Gentamicin + Minocycline
Ampicillin + Trimethoprim/Sulfamethoxazole	Gentamicin + Orbifloxacin
Azithromycin + Doxycycline	Gentamicin + Trimethoprim/Sulfamethoxazole
Azithromycin + Imipenem	Imipenem + Gentamicin + Orbifloxacin
Azithromycin + Minocycline	Minocycline + Orbifloxacin
Ceftazidime + Azithromycin	Minocycline + Trimethoprim/Sulfamethoxazole
Ceftazidime + Doxycycline	Orbifloxacin + Imipenem
Ceftazidime + Gentamicin + Orbifloxacin	Trimethoprim/Sulfamethoxazole + Imipenem
Ceftazidime + Minocycline	Trimethoprim/Sulfamethoxazole + Chloramphenicol + Imipenem
Ceftazidime + Orbifloxacin	Trimethoprim/Sulfamethoxazole + Orbifloxacin
Ceftazidime + Trimethoprim/Sulfamethoxazole	





# INTERPRETING SINGLE ANTIBIOTIC RESULTS

**Veterinary BioFilm Susceptibility Report**

Lab Number  
Patient  
Order Date  
Strain ID **95.00% Escherichia coli**  
Gram **Negative**

Breed **Golden Retriever**  
Site Swab  
Clinic Name  
Veterinarian


**BecScreen**  
**Golden Retriever**



Antibiotics	SIR Breakpoints	Minimum Inhibitory Concentration (MIC)		Minimum Biofilm Eradication Concentration (MBEC)	
Amikacin	S: ≤16, I: 32, R: ≥64	≤8	<b>S</b>	16	<b>S</b>
Amoxicillin + Clavulanate	S: ≤4/2, I: 8/4-16/8, R: ≥32/16	>32/16	R	>32/16	R
Ampicillin	S: ≤8, I: 16, R: ≥32	>32	R	>32	R
Azithromycin	S: ≤1, R: ≥2	8	R	>8	R
Cefazolin	S: ≤8, R: ≥32	8	<b>S</b>	>8	R
Cefovecin	S: ≤2, R: ≥4	8	R	>8	R
Cefpodoxime	S: ≤2, I: 4, R: ≥8	>8	R	>8	R
Ceftiofur	S: ≤2, I: 4, R: ≥8	>8	R	>8	R
Chloramphenicol	S: ≤8, I: 16, R: ≥32	≤4	<b>S</b>	>32	R
Ciprofloxacin	S: ≤1, I: 2, R: ≥4	≤0.5	<b>S</b>	≤0.5	<b>S</b>
Doxycycline	S: ≤4, I: 8, R: ≥16	≤2	<b>S</b>	≤2	<b>S</b>
Enrofloxacin	S: ≤0.5, I: 1-2, R: ≥4	≤0.5	<b>S</b>	≤0.5	<b>S</b>
Gentamicin Sulfate	S: ≤2, I: 4, R: ≥8	≤2	<b>S</b>	4	I
Imipenem	S: ≤1, I: 2-8, R: ≥16	16	R	>16	R
Marbofloxacin	S: ≤1, I: 2, R: ≥4	≤0.5	<b>S</b>	≤0.5	<b>S</b>
Minocycline	S: ≤4, I: 8, R: ≥16	4	<b>S</b>	>16	R
Orbifloxacin	S: ≤1, I: 2-4, R: ≥8	≤1	<b>S</b>	≤1	<b>S</b>
Piperacillin	S: ≤16, I: 32-64, R: ≥128	>128	R	>128	R
Tetracycline	S: ≤4, I: 8, R: ≥16	≤2	<b>S</b>	>16	R
Ticarcillin / Clavulanate	S: ≤16/2, I: 32/2-64/2, R: ≥128/2	≤16/2	<b>S</b>	128/2	R
Tobramycin	S: ≤4, I: 8, R: ≥16	≤2	<b>S</b>	4	<b>S</b>
Trimethoprim / Sulfamethoxazole	S: ≤2/28, R: ≥4/76	≤0.5/9.5	<b>S</b>	4/76	R

FIGURE 1: These results indicate that there are 6 antibiotic options that can provide possible\* treatment for the above infection in a biofilm state (SEE THOSE HIGHLIGHTED IN GREEN UNDER MBEC HEADER)

The normal therapeutic dosage for a patient of this weight/size would be utilized, unless directed otherwise by your pharmacist or reference guide.

Note the vast increase in suggested antibiotics using standard culture and sensitivity (MIC), that would have suggested ineffective antibiotics.

\*unless contraindicated



S: Susceptible    I: Intermediate    R: Resistant

BecScreen is a qualitative, in-vitro diagnostic test designed for use in determining antimicrobial susceptibility of both planktonic and biofilm isolates. Minimum Inhibitory Concentration (MIC) results are for planktonic cells susceptibility and Minimum Biofilm Eradication Concentration (MBEC) results are for biofilms susceptibility. Results for each individual antibiotic may be applied to other antibiotics in the same class.



# INTERPRETING ANTIBIOTIC COMBINATIONS RESULTS

Veterinary BioFilm Susceptibility Report					
Lab Number		Breed		Cocker Spaniel	
Patient	Spot	Site Swab	Skin		
Order Date	Strain ID		Clinic Name		
Staphylococcus aureus					
Gram Positive					
Antibiotics	SIR Breakpoints	Minimum Inhibitory Concentration (MIC)	Minimum Biofilm Eradication Concentration (MBEC)		
Amoxicillin:Clavulanate + Clindamycin	1:0.5/0.5 - 2:1/1	≤1:0.5/0.5	S	>2:1/1	R
Amoxicillin:Clavulanate + Imipenem	1:0.5/1 - 2:1/2	≤1:0.5/1	S	>2:1/2	R
Amoxicillin:Clavulanate + Orbifloxacin	1:0.5/1 - 2:1/2	≤1:0.5/1	S	2:1/2	I
Cefalexin + Clindamycin	1/0.5 - 2/1	≤1/0.5	S	>2/1	R
Cefalexin + Doxycycline	1/4 - 2/8	≤1/4	S	>2/8	R
Cefalexin + Gentamicin	1/2 - 2/4	≤1/2	S	≤1/2	S
Cefalexin + Imipenem	1/1 - 2/2	≤1/1	S	>2/2	R
Cefalexin + Orbifloxacin	1/1 - 2/2	≤1/1	S	2/2	I
Cefalexin + Trimethoprim/Sulfamethoxazole	1/2:38 - 2/2:38	≤1/2:38	S	>2/2:38	R
Chloramphenicol + Clindamycin	8/0.5 - 16/1	≤8/0.5	S	>16/1	R
Chloramphenicol + Erythromycin	8/0.5 - 16/1	≤8/0.5	S	>16/1	R
Chloramphenicol + Gentamicin	8/2 - 16/4	≤8/2	S	≤8/2	S
Chloramphenicol + Orbifloxacin	8/1 - 16/2	≤8/1	S	>16/2	R
Chloramphenicol + Trimethoprim/Sulfamethoxazole	8/2:38 - 16/2:38	≤8/2:38	S	>16/2:38	R
Chloramphenicol + Vancomycin	8/2 - 16/4	≤8/2	S	≤8/2	S
Clindamycin + Ampicillin	0.5/1 - 1/2	≤0.5/1	S	>1/2	R
Clindamycin + Imipenem	0.5/1 - 1/2	≤0.5/1	S	1/2	I
Clindamycin + Orbifloxacin	0.5/1 - 1/2	≤0.5/1	S	1/2	I
Clindamycin + Vancomycin	0.5/2 - 1/4	≤0.5/2	S	≤0.5/2	S
Doxycycline + Chloramphenicol	4/8 - 8/16	>8/16	R	>8/16	R
Doxycycline + Clindamycin	4/0.5 - 8/1	≤4/0.5	S	>8/1	R
Doxycycline + Erythromycin	4/0.5 - 8/1	≤4/0.5	S	>8/1	R
Doxycycline + Imipenem	4/1 - 8/2	≤4/1	S	>8/2	R
Erythromycin + Cefalexin	0.5/1 - 1/2	≤0.5/1	S	>1/2	R
Gentamicin + Amoxicillin/Clavulanate	2/1:0.5 - 4/2:1	≤2/1:0.5	S	≤2/1:0.5	S
Gentamicin + Cefalexin	2/1 - 4/2	≤2/1	S	≤2/1	S
Gentamicin + Ampicillin	2/1 - 4/2	≤2/1	S	4/2	I
Gentamicin + Clindamycin	2/0.5 - 4/1	≤2/0.5	S	≤2/0.5	S
Gentamicin + Doxycycline	2/4 - 4/8	≤2/4	S	4/8	I
Gentamicin + Minocycline	2/4 - 4/8	≤2/4	S	4/8	I
Gentamicin + Orbifloxacin	2/1 - 4/2	≤2/1	S	≤2/1	S
Minocycline + Cefalexin	4/1 - 8/2	≤4/1	S	>8/2	R
Minocycline + Orbifloxacin	4/1 - 8/2	≤4/1	S	8/2	I
Orbifloxacin + Ampicillin	1/1 - 2/2	≤1/1	S	2/2	I
	1/4 - 2/8	≤1/4	S	2/8	I
	1/1 - 2/2	≤1/1	S	>2/2	R
Amoxicillin/Clavulanate	2:38/1:0.5 - 2:38/2:1	≤2:38/1:0.5	S	>2:38/2:1	R
Amoxicillin	2:38/1 - 2:38/2	≤2:38/1	S	>2:38/2	R
Clindamycin	2:38/0.5 - 2:38/1	>2:38/1	R	>2:38/1	R
Doxycycline	2:38/4 - 2:38/8	≤2:38/4	S	≤2:38/4	S
Imipenem	2:38/2 - 2:38/4	≤2:38/2	S	>2:38/4	R
Vancomycin	2:38/1 - 2:38/2	>2:38/2	R	>2:38/2	R
Orbifloxacin	2:38/1 - 2:38/2	≤2:38/1	S	≤2:38/1	S
Minocycline	2:38/2 - 2:38/4	≤2:38/2	S	≤2:38/2	S
Amoxicillin	2/1:0.5 - 4/2:1	≤2/1:0.5	S	≤2/1:0.5	S
Clindamycin	2/1 - 4/2	≤2/1	S	≤2/1	S
Gentamicin	2/1 - 4/2	≤2/1	S	≤2/1	S

FIGURE 2: These results indicate that there are 14 antibiotic options that can provide possible\* treatment for the above infection in a biofilm state (SEE THOSE HIGHLIGHTED IN GREEN UNDER MBEC HEADER)

The normal therapeutic dosage for a patient of this weight/size would be utilized, unless directed otherwise by your pharmacist or reference guide.

Note the vast increase in suggested antibiotics using standard culture and sensitivity (MIC), that would have suggested ineffective antibiotics.

\*unless contraindicated

S: Susceptible I: Intermediate R: Resistant  
 BecScreen is a qualitative, *in-vitro* diagnostic test designed for use in determining antimicrobial susceptibility of both planktonic and biofilm states. Minimum Inhibitory Concentration (MIC) results are for planktonic cells susceptibility and Minimum Biofilm Eradication Concentration (MBEC) results are for biofilm susceptibility. Results for each individual antibiotic may be applied to other antibiotics in the same class.



# BecScreen

## FAQs

### chronic infections assay

#### **What is BecScreen?**

BecScreen is an in vitro assay that tests antibiotic susceptibility of bacteria cultured in its biofilm state, allowing for a more accurate treatment protocol.

#### **What is the difference between this type of testing and a traditional MIC panel?**

MIC (minimum inhibitory concentration) is the lowest concentration (in  $\mu\text{g}/\text{mL}$ ) of an antibiotic that inhibits the visible growth of the bacteria. MIC results will test the susceptibility of planktonic (free-floating) bacteria but is not an effective assay against biofilms. MBEC (minimum biofilm eradication concentration) is the lowest concentration (in  $\mu\text{g}/\text{mL}$ ) of an antibiotic that is able to penetrate and break down the biofilm, eliminating the infection.

#### **Why is this form of testing so important?**

Bacteria have evolved therefore the testing we use must also evolve. With BecScreen we provide therapeutic options for these infections in their more resistant state (biofilm), creating longer lasting relief.

#### **Which antibiotics are you testing susceptibility to?**

The BecScreen testing allows you to challenge an organism with 16 single antibiotics and 47 antibiotic combinations at serum breakpoint concentrations.

#### **How long will it take to complete testing?**

Because the incubation periods can range from 6-24 hours (for gram staining as well as the biofilm portion of the testing) we will have results in your hands within 7-10 days of receiving the sample.

#### **Once we know what antibiotics we can use for treatment, what are the next steps?**

Upon receiving results you can prescribe the (green) antibiotics in the recommended dosages.

#### **What does a sample with no growth indicate?**

No growth on any of the agar plates will often indicate that there is no aerobic bacterial infection.

That said, it's also possible that the infection is bacterial, but the swab wasn't performed properly or the infection may be caused by yeast or anaerobic bacteria.

#### **What happens when the sample is resistant to all single antibiotic options?**

A secondary screen is run automatically and at no cost, to test an additional 47 antibiotic combinations to determine further treatment options.

To learn more, visit [info.vetallergy.com/becscreen](http://info.vetallergy.com/becscreen)

# SUBMISSION FORMS

## Order forms

Can be found online at:  
[info.vetallergy.com/becscreen](http://info.vetallergy.com/becscreen)

## To submit:

Fill out the **Chronic Infections Assay** section of the general order form.

Attach patient's treatment history, relative to the infection, to the order/history form.

## ALLERGY ORDER FORM

35th St. | Phoenix, AZ 85034 | 800.553.1391 | [www.Spectrum.vet](http://www.Spectrum.vet)  
EFFECTIVE 01.01.2019



Fill out as possible, including history form.  
as per delivery instructions.  
required // 3-5 mls of Serum

For Office Use Only:

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

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

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

Canine  Feline  Equine

Breed \_\_\_\_\_

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

Weight:  Under 22 lbs  Over 22 lbs

Address \_\_\_\_\_

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

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

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

Receive results via email within 72 business hours of sample receipt

**NEED SUPPLIES?**  Check here

For expedited supply orders go to [www.vetallergy.com/supplies](http://www.vetallergy.com/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

[info.vetallergy.com/becscreen](http://info.vetallergy.com/becscreen)

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**