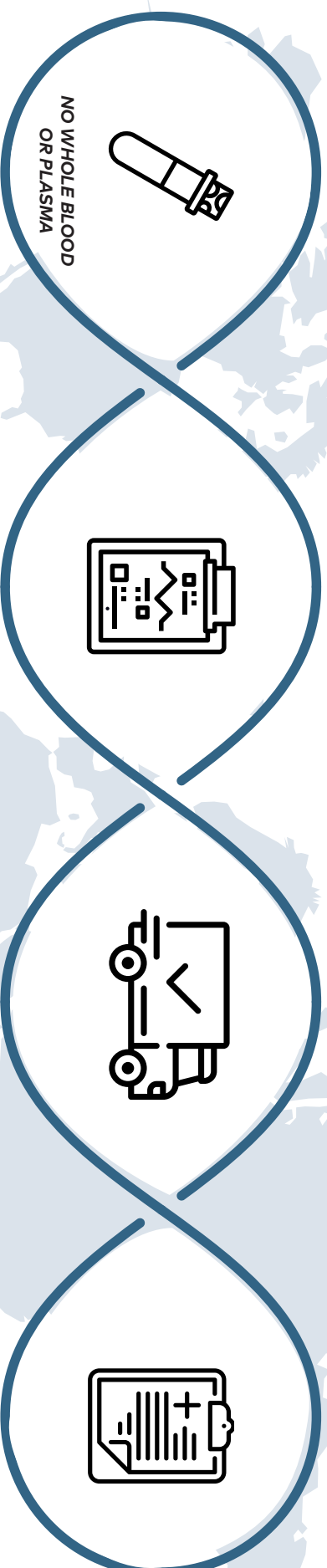


HOW TO SUBMIT A SAMPLE



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 These 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

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) _____

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

Animal's Name _____ Owner's Name _____

Breed _____ Patient Weight: ☐ Under 22 lbs ☐ Over 22 lbs

☐ Canine ☐ Feline ☐ Equine Age _____ Date _____

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 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: _____

☐ 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.