

# Companion Animal Allergy Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 10 500 2080
Laboratory E-mail Address:	Lab-SA@idexx.com

DEMOGRAPHIC INFORMATION REQUIRED	
Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine

PATIENT DETAILS	
Name:	
Owner Name and Surname:	
<input type="checkbox"/> Canine	<input type="checkbox"/> Feline <input type="checkbox"/> Equine Breed:
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Age:	Years Months

SPECIMEN TYPE	<input type="checkbox"/> Blood	<input type="checkbox"/> Swab	<input type="checkbox"/> Faeces	<input type="checkbox"/> Skin	<input type="checkbox"/> Organ	<input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Urine	<input type="checkbox"/> Cysto	<input type="checkbox"/> Free-Flow	<input type="checkbox"/> Catheter	<input type="checkbox"/> Other (Specify):	

Please complete the CAG Allergy History Section as well as required tests & submit together with your blood samples. Refer to the pricelist for details on allergens tested in each panel.

TEST MENU	SAMPLE
<input type="checkbox"/> CUAE Aerobic Culture + Sensitivity	
<input type="checkbox"/> CUAN Aerobic & Anaerobic Culture ID + Sensitivity	
<input type="checkbox"/> CUFU Fungal Culture & Sensitivity	

TEST MENU (THESE ARE REFERRAL TESTS AND INCUR A REFERRAL COURIER FEE)		SAMPLE
<input type="checkbox"/> ASDCF	General Allergy Screening Dog & Cat with fleas (GREER®) ELISA*	4ml
<input type="checkbox"/> ASDC	General Allergy Screening Dog & Cat without fleas (GREER®) ELISA*	4ml
<input type="checkbox"/> FAP	General Food Allergy Panel Dog & Cat Feed test (23 Allergens)*	4ml
<input type="checkbox"/> LAPGH	Large Allergy Panel Dog, Cat, (GREER®) Grasses /Herbs (12 allergens)*	4ml
<input type="checkbox"/> LAPMMF	Specific Large Allergy Panel Dog, Cat, (GREER®) Mites / molds / fleas (10 - 11 allergens)*	4ml
<input type="checkbox"/> LAPT	Large Allergy Panel Dog, Cat, (GREER®) Trees (12 allergens)*	4ml
<input type="checkbox"/> SAPMF	Specific Small Allergy Panel Dog & Cat (GREER®) Mites / fungi (without fleas)(6 Allergens)*	4ml
<input type="checkbox"/> SAPTGH	Specific Small Allergy Panel Dog & Cat (GREER®) Trees / Grasses / Herbs (8 Allergens)*	4ml

## PET OWNER SECTION

A detailed history is essential. Please complete the following section.

BASIC HISTORY	
Age of your pet when the problems started?	<input type="checkbox"/> < 1yr <input type="checkbox"/> 1-3 year <input type="checkbox"/> 4-7 years <input type="checkbox"/> > 7 years
Season/s in which the problems started?	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Autumn
Duration of the Condition?	

SYMPTOMS	
Does your pet do any of the following?	<input type="checkbox"/> Scratch <input type="checkbox"/> Chew <input type="checkbox"/> Bite <input type="checkbox"/> Rub <input type="checkbox"/> Lick <input type="checkbox"/> Other (Specify)
If yes, where?	<input type="checkbox"/> Ears <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/> Rump <input type="checkbox"/> Legs
Which of the following started first?	<input type="checkbox"/> Itching / Scratching <input type="checkbox"/> Hair Loss / Rash

ENVIRONMENT	
Is your pet primarily based?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Percentage of time spent indoors (if applicable)?	<input type="checkbox"/> ≤25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76% - 100%
Describe your pet's inside environment (if applicable):	
Percentage of time spent outdoors (if applicable)?	<input type="checkbox"/> ≤25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76% - 100%
Describe your pet's outdoor environment (if applicable):	<input type="checkbox"/> Rural <input type="checkbox"/> Wooded <input type="checkbox"/> Suburban <input type="checkbox"/> Near Water <input type="checkbox"/> Urban
What other pets are in your household?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Ferret <input type="checkbox"/> Small Rodents
	<input type="checkbox"/> Rabbit <input type="checkbox"/> Other (Specify)
Do any other of your pets in the household have skin problems?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Ferret <input type="checkbox"/> Small Rodents
	<input type="checkbox"/> Rabbit <input type="checkbox"/> Other (Specify)

CLINICAL DESCRIPTION OF THE SKIN CONDITION AND DISTRIBUTION OF LESIONS  
(COMPLETE THE RELEVANT SCHEMATIC)

Primary Lesions  
(provide details):

Secondary Lesions  
(provide details):

Pruritis?

☐ Present

☐ Absent

Seasonal?

☐ Yes

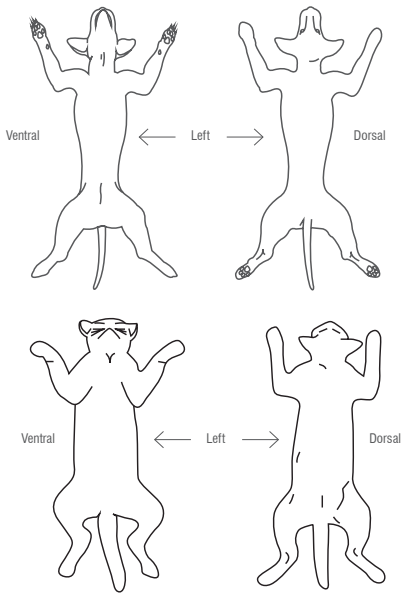
☐ No

Worse:

☐ Spring/Summer

☐ Autumn/Winter

Any other previous illness?



BATHING

How often is your pet bathed?

☐ Weekly

☐ Monthly

☐ Not bathed

Brand (Specify):

Shampoo type used (check all that apply):

☐ Anti-itch

☐ Antibacterial

☐ Antifungal

☐ Hypoallergenic

DIET

Food Type (check all that apply):

☐ Homemade / home-cooked

☐ Hypoallergenic

☐ Commercial

☐ Prescription

☐ Raw

Brand (specify):

Table Food?

☐ Yes

☐ No

Treats?

☐ Biscuits

☐ Rawhides

☐ Chewies

☐ Bones

Brand (specify):

VETERINARIAN SECTION

Fleas controlled?

☐ Yes

☐ No

Are all pets in the household on preventatives?

☐ Yes

☐ No

Which hypoallergenic diet was prescribed?

During which season/s are symptoms present?

☐ Winter

☐ Spring

☐ Summer

☐ Autumn

Is Malassezia a problem for the pet?

☐ Yes

☐ No

Were skin scrapings performed?

☐ Yes

☐ No

Was the pet treated for Sarcoptes?

☐ Yes

☐ No

How many times has the pet been treated for pyoderma?

☐ Never/ Rarely (once per year)

☐ Occasionally (2-3 times per year)

When were steroids last used?

Type:

Dose:

What was the response to steroids?

☐ No response

☐ Temporary response

☐ Excellent response

Were any alternative treatments employed?

☐ Yes

☐ No

If so, please specify details

What was the response to alternative treatments?

☐ No response

☐ Temporary response

☐ Excellent response

How often are products applied?

Has a food trial been performed?

☐ Yes

☐ No

Was diet strictly adhered to?

☐ Yes

☐ No

If yes, were skin scrapings positive for Sarcoptes?

☐ Yes

☐ No

What product was used?

SUBMITTING VETERINARY CLINIC

STAMP

Name:

Signature:

Date:

LEGEND

Serum gel collection tube

Impression smear

Fine needle aspirate

Swab

Organ/ Tissue

Fluid

FOR OFFICE USE ONLY

Date Received:

Initials:

Samples Submitted: