

# Companion Animal Allergy Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 691 8200 (Option 2)
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"/> Refer to Histology and Cytology Pathology submission form.	
<b>Culture (incl. Antibigram)</b>	
<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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

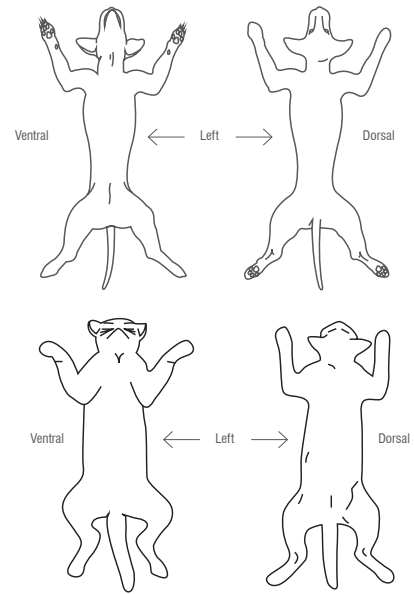
Secondary Lesions  
(provide details): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often are products applied?
Are all pets in the household on preventatives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a food trial been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which hypoallergenic diet was prescribed?	Was diet strictly adhered to? <input type="checkbox"/> Yes <input type="checkbox"/> No
During which season/s are symptoms present? <input type="checkbox"/> Winter <input type="checkbox"/> Spring	<input type="checkbox"/> Summer <input type="checkbox"/> Autumn
Is Malassezia a problem for the pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were skin scrapings positive for Sarcoptes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were skin scrapings performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the pet treated for Sarcoptes? <input type="checkbox"/> Yes <input type="checkbox"/> No	What product was used?
How many times has the pet been treated for pyoderma? <input type="checkbox"/> Never/Rarely (once per year) <input type="checkbox"/> Occasionally (2-3 times per year)	
When were steroids last used? Type: _____ Dose: _____	
What was the response to steroids? <input type="checkbox"/> No response <input type="checkbox"/> Temporary response <input type="checkbox"/> Excellent response	
Were any alternative treatments employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please specify details
What was the response to alternative treatments? <input type="checkbox"/> No response <input type="checkbox"/> Temporary response <input type="checkbox"/> Excellent response	

**SUBMITTING VETERINARY CLINIC**

STAMP

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**LEGEND**

- Serum gel collection tube
- Swab
- Impression smear
- Organ/ Tissue
- Fluid
- Fine needle aspirate

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Samples Submitted: \_\_\_\_\_