

Heska AG – Veterinary Laboratory – Allergy test request form

Veterinary Clinic	
Name of the patient	
Sample collection date	
Name of owner	

Test requested

Canine-feline	Environmental panel (24 allergens) (Flea, dust and storage mites, grasses, weeds, trees)	<input type="radio"/>
	Food Reaction test (12+12 allergens) (Animal proteins, carbohydrate components)	<input type="radio"/>
Equine	Environmental panel (24 allergens) (Dust and storage mites, grasses, weeds, trees, insects, moulds)	<input type="radio"/>

Allergic symptoms are	Non-seasonal <input type="radio"/>	Seasonal <input type="radio"/>		
most severe in	Spring <input type="radio"/>	Summer <input type="radio"/>	Autumn <input type="radio"/>	Winter <input type="radio"/>

Recommendation for immunotherapy	Yes <input type="radio"/>	No <input type="radio"/>
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The sample, (1ml) of serum, must be sent in a plastic tube by A-post to :

Heska AG
 (Attn. Mme. C. Christinaz)
 Grand-Places 16
 1700 Fribourg

For more information visit: www.heska-ag.com

Clinic stamp and signature