

# Lab order

## allergy

customer-no. \_\_\_\_\_

# LABOKLIN

LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG

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E-Mail: info@laboklin.de

business hours: monday - friday: 8.00 - 18.00 h

clinic address:  
(stamp)

owners address:  
(blockletter only, please)

name: \_\_\_\_\_

first name: \_\_\_\_\_

street: \_\_\_\_\_

town: \_\_\_\_\_

date and signature

results by phone  fax  e-mail  incl. interpretation  courier

dates of patient:  dog  cat  horse  breed: \_\_\_\_\_ name: \_\_\_\_\_

sex:  ♀  ♂  f.n.  m.n. age: \_\_\_\_\_ Patient-ID: \_\_\_\_\_

material:  blood  serum  plasma quality of sample:  haemolytic  lipemic

sample date: \_\_\_\_\_ previous findings-no.: \_\_\_\_\_

### Ultrashort-history - PLEASE ALWAYS FILL OUT !!!

Age of the animal at the beginning of the first symptoms \_\_\_\_\_ (y/m)

year-round problem  no  yes seasonal problem  no  yes

alopecia  no  yes diarrhoea  no  yes

glucocorticoid per os  no  yes \_\_\_\_\_

glucocorticoid per inj.  no  yes \_\_\_\_\_

lokalisierung:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> face    | <input type="checkbox"/> croup         |
| <input type="checkbox"/> ears    | <input type="checkbox"/> tail approach |
| <input type="checkbox"/> neck    | <input type="checkbox"/> anal area     |
| <input type="checkbox"/> chest   | <input type="checkbox"/> flanks        |
| <input type="checkbox"/> abdomen | <input type="checkbox"/> limbs         |
| <input type="checkbox"/> back    | <input type="checkbox"/> paws          |

### Detailed general history - DOG/CAT/HORSE

Which food is fed \_\_\_\_\_

systemic illness \_\_\_\_\_ people/other animals infected:  no  yes

Onset \_\_\_\_\_ (y/m) visits abroad:  no  yes

#### Symptoms skin

- |                |                             |                              |
|----------------|-----------------------------|------------------------------|
| secondary inf. | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| seborrhea      | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| urticaria      | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| hot spot       | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| otitis         | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| pododermatitis | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| alopecia       | <input type="checkbox"/> no | <input type="checkbox"/> yes |

#### Previous examination skin

- |                                  |                             |                              |       |
|----------------------------------|-----------------------------|------------------------------|-------|
| mites (sarc., demodex, cheyl.)   | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| fleas                            | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| bakteria (cytology, bact. exam.) | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| dermatophytes (wood, culture)    | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| pathohistology                   | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| blood test                       | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| other                            |                             |                              | _____ |

#### Symptoms lung

- |            |                             |                              |
|------------|-----------------------------|------------------------------|
| bronchitis | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| RAO (COPD) | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| emphysema  | <input type="checkbox"/> no | <input type="checkbox"/> yes |

#### Previous examination lung

- |                 |                             |                              |       |
|-----------------|-----------------------------|------------------------------|-------|
| bronchoscopy    | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| cytologie BALF  | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| larvalmigration | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |

#### Symptoms intestinal tract

- |             |                             |                              |
|-------------|-----------------------------|------------------------------|
| vomiting    | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| diarrhea    | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| obstipation | <input type="checkbox"/> no | <input type="checkbox"/> yes |

#### Previous examination intestinal tract

- |                    |                             |                              |       |
|--------------------|-----------------------------|------------------------------|-------|
| faecal examination | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| endoscopy          | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ |
| other              |                             |                              | _____ |

Bowel movements? \_\_\_\_\_

#### Previous therapy

- |                  |                             |                              |                            |                  |                             |                              |                            |
|------------------|-----------------------------|------------------------------|----------------------------|------------------|-----------------------------|------------------------------|----------------------------|
| antibiotica      | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ active agent/success | antimycotica     | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____ active agent/success |
| antihistaminica  | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      | shampoos         | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      |
| acaricide        | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      | change in litter | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      |
| flea prophylaxis | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      | stabling         | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      |
| elimination diet | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      | β-mimetica       | <input type="checkbox"/> no | <input type="checkbox"/> yes | _____                      |

general conditions of business:

October 2007 / All statements according to our conditions / All terms and prices are subject to changes.

## dog

- 7105 **screening test** (mites, pollens, moulds, flea) S/1,0 ml  
 Please differentiate any positive reaction of the screening panel automatically.

### main tests

- 7106 **seasonal panel** (grass, weeds, trees) S/0,5 ml  
 7107 **perennial panel** (moulds, mites) S/0,5 ml  
 7116 **feather/hairs/epithelium** (cat,dog,rabbit,guineapig,parrot,chicken,duck,goose) S/0,5 ml  
 7130 **insect panel** (Simulium, Culex, Tabanus, Stomoxys calcitrans, Cockroach) S/0,5 ml  
 7108+7110 **sensitest®** (16 food allergens, **IgE + IgG**) S/0,5 ml

### Further examinations

- 568 **sarcoptes (IgG)** S/0,5 ml  7117 **malassezia (IgE)** S/0,5 ml  
 6104 **staphylococcus (IgG)** S/0,5 ml  6103 **flea saliva** S/0,5 ml  
 8032 **ivermectin sensitivity** EB/1,0 ml

### specific immunotherapy (SIT; hyposensitization)\*

- 6111 **starter set**  
 6113 **refill**

Please send a prescription in case of an order. Delivery time approx. 2-3 weeks.

## cat

- 7105 **screening test** (mites, pollens,moulds, flea) S/1,0 ml  
 Please differentiate any positive reaction of the screening panel automatically.

### main tests

- 7106 **seasonal panel** (grass, weeds, trees) S/0,5 ml  
 7107 **perennial panel** (moulds, mites) S/0,5 ml  
 7116 **feather/hairs/epithelium** (cat,dog,rabbit,guineapig,parrot,chicken,duck,goose) S/0,5 ml  
 7130 **insect panel** (Simulium, Culex, Tabanus, Stomoxys calcitrans, Cockroach) S/0,5 ml  
 7111+7108 **sensitest®** (16 food allergens, **IgE + IgG**) S/0,5 ml  
 6103 **flea salvia (IgE)** S/0,5 ml

### specific immunotherapy (SIT; hyposensitization)\*

- 6111 **starter set**  
 6113 **refill**

Please send a prescription in case of an order. Delivery time approx. 2-3 weeks.

## horse

- 7105 **screening test** (mites, pollens, moulds + **insects**) S/1,0 ml  
 Please differentiate any positive reaction of the screening panel automatically.  
If the screening has been omitted we suggest testing **for both seasonal and perennial allergens** because a clinical differentiation is often not possible.

### main tests

- 7106 **seasonal panel** (grass, weeds, trees) S/1,0 ml  
 7107 **perennial panel** (moulds, mites) S/1,0 ml  
 7116 **feather/hairs/epithelium** (cat,dog,rabbit,guineapig,parrot,chicken,duck,goose) S/0,5 ml  
 7110 **insect panel** (Simulium, Culex, Tabanus, Stomoxys calcitrans, Culicoides) S/0,5 ml  
 6108 **food panel** (wheat, rhy, barley, oats, gluten) S/1,0 ml  
  
 7121 **CAST-Insects** (Simulium, Culex, Tabanus, Culicoides) ACD-blood/2 x 9 ml  
The cell-stimulation test is not dependant on the season.  
[9ml CPT-blood needs to arrive latest 24h after taking the sample](#)  
in our lab, between monday and wednesday. Please order special blood tubes.

### specific immunotherapy (SIT; hyposensitization)\*

- 6114 **starter set**  
 6115 **refill**

Please send a prescription in case of an order. Delivery time approx. 2-3 weeks.

\* It is also possible to order a specific immunotherapy (SIT) basing on an intradermal skin test result.  
A list of allergens included in the test panels is available from LABOKLIN.

### order:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> tubes (blood/serum (1)   | <input type="checkbox"/> swab with transp.medium (6)  | <input type="checkbox"/> containers (11)                       | <input type="checkbox"/> order sheets- general (8)    |
| <input type="checkbox"/> clotting (2)             | <input type="checkbox"/> swab without trans.med. (6a) | <input type="checkbox"/> cover for slide (12)                  | <input type="checkbox"/> order sheets- allergy (9)    |
| <input type="checkbox"/> tubes hematol. exam. (3) | <input type="checkbox"/> container for swabs (6b)     | <input type="checkbox"/> medium for chlamydia antigen (13)     | <input type="checkbox"/> order sheets- histology (17) |
| <input type="checkbox"/> heparin tubes (3a)       | <input type="checkbox"/> urine containers (7)         | <input type="checkbox"/> histology containers (formaline) (14) | <input type="checkbox"/> order sheets- hygiene (40)   |
| <input type="checkbox"/> glucose (NaFl-blood) (4) | <input type="checkbox"/> envelopes large (36)         | <input type="checkbox"/> ACD tube for CAST (47)                | <input type="checkbox"/> order sheets - genetic (50)  |
| <input type="checkbox"/> faeces containers (5)    | <input type="checkbox"/> envelopes small (10)         |  |   |