



ALLERGY

STORAGE ONLY (Tick)

We will hold your sample free of charge without testing for 3 months.
If you select storage only, please do not tick a test type.
Please contact us to then run a test on this sample.

CANINE

Test type	Tick if required	Sample Size (ml) Serum
Work Up Tests		
Sarcoptes	<input type="radio"/>	1
Malassezia	<input type="radio"/>	1
Staphylococcus	<input type="radio"/>	1

Individual Allergy Tests

Environmental Indicator Screen	<input type="radio"/>	1
Food Indicator Screen	<input type="radio"/>	1
Household (Indoor only)	<input type="radio"/>	1
Environmental (Indoor & Outdoor)	<input type="radio"/>	1
Food	<input type="radio"/>	1

Combined Tests

Complete (Food, Environmental)	<input type="radio"/>	2
Complete Plus (Complete, Sarc, Mal, Staph)	<input type="radio"/>	5

TURNAROUND TIMES

ALLERGY: 7-10 days from receipt of sample
CLBT: within 24 hours from receipt of sample
CRP and HAPT: within 24 hours from receipt of sample
SAA and AGP: 7 days from receipt of sample

FELINE

Test type	Tick if required	Sample Size (ml) Serum
Individual Allergy Tests		
Environmental Indicator Screen	<input type="radio"/>	1
Food Indicator Screen	<input type="radio"/>	1
Household (Indoor only)	<input type="radio"/>	1
Environmental (Indoor & Outdoor)	<input type="radio"/>	1
Food	<input type="radio"/>	1

Combined Tests

Complete (Food, Environmental)	<input type="radio"/>	2
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EQUINE

Test type	Tick if required	Sample Size (ml) Serum
Individual Allergy Tests		
Indicator Screen (Environmental & Insects)	<input type="radio"/>	2
Insects	<input type="radio"/>	1
Food	<input type="radio"/>	1

Combined Tests

Environmental & Insects	<input type="radio"/>	2
Food, Environmental & Insects	<input type="radio"/>	3

Please refer to our price list for current prices.

Sample submitted subject to Avacta Animal Health's Terms & Conditions of business. A copy of which can be found at www.avactaanimalhealth.com/tandc

cLBT

CANINE

	Tick if required	Sample Size (ml) Serum
Lymphoma Blood Test	<input type="radio"/>	1
Remission Monitoring Package (Pack of 3 tests)	<input type="radio"/>	1

ACUTE PHASE PROTEINS (APPs)

CANINE

Test type	Tick if required	Sample Size (ml) Serum
α 1 Acid Glycoprotein (AGP)	<input type="radio"/>	0.5
Haptoglobin (HAPT)	<input type="radio"/>	0.5
Serum Amyloid A (SAA)	<input type="radio"/>	0.5
C-Reactive Protein (CRP)	<input type="radio"/>	0.5

FELINE

α 1 Acid Glycoprotein (AGP)	<input type="radio"/>	0.5
Haptoglobin (HAPT)	<input type="radio"/>	0.5
Serum Amyloid A (SAA)	<input type="radio"/>	0.5

EQUINE

Serum Amyloid A (SAA)	<input type="radio"/>	0.5
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We strongly recommend serum but if you're supplying a blood sample, please provide double the serum quantity.

In certain circumstances we may use surplus serum to develop our range of tests. If you do not wish Avacta Animal Health to utilise this sample, please tick here



OFFICE/SALES USE ONLY

YOUR PRACTICE DETAILS

Date blood taken	
Submitting Vet Surgeon	
Practice Name	
If appropriate: Group (e.g) SFG, VC, VW or XL	
Practice Address	
Practice Postcode	
Telephone Number	
Fax Number	

To receive advance copies by email please provide email address below

Practice Email	
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INVOICE ADDRESS (If different from above)

Invoice Contact Name	
Invoice Company Name	
Invoice Address	
Invoice Postcode	

ANIMAL DETAILS

Animal's Name			
Owner's Name and Postcode			
Sex	Male <input type="radio"/>	Female <input type="radio"/>	Neutered <input type="radio"/>
Further Information	Age:	Breed:	
Clinical History	<i>Please record any suspected or diagnosed zoonoses, irrespective of relevance to the selected test, and clearly mark all submitted samples as zoonotic risk.</i>		
Recent medication inc. short-acting NSAIDs & Steroids			
Current Diet & Duration			
Is this a repeat submission	Yes <input type="radio"/>	No <input type="radio"/>	If yes, please state previous test number

APPLICABLE FOR cLBT ONLY – THIS INFORMATION IS IMPORTANT AND MAY AFFECT RESULTS INTERPRETATION.

Lymphadenopathy currently?	Yes <input type="radio"/>	No <input type="radio"/>	Location:
Chemotherapy Monitoring	Start date for chemotherapy:	Monitoring test number (i.e. 3rd test):	
Chemotherapy protocol/ drugs used			
Recent medication inc. short-acting NSAIDs & Steroids	Yes <input type="radio"/>	No <input type="radio"/>	Details:
Recent anti-inflammatory supplements, specialist food or similar	Yes <input type="radio"/>	No <input type="radio"/>	Details:
Lymphoma confirmed by (tick appropriate)	Histology <input type="radio"/>	Cytology <input type="radio"/>	Other, please specify:
Remission Monitoring Package	(pack of 3 tests) <input type="radio"/>	Test 1 <input type="radio"/>	Test 2 <input type="radio"/> Test 3 <input type="radio"/>