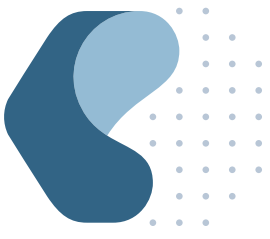
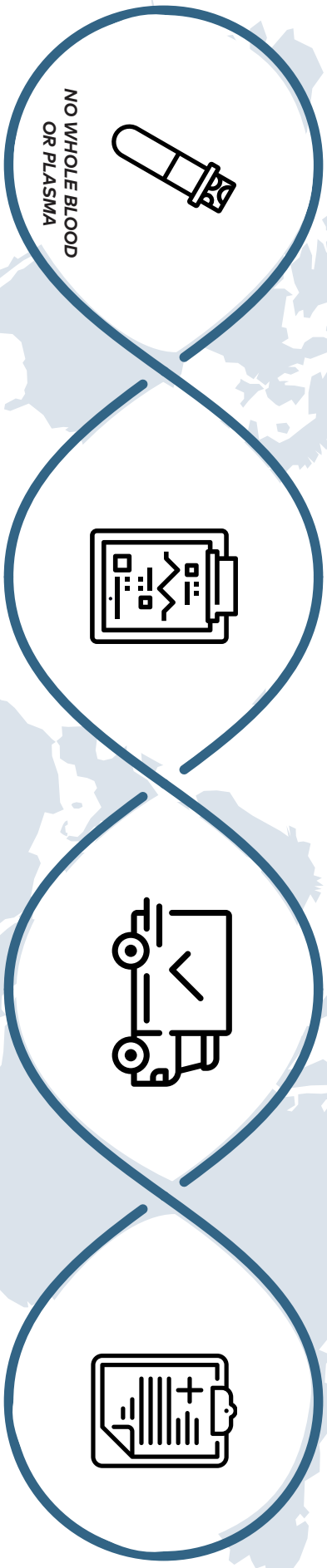


# HOW TO SUBMIT A SAMPLE



spectrum vet



## 1. BLOOD DRAW

- 3-5 ml of serum
- Spin down & pour into Spectrum tube

If you don't have a centrifuge:

1. Leave sample in **red top tube** until blood coagulates
2. Pour serum in Spectrum tube, ensuring red cells aren't transferred
3. Submit

If you don't have plastic tubes, use a red top or tiger top

## 2. ORDER FORMS

- Complete an order & history form for each submitted sample
- Submitting multiple samples? Properly label samples & corresponding order forms

## 3. SHIP SAMPLE

- Generate & print a prepaid FedEx shipping label
- Package sample & submission forms together
- Call 1.800.463.3339 or visit FedEx.com to schedule pick up
- Do not ship samples with dry ice or ice packs. Labels provided are 2-day express

## 4. REVIEW RESULTS

- Results are faxed or emailed within 72-hours after receiving the sample
- Followed by a result booklet via mail in about 7-10 business days
- For help interpreting results & pursuing treatment, call us at (800) 553.1391

**Questions?** Contact us at (800) 553.1391

(call is made by Freepik and Thibault Ichar from www.flaticon.com)

PSIvet<sup>SM</sup>  
**ALLERGY ORDER FORM**

2801 S. 35<sup>th</sup> St. | Phoenix, AZ 85034 | 800.553.1391 | spectrum.vet/PSI  
 EFFECTIVE 01.01.2019



Please complete this form as fully as possible, including history form.  
 Return form with sample as per delivery instructions.  
 No Steroid Withdrawal required // 3-5 mls of Serum

**For Office Use Only:**

Specimen No: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Veterinarian \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Clinic Email \_\_\_\_\_  
 Receive results via email within 72 business hours of sample receipt

Animal's First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Canine     Feline     Equine  
 Breed \_\_\_\_\_  
 Age \_\_\_\_\_ Date \_\_\_\_\_  
 Weight:     Under 22 lbs     Over 22 lbs

**NEED SUPPLIES?**  Check here

For expedited supply orders go to [spectrum.vet/PSI](http://spectrum.vet/PSI) or call us at 800.553.1391

## ALLERGY TESTING

**TEST & TREAT PACKAGE**     SubQ Injections     Sublingual Drops     CALL CLINIC  
 Includes 1 SPOT Platinum Allergy Test & 1 Treatment of your choice

**SPOT PLATINUM** (TEST ONLY-91 ALLERGENS (SM ANIMAL) / 86 ALLERGENS (EQUINE)  
 Includes weeds, trees, grasses, epidermals, foods, mites, molds, staph, insects, Malassezia, indoor (or barn) allergens

**INDIVIDUAL PANELS**

INTERESTED IN RUNNING OTHER TESTING PANELS NOT LISTED?  
 Go to our website ([www.vetallergy.com](http://www.vetallergy.com)) and download the general order form.



## OTHER TOOLS AVAILABLE FROM SPECTRUM:

SEEING THE SAME PATIENT/SAME INFECTION OVER AND OVER AGAIN?  
 Look into our chronic infections assay, BecSCREEN.  
[info.vetallergy.com/becscreen](http://info.vetallergy.com/becscreen)

## ANTIBODY TITER TESTING

[www.VacciCheck.com](http://www.VacciCheck.com)

**CANINE VACCICHECK**  
 Antibody titer test for Parvovirus, Distemper & infectious Hepatitis. In-clinic tests also available for purchase, visit [www.VacciCheck.com](http://www.VacciCheck.com) for more information.

**CONTINUE TO HISTORY FORM**

# SPECTRUM SERVICES HISTORY FORM

Please complete and return with order form

Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Animal's Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Dog  Cat  Horse Breed: \_\_\_\_\_

## CANINE / FELINE PATIENTS



### 1. Current Allergy Symptoms are:

Skin Issues  Respiratory Issues  GI Issues

Other \_\_\_\_\_

2. What age did the symptoms begin? \_\_\_\_\_

3. Has the animal ever been tested for allergies in the past?  Yes\*  No

If yes:

by Spectrum Lab No. \_\_\_\_\_

by other means. Specify \_\_\_\_\_

Has patient been on hyposensitization treatment?

Yes  No When? \_\_\_\_\_

4. Has the animal ever been on "relief" meds?

Yes  No

What: \_\_\_\_\_

When: \_\_\_\_\_

5. What age did you 1st notice problem? \_\_\_\_\_

6. What foods do you feed?

Canned  Dry  Table Scraps

Brand: \_\_\_\_\_

Other: \_\_\_\_\_

7. Exposed to other animals?

Dog  Cat  Bird  Other: \_\_\_\_\_

## EQUINE PATIENTS



### 1. Current Allergy Symptoms are:

IBH/Hives  Respiratory Issues  Hairloss

Other \_\_\_\_\_

2. What age did the symptoms begin? \_\_\_\_\_

3. Has the animal ever been tested for allergies in the past?  Yes\*  No

If yes:

by Spectrum Lab No. \_\_\_\_\_

by other means. Specify \_\_\_\_\_

Has patient been on hyposensitization treatment?

Yes  No When? \_\_\_\_\_

4. Describe the stable environment (other animals, insects, climate, etc) \_\_\_\_\_

5. Describe horse's diet: \_\_\_\_\_

6. How have the horse's symptoms been treated in the past?

## BECSCREEN HISTORY DETAILS OR ADDITIONAL ALLERGY NOTES

\_\_\_\_\_  
\_\_\_\_\_