Greendale Veterinary Diagnostics

GREENDALE VETERINARY DIAGNOSTICS
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Please add your practice address here...

Submitting Veterinary Surgeon:_____
Owner Name & Address: _____
_____
_____
Animal Ref No.: _____
Animal Name: _____ Weight: _____
Age: _____ Sex: M F N Previous Sample: Yes: ☐ No: ☐
Greendale Ref: _____
Species: _____
Breed: _____
Date: _____

ALLERGYVET™ TESTS

SCREENING PROFILES

- ☐ Allergyvet™ screen
- ☐ Allergyvet™ screen & flea
- ☐ Allergyvet™ flea
- ☐ Sarcoptes IgG
- ☐ Staphylococcus IgE
- ☐ Malassezia IgE

INVESTIGATIVE PANELS

- ☐ 1 Panel (Choose 1 Panel)
- ☐ 2 Panels (Choose 2 Panels)
- ☐ 3 Panels (Choose 3 Panels)
- ☐ 4 Panels (Choose 4 Panels)
- ☐ Standard Environmental panel
- ☐ Premium Environmental panel
- ☐ Comprehensive Environmental panel

INVESTIGATIVE PANELS CONT.

- ☐ Food Panel 1*
- ☐ Food Panel 2*
- ☐ Comprehensive Food Package* (Food Panels 1&2)

PANELS - CHOOSE FROM:

- ☐ GRASSES
- ☐ WEEDS
- ☐ TREES 1
- ☐ TREES 2
- ☐ MITES
- ☐ MOULDS
- ☐ EPIDERMAL
- ☐ MEDITERRANEAN
- ☐ EQUINE SPECIFIC ADD-ON PANEL

*please note that food testing is charged at a discounted rate when ordered with environmental testing

PLEASE PROVIDE PATIENT HISTORY (BELOW) IF INTERPRETATION IS REQUIRED

CLINICAL SUMMARY: _____
_____
_____
_____
_____
_____
_____

DETAILS OF MEDICATION _____
_____
_____
_____
_____

ALLERGEN-SPECIFIC IMMUNOTHERAPY (for animal treatment only)

☐ Allergyvet™ Aqueous Injectable ☐ Artuvetrin® $Al(OH)_3$ Adjuvated Injectable ☐ ACTT Allergyvet™ Drops

VMD STC / SIC number *(in respect of the named animal)* _____ **Veterinary surgeon's signature:** _____

CHOICE OF ALLERGENS - please tick appropriate boxes *or* tick here ☐ for Greendale to advise

If Greendale to advise: ☐ One vial ☐ Two vials *please see below for numbers of allergens that can be included depending on your choice of immunotherapy*

GRASSES AND WEEDS	ALLERGYVET™	ARTUVETRIN®	DROPS
28 Timothy *(Phleum sp.)*			
20 Cocksfoot / Orchard Grass			
16 Meadow / Kentucky Blue Grass			
24 Perennial Rye *(Lolium sp.)*			
22 Red Top *(Agrostis sp.)*			Not available
146 Clover *(Trifolium sp.)*			
64 Dock Mix *(Rumex sp.)* for Sheep Sorrel			
54 English plaintain *(Plantago sp.)*			
36 Nettle *(Urtica sp.)*			
43 Lamb's quarter *(Chenopodium sp.)*			
47 Mugwort / Sage Brush Mix			
56 Ragweed / Ragweed Mix			
TREES			
80 Birch *(Betula sp.)*			
523 Alder *(Alnus sp.)*			
526 Oak *(Quercus sp.)* / Trees Pollen Mix 2			
97 Hazel *(Corylus sp.)*			
76 Beech *(Fagus sp.)*			
142 Willow *(Salix sp.)*			
177 Lombardy Poplar *(Populus sp.)*			
468 Sycamore *(Acer sp.)*			

TREES Cont.	ALLERGYVET™	ARTUVETRIN®	DROPS
92 Elm *(Ulmus sp.)*			
74 Ash *(Fraxinus sp.)*			
108 Maple *(Acer sp.)*			
131 Pine *(Pinus sp.)*			
HOUSE DUST & STORAGE MITES			
B51 *Dermatophagoides farinae*			
B58 *Dermatophagoides pteronyssinus*			
B72 *Acarus siro*			
B71 *Lepidoglyphus destructor*			
B73 *Tyrophagus putrescentiae*			
* *Euroglyphus maynei* is not available for immunotherapy - *D. farinae* substitutes			
MOULDS			
M1 *Alternaria alternata*			
M9 *Cladosporium herbarum*			
M3 *Aspergillus fumigatus*			
M05 *Penicillium* mix		Not available	
M15 *Candida albicans*			
M52 *Mucor mucedo*			

ADDITIONAL ALLERGENS:

Please note: For Allergyvet - up to 12 allergens per vial are allowed. Artuvetrin allows 8 allergens per vial. ACTT Drops allow 12 allergens in bottle 1 and 10 in bottle 2. There are additional charges for a second vial/bottle in each case. Mixing pollen and mould allergens in immunotherapy preparations is controversial please discuss each such case with an Allergyvet before ordering.

GREENDALE. Ref: ALLERGYSUBFORM - 280113 ISSUE 1