



Equine Test Requisition Form

- Complete the Veterinarian and Patient Information Sections
- Check Boxes for Tests Requested • **3 mls serum required**
- Place in Priority Mail Envelope with serum sample and Patient History Form
- **DO NOT SEND GLASS** – Please use plastic serum vial and baggie provided

Please send additional allergy testing supplies

<p><u>Veterinarian Information:</u> (Veterinarian, Clinic Name & Address)</p> <p>Ph: _____ Fax: _____ Email: _____</p>	<p><u>Patient Information:</u></p> <p>Species: <input type="checkbox"/> Equine</p> <p>Breed:</p> <p>Patient Name:</p> <p>Owner Name:</p> <p>Date of Birth: _____ Age: _____</p> <p>Sex: _____ Serum Draw Date: _____</p> <p>Tested Previously? _____ Number: _____</p>
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Equine Panel

<p><u>Grasses</u></p> <p>Red Top / Timothy Orchard / June Grass Fescue / Rye Brome Grass Bermuda Grass Johnson Grass Bahia Grass</p>	<p><u>Trees</u></p> <p>Alder Group Ash Group Birch Group Cottonwood / Poplar Elm Group Juniper / Mt. Cedar Maple / Box Elder Mulberry Oak Group Privet Walnut Willow</p>	<p><u>Foods</u></p> <p>Corn Oat Wheat Alfalfa Barley Molasses Beet Pulp Rice Rye Flaxseed (Linseed) Soybean Hulls Cottonseed Hulls</p>
<p><u>Weeds</u></p> <p>Pigweed Mustard Lamb's Quarters Cocklebur Dandelion Dock / Sorrel Dog Fennel Goldenrod Marsh Elder Nettle Scale English Plantain Ragweed Group Russian Thistle Sagebrush</p>	<p><u>Molds</u></p> <p><i>Alternaria</i> <i>Aspergillus</i> Species <i>Candida albicans</i> <i>Cephalosporium</i> <i>Cladosporium</i> <i>Epicoccum nigrum</i> <i>Fusarium</i> Species <i>Helminthosporium</i> <i>Mucor</i> Species <i>Penicillium</i> Species <i>Penicillium</i> Species <i>Pullaria pullulans</i> <i>Rhizopus</i> Species</p>	<p><u>Others</u></p> <p>Dust Mite Group Storage Mite Group <i>Culicoides</i> Horse Fly House Fly Mosquito Moth Deer Fly Black Ant Pyrethrum Feathers Mix Mouse Epithelium Alfalfa Pollen</p>

*****Plus 12 additional grasses, trees and weeds specific for your geographic region**

Staphylococcus