

Unit 651, Street 5, Thorp Arch Trading Estate, Wetherby, UK, LS23 7FZ T – 0800 3 047 047
E – technical.support@avacta.com For more information visit avactaanimalhealth.com

YOUR PRACTICE DETAILS

Date sample taken	Submitting vet surgeon
Practice name	Telephone number
Buying group/corporate if applicable	Practice email
Practice address	Invoice company name and address (if different from practice)
Postcode	

Please provide a preferred email address to receive your invoices.

Email address:

PLEASE CLEARLY MARK ALL SAMPLES WITH SUSPECTED OR CONFIRMED ZONOTIC RISK AND/OR IF THEY HAVE BEEN PREVIOUSLY FROZEN

ANIMAL DETAILS

Animal's name	Owner's surname					
Species	Canine <input type="radio"/>	Feline <input type="radio"/>	Equine <input type="radio"/>			
Sex (dog & cat)	Male <input type="radio"/>	Male Neutered <input type="radio"/>	Female <input type="radio"/>	Female Neutered <input type="radio"/>		
Sex (equine)	Stallion <input type="radio"/>	Mare <input type="radio"/>	Gelding <input type="radio"/>			
Further information	Age:		Breed:			

IS THIS A REPEAT SUBMISSION? YES NO If yes, please state previous test number

CHECKLIST FOR SEROLOGICAL ALLERGY TESTING Please complete the following checklist (tick appropriate)

The animal is currently symptomatic	<input type="radio"/>
The animal has been off medication that may affect testing for the appropriate length of time*	<input type="radio"/>
The animal has not had any dietary restrictions for the last 2 months (food test only)	<input type="radio"/>
Other causes (infections, ectoparasites etc.) have been ruled out or are being concurrently looked at	<input type="radio"/>

*For the withdrawal information guide go to www.avactaanimalhealth.com/withdrawal

MEDICAL INFORMATION (tick/complete as appropriate)

Primary clinical signs:	Skin <input type="radio"/>	Respiratory <input type="radio"/>	Gastrointestinal <input type="radio"/>	Otitis <input type="radio"/>
The disease is:	Acute <input type="radio"/>	Chronic <input type="radio"/>	Non-seasonal <input type="radio"/>	Seasonal <input type="radio"/>

Describe the primary complaint: (please include all relevant clinical history)

Please list current / recent medications (dose, duration of treatment, dates given) including: steroids, Apoquel®, ciclosporin, Cytopoint®, ear medications etc.

Current diet & duration:

EQUINE INDIVIDUAL TESTS

SENSITEST® ALLERGY

Turnaround



COMPLETE ALLERGY

Includes: Comprehensive food, environmental (indoor & outdoor) and insect panel.

Sample required: 3ml serum.

4 - 10 days



COMPREHENSIVE ENVIRONMENTAL (INDOOR & OUTDOOR) & INSECT PANEL

Sample required: 2ml serum.

4 - 10 days



COMPREHENSIVE ENVIRONMENTAL PANEL (INDOOR & OUTDOOR)

Sample required: 2ml serum.

4 - 10 days



COMPREHENSIVE FOOD PANEL

Sample required: 1ml serum.

4 - 10 days



ENVIRONMENTAL & INSECT INDICATOR SCREEN (SINGLE POSITIVE / NEGATIVE RESULT PER PANEL)

Sample required: 2ml serum (positive panels can be expanded on request).

4 - 10 days



SKIN INFECTIONS & ECTOPARASITES

Turnaround



SKIN CYTOLOGY (MICROSCOPY FOR ECTOPARASITES, FUNGAL ELEMENTS/SPORES, BACTERIA AND YEAST)

Sample required: Tape strips/impression smears/deep and superficial skin scrapes (up to 4 slides examined). 3 - 5 days

Please label all samples clearly including body site taken from.



CULTURE & SENSITIVITY (inc. MRSA/MRSP where appropriate)

Sample required: Charcoal swab.** **Please label all samples clearly including body site taken from.**

3 - 6 days



DERMATOPHYTE (FUNGAL) PCR (POSITIVE/NEGATIVE RESULT) - AID TO DIAGNOSIS

Sample required: Hair plucks, scale/crusts or toothbrush sample.**

Please label all samples clearly including body site taken from.

If positive, we recommend sequencing to obtain species information. This can be upgraded on request.

5 - 7 days



DERMATOPHYTE (FUNGAL) CULTURE - FOR MONITORING

Sample required: Hair plucks, toothbrush sample.**

Please label all samples clearly including body site taken from.

Preliminary
report within
7 days



DERMATOHISTOPATHOLOGY

Sample required: 1-3 tissue biopsies fixed in formalin.

Please label all samples clearly including body site taken from.

5 - 7 days



**ALLERGEN-SPECIFIC IMMUNOTHERAPY IS ALSO AVAILABLE FROM AVACTA ANIMAL HEALTH,
PLEASE CONTACT TECHNICAL SUPPORT ON 0800 3047 047 FOR MORE INFORMATION.**

**** OUR WEBSITE HAS STEP-BY-STEP VIDEO GUIDANCE ON SAMPLE COLLECTION TECHNIQUE, GO TO
WWW.AVACTAANIMALHEALTH.COM/SAMPLES**

NOTES

- Please refer to our current price list for prices
- Samples submitted are subject to Avacta Animal Health's terms & conditions of business (www.avactanimalhealth.com/terms-of-business)
- **Although serum is preferred, if it is not possible, please supply double the requested serum quantity of whole blood**
- **We may store and use any surplus serum for quality control, research and development purposes. If you do not wish Avacta Animal Health to utilise this sample, please tick here**