



allervetTM

AFFIX STICKER HERE

BARCODE
STICKER

The answer to allergy

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PRACTICE DETAILS STICKER

Equine Allergy Diagnosis

Request Form

Name of Animal: _____

Name of Owner: _____

Age: _____ years Sex: M F N

Species: _____

Breed: _____

Please take a little time to complete this questionnaire. The answers will be extremely useful when interpreting test results.

Name of Submitting Veterinary Surgeon _____

Date Sampled _____

Practice Details _____

Clinical History

What is/are the major presenting signs? _____

At what age did clinical signs first appear? _____

When are signs most severe? Spring Summer Autumn Winter All year

Where are signs most obvious? In the stable Outside No difference

Have the clinical signs progressed in severity? Yes No

If yes, give brief details: _____

When is the horse stabled? _____

What type of bedding is used? _____

Dermatological Cases

How would you grade the level of pruritus? Mild Moderate Intense Very intense
 Intermittent Constant

Please describe the general distribution of lesions: _____

Do the lesions affect: Pigmented skin Non-pigmented skin No distinction

What do the lesions look like? _____

Does the horse routinely wear a rug? No During the winter All year

Has the horse received any medication? Yes No

Please give details of drug type, dose and duration: _____

Is the horse still under treatment? Yes No Treatment suspended on: ___ / ___ / ___

What measures are used for fly control? _____

What is the usual food? _____

Are there any supplements included in the diet? _____

Has the horse been on a special diet? Yes No

Did this make any difference? Yes No

Test Request

Minimum sample volume: 5ml Serum

Equine Environmental and Insect Screen Equine Environmental and Insect Panel

Equine Food Panel Equine Environmental, Insect and Food Panel

Date Received:	Date Reported:	Lab Ref:
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