



# Equine Allergy Diagnosis

## Request Form

Name of Submitting Veterinary Surgeon \_\_\_\_\_

Date Sampled \_\_\_\_\_

Practice Details \_\_\_\_\_

### The answer to allergy

NationWide Laboratory Services

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e-mail: info@nwlabs.co.uk www.allervet.co.uk

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.

## 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.

Environmental Screen  Environmental Panel  Food Panel  Insect Panel

Environmental and Food Panel  Environmental, Food and Insect Panel

Date Received:	Date Reported:	Lab Ref:
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