_	Reference Laboratories	DERMATOLOGY REQUEST FORM n order to enable us to process your sample(s) efficiently, please complete all information on this form using black ink
	DATE	ANIMAL ID / PIMS NUMBER
	AB NUMBER AB USE ONLY)	OWNER'S NAME
( )	ADDRESS STAMP	
_	-	NAME OF ANIMAL
		SPECIES AGE
	VET CODE	SI EULS AUL
		BREED SEX NEUTERED ENTIRE
-	MANDATORY INFO	
	Does the animal originate from a country outside the	77
		contact with a non-UK bred animal that has travelled abroad Y N N N m a patient receiving chemotherapy or radioactive iodine Y N N
	Where:	m a patient receiving chemotherapy or radioactive iodine Y N N
◆ Please tick	k test required (✓) PLEASE REFER TO CURRENT DIRECTORY OF PRODUCTS AND S WWW.VETCONNECTPLUS.COM FOR PANEL CONTECT AND SAN	ERVICES OR  For a full list of all available test, sample requirement and online ordering please visit www.vetconnectplus.co.u
SKIN SCREE		Allergy Assessment Programme
SCE	Basic Skin Screen	ALLERGY SCREENS AND PANELS (CANINE & FELINE)
SCEF	Extended Basic Skin Screen	G_ALSC Screen (Canine & Feline)
SCEFE	Comprehensive Skin Screen – EQUINE ONLY	G_ALSCF Screen and Flea IgE
NAIL1 NAIL2	Basic Nail Screen Comprehensive Nail Screen	SENSIC/F Food-specific IgG/IgE Panel  G_ALI Indoor Panel
SWFC	Skin Bact/Fungal Culture - no microscopy	G_ALGUK Grasses & Weeds Panel
ATOPY	Atopy Investigative Panel	G_ALE Trees Panel
SKIN ASSAYS		G_EPI C/F Epidermal Panel
FCUL	Dermatophyte Culture & Identification	G_MAL Malassezia IgE
FCND	Fungal culture (non dermatophyte)	G_OUT Grass, Weeds & Trees Panel
SPF	Skin Parasites / Dermatophytes (Direct Microscopy)	G_COMPC Comorehensive allergy Panel + Malassezia (Canine)
MFC DERMP	Skin Parasites / Dermatophytes (including dermatophyte culture)  Dermatophyte RealPCR Panel	G_INDC/F Indoor & Epidermal Panel G_COMP Indoor, Grass & Weeds, Trees Panels
SCAB	Sarcoptes IgG	G_COMPIC /F Indoor, Grasses & Weeds, Trees, Epidermal Panel
	IGY PROFILES	G PREMC /F Indoor, Grass & Weeds, Trees Panels plus Food Panel
CANINE		
DER1	Dermatology Investigative Profile 1	IMMUNOTHERAPY
DER2	Dermatology Investigative Profile 2	To order Immunotherapy, please use the specific Immunotherapy Request Form.
DER3	Dermatology Investigative Profile 3	Please contact www.idexx.co.uk/immunotherapy for further information.
DER4	Dermatology Investigative Profile 4	
ELINE	Coling Darmetalagu lavastinativa Profile	
DEF2	Feline Dermatology Investigative Profile STOPATHOLOGY	
JEHIMATOHIK	Please also submit a completed Histology/Cytology form	
HISTSK	Histology Skin Profile	
AHIS	Add Dermatohistopathology to a Dermatology Profile	
PREVIOUS RE	FF N°	<del></del>
CROSS REF.	N°	
PATIENT_INFO	ORMATION, PLEASE COMPLETE IF INTERPRETATION IS REQUIRED /	
	al Findings & Current Therapy	

