

Requisition of HR-Test



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PATIENT Name _____ Address _____ Date of birth _____	NAME OF CLINIC/HOSPITAL _____ _____ _____
Date of blood sampling: _____	Invoice to: _____

INHALATION STANDARD PLATE	FOOD STANDARD PLATE	DERMATOLOGY STANDARD PLATE
2 mL SERUM	2 mL SERUM	2 mL SERUM
☐ Panel (10 allergens) ☐ Silver birch (<i>Betula verrucosa</i>) ☐ Timothy grass (<i>Phleum pratense</i>) ☐ Mugwort (<i>Artemisia vulgaris</i>) ☐ Horse Dander ☐ Dog Hair ☐ Cat Hair ☐ Derm. pteronyssinus ☐ Derm. farinae ☐ Alternaria alternata ☐ Cladosporium herbarum	☐ Panel (10 allergens) ☐ Cow's Milk ☐ Egg White ☐ Wheat Flour ☐ Hazelnut ☐ Peanut ☐ Cod Fish ☐ Shrimp ☐ Soy Bean ☐ Celeriac ☐ Kiwi	☐ Panel (10 allergens) ☐ Pityrosporum ovale ☐ Baker's yeast ☐ Trichoderma viride ☐ Candida albicans ☐ Derm. pteronyssinus ☐ Derm. farinae ☐ Alternaria alternata ☐ Cladosporium herbarum ☐ Cow's Milk ☐ Egg White

OTHER ALLERGENS			
0,3 mL SERUM per ALLERGEN			
Pollen ☐ Hazel ☐ Alder ☐ Elm ☐ Ash Animal Dander ☐ Cow ☐ Rat ☐ Rabbit ☐ Hamster ☐ Guinea Pig ☐ Budgerigar Fungi ☐ Aspergillus fumigatus ☐ Aspergillus versicolor ☐ Botrytis cinerea ☐ Penicillium expansum ☐ Penicillium chrysogenum ☐ Trichoderma viride	Meat ☐ Beef ☐ Pork ☐ Lamb ☐ Chicken Fish & Crustacea ☐ Plaice ☐ Herring ☐ Mackerel ☐ Crab ☐ Tuna	Fruit & Vegetables ☐ Apple ☐ Pear ☐ Orange ☐ Strawberry ☐ Banana ☐ Avocado ☐ Carrot ☐ Potato ☐ Tomato ☐ Green Bean ☐ Pepper ☐ Green Pea ☐ Celery	Cereals ☐ Oat ☐ Rye ☐ Buckwheat ☐ Maize ☐ Barley ☐ Rice Nuts ☐ Almond ☐ Brazil Nut ☐ Walnut ☐ Cocoa Venoms ☐ Bee ☐ Wasp Others ☐ Latex ☐ Staphylococcal toxins

PATIENT MATERIAL Please remember sending patient material together with the blood sample 1 mL SERUM per material ☐ Environmental / occupational allergens: _____ ☐ Drug: _____ ☐ Food: _____	DETECTION OF AUTOANTIBODIES AGAINST THE IgE / IgE RECEPTOR 3 mL SERUM ☐ HR-UrticariaTest NOTE: 3 mL SERUM
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GENEREL INFORMATION CONCERNING HANDLING AND SHIPPING OF BLOOD
THE SERUM IS PLACED IN A TRANSPORT CONTAINER AND POSTED BY ORDINARY MAIL AT AMBIENT TEMPERATURE TOGETHER WITH THE COMPLETED REQUISITION AND PATIENT MATERIAL, IF ANY.
Revised Aug. 2005