



2801 S. 35th Street, Phoenix, AZ 85034
 Phone (480) 464-8971 Fax (480) 464-0364
 www.allergy-life.com

HUMAN ALLERGY ORDER FORM

Submit 3-5ml of serum shipped at Room Temperature

CLINIC INFORMATION	PATIENT INFORMATION
Client: _____ Acct# _____	Date of Blood Draw _____ Date of Birth _____
Address _____	Last Name: _____ First: _____
City _____ State _____	Address: _____
Zip _____	City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____	Tel. # (____) _____ Sex: _____ M _____ F
Results will be sent via e-mail within 2 business days of sample receipt.	
Clinic E-mail _____	

PLEASE BE SURE TO CHECK THE APPROPRIATE BOX(ES) BELOW

- Regional Environmental Panel - I**
- 45 Regional Environmental Allergens (Grasses, Weeds, Trees, Molds, Epidermals)

- Basic Food Panel - II**
- 46 Food Allergens (meats/Poultry, Dairy, Seafood, Fruits, Vegetables, Grains)

- Basic Combination Panel – I & II**
- 45 Regional Environmental Allergens (Grasses, Weeds, Trees, Molds, Epidermals)
- 46 Food Allergens (Meats/Poultry, Dairy, Seafood, Fruits, Vegetables, Grains)

- Expanded Food Panel - III**
- 90 Food Allergens Select **IgE** OR **IgG** **Both IgE and IgG**
(Meats/Poultry, Dairy, Seafood, Fruits, Vegetables, Grains, Spices, Additives) (if no selection IgE will be run)

- Comprehensive Combination Panel – I & III**
- 45 Regional Environmental Allergens
- 90 Food Allergens Select **IgE** OR **IgG** (135 Allergens)
- Super Combination Panel - Regional Environmental Panel I Plus + Expanded Food Panel III IgE AND IgG (215Allergens)**

- Pediatric Panel**
- 32 Allergens; basic foods, grasses, molds, dander

- Mold Panel**
- 24 Fungi

Special order allergens may be written in. Minimum order is five(5) allergens
 See list of possible allergens and turnaround times at: www.vetallergy.com/veterinarians/allergy-map/

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Check Enclosed
 Bill my Credit Card

FOR OFFICE USE ONLY:
 LAB NO. _____
 DATE RECEIVED _____