

ALLERGEN SELECTION SHEET



Practice Name		Animal Name	
Practice Postcode		Date	
Fax Number		Lab Test No:	

To select your choices put a tick in the right hand box next to the allergen you require

Grasses	<input checked="" type="checkbox"/>
Meadow Grass	<input type="checkbox"/>
Cocksfoot	<input type="checkbox"/>
Meadow Fescue	<input type="checkbox"/>
Red Top	<input type="checkbox"/>
Perennial Rye	<input type="checkbox"/>
Sweet Vernal	<input type="checkbox"/>
Timothy Grass	<input type="checkbox"/>
Grass Pollen Mixture (Bermuda Grass, Cocksfoot, Timothy Grass, Velvet Grass, Sweet Vernal)	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Ox-Eye Daisy	<input type="checkbox"/>
Dandelion	<input type="checkbox"/>
Dock, yellow	<input type="checkbox"/>
Fat Hen/ Lamb's Quarters	<input type="checkbox"/>
Mugwort	<input type="checkbox"/>
Nettle	<input type="checkbox"/>
Plantain	<input type="checkbox"/>
Ragweed	<input type="checkbox"/>
Red Clover	<input type="checkbox"/>
Weed Pollen Mixture (Mugwort, Nettle, Dandelion, Plantain)	<input type="checkbox"/>
Weed Pollen Mixture I (Mugwort, Nettle)	<input type="checkbox"/>
Weed Pollen Mixture II (Lamb's Quarter, Dandelion, Plantain)	<input type="checkbox"/>
Trees	<input type="checkbox"/>
Alder, tag	<input type="checkbox"/>
Ash, green/white	<input type="checkbox"/>
Beech	<input type="checkbox"/>
Birch, white	<input type="checkbox"/>
Hazel	<input type="checkbox"/>
Privet, common	<input type="checkbox"/>
Scots Pine	<input type="checkbox"/>
Willow, Black/ Goat Willow	<input type="checkbox"/>
Tree Pollen Mixture I (Birch, Alder, Hazel)	<input type="checkbox"/>
Tree Pollen Mixture II (Oak, Beech Elm)	<input type="checkbox"/>
Tree Pollen Mixture III (Poplar, Willow, Ash)	<input type="checkbox"/>

Insects	<input checked="" type="checkbox"/>
Ctenocephalides felis	<input type="checkbox"/>
Culicoides* / **	<input type="checkbox"/>
Mosquito	<input type="checkbox"/>
Indoor Allergens	<input type="checkbox"/>
Acarus siro	<input type="checkbox"/>
Lepidoglyphus/Glycophagus destructor	<input type="checkbox"/>
Derm. farinae	<input type="checkbox"/>
Derm. pteronyssinus	<input type="checkbox"/>
Tyrophagus putrescentiae	<input type="checkbox"/>
Dander	<input type="checkbox"/>
Cat epithelia	<input type="checkbox"/>
Moulds	<input type="checkbox"/>
Alternaria alternate	<input type="checkbox"/>
Aspergillus Mix (Flavus, Fumigatus, Nidulans, Niger)	<input type="checkbox"/>
Cladosporium herbarum	<input type="checkbox"/>
Other	<input type="checkbox"/>
Malassezia	<input type="checkbox"/>
Staphylococcus Phage Lysate* / **	<input type="checkbox"/>

* Must be ordered in a separate vial

**Requires Special Treatment Certificate



Avacta Animal Health
The Biocentre
York Science Park
York
YO10 5NY

t: 0800 8494 550 f: 0800 8494 560
www.animal-allergy.com

FAXBACK TO: 0800 8494 560