

Requisition of HR-Test



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PATIENT Name _____ Address _____ Date of birth _____	CLINIC _____ _____ _____
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Date of blood sampling:	Invoice:	
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INHALATION STANDARD PLATE	FOOD STANDARD PLATE	DERMATOLOGY STANDARD PLATE
2,5 mL SERUM	2,5 mL SERUM	2,5 mL SERUM
<input type="checkbox"/> Panel (10 allergens) <input type="checkbox"/> Silver Birch (Betula verrucosa) <input type="checkbox"/> Timothy Grass (Phleum pratense) <input type="checkbox"/> Mugwort (Artemisia vulgaris) <input type="checkbox"/> Horse Dander <input type="checkbox"/> Dog Hair <input type="checkbox"/> Cat Hair <input type="checkbox"/> Derm. pteronyssinus <input type="checkbox"/> Derm. farinae <input type="checkbox"/> Alternaria alternata <input type="checkbox"/> Cladosporium herbarum	<input type="checkbox"/> Panel (10 allergens) <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Egg White <input type="checkbox"/> Wheat Flour <input type="checkbox"/> Hazelnut <input type="checkbox"/> Peanut <input type="checkbox"/> Cod Fish <input type="checkbox"/> Shrimp <input type="checkbox"/> Soy Bean <input type="checkbox"/> Celeriac <input type="checkbox"/> Kiwi	<input type="checkbox"/> Panel (10 allergens) <input type="checkbox"/> Pityrosporum ovale <input type="checkbox"/> Baker's yeast <input type="checkbox"/> Trichoderma viride <input type="checkbox"/> Candida albicans <input type="checkbox"/> Derm. pteronyssinus <input type="checkbox"/> Derm. farinae <input type="checkbox"/> Alternaria alternata <input type="checkbox"/> Cladosporium herbarum <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Egg White

OTHER ALLERGENS

0,5 mL SERUM per ALLERGEN

Pollen <input type="checkbox"/> Hazel <input type="checkbox"/> Alder <input type="checkbox"/> Elm <input type="checkbox"/> Ash Animal Dander <input type="checkbox"/> Rat <input type="checkbox"/> Rabbit <input type="checkbox"/> Hamster <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Cockroach Moulds <input type="checkbox"/> Aspergillus fumigatus <input type="checkbox"/> Aureobasidium versicolor <input type="checkbox"/> Botrytis cinerea <input type="checkbox"/> Penicillium expansum <input type="checkbox"/> Penicillium chrysogenum <input type="checkbox"/> Trichoderma viride	Meat <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken Fish & Crustacea <input type="checkbox"/> Plaice <input type="checkbox"/> Herring <input type="checkbox"/> Mackerel <input type="checkbox"/> Tuna <input type="checkbox"/> Salmon <input type="checkbox"/> Crab <input type="checkbox"/> Blue mussel <input type="checkbox"/> Octopus	Fruit & Vegetables <input type="checkbox"/> Apple <input type="checkbox"/> Pear <input type="checkbox"/> Orange <input type="checkbox"/> Strawberry <input type="checkbox"/> Banana <input type="checkbox"/> Avocado <input type="checkbox"/> Carrot <input type="checkbox"/> Potato <input type="checkbox"/> Tomato <input type="checkbox"/> Green Bean <input type="checkbox"/> Pepper <input type="checkbox"/> Green Pea <input type="checkbox"/> Celeriac <input type="checkbox"/> Melon	Corns <input type="checkbox"/> Oat <input type="checkbox"/> Rye <input type="checkbox"/> Buckwheat <input type="checkbox"/> Maize <input type="checkbox"/> Barley <input type="checkbox"/> Rice Nuts <input type="checkbox"/> Almond <input type="checkbox"/> Brazil Nut <input type="checkbox"/> Walnut <input type="checkbox"/> Cocoa Venoms <input type="checkbox"/> Bee <input type="checkbox"/> Wasp Others <input type="checkbox"/> Latex <input type="checkbox"/> Staphylococ toxin
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PATIENT MATERIAL Please remember sending patient material together with the blood sample 0,5 mL SERUM per material <input type="checkbox"/> Environmental / occupational allergens: _____ <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Food: _____	DETECTION OF AUTOANTIBODIES AGAINST THE IgE / IgE RECEPTOR <input type="checkbox"/> HR-UrticariaTest NOTE: 1-2 mL SERUM
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GENERAL 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 Dec. 2008