

Ordering Facility		Patient Information (Apply label if available)	
Facility:	Facility ID:	Owner Last Name:	
Address:		Pet Name:	
City:	State/Zip:	Species:	
E-mail:		DOB:	Specimen ID# (Optional):
Phone:		Specimen Collection Date:	
Fax:		Specimen Storage Temperature: <input type="checkbox"/> STORED AMBIENT <input type="checkbox"/> STORED FROZEN <input type="checkbox"/> STORED REFRIGERATED	
Laboratory Contact:		Ordering Veterinarian:	

*Submitting multiple sample types for a single test will incur an additional charge per test performed unless ordering a panel assay.

*Discrepancies between the information on the requisition and information on the specimen may cause testing delays

ANTIGEN TEST	Sample to be Tested	Species	Notes
<input type="checkbox"/> 309 Aspergillus EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	Any	First choice systemic dz K9/Fel – Serum & Urine or Serum alone
<input type="checkbox"/> 316 Blastomyces EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	Any	First choice K9/Fel - Urine first choice
<input type="checkbox"/> 315 Coccidioides EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	Any	Second choice K9/Fel - Codes 329 K9 & Code 320 Fel first choices
<input type="checkbox"/> 310 Histoplasma EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	Any	First choice K9/Fel – Urine first choice
<input type="checkbox"/> 319 Cryptococcus LA	<input type="checkbox"/> SER <input type="checkbox"/> CSF <input type="checkbox"/> _____	Any	First choice K9/Fel – Serum first choice
<input type="checkbox"/> 317 Beta-D-Glucan (BDG)	<input type="checkbox"/> SER <input type="checkbox"/> CSF <input type="checkbox"/> _____	Any	Best if combined with Asper antigen Code 309

ANTIBODY TEST	Sample to be Tested	Species	Notes
<input type="checkbox"/> 324 Aspergillus ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	First choice sinonasal dz K9/Fel – Serum first choice
<input type="checkbox"/> 322 Blastomyces ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	Not recommended K9 – Code 330 instead – Only Blasto antibody Fel
<input type="checkbox"/> 320 Coccidioides ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	First choice Fel – Second choice K9
<input type="checkbox"/> 321 Histoplasma ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	Not recommended K9/Fel – Code 327/328 recommended K9/Fel
<input type="checkbox"/> 330 Blastomyces IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	Best if combined with Blasto antigen Code 316
<input type="checkbox"/> 329 Coccidioides IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	First choice K9
<input type="checkbox"/> 327 Histoplasma IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	Best if combined with Histo antigen Code 310
<input type="checkbox"/> 328 Histoplasma IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Fel	Best if combined with Histo antigen Code 310
<input type="checkbox"/> 332 Pythium IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9/Fel	First choice K9/Fel

DRUG MONITORING	Sample to be Tested	Species	Notes
<input type="checkbox"/> 312 Itraconazole Bioassay	<input type="checkbox"/> SER	Any	Complete additional info below

Bioassay Additional Info: Body weight (kg): _____ | Dose mg/kg/day: _____ | Time (hrs) since dose: _____
 How many wks on Itra: _____ | Date most recent ALT: _____ | ALT Result: _____ U/dL | Is ALT above normal range? Yes No
 Form: Sporanox capsule Sporanox solution Itrafungol FDA Generic capsule FDA generic solution Compounded
 Meal: Given with food Given on empty stomach | Are there any ulcerative skin lesions? Yes No

GENERAL/GEOGRAPHIC PANEL	Min. Sample (mL)	Species	Included Tests and Samples^
<input type="checkbox"/> 900 Fel Fungal, Ext	1 UR & 1 SER	Fel	Histo 310(UR); Crypto 319(SER); Cocci 320(SER); Asper 309(SER)
<input type="checkbox"/> 901 K9 Fungal West, Ext	1 UR & 1 SER	K9	Histo 310(UR); Cocci 329(SER); Asper 309(SER); Crypto 319(SER)
<input type="checkbox"/> 902 K9 Fungal East, Ext	1 UR & 1 SER	K9	Blasto 316(UR); Cocci 329(SER); Asper 309(SER); Crypto 319(SER)
<input type="checkbox"/> 903 Fel Fungal West	0.5 UR & 0.5 SER	Fel	Histo 310(UR); Crypto 319(SER); Cocci 320(SER)
<input type="checkbox"/> 904 K9 Fungal West	0.5 UR & 0.75 SER	K9	Histo 310(UR); Cocci 329(SER); Asper 309(SER)
<input type="checkbox"/> 905 K9 Fungal East	0.5 UR & 0.75 SER	K9	Blasto 316(UR); Crypto 319(SER); Asper 309(SER)
<input type="checkbox"/> 907 Fel Fungal East	0.5 UR & 0.75 SER	Fel	Crypto 319(SER); Histo 310(UR); Asper 309(SER)
<input type="checkbox"/> 908 K9 Fungal, Comp	0.5 UR & 1.75 SER	K9	Blasto 316(UR); Asper 309(SER); Crypto 319(SER); Cocci 329(SER); Histo 327(SER); Blasto 330(SER); Cocci 320(SER)
<input type="checkbox"/> 909 Fel Fungal, Comp	0.5 UR & 1.25 SER	Fel	Histo 310(UR); Asper 309(SER); Crypto 319(SER); Histo 328(SER); Cocci 320(SER)

For Pathogen and Syndrome Panels, please use the Veterinary Panel Requisition.

ADDITIONAL INFORMATION

Abbreviations: UR=urine; SER=serum; PLS=plasma; CSF=cerebral spinal fluid; BAL=lung lavage fluid; EIA=enzyme immunoassay; LA=latex agglutination; ID=immunodiffusion; Fel=feline; Dz=disease; Ext=extended; Comp=comprehensive.

- West = All states and Canada West of the Rockies also including TX, OK, KS, NE.
- East = All remaining states and Canada East of the Rockies.
- ^Secondary sample type will be used if insufficient volume of primary sample style.
- There is high cross-reactivity between Histo 310 & Blasto 316 so these are not included in the same panel.

For clinical consultation please call 866-647-2847, option 2