

Requisition of HR-Test



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| PATIENT Name Address Date of birth | CLINIC |
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| Date of blood drawing: | Invoice: | |
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| INHALATION STANDARD PLATE | FOOD STANDARD PLATE | DERMATOLOGY STANDARD PLATE |
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| 5 mL HEPARINE WHOLE BLOOD | 5 mL HEPARINE WHOLE BLOOD | 5 mL HEPARINE WHOLE BLOOD |
| <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"/> Celery <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 HEPARINE WHOLE BLOOD PER ALLERGEN

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| 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"/> Aspergillus 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"/> Celery <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 |
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| PATIENT MATERIAL Please remember sending patient material together with the blood sample 0,5 mL HEPARINE WHOLE BLOOD 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 BLOOD SAMPLE IS STORED at AMBIENT TEMPERATURE. MUST NOT BE REFRIGERATED. THE SAMPLE IS SENT THE SAME DAY FOR ANALYSIS (DURABILITY 24-36 HOURS FROM BLOOD DRAWING). BLOOD SAMPLES ARE SENT IN FROM MONDAY-THURSDAY. FRIDAY ONLY IF THE BLOOD SAMPLE IS RECEIVED BEFORE 12 AM.