

Requisition of HR-Test



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PATIENT		CLINIC	
Name:	
Address:	
Date of birth:		E-mail:	
Sample collection date:		Invoice:	

INHALATION STANDARD PANEL	FOOD STANDARD PANEL	DERMATOLOGY STANDARD PANEL
1 mL serum	1 mL serum	1 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"/> 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			
1 mL serum for up to 10 allergens			
Pollen <input type="checkbox"/> Hazel <input type="checkbox"/> Alder <input type="checkbox"/> Platanus <input type="checkbox"/> Ash <input type="checkbox"/> Ragweed 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	Meats <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	Fruits & 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"/> Melon	Grains & Flours <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 Other <input type="checkbox"/> Latex

<p style="text-align: center;">PATIENT MATERIAL</p> <p style="text-align: center;">Patient material is shipped along with the serum sample, except RefLab stock pharmaceuticals. (See "Drug List" on www.reflab.dk)</p> <p style="text-align: center;">1 mL serum for up to 10 allergens</p> <input type="checkbox"/> Environmental / occupational allergens:	<p style="text-align: center;">AUTOANTIBODIES AGAINST IgE / IgE-RECEPTOR</p> <p style="text-align: center;"><input type="checkbox"/> HR-Urticaria Test (BHRA)</p> <p style="text-align: center;">NB: 1-2 mL SERUM</p>
<input type="checkbox"/> Drugs:	
<input type="checkbox"/> Food:	

GENERAL INFO

PLEASE SHIP THE SERUM SAMPLE ALONG WITH THE REQUISITION FORM TO REFLAB. IF TESTING AGAINST PATIENT MATERIAL PLEASE ENCLOSE MATERIAL (EXCEPTED ARE PHARMACEUTICALS FROM THE REFLAB STOCK. SEE "DRUG LIST" ON WEBSITE. TEST RESULTS ARE FORWARDED BY EMAIL WITHIN 1-2 WEEKS AFTER SAMPLE RECEIPT. *Rev. MAR-2020*