

Requisition of HR-Test (BaHRT)



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PATIENT		CLINIC	
Name	
Address	
Date of birth		E-MAIL:	
Date of blood drawing:		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	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 <input type="checkbox"/> Staphylococcal toxine

PATIENT MATERIAL	DETECTION OF AUTOSNTIBODIES AGAINST IgE / IgE RECEPTOR
Please remember sending patient material with serum sample Except RefLab stock pharmaceuticals. See "Drug List"	
1 mL serum for up to 10 allergens	
<input type="checkbox"/> Environmental / occupational allergens: <input type="checkbox"/> Drug:: <input type="checkbox"/> Food:	<input type="checkbox"/> HR-UrticariaTest (BaCSU) 1-2 mL SERUM

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". TEST RESULTS ARE FORWARDED BY EMAIL WITHIN 1-2 WEEKS AFTER SAMPLE RECEIPT. Rev NOV-2017