

# Requisition of a-BHRA/HR-Test



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<b>PATIENT</b>  <b>Name:</b> ..... <b>Address:</b> .....  <b>Date of birth:</b> .....	<b>CLINIC</b>  ..... ..... .....  <b>E-mail:</b> .....
<b>Sample collection date:</b> .....	<b>Invoice:</b> .....

INHALATION STANDARD PANEL	FOOD STANDARD PANEL	DERMATOLOGY STANDARD PANEL
<b>1 mL serum</b>	<b>1 mL serum</b>	<b>1 mL serum</b>
<input type="checkbox"/> <b>Panel (10 allergens)</b> <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"/> <b>Panel (10 allergens)</b> <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"/> <b>Panel (10 allergens)</b> <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			
<b>Pollen</b> <input type="checkbox"/> Hazel <input type="checkbox"/> Alder <input type="checkbox"/> Platanus <input type="checkbox"/> Ash <input type="checkbox"/> Ragweed  <b>Animal dander</b> <input type="checkbox"/> Rat <input type="checkbox"/> Rabbit <input type="checkbox"/> Hamster <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Cockroach  <b>Moulds</b> <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	<b>Meats</b> <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken  <b>Fish &amp; Crustacea</b> <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	<b>Fruits &amp; Vegetables</b> <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	<b>Grains &amp; Flours</b> <input type="checkbox"/> Oat <input type="checkbox"/> Rye <input type="checkbox"/> Buckwheat <input type="checkbox"/> Maize <input type="checkbox"/> Barley <input type="checkbox"/> Rice  <b>Nuts</b> <input type="checkbox"/> Almond <input type="checkbox"/> Brazil Nut <input type="checkbox"/> Walnut <input type="checkbox"/> Cashew  <b>Venoms</b> <input type="checkbox"/> Bee <input type="checkbox"/> Wasp  <b>Other</b> <input type="checkbox"/> Latex

<b>PATIENT MATERIAL</b> Patient material is shipped along with the serum sample, except RefLab stock pharmaceuticals. (See "Testable drugs" on www.reflab.dk) <b>1 mL serum for up to 10 allergens</b> <input type="checkbox"/> Environmental / occupational allergens: ..... <input type="checkbox"/> Drugs: ..... <input type="checkbox"/> Food: .....	<b>AUTOANTIBODIES AGAINST IgE / IgE-RECEPTOR</b>  <input type="checkbox"/> s-BHRA/HR-Urticaria Test  <b>NB: 1-2 mL SERUM</b>
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**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 "TESTABLE DRUG" LIST ON WEBSITE. TEST RESULTS ARE FORWARDED BY EMAIL WITHIN 1-2 WEEKS AFTER SAMPLE RECEIPT. Rev. MAR-2022