

Requisition of a-BHRA/HR-Test



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PATIENT Name: _____ Address: _____ Date of birth: _____	CLINIC: _____ _____ E-mail: _____
Sample collection date: _____	Invoice to: _____
PO-number/Cost Center: _____	

INHALATION STANDARD PANEL 4 mL blood / 1 mL serum	FOOD STANDARD PANEL 4 mL blood / 1 mL serum	DERMATOLOGY STANDARD PANEL 4 mL blood / 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			
4 mL blood / 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 <input type="checkbox"/> Peach	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"/> Cashew Venoms <input type="checkbox"/> Bee <input type="checkbox"/> Wasp Other <input type="checkbox"/> Latex

<p style="text-align: center;">PATIENT-SUPPLIED MATERIAL</p> <p style="text-align: center;">Patient-supplied material is shipped along with the serum sample, except RefLab stock pharmaceuticals. (See "Testable drugs in stock" on www.reflab.dk)</p> <p style="text-align: center;">4 mL blood / 1 mL serum for up to 10 allergens</p> <input type="checkbox"/> Environmental / occupational allergens: _____ _____ <input type="checkbox"/> Drugs: _____ _____ <input type="checkbox"/> Food: _____ _____	<p style="text-align: center;">AUTOANTIBODIES AGAINST IgE / IgE-RECEPTOR</p> <p style="text-align: center;"><input type="checkbox"/> s-BHRA/HR-Urticaria Test</p> <p style="text-align: center; color: red;">NB: 1-2 mL SERUM</p>
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GENERAL INFO
<p style="text-align: center;">Please ship the sample together with the requisition form to RefLab. If testing against patient-supplied material, please enclose the material (EXCEPTED are pharmaceuticals from the Reflab Stock. See "Testable drugs in stock" list on website). Test results are forwarded by email within 3-10 business days after sample receipt Rev. May-2024</p>