

OUTPATIENT INTRADERMAL SCAN TESTING REQUEST FORM



Please complete the form in **black ink**, attach clinical history including diagnostic results and images and email to: **referrals@eden-vets.co.uk**

PRIMARY CARE PRACTICE DETAILS

Referring Vets Name:

Telephone:

Email:

Referring Vet Practice:

Address:

Postcode:

PLEASE NOTE REPORTS AND LETTERS WILL BE EMAILED TO YOUR PRACTICE ON THE EMAIL ADDRESS GIVEN

OWNERS DETAILS

Owners Name:

Telephone:

Email:

Insured:

Yes ☐ No ☐ Company:

Address:

Postcode:

Policy No.
(if known) :

Limit:

(if known)

PATIENT DETAILS

Name:

Age/DOB:

Sex:

Species:

Breed:

Relevant clinical history, clinical finding & diagnostic test results:

PREREQUISITES FOR IDST **Must be completed**

Patient over 18 months ☐ Yes ☐ No

Off oral steroids for 3-4 weeks ☐ Yes ☐ No

Injectable > 8 weeks ☐ Yes ☐ No

Topical > 2 weeks ☐ Yes ☐ No

Antihistamines > 2 weeks ☐ Yes ☐ No

Stop essential fatty acids over 50mg ☐ Yes ☐ No

Free of skin lesions ☐ Yes ☐ No

(face, ears, feet ect fine) (treat before sending) or send for full referral)

No superficial pyoderma ect ☐ Yes ☐ No

Seasonal we will do IDST straight away
(food trial may be discussed after) ☐ Yes ☐ No

All year-round allergy food trial before IDST ☐ Yes ☐ No

Cardiac/ renal issues investigated beforeh
and due to sedation risks ☐ Yes ☐ No

The referring veterinary surgeon retains responsibility for ordering the ASIT based on the IDST results. They will also manage the patient's overall allergy treatment plan. Eden Veterinary Referrals outpatient service provides the technical services only, of sedation, conducting and interpreting the results.

☐ I have read and understand the above statement

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