

# 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  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Off oral steroids for 3-4 weeks   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Injectable > 8 weeks  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Topical > 2 weeks   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Antihistamines > 2 weeks  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stop essential fatty acids over 50mg  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Free of skin lesions<br>(face, ears, feet ect fine) (treat before sending) or send for full referral) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No superficial pyoderma ect   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seasonal we will do IDST straight away<br>(food trial may be discussed after)                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All year-round allergy food trial before IDST   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiac/ renal issues investigated beforeh<br>and due to sedation risks                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

**Telephone:** 01270 439 277 **Email:** referrals@eden-vets.co.uk **Website:** www.eden-veterinaryreferrals.co.uk

**Address:** Bloore House, 416 Newcastle Road, Shavington, Crewe CW2 5JF