

Ordering Facility		Patient Information (Apply label if available)	
Facility:	Facility ID:	Owner Last Name:	
Address:		Pet Name:	
City:	State/Zip:	Species:	
E-mail:		DOB:	Specimen ID# (Optional):
Phone:		Specimen Collection Date:	
Fax:		Specimen Storage Temperature: <input type="checkbox"/> STORED AMBIENT <input type="checkbox"/> STORED FROZEN <input type="checkbox"/> STORED REFRIGERATED	
Laboratory Contact:		Ordering Veterinarian:	

*Submitting multiple sample types for a single test will incur an additional charge per test performed unless ordering a panel assay.
*Discrepancies between the information on the requisition and information on the specimen may cause testing delays

ANTIGEN TEST (Any Species)

<input type="checkbox"/> 310 Histoplasma EIA <input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	<input type="checkbox"/> 309 Aspergillus EIA <input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____
<input type="checkbox"/> 316 Blastomyces EIA <input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	<input type="checkbox"/> 319 Cryptococcus LA <input type="checkbox"/> SER <input type="checkbox"/> CSF
<input type="checkbox"/> 315 Coccidioides EIA <input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/> _____	<input type="checkbox"/> 317 Beta-D-Glucan (BDG) <input type="checkbox"/> SER <input type="checkbox"/> CSF

ANTIBODY TEST (Specified Species)

<input type="checkbox"/> 321 Histoplasma ID (Any) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	<input type="checkbox"/> 327 Histoplasma IgG EIA (K9) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF
<input type="checkbox"/> 322 Blastomyces ID (Any) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	<input type="checkbox"/> 328 Histoplasma IgG EIA (Fel) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF
<input type="checkbox"/> 320 Coccidioides ID (Any) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	<input type="checkbox"/> 330 Blastomyces IgG EIA (K9) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF
<input type="checkbox"/> 324 Aspergillus ID (Any) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	<input type="checkbox"/> 329 Coccidioides IgG EIA (K9) <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF
	<input type="checkbox"/> 332 Pythium IgG EIA (K9/Fel) <input type="checkbox"/> SER <input type="checkbox"/> PLS

PANEL TEST

GENERAL/GEOGRAPHIC PANEL	SYNDROME PANEL	PATHOGEN PANEL
<input type="checkbox"/> 900 Fel Fungal, Ext UR & SER	<input type="checkbox"/> 915 K9 & Fel Fungal Nasal SER	<input type="checkbox"/> 910 K9 Blastomycosis UR & SER
<input type="checkbox"/> 901 K9 Fungal West, Ext UR & SER	<input type="checkbox"/> 916 K9 Fungal GI UR & SER	<input type="checkbox"/> 911 K9 Histoplasmosis UR & SER
<input type="checkbox"/> 902 K9 Fungal East, Ext UR & SER	<input type="checkbox"/> 917 Fel Fungal GI UR & SER	<input type="checkbox"/> 912 K9 Coccidioidomycosis SER
<input type="checkbox"/> 903 Fel Fungal West UR & SER	<input type="checkbox"/> 918 K9 Fungal Bone East UR & SER	<input type="checkbox"/> 913 Fel Histoplasmosis UR & SER
<input type="checkbox"/> 904 K9 Fungal West UR & SER	<input type="checkbox"/> 919 K9 Fungal Bone West UR & SER	<input type="checkbox"/> 914 K9 & Fel Mold-Hyphae SER
<input type="checkbox"/> 905 K9 Fungal East UR & SER	<input type="checkbox"/> 920 Fel Fungal Bone West UR & SER	
<input type="checkbox"/> 907 Fel Fungal East UR & SER	<input type="checkbox"/> 921 Fel Fungal Bone East UR & SER	
<input type="checkbox"/> 908 K9 Fungal, Comp UR & SER	<input type="checkbox"/> 922 K9 Fungal Eye West UR & SER	
<input type="checkbox"/> 909 Fel Fungal, Comp UR & SER	<input type="checkbox"/> 923 K9 Fungal Eye East UR & SER	
	<input type="checkbox"/> 924 Fel Fungal Eye West UR & SER	
	<input type="checkbox"/> 925 Fel Fungal Eye East UR & SER	

DRUG MONITORING (any species)	Sample to be Tested	Species	Notes
<input type="checkbox"/> 312 Itraconazole Bioassay	<input type="checkbox"/> SER	Any	Complete additional info below

Bioassay Additional Info: Body weight (kg): _____ Dose mg/kg/day: _____ Time (hrs) since dose: _____
How many wks on Itra: _____ Date most recent ALT: _____ ALT Result: _____ U/dL Is ALT above normal range? <input type="checkbox"/> Yes <input type="checkbox"/> No
Form: <input type="checkbox"/> Sporanox capsule <input type="checkbox"/> Sporanox solution <input type="checkbox"/> Itrafungol <input type="checkbox"/> FDA Generic capsule <input type="checkbox"/> FDA generic solution <input type="checkbox"/> Compounded
Meal: <input type="checkbox"/> Given with food <input type="checkbox"/> Given on empty stomach Are there any ulcerative skin lesions? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Abbreviations: UR=urine; SER=serum; PLS=plasma; CSF=cerebral spinal fluid; BAL=lung lavage fluid; EIA=enzyme immunoassay; LA=latex agglutination; ID=immunodiffusion; Fel=feline; Dz=disease; Ext=extended; Comp=comprehensive.

Panel Information:

West = All states and Canada West of the Rockies also including TX, OK, KS, NE.

East = All remaining states and Canada East of the Rockies.

•Secondary sample type will be used if insufficient volume of primary sample style.

•There is high cross-reactivity between Histo 310 & Blasto 316 so these are not included in the same panel.

For clinical consultation please call 866-647-2847, option 2

Please see Reference Page for Additional Ordering Information

ASSAY INFORMATION

ANTIGEN TEST	Notes / Min. Sample (mL)	ANTIBODY TEST	Notes / Min. Sample (mL)
310 Histoplasma EIA	First choice K9/Fel – Urine first choice 1.0 mL SER or PLS; 0.8 mL CSF; 0.5 mL UR, BAL, or other body fluid*	321 Histoplasma ID	Not recommended K9/Fel – Code 327/328 recommended K9/Fel 0.25 mL SER, PLS*, or CSF*
316 Blastomyces EIA	First choice K9/Fel - Urine first choice 1.0 mL SER or PLS; 0.8 mL CSF; 0.5 mL UR, BAL, or other body fluid*	322 Blastomyces ID	Not recommended K9 – Code 330 instead – Only Blasto antibody test for Fel 0.25 mL SER, PLS*, or CSF*
315 Coccidioides EIA	Second choice K9/Fel - Codes 329 K9 & Code 320 Fel first choices 1.0 mL SER or PLS; 0.8 mL CSF; 0.5 mL UR, BAL, or other body fluid*	320 Coccidioides ID	First choice Fel – Second choice K9 dx – First choice K9 tx monitoring 0.25 mL SER, PLS*, or CSF*
309 Aspergillus EIA	First choice systemic dz K9/Fel – Serum & Urine or Serum alone 0.4 mL UR, SER, PLS, CSF, BAL, or other body fluids*	324 Aspergillus ID	First choice sinonasal dz K9/Fel – Serum first choice 0.25 mL SER, PLS*, or CSF*
319 Cryptococcus LA	First choice K9/Fel – Serum first choice 0.25 mL SER or CSF	330 Blastomyces IgG EIA	Best if combined with Blasto antigen Code 316 0.25 mL SER, PLS*, or CSF*
317 Beta-D-Glucan (BDG)	Best if combined with Asper antigen Code 309 0.25 mL SER or CSF	329 Coccidioides IgG EIA	First choice K9 0.25 mL SER, PLS*, or CSF*
BIOASSAY TEST	Notes / Min. Sample (mL)		
312 Itraconazole	Drug levels should be measured after steady-state (3-4 wks). It is recommended, but not required, to collect blood sample at trough time (within 4-hours before next does). 0.25 mL SER, CSF*	327 Histoplasma IgG EIA	Best if combined with Histo antigen Code 310 0.25 mL SER, PLS*, or CSF*
		328 Histoplasma IgG EIA	Best if combined with Histo antigen Code 310 0.25 mL SER, PLS*, or CSF*
		332 Pythium IgG EIA	First choice K9/Fel 0.25 mL SER or PLS

*Reported with Rare Comment applied

PANEL INFORMATION

- West = All states and Canada West of the Rockies also including TX, OK, KS, NE.
- East = All remaining states and Canada East of the Rockies.

PANEL ASSAY	Included Tests and Samples [^]	Min. Sample (mL)
900 Fel Fungal, Ext	Histo 310 (UR); Crypto 319 (SER); Cocci 320 (SER); Asper 309 (SER)	1 UR & 1 SER
901 K9 Fungal West, Ext	Histo 310 (UR); Cocci 329 (SER); Asper 309 (SER); Crypto 319 (SER)	1 UR & 1 SER
902 K9 Fungal East, Ext	Blasto 316 (UR); Cocci 329 (SER); Asper 309 (SER); Crypto 319 (SER)	1 UR & 1 SER
903 Fel Fungal West	Histo 310 (UR); Crypto 319 (SER); Cocci 320 (SER)	0.5 UR & 0.5 SER
904 K9 Fungal West	Histo 310 (UR); Cocci 329 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER
905 K9 Fungal East	Blasto 316 (UR); Crypto 319 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER
907 Fel Fungal East	Crypto 319(SER); Histo 310(UR); Asper 309(SER)	0.5 UR & 0.75 SER
908 K9 Fungal, Comp	Blasto 316 (UR); Asper 309 (SER); Crypto 319 (SER); Cocci 329 (SER); Histo 327 (SER); Blasto 330 (SER); Cocci 320 (SER)	0.5 UR & 1.75 SER
909 Fel Fungal, Comp	Histo 310 (UR); Asper 309 (SER); Crypto 319 (SER); Histo 328 (SER); Cocci 320 (SER)	0.5 UR & 1.25 SER
910 K9 Blastomycosis	Blasto 316 (UR); Blasto 330 (SER)	0.5 UR & 0.5 SER
911 K9 Histoplasmosis	Histo 310 (UR); Histo 327 (SER)	0.5 UR & 0.5 SER
912 K9 Coccidioidomycosis	Cocci 329 (SER); Cocci 320 (SER)	0.5 SER
913 Fel Histoplasmosis	Histo 310 (UR); Histo 328 (SER)	0.5 UR & 0.5 SER
914 K9 & Fel Mold-Hyphae	Asper 309 (SER); Beta-D-Glucan 317 (SER); Pythium 332 (SER)	1 SER
915 K9 & Fel Fungal Nasal	Crypto 319 (SER); Asper 324 (SER)	0.5 SER
916 K9 Fungal GI	Histo 310 (UR); Histo 327 (SER); Pythium 332 (SER)	0.5 UR & 0.5 SER
917 Fel Fungal GI	Histo 310 (UR); Histo 328 (SER); Pythium 332 (SER)	0.5 UR & 0.5 SER
918 K9 Fungal Bone East	Blasto 316 (UR); Blasto 330 (SER); Histo 327 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER
919 K9 Fungal Bone West	Histo 310 (URN); Cocci 329 (SER); Histo 327 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER
920 Fel Fungal Bone West	Histo 310 (UR); Cocci 320 (SER); Histo 328 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER
921 Fel Fungal Bone East	Histo 310 (UR); Histo 328 (SER); Asper 309 (SER)	0.5 UR & 0.5 SER
922 K9 Fungal Eye West	Histo 310 (UR); Cocci 329 (SER); Histo 327 (SER); Asper 309 (SER); Crypto 319 (SER)	0.5 UR & 1 SER
923 K9 Fungal Eye East	Blasto 316 (UR); Blasto 330 (SER); Histo 327 (SER); Asper 309 (SER); Crypto 319 (SER)	0.5 UR & 1 SER
924 Fel Fungal Eye West	Histo 310 (UR); Cocci 320 (SER); Crypto 319 (SER); Histo 328 (SER); Asper 309 (SER)	0.5 UR & 1 SER
925 Fel Fungal Eye East	Histo 310 (UR); Histo 328 (SER); Crypto 319 (SER); Asper 309 (SER)	0.5 UR & 0.75 SER

- [^]Secondary sample type will be used if insufficient volume of primary sample style.
- There is high cross-reactivity between Histo 310 & Blasto 316 so these are not included in the same panel.