



VETERINARIAN DETAILS

REFERRING VETERINARIAN	EMAIL
VETERINARY PRACTICE ACCOUNT NUMBER	TEL
STATE VETERINARIAN	CELL
	STATE
	VETERINARIAN EMAIL

PATIENT DETAILS

INSURANCE	vetcash			OWNER NAME AND SURNAME	
PATIENT NAME				OWNER ID NUMBER	
BREED				ADDRESS	
AGE					
SPECIES	Canine (121)	Feline (111)	Racehorse (126)	Equine (131)	
NEUTER STATUS	SPAYED FEMALE	INTACT FEMALE	UNKNOWN	CELL NUMBER	
	CASTRATED MALE	INTACT MALE		FARM/VILLAGE	
				COORDINATES / NEAREST TOWN	

SAMPLE DETAILS

COLLECTION DATE		STATUS	ROUTINE
COLLECTION TIME		QTY OF SAMPLES COLLECTED	

CLINICAL INFORMATION

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PAYMENT METHODS

Once the sample is received, the Immunology Laboratory will contact you for payment.
Please use the owner's ID number as payment reference.
Send proof of payment to: petallergy@ampath.co.za

For updated pricing, please contact the Immunology Department at 012 678 0534. Prices subject to change.

ANIMAL ALLERGY TESTING

FOOD ALLERGIES

PAXFOODSCR	<input type="checkbox"/> PAX Food Screen Only (Pos/Neg)	R1,444.62	Sample type/volume: ● (SST / 2ml)
PAXFOODCOMP	<input type="checkbox"/> PAX Food Complete Profile (Includes: cereal, seeds, legumes, nuts, fruits, vegetables, meat etc.)	R3,315.51	

ENVIRONMENTAL ALLERGIES

PAXENVSCR	<input type="checkbox"/> PAX Environmental Screen Only (Pos/Neg)	R1,444.62	Sample type/volume: ● (SST / 2ml)
PAXENVCOMP	<input type="checkbox"/> PAX Environmental Complete Profile (Includes: inhalants, insect venoms, midges, flies, fleas etc.)	R4,618.03	

FOOD AND ENVIRONMENTAL ALLERGIES

PAXCOMBOSCR	<input type="checkbox"/> PAX Combo Screen Only (Pos/Neg)	R2,344.53	Sample type/volume: ● (SST / 2ml)
PAXCOMBOCOMP	<input type="checkbox"/> PAX Combo Complete Profile (Includes: inhalants, food, insect venoms, midges, flies, fleas, cross-reactive components etc.)	R6,986.25	

The laboratory will contact you directly should any additional or extended testing be required.

I, the owner of _____ accept full responsibility for the payment of the account.

Owner Signature

Date