

# IgE Allergy Testing Requisition

Scanning Label or Accession # (lab only)

Alberta Precision Laboratories 1-877-868-6848  
Appointment Booking - online at [www.albertaprecisionlabs.ca](http://www.albertaprecisionlabs.ca) or 1-877-702-4486  
Locations and Hours of Operation [www.albertaprecisionlabs.ca](http://www.albertaprecisionlabs.ca)

<b>Patient</b>	PHN	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)		Copy to Name (last, first, middle)
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name
<b>Collection</b>	Date (dd-Mon-yyyy)	Time (24 hr)	Location		Collector ID

**Appropriate clinical indications are important for accurate result interpretation and may be reviewed for approval of testing**

**Clinical indications for Allergen Specific IgE testing:**

- History of allergic reaction following exposure to selected allergen(s)
- Suspected/confirmed diagnosis of asthma or allergic rhinitis
- Other - Specify: \_\_\_\_\_

**MAXIMUM OF 5 ALLERGENS PER PATIENT IS PERMITTED UNLESS ORDERED BY AN ALLERGY SPECIALIST**

Food Allergens		Inhalant Allergens
<b>Eggs and Dairy</b> <input type="checkbox"/> Egg White <input type="checkbox"/> Egg Yolk <input type="checkbox"/> Milk <input type="checkbox"/> β-Lactoglobulin	<b>Legumes</b> <input type="checkbox"/> Chick Pea <input type="checkbox"/> Lentil <input type="checkbox"/> Pea <input type="checkbox"/> Soybean <input type="checkbox"/> Peanut	<input type="checkbox"/> Inhalant Screen - Mix of the components starred (*) below <b>Pollens (Grass, Trees and Weeds)</b> <input type="checkbox"/> Brome Grass <input type="checkbox"/> Timothy Grass* <input type="checkbox"/> Common Silver Birch* <input type="checkbox"/> Western Ragweed
<b>Grains</b> <input type="checkbox"/> Wheat <input type="checkbox"/> Barley <input type="checkbox"/> Corn/Maize <input type="checkbox"/> Oat <input type="checkbox"/> Rye	<b>Tree nuts</b> <input type="checkbox"/> Almond <input type="checkbox"/> Brazil Nut <input type="checkbox"/> Cashew Nut <input type="checkbox"/> Chestnut <input type="checkbox"/> Hazelnut <input type="checkbox"/> Macadamia Nut <input type="checkbox"/> Pecan Nut <input type="checkbox"/> Pistachio <input type="checkbox"/> Walnut	<b>Animal Dander</b> <input type="checkbox"/> Cat Dander* <input type="checkbox"/> Cow Dander <input type="checkbox"/> Dog Dander* <input type="checkbox"/> Horse Dander*
<b>Fish</b> <input type="checkbox"/> Codfish <input type="checkbox"/> Tuna <input type="checkbox"/> Salmon <input type="checkbox"/> Trout	<b>Seeds</b> <input type="checkbox"/> Pine Nut <input type="checkbox"/> Sesame Seed <input type="checkbox"/> Sunflower Seed	<b>House Dust Mites</b> <input type="checkbox"/> Dermatophagoides farinae* <input type="checkbox"/> Dermatophagoides pteronyssinus*
<b>Seafood</b> <input type="checkbox"/> Crab <input type="checkbox"/> Lobster <input type="checkbox"/> Shrimp <input type="checkbox"/> Blue Mussel <input type="checkbox"/> Clam <input type="checkbox"/> Oyster <input type="checkbox"/> Scallop	<b>Insect Venom Allergens</b> <input type="checkbox"/> Insect Venom Panel - Includes all 5 venom allergens listed below <input type="checkbox"/> Honey Bee Venom <input type="checkbox"/> Paper Wasp Venom <input type="checkbox"/> Yellow Hornet Venom <input type="checkbox"/> Yellow Jacket Venom <input type="checkbox"/> White-faced Hornet Venom	<b>Mold/Fungus</b> <input type="checkbox"/> Alternaria tenuis <input type="checkbox"/> Aspergillus fumigatus <input type="checkbox"/> Cladosporium herbarum* <input type="checkbox"/> Penicillium notatum
<b>Fruits</b> <input type="checkbox"/> Coconut <input type="checkbox"/> Kiwi <input type="checkbox"/> Peach		<b>Latex and Drugs</b> <input type="checkbox"/> Latex <input type="checkbox"/> Penicilloyl G
		<b>Other (Allergy Specialists Only)</b> <input type="checkbox"/> Peanut Components <input type="checkbox"/> Allergen Specific IgE (Referred Test) – Specify requested tests: