



# ALLERGY ORDER FORM

Effective 2.1.2024

Nextmune Only Date Rcvd: \_\_\_\_\_

Please complete this form as fully as possible, including history form.  
Return form with sample as per delivery instructions. No Steroid Withdrawal required // 3-5 mls of Serum

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Clinic Email: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Animal's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

☐ Canine ☐ Feline ☐ Equine

Breed \_\_\_\_\_

Age \_\_\_\_\_ Draw Date \_\_\_\_\_

Weight: ☐ Over 22 lbs ☐ Under 22 lbs

Sex: ☐ Male ☐ Neutered  
☐ Female ☐ Spayed

☐ Previously tested with Nextmune | Spectrum | ACTT



## ALLERGY TESTING

[www.nextmune.com/uspax](http://www.nextmune.com/uspax)

**BEST VALUE** ☐ **TEST & TREAT PACKAGE** ☐ SubQ Injections ☐ Sublingual Drops ☐ Wait for Results  
Includes 1 PAX COMPLETE Test & Initial Treatment of your choice

☐ PAX COMPLETE

### INDIVIDUAL PAX PANELS

☐ PAX ENVIRONMENTAL PANEL

☐ PAX FOOD PANEL

☐ INSECTS & VENOMS

☐ PAX COMPLETE + SUPPLEMENTAL PANEL PAX Complete + additional allergens unavailable via PAX



[www.nextmune.com/spot](http://www.nextmune.com/spot)

**BEST VALUE** ☐ **TEST & TREAT PACKAGE** ☐ SubQ Injections ☐ Sublingual Drops ☐ Wait for Results  
Includes 1 Spot Platinum+ Test & Initial Treatment of your choice

☐ SPOT PLATINUM+ Test

### INDIVIDUAL SPOT PANELS

☐ ENVIRONMENTAL PANEL

☐ TOTAL FOOD PANEL

☐ TITANIUM SPOT Spot Platinum+ and Total Food Panel



## ANTIBODY TITER TESTING

[www.nextmune.com/vaccicheck](http://www.nextmune.com/vaccicheck)

☐ VACCICHECK serum sample

**CONTINUE TO HISTORY FORM**



# DERM HISTORY FORM

Please complete and return with order form

Today's Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Animal's Age: \_\_\_\_\_ Sex: \_\_\_\_\_

☐ Canine ☐ Feline ☐ Equine

Owner Name: \_\_\_\_\_

Breed: \_\_\_\_\_

## 1. Clinical Symptoms:

- ☐ Atopic dermatitis (environmental)
- ☐ Atopic dermatitis (food-induced)
- ☐ Urticaria ☐ Angioedema ☐ Anaphylaxis
- ☐ Pruritus without visible lesions
- ☐ Food-induced gastro-enteropathy

Which Type:

- ☐ Feline atopic skin syndrome
- ☐ Asthma
- ☐ Allergic rhino-conjunctivitis
- ☐ Insect bite hypersensitivity

## 2. Usual seasonality of symptoms:

☐ Fall ☐ Winter ☐ Summer ☐ Spring ☐ Non-seasonal

## 3. Allergen type suspected to cause the last flare:

(please mark & list)

Pollens: ☐ Trees ☐ Grasses  
☐ Weeds

Indoor: ☐ Mites ☐ Molds

Foods: ☐ Meats ☐ Poultry  
☐ Fish ☐ Tubers  
☐ Soybean ☐ Cereal  
☐ Nuts ☐ Others

Hymenoptera venoms:

☐ Honey Bee ☐ Wasps ☐ Others

Insects: ☐ Culicoides ☐ Others

## 4. Flea & Tick Preventative:

☐ NexGard ☐ Bravecto ☐ Other

## 5. If food or venom allergy, how long did it take for the signs to flare after the oral food challenge or the insect sting??

Allergen 1 \_\_\_\_\_  
☐ < 30 minutes ☐ 30m - 1hr ☐ 1 - 3hr  
☐ 3 - 6hr ☐ 6 - 12h ☐ 12 - 24hr ☐ >24hr

Allergen 2 \_\_\_\_\_  
☐ < 30 minutes ☐ 30m - 1hr ☐ 1 - 3hr  
☐ 3 - 6hr ☐ 6 - 12h ☐ 12 - 24hr ☐ >24hr

Allergen 3 \_\_\_\_\_  
☐ < 30 minutes ☐ 30m - 1hr ☐ 1 - 3hr  
☐ 3 - 6hr ☐ 6 - 12h ☐ 12 - 24hr ☐ >24hr

## 6. At the time of sample collection, what is the severity of the following symptoms on a scale from 0 (none) to 10 (severe)??

Skin Lesions  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10  
Itch  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10  
Digestive Signs  
(vomiting/diarrhea)  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## 7. When was the last course of antibiotics?

☐ 0-1 month ☐ 2-3 months ☐ 4-6 months  
☐ 7-12months ☐ 12+ months