



ALLERGY ORDER FORM

2801 S. 35th St. | Phoenix, AZ 85034 | 800.553.1391 | www.nextmune.com

EFFECTIVE 01.01.2023 v1

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 _____	Animal's First Name _____
Clinic _____	Last Name _____
Address _____	<input type="checkbox"/> Canine (PAX) <input type="checkbox"/> Feline (SPOT) <input type="checkbox"/> Equine (SPOT)
City _____ State _____ Zip _____	Breed _____
Phone (____) _____ Fax (____) _____	Age _____ Draw Date _____
Results Emailed to: _____	Weight: <input type="checkbox"/> Over 22 lbs <input type="checkbox"/> Under 22 lbs
Purchase Order #: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
	<input type="checkbox"/> Previously tested with Nextmune Spectrum ACTT

NEED SUPPLIES? Check here or go to nextmune.com/us/supplies

All canine patients will be tested using our state-of-the-art molecular allergology test via



ALLERGY TESTING

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

<input type="checkbox"/> PAX COMPLETE (canine only)	<input type="checkbox"/> SPOT PLATINUM+ (feline/equine)
ADD-ON OPTIONS	ADD-ON OPTIONS
<input type="checkbox"/> SUPPLEMENTAL PANEL (canine only) additional allergens unavailable via PAX	<input type="checkbox"/> EXPANDED FOOD (feline only) additional commercial pet food ingredients
INDIVIDUAL PAX PANELS	INDIVIDUAL SPOT PANELS
<input type="checkbox"/> ENVIRONMENTAL PANEL <input type="checkbox"/> FOOD PANEL	<input type="checkbox"/> REGIONAL PANEL <input type="checkbox"/> FOOD PANEL (feline only)
<input type="checkbox"/> SPECIAL ORDER ALLERGENS 1. _____ 2. _____	<input type="checkbox"/> SPECIAL ORDER ALLERGENS 1. _____ 2. _____

ANTIBODY TITER TESTING

www.VacciCheck.com

<input type="checkbox"/> CANINE VACCICHECK (1) serum sample	<input type="checkbox"/> FELINE VACCICHECK (1) serum sample
<input type="checkbox"/> CANINE VACCICHECK (12) in-clinic diagnostic kit	<input type="checkbox"/> FELINE VACCICHECK (12) in-clinic diagnostic kit
<input type="checkbox"/> CANINE VACCICHECK (120) in-clinic diagnostic kit	

DERMATOLOGICAL CARE

www.Nextmune.com/usderm

Contact our practice regarding dermatological products for this patient

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: _____	<input type="checkbox"/> Canine (PAX) <input type="checkbox"/> Feline (SPOT) <input type="checkbox"/> Equine (SPOT)
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:

- Non-seasonal Spring Summer
- Fall Winter

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. 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

5. 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