

ALLERGY ORDER FORM

EFFECTIVE 09.01.23

Nextmune Only Date Rcvd: _____

Please complete this form as fully as possible, including history form.
No Steroid Withdrawal required // 3-5 mls of Serum

Veterinarian _____

Animal's First Name _____

Clinic _____

Last Name _____

Address _____

Breed _____

City _____ State _____ Zip _____

Age _____ Draw Date _____

Phone (____) _____ Fax (____) _____

Weight: Over 22 lbs Under 22 lbs

Distributor _____

Sex: Male Neutered

Purchase Order #: _____

Female Spayed

Previously tested with Nextmune | Spectrum | ACTT

ALLERGY TESTING



Extracts + Molecular Components

BEST
VALUE

PAX COMPLETE

INDIVIDUAL PAX PANELS

PAX ENVIRONMENTAL PANEL PAX FOOD PANEL INSECTS & VENOMS

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



Extracts Only

BEST
VALUE

SPOT PLATINUM+ Test

INDIVIDUAL SPOT PANELS

ENVIRONMENTAL PANEL TOTAL FOOD PANEL

TITANIUM SPOT Spot Platinum+ and Total Food Panel



nextmune

[CONTINUE TO HISTORY FORM](#)



nextmune

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

0 1 2 3 4 5 6 7 8 9 10

Indoor: Mites Molds
Foods: Meats Poultry
 Fish Tubers
 Soybean Cereal
 Nuts Others

0 1 2 3 4 5 6 7 8 9 10

Hymenoptera venoms:

Honey Bee Wasps Others
Insects: Culicoides Others

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

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