



ALLERGY ORDER FORM

EFFECTIVE 07.07.25

Nextmune Only Date Rcvd: _____

Please complete this form as fully as possible, including history form.

Return form with sample as per delivery instructions. No **ORAL** Steroid Withdrawal required | Avoid Propofol // 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

BEST VALUE ☐ **TEST & TREAT PACKAGE** ☐ SubQ Injections ☐ Sublingual Drops ☐ Wait for Results
Includes 1 PAX COMPLETE Test & Initial Treatment of your choice, if checked, option 1 will be filled automatically.

☐ PAX COMPLETE

INDIVIDUAL PAX PANELS

☐ PAX ENVIRONMENTAL PANEL

☐ PAX FOOD PANEL

☐ INSECTS & VENOMS



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, if checked, option 1 will be filled automatically.

☐ SPOT PLATINUM+ Test

INDIVIDUAL SPOT PANELS

☐ ENVIRONMENTAL PANEL

☐ FOOD PANEL



ANTIBODY TITER TESTING

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