



nextmune

ALLERGY ORDER FORM

EFFECTIVE 05.15.24

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

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



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 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: _____	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> 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