nextmune

ALLERGY ORDER FORM

EFFECTIVE 06.01.26

Nextmune Only **Date Rcvd:**_____

Please complete this form as fully as possible, including history form.
Return form with sample as per delivery instructions. Avoid Injectable steroids and Propofol // 3-5 mls of Serum in plain tube

Veterinarian _____

Clinic _____

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: _____ lbs

Sex: ❒ Male ❒ Altered
❒ Female ❒ Intact

❒ Previously tested with Nextmune | Spectrum | ACTT

PAX pet allergy xplorer — Molecular Level Quantitative Test

Individual Panel Options:

❒ PAX COMPLETE (Environmental + Food Panel)

❒ PAX ENVIRONMENTAL PANEL

❒ PAX FOOD PANEL

❒ INSECTS & VENOMS

BEST VALUE

❒ TEST & TREAT PACKAGE

Includes 1 PAX COMPLETE Test & Initial Treatment

Choose one of the 3 options below:

❒ SubQ Injections ❒ Sublingual Drops

Option 1 will be automatically filled.
If you would like to customize the treatment or to choose option #2 select the box below.

❒ I will call to order immunotherapy

spot platinum+ — Qualitative Only Test

Individual Panel Options:

❒ SPOT PLATINUM (Environmental + Food Panel)

❒ SPOT ENVIRONMENTAL PANEL

❒ SPOT FOOD PANEL

BEST VALUE

❒ TEST & TREAT PACKAGE

Includes 1 SPOT PLATINUM Test & Initial Treatment

Choose one of the 3 options below:

❒ SubQ Injections ❒ Sublingual Drops

Option 1 will be automatically filled.
If you would like to customize the treatment or to choose option #2 select the box below.

❒ I will call to order immunotherapy

VACCICheck — ANTIBODY TITER TESTING

www.nextmune.com/vaccicheck

❒ VACCICHECK serum sample Canine/Feline ONLY

CONTINUE TO HISTORY FORM

DERM HISTORY FORM

Please complete and return with order form

Today's Date: _____

Animal's Name: _____

Animal's Age: _____ Sex: _____

Owner Name: _____

Veterinarian: _____

Clinic: _____

❒ Canine ❒ Feline ❒ Equine

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