



AXIOM

Veterinary Laboratories Ltd

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 "The Quality Clinical Pathology Service"

LAB REF. ONLY



PRESCRIPTION FOR IMMUNOTHERAPY IMMUCEPT™

Each vial contains up to 12 allergens, to be used by subcutaneous injection only

VMD STC number:

in respect of the named animal

Axiom Lab Ref Numbers:

FOR: Animal: _____

Owner: _____

Address: _____

Postcode: _____

**For animal treatment only
Keep out of reach of children**

Vet surgeon's name: _____

Practice name: _____

Practice address: _____

Practice postcode: _____

Practice phone number: _____

Veterinary surgeon's signature:

Date: _____

If we consider that the immunotherapy mix ordered is inappropriate we will alter the mix. We will tell you this by fax and allow you 48 hours to contact us if you consider that our change is unsatisfactory.

Please note that if you ever require us to cancel a vaccine, then this instruction must be given to us in writing and we will then confirm receipt of the cancellation request. Vaccines can only be cancelled before they have entered the manufacturing process, and this usually means within 3 days of the prescription order being received by Axiom Veterinary Laboratories Ltd.

REPEAT PRESCRIPTION ONLY

NEW PRESCRIPTION - CHOICE OF ALLERGENS

Choose **EITHER** column **A** OR column **B**

A	B
Practice to choose: Please tick the appropriate boxes Note – if more than 12 allergens are chosen, or if both a mould and a pollen are chosen, then 2 vials will be provided and charged accordingly	Axiom to choose based on allergy test results and history supplied here.
Grasses & Weeds <input type="checkbox"/> 28 Timothy (<i>Phleum pratense</i>) <input type="checkbox"/> 20 Cocksfoot (<i>Dactylis glomerata</i>) <input type="checkbox"/> 16 Meadow (<i>Poa pratensis</i>) <input type="checkbox"/> 24 Perennial Rye (<i>Lolium perenne</i>) <input type="checkbox"/> 22 Red Top (<i>Agrostis gigantea</i>) <input type="checkbox"/> 146 Clover (<i>Trifolium pratense</i>) <input type="checkbox"/> 64 Sheep Sorrel (<i>Rumex acetosella</i>) <input type="checkbox"/> 54 English plaintain (<i>Plantago lanceolata</i>) <input type="checkbox"/> 36 Nettle (<i>Urtica dioica</i>) <input type="checkbox"/> 43 Lamb's quarter (<i>Chenopodium album</i>) <input type="checkbox"/> 47 Mugwort (<i>Artemisia vulgaris</i>) <input type="checkbox"/> 56 Ragweed (<i>Ambrosia artemisiifolia</i>)	Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Horse Age of onset of atopic dermatitis: _____ Age at allergy test: _____ Any seasonality of signs of atopic dermatitis (please describe): _____ _____ _____ _____ _____ Lifestyle of animal, e.g. indoors only, indoor/outdoor: _____ _____ _____ _____ Further information: _____ _____ _____ _____ <input type="checkbox"/> Further sheet of history attached
Trees <input type="checkbox"/> 80 Birch (<i>Betula occidentalis</i>) <input type="checkbox"/> 523 Alder (<i>Alnus sp.</i>) <input type="checkbox"/> 526 Oak (<i>Quercus sp.</i>) <input type="checkbox"/> 97 Hazel (<i>Corylus sp.</i>) <input type="checkbox"/> 76 Beech (<i>Fagus grandifolia</i>) <input type="checkbox"/> 142 Willow (<i>Salix nigra</i>) <input type="checkbox"/> 177 Lombardy Poplar (<i>Populus nigra</i>) <input type="checkbox"/> 468 Sycamore (<i>Acer pseudoplatanus</i>) <input type="checkbox"/> 92 Elm (<i>Ulmus sp.</i>) <input type="checkbox"/> 74 Ash (<i>Fraxinus sp.</i>) <input type="checkbox"/> 108 Maple (<i>Acer rubrum</i>) <input type="checkbox"/> 131 Pine (<i>Pinus echinata</i>)	
House dust & storage mites <input type="checkbox"/> B51 <i>Dermatophagoides farinae</i> <input type="checkbox"/> B58 <i>Dermatophagoides pteronyssinus</i> <input type="checkbox"/> B72 <i>Acarus siro</i> <input type="checkbox"/> B71 <i>Lepidoglyphus destructor</i> <input type="checkbox"/> B73 <i>Tyrophagus putrescentiae</i> * <i>Euroglyphus maynei</i> is not available for immunotherapy - <i>D. farinae</i> substitutes	
Moulds <input type="checkbox"/> M1 <i>Alternaria alternata</i> <input type="checkbox"/> M9 <i>Cladosporium herbarum</i> <input type="checkbox"/> M3 <i>Aspergillus fumigatus</i> <input type="checkbox"/> M05 <i>Penicillium mix</i> <input type="checkbox"/> M15 <i>Candida albicans</i> <input type="checkbox"/> M52 <i>Mucor mucedo</i>	
Additional allergens <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Number of vials: <input type="checkbox"/> One vial (12 allergens or fewer) <input type="checkbox"/> Two vials (13 – 24 allergens) <input type="checkbox"/> Axiom can decide OR <input type="checkbox"/> I would like Axiom to phone and discuss the immunotherapy prescription for this case