

Immunotherapy - Allergen Selection Sheet



Vet Name		Animal Name/Surname	
Practice Name		Lab Test No	
Practice Address		No of Allergens	
		Avacta PO no./Date	A <input type="text"/>
Post Code		Re-order	
SIC Number		SIC Expiry Date	

Tick in the boxes below to select your vaccine

Grasses		Trees	
Meadow Grass	<input type="checkbox"/>	Alder	<input type="checkbox"/>
Orchard Grass / Cocksfoot	<input type="checkbox"/>	Ash	<input type="checkbox"/>
Meadow Fescue	<input type="checkbox"/>	Beech	<input type="checkbox"/>
Red Top	<input type="checkbox"/>	Birch	<input type="checkbox"/>
Perennial Rye	<input type="checkbox"/>	Hazel	<input type="checkbox"/>
Sweet Vernal	<input type="checkbox"/>	Horse Chestnut	<input type="checkbox"/>
Timothy Grass	<input type="checkbox"/>	Privet	<input type="checkbox"/>
Grass Pollen Mixture (Bermuda Grass, Orchard Grass/Cocksfoot, Timothy Grass, Velvet Grass, Sweet Vernal)	<input type="checkbox"/>	Willow	<input type="checkbox"/>
Corn - Equine only	<input type="checkbox"/>	Scots Pine	<input type="checkbox"/>
Wheat - Equine only	<input type="checkbox"/>	Tree Pollen Mix I (Birch, Alder, Hazel)	<input type="checkbox"/>
Oats - Equine only	<input type="checkbox"/>	Tree Pollen Mix II (Oak, Beech, Elm)	<input type="checkbox"/>
Rye - Equine only	<input type="checkbox"/>	Tree Pollen Mix III (Poplar, Willow, Ash)	<input type="checkbox"/>
Weeds		Insects	
Ox – Eye Daisy	<input type="checkbox"/>	Ctenocephalides spp (flea)	<input type="checkbox"/>
Dandelion	<input type="checkbox"/>	Mosquito	<input type="checkbox"/>
Dock, yellow	<input type="checkbox"/>	Culicoides	<input type="checkbox"/>
Fat Hen / Lamb's Quarters	<input type="checkbox"/>	Dander	
Mugwort	<input type="checkbox"/>	Cat epithelia	<input type="checkbox"/>
Nettle	<input type="checkbox"/>	Moulds	<input type="checkbox"/>
Plantain	<input type="checkbox"/>	Alternaria alternata	<input type="checkbox"/>
Ragweed	<input type="checkbox"/>	Aspergillus Mix (Flavus, Fumigatus, Nidulans, Niger)	<input type="checkbox"/>
Red Clover	<input type="checkbox"/>	Cladosporium herbarum	<input type="checkbox"/>
Weed Pollen Mixture (Mugwort, Nettle, Dandelion, Plantain)	<input type="checkbox"/>	Other	
Weed Pollen Mixture I (Mugwort, Nettle)	<input type="checkbox"/>	Malassezia	<input type="checkbox"/>
Weed Pollen Mixture II (Lamb's Quarter, Dandelion, Plantain)	<input type="checkbox"/>	Staphylococcus Phage Lysate (SPL) - Separate vial, requires Special Treatment Certificate	<input type="checkbox"/>
Indoor			<input type="checkbox"/>
Acarus siro	<input type="checkbox"/>		<input type="checkbox"/>
Lepidoglyphus / Glycophagus destructor	<input type="checkbox"/>		<input type="checkbox"/>
Derm. Farinae	<input type="checkbox"/>		<input type="checkbox"/>
Derm. Pteronyssinus	<input type="checkbox"/>		<input type="checkbox"/>
Tyrophagus putrescentiae	<input type="checkbox"/>	Allergy Diary	<input checked="" type="checkbox"/>

Vet Signature :	Electronic Signature tick box	<input type="checkbox"/>
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Email to: customer.services@avacta.com or fax to: 0800 8494 560
with your SIC and/or STC unless we already have this on file