



**Pro Immun M/Pro Immun M-Plus  
IgG 1 - 4 Food Antibody Test  
RETAIL ORDER FORM**

**Patient details (Please fill out in block capitals)\*:**

First name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Street, house no.: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Practitioner's details (Please fill out in block capitals):**

First name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Street, house no.: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

*\* Please state the name of your practitioner*

Indicate below any of the categories from 1 - 11 that you would like to be excluded from the list of recommended foods/recipe book/rotation diet even if you do not have an IgG reaction to these foods. (This would be because you know you do not wish these foods to be included in your/your patient's diet, e.g., because of wanting to avoid gluten (4), or dairy (10). Please mark the box(es) as appropriate:

**Foods that**

1. Are high in histamine
2. Are high in iron
3. Contain lactose
4. Contain gluten
5. Contain uric acid
6. Contain fructose
7. If the patient has a positive test reaction to Aspergillus Niger: foods that contain gluten
8. Foods that have a high glycaemic index / load
9. High-carbohydrate foods (200gr of wholegrains or potatoes permitted a day)
10. Dairy products (cow's milk) in the event of a positive reaction to a dairy product
11. Meat types that are Omega-6 dominant (giving preference to fish that is Omega-3 dominant instead)

Please mark the type of Pro Immun M IgG food intolerance test that you would like to order.

NB: Tests 3 and 4 come with a recipe book and rotation plan; tests 1 and 2 do not.

Test 1: Pro Immun "Slim" (44 antigens):	<input type="checkbox"/>	£ 83.65
Test 2: Pro Immun (91 antigens):	<input type="checkbox"/>	£ 158.60
Test 3: Pro Immun M (181 antigens)	<input type="checkbox"/>	£ 242.00
Test 4: Pro Immun M Plus (270 antigens)	<input type="checkbox"/>	£ 284.50
Low-allergen recipe book based on the test results (only possible for tests 3 or 4)	<input type="checkbox"/>	£ 10.00

I hereby request the test(s) indicated above:

.....  
Place, date

.....  
Therapist's or patient's signature



## AUTHORISATION CODE

**Before sending off the sample, please call the Academy of Nutritional Medicine (AONM), and pay to obtain an authorisation code.**

**Please enter this code in the box below.**

**We regret that samples cannot be processed without a valid authorisation code.**

If you would like to pay by bank transfer, please do this several days before sending off the test (to allow the payment to be processed), and call 03331 210 305 or email [info@aonm.org](mailto:info@aonm.org) to obtain an authorisation code before you send off the sample. Please make sure you give your name as the reference when making the payment.

For bank transfers, please use the following details (this is primarily intended for patients/therapists from the UK and Northern Ireland/Republic of Ireland; please let us know if you require an IBAN/BIC code):

**Bank: Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK**

**A/C name: Academy of Nutritional Medicine (AONM)**

**Sort code: 20-17-22**

**Account number: 73880362**

If you would like to pay by credit card, please call the AONM helpline (03331 210 305) to make your payment, after which AONM will give you an authorisation code over the phone. Please insert it in the box below:

## AONM Authorisation Code

Please send the capillary blood test to:

Academy of Nutritional Medicine  
PIM Test Collection Centre  
Suite 150, 61 Victoria Road, Surbiton, Surrey KT6 4JX

**General inquiries and helpline: 03331 210 305**  
**www.aonm.org || Email: [info@aonm.org](mailto:info@aonm.org)**

**For patients (please sign):** *"I hereby authorise my practitioner to have electronic access to the results of my test."*

Signature ..... Date .....

**NB An upgrade to Test 4 is possible without new blood being sent in for up 4 weeks after Tests 2 or 3 have been conducted. Please contact [info@aonm.org](mailto:info@aonm.org) for details.**

**Important for therapists:** if ever you wish your patients to do this test as a serum blood draw (not as a bloodspot test), please contact us in advance first.