

PLACE BARCODE HERE

SKIN SENSITIVITY TEST REFERRAL FORM SPT1



**Referrer to complete this section before appointment can be arranged.
Form to be presented at time of test.**

Referrer name		Labtests Referrer code		Referrer signature and date	
Patient Surname		Patient Given Names		Patient Title	DOB / /
Sex	Address			Phone no.	NHI

TEST INDICATION	AEROALLERGENS (ENV)	5. Aspergillus (mould)		FOOD ALLERGENS (FOD)	13. Peanut	
Allergic rhinitis/conjunctivitis (hay fever)	1. House dust mite			10. Soybean	14. Wheat	
Asthma	2. Cat hair			11. Cow's milk	15. Shrimp	
Atopic dermatitis (eczema)	3. Dog hair			12. Egg white	16. Fish mix (cod, sole, hake)	
Food allergy	4. Alternaria (mould)					
Other (please state)	<p>Detailed guidelines to skin prick testing are available at http://labtests.co.nz/images/Referrers/Skin-prick-testing-Guidelines-for-GPs.pdf</p> <ol style="list-style-type: none"> Allergy is a clinical diagnosis. All test results must be interpreted in the context of the patient history. Positive results without clinical symptoms are not likely to be significant. Skin prick testing is not useful in diagnosing non IgE mediated conditions such as chronic urticaria, food intolerances (e.g. bloating, diarrhea, fatigue), headaches and behavioural disorders. Wheals \geq 3mm in mean diameter are considered positive. The larger the wheal, the greater the likelihood that a particular allergen will cause symptoms. There is no correlation with symptom severity. 					

PLEASE CALL 09 574 7399 TO BOOK A TEST

Date Issued:
Authorised by: Bus. Manager - Collection Services

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SKIN SENSITIVITY TEST CONSENT FORM SPT1



MUST BE COMPLETED IN COLLECTION CENTRE IMMEDIATELY BEFORE COMMENCING TESTING

Notes about Allergy Testing and Patient Consent

Allergy testing involves exposing you to a very small amount of various allergens. It is highly unlikely that you will have an adverse reaction to these tests. If you do experience any of the following symptoms during or after the tests please inform a staff member.

Excessive itchiness	Generalised rash	Dizziness	Generalised welts	Difficulty breathing, swallowing or talking	
Are you pregnant? (blood tests should be done instead)		Yes	No		
Have you taken any antihistamine medications in the last 72 hours?		<input type="checkbox"/>	<input type="checkbox"/>		
Have you applied any skin creams to the area to be tested in the last 24 hours?		<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever had a serious allergic reaction, requiring emergency treatment, ambulance or hospitalisation?				Yes	No
<i>If yes, how long ago? If less than 4 weeks ago testing needs to be postponed.</i>				<input type="checkbox"/>	<input type="checkbox"/>
Do you have asthma?				<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes to one or both questions and have any positive reactions you are required to remain in the centre for monitoring for 20 minutes after completion of the test.					

Allergens used in testing are the agents most likely to cause your symptoms. In addition, negative and positive 'control' tests are used. The positive control uses a very low dose of histamine, a naturally occurring substance.

Histamine and the allergens used are not registered as drugs in NZ, but are widely used throughout the world. In NZ they can only be used under Section 29 of the Medicines Act 1981. This requires the laboratory to notify the supplier with the names of patients who have been tested. The supplier will forward this information to Medsafe, the drug monitoring unit within the Ministry of Health. The information is maintained in a confidential database as required under the Medicines Act 1981.

If you have any concerns please discuss them with your doctor.

I, _____ have read and understood the Patient Instructions and the above information and consent to the procedure.

Print Name (Patient/Parent/Guardian)

Signature: _____ Date: _____

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