



SKIN SENSITIVITY TEST REFERRAL AND CONSENT FORM SPT1

PLACE BARCODE HERE

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

PATIENT DETAILS				Patient Title	REFERRER DETAILS	
Patient Surname				Referrer Name		
Patient Given Names				Doctor Code	NZMC No.	
Address				Copy To		Referrer Signature
						Referrer Date
Sex	DOB / /	Phone No.	NHI			

TEST INDICATION	AEROALLERGENS (ENV)	FOOD ALLERGENS (FOD)
Allergic rhinitis/conjunctivitis (hay fever)	1. House dust mite	10. Soybean
Asthma	2. Cat hair	11. Cow's milk
Atopic dermatitis (eczema)	3. Dog hair	12. Egg white
Food allergy	4. Alternaria (mould)	13. Peanut
Other (please state)	5. Aspergillus (mould)	14. Wheat
	6. Mixed grass	15. Shrimp
	7. Perennial rye (grass)	16. Fish mix (cod, sole, hake)
	8. Plantain (weed)	
	9. Birch (tree)	

Detailed guidelines to skin prick testing are available at <http://labtests.co.nz/images/Referrers/Skin-prick-testing-Guidelines-for-GPs.pdf>

- 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 ≥ 3 mm 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

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			Yes No
Have you taken any antihistamine medications in the last 72 hours?				
Have you applied any skin creams to the area to be tested in the last 24 hours?				
Have you ever had a serious allergic reaction, requiring emergency treatment, ambulance or hospitalisation?				
If yes, how long ago? If less than 4 weeks ago testing needs to be postponed.				
Do you have asthma?				
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, _____
Print Name (Patient/Parent/Guardian)

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

Signature: _____

Date: _____