

# SKIN SENSITIVITY TEST RESULTS



Surname		Given Names		Title	DOB / /
Sex	Address		Phone no.	NHI	

PATIENT CONSENT FORM HAS BEEN COMPLETED

Yes  No

No

Allergens – Include controls with all panels				Episode Notes – record any reaction information
<input type="radio"/>	Inhaled Allergens	1-9	ENV	e.g. reaction to negative control or no reaction to positive control, action taken:
<input type="radio"/>	Contact Dermatitis	1-14	FUL	
<input type="radio"/>	Food Allergens	10-16	FOD	

Write (mm “+P”) next to any result if pseudopodia is present and (mm “+F”) if a flare is present.

Record results **only** for the allergens that are tested.

Allergens that are **not tested** must be CROSSED-OFF.

Record ‘**not available**’ for any allergen that is not available at the time of testing.

(A comment will be attached to the result by laboratory staff, informing the referrer).

<b>Negative Control:</b>	mm	<b>9. Birch Mix</b> <i>(White Birch)</i>	mm
<b>1. House Dust Mite</b> <i>(Dermatophagoides pteronyssinus)</i>	mm	<b>10. Soybean</b>	mm
<b>2. Cat Hair</b>	mm	<b>11. Cows Milk</b>	mm
<b>3. Dog Hair</b>	mm	<b>12. Egg White</b>	mm
<b>4. Alternaria</b> <i>(Mould)</i>	mm	<b>13. Peanut</b>	mm
<b>5. Aspergillus</b>	mm	<b>14. Wheat</b>	mm
<b>6. Mixed Grass</b> <i>(Dactylis, Festuca, Lolium, Phleym, Poa)</i>	mm	<b>15. Shrimp</b>	mm
<b>7. Perennial Rye</b> <i>(Grass Pollen)</i>	mm	<b>16. Fish Mix</b> <i>(Cod, Sole, Sea Bass, Hake)</i>	mm
<b>8. Plantain</b>	mm	<b>Positive Control:</b>	mm

Test Performed by:	Results Read by:	Results Checked by:
Collection Centre Code:	Date:	Time: