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

### PATIENT DETAILS

<table>
<thead>
<tr>
<th>Patient Surname</th>
<th>Patient Given Names</th>
<th>Patient Title</th>
<th>DOB</th>
<th>Address</th>
<th>Sex</th>
<th>DOB</th>
<th>Phone No.</th>
<th>NHI</th>
</tr>
</thead>
</table>

### REFERRER DETAILS

<table>
<thead>
<tr>
<th>Referrer Name</th>
<th>Doctor Code</th>
<th>NZMC No.</th>
<th>Copy To</th>
<th>Referrer Signature</th>
<th>Referrer Date</th>
</tr>
</thead>
</table>

### TEST INDICATION

<table>
<thead>
<tr>
<th>AEROALLERGENS (ENV)</th>
<th>FOOD ALLERGENS (FOD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. House dust mite</td>
<td>13. Peanut</td>
</tr>
<tr>
<td>2. Cat hair</td>
<td>10. Soybean</td>
</tr>
<tr>
<td>3. Dog hair</td>
<td>14. Wheat</td>
</tr>
<tr>
<td>4. Alternaria (mould)</td>
<td>11. Cow’s milk</td>
</tr>
<tr>
<td>5. Aspergillus (mould)</td>
<td>15. Shrimp</td>
</tr>
<tr>
<td>7. Perennial rye (grass)</td>
<td>16. Fish mix (cod, sole, hake)</td>
</tr>
<tr>
<td>8. Plantain (weed)</td>
<td></td>
</tr>
<tr>
<td>9. Birch (tree)</td>
<td></td>
</tr>
</tbody>
</table>

### Notes about Allergy Testing and Patient Consent

1. 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.
2. 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.
3. Wheats ≥ 3mm in mean diameter are considered positive.
4. The larger the wheal, the greater the likelihood that a particular allergen will cause symptoms. There is no correlation with symptom severity.

### MUST BE COMPLETED IN COLLECTION CENTRE IMMEDIATELY BEFORE COMMENCING TESTING

#### Excessive itchiness

- **Yes**
- **No**

#### Generalised rash

- **Yes**
- **No**

#### Dizziness

- **Yes**
- **No**

#### Generalised welts

- **Yes**
- **No**

#### Difficulty breathing, swallowing or talking

- **Yes**
- **No**

**PLEASE CALL 09 574 7399 TO BOOK A TEST**

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?**

- **Yes**
- **No**

**Have you applied any skin creams to the area to be tested in the last 24 hours?**

- **Yes**
- **No**

**Have you ever had a serious allergic reaction, requiring emergency treatment, ambulance or hospitalisation?**

- **Yes**
- **No**

**If yes, how long ago? If less than 4 weeks ago testing needs to be postponed.**

**Do you have asthma?**

- **Yes**
- **No**

**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

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.

Signature: __________________________ Date: ________________

Apr 2019