Allergy Skin Test Report Form

Patient name: ______________________________ Date of birth: __/__/__  Patient number: ______________________________

Testing Technician: _______________________

Last use of antihistamine (or other med affecting response to histamine): ___ days

Testing Date (s) and Time: Percutaneous __/__/____________ AM   PM  Intradermal __/__/____________ AM   PM

1) General information about skin test protocol
   • Percutaneous reported as: Allergen: Testing concentration: Extract company (*see below)
     ○ Location: back___ arm___  Device: _________________________________________________
   • Intradermal: 0.____ ml injected, Testing concentration: 1:____ w/v or BAU or AU/ml, PNU

2) Results: record longest diameter or longest diameter and orthogonal diameter (perpendicular diameters) of wheal (W) and erythema (flare) (F) measured in millimeters at 15 minutes
   ND or blank in results column indicates test was not performed, 0=negative
   * Extract manufacturer abbreviations: G=Greer, AL=Allergy Labs, Ohio, LO Allergy Labs, Oklahoma, AK=ALK, HS=Hollister-Stier, NE=Nelco, AM=Allermed, AT=Antigen Labs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>W (mm) F</td>
<td>W (mm) F</td>
<td></td>
<td>W (mm) F</td>
<td>W (mm) F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Controls

Percutaneous
Negative:  
Positive:

Intradermal
Negative:  
Positive:

Interpretation:

Last updated: 4/3/2011