Skin Prick Testing (SPT) Referral Form

Patient Name: _____

DOB: _____ **NHI:** _____

Patient Address: _____

Patient Contact number: _____

Name of Requestor: _____ **Location:** _____

Signature of Requestor: _____ **Date:** _____

Clinical Indication

☐ **Allergic rhinitis/conjunctivitis** ☐ **An acute allergic reaction to an identifiable food**

☐ **Asthma** ☐ **Eczema**

Note that skin prick testing is generally not useful outside these indications. For cases out with these indications, consider discussion with the Pathlab immunology department or a pathologist as to whether skin prick testing is indicated.

Allergens (Please tick only those allergens that have clinical relevance to your patient):

☐ **Aspergillus**	☐ **Birch**	☐ **Cat**	☐ **Cow's milk**	☐ **Dog**
☐ **Egg**	☐ **Fish**	☐ **Grass**	☐ **House dust-mite**	☐ **Peanut**
☐ **Plantain**	☐ **Shrimp**	☐ **Soya bean**	☐ **Wheat**	

Please complete the following questions on behalf of your patient:

For women, are you pregnant? (Y / N) If yes skin prick testing should not be performed.

Are you taking any antihistamines including tricyclic antidepressants? (Y / N) Please arrange for your patient to stop these at least 72 hours prior to skin prick testing. If these cannot be stopped please arrange blood tests.

Do you have asthma? (Y / N) Uncontrolled/severe asthma is a contraindication to skin prick testing.

Have you had a serious allergic reaction requiring hospitalisation or emergency treatment (Y / N)? Consider discussion with a pathologist/immunologist.

Consent for patient: (Please supply the patient with THIS information on skin prick testing.)

I have read and understood the information supplied to me on skin prick testing.

Histamine produces a small, itchy red lump (like a mosquito bite) at the application site, usually without any other side effects. Histamine has been used for this purpose in New Zealand and internationally for many years without problems. Histamine however, is not registered as a drug in New Zealand, so can only be used under Section 29 of the Medicines Act. This requires the laboratory to notify the supplier of Histamine (NZMS) with the names of patients who have been tested with Histamine and allergens. NZMS then forward the names to Medsafe, the drug monitoring body within the Department of Health. The information is then kept in a confidential database as required under the Medicines Act.

Patient Name (PRINTED): _____

Patient Signature: _____ **Date:** _____

(Parent/Guardian to sign if patient under 16 years of age)

Please email PLW.TestAdd@pathlab.co.nz

Fax: 07 858 0879