

# 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       Asthma       Eczema  
 An acute allergic reaction to an identifiable food

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):

- |                                      |  |                                      |   |
|--------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Grass Mix   | <input type="checkbox"/> Alternaria      | <input type="checkbox"/> Fish Mix    | <input type="checkbox"/> Soy Bean Flour |
| <input type="checkbox"/> White Birch | <input type="checkbox"/> Cat Epithelia   | <input type="checkbox"/> Egg (White) | <input type="checkbox"/> Peanut         |
| <input type="checkbox"/> Plantain    | <input type="checkbox"/> Dog Epithelia   | <input type="checkbox"/> Cow's Milk  | <input type="checkbox"/> Shrimp         |
| <input type="checkbox"/> Aspergillus | <input type="checkbox"/> House Dust Mite | <input type="checkbox"/> Wheat Flour |   |

## 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.

Do you have severe/uncontrolled 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)

*(If the answer is yes to any of the questions above, consider a blood test for specific IgE antibodies (EAST/RAST), or discussion with a pathologist/immunologist.)*

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 consider blood tests instead.

**Consent for patient** Please supply the patient with information on skin prick testing as per the following website path: <http://www.pathlab.co.nz/PicsHotel/PathLab/Brochure/Patient%20Instructions/Pathlab/Skin%20Allergy%20Pathlab.pdf>

**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)

Please email [PLW.TestAdd@pathlab.co.nz](mailto:PLW.TestAdd@pathlab.co.nz)

Fax: 07 858 0879