



CONSENT FOR ALLERGY TESTING

Dr Joanne Simpson

WHY IS THE TEST PERFORMED

Skin prick tests are used to confirm or disprove a medical history suggestive of an allergy.

We are looking to confirm the presence of an antibody called IgE. This IgE allergy antibody is specific to the particular substance or substances you are possibly allergic to.

If IgE is present in the histamine containing cells in your skin, then an itchy swelling or wheal will appear in your skin.

The size of the wheal roughly correlates with the amount of the specific IgE in your system.

HOW IS THE TEST PERFORMED

A small drop of commercial allergen extract is placed on your forearm and a small specialized sterile lancet is used to gently prick the skin through the drop of liquid.

Occasionally fresh foods are used, where the lancet is first put into the fresh food before being placed directly into the skin.

POSSIBLE SIDE EFFECTS FROM TESTING

- 1) **Discomfort** - skin prick tests are usually very well tolerated, even by children as the lancets used are very small. We only gently prick the skin and aim to avoid drawing any blood at all.
- 2) **Local reaction** - a positive skin prick test usually produces an itchy red reaction on the skin. We will apply a topical steroid cream to try and reduce the itch once the test is finished. This will usually disappear over the following couple of hours. Occasionally a large skin reaction or wheezing will appear within 24 hours that usually disappears over 48 hours. This kind of reaction means you are very sensitive to that allergen and therefore you should let your doctor know this occurred.
- 3) **Non-allergic reactions** – These can include fainting, headache or nausea. Please lie down if you are feeling faint or light-headed.
- 4) **Systemic reactions** – please see next page for details.

Skin prick testing is an extremely safe procedure that usually causes minimal discomfort.

Very rarely skin prick tests can cause anaphylaxis (severe reaction) or milder systemic allergic reactions. This is almost unknown for inhaled allergens and extremely small rates of anaphylaxis for foods (less than 1 in 16,000). However should such a reaction occur (mostly mild) we have the correct equipment onsite to promptly commence treatment of this reaction.



If a skin test is performed on you for a substance to which you have had a known anaphylaxis to, the risk of anaphylaxis remains 1 in 16,000. In this instance a blood test will be performed instead of skin prick testing and you will be referred to a specialist allergist

REASONS FOR NOT PERFORMING SKIN PRICK ALLERGY TESTING

Please tell your doctor if you are aware of these conditions and alternative blood tests can be arranged:

- 1) Pregnancy
- 2) Asthma which is unstable or not well controlled on the day (makes severe skin or allergic reactions more likely)
- 3) Severe eczema
- 4) Highly reactive skin such as dermographism or urticarial - interferes with testing
- 5) Beta blocker medication- (Brands including Inderal, Deralin, Betaloc, Bicor etc) as it makes it harder to test the allergen, so instead a blood test is usually arranged.
- 6) Other medications including antihistamines, some antidepressants and a longer list of rarer medications may also affect the skin testing.

CONSENT:

I have freely read the information in this document and had an opportunity to discuss any concerns regarding the procedure and risks/benefits with a doctor.

I consent to undergo skin prick testing as described.

Patient name

Patient/ Guardian's Signature

Date

Doctors name

Doctors Signature

Dr Joanne Simpson
