

# ALLERGY SKIN TESTING CONSENT

Your physician has suggested an allergy skin test be performed in an attempt to identify specific environmental allergens that may be causing you to suffer from persistent allergic rhinitis. All allergens used in testing contain water extracts of pollens, molds, mites, insects or animal dander to which you may possibly have an allergy to. The allergens can be applied by various testing methods which will be determined by your ENT physician.

**IDT method:** Sets of allergens of different strengths are individually injected just beneath the superficial skin layer on your upper arms. Each injection site is measured after 10 minutes to determine how you reacted to each allergen in the set. There are 32 allergens in each set and the number of sets that will be applied will be determined by how your skin reaction. This test will take approximately 1 ½ to 3 hours to complete.

**MQT method:** A set of allergens is applied to your forearms using a device that pricks the superficial layer of skin and simultaneously applies a drop of allergen to the site. The prick sites are measured after 20 minutes and then one single injection of each allergen is applied at a strength that is determined by your prick results. Each injection site is measured after 10 minutes. This test will take approximately 45 minutes.

## **Benefits of Allergy Skin Testing:**

- Identification of allergens that are causing persistent allergic rhinitis (hayfever) symptoms
- Ability for your physician to develop a more effective treatment plan

With allergy testing, as with any other procedure that requires substances to be injected into the body, there is the possibility of adverse reactions. These generally are mild and include local reactions or mild systemic reactions. Although rare, more severe systemic reactions are possible. (See below)

## **Local Reactions (commonly):**

- Burning or itching at the injection site
- Swelling or hives at the injection site
- Mild pain and tenderness at the injection site

## **Mild Systemic Reactions (occasionally):**

- Nasal congestion and/or runny nose with itching of ears, nose and or throat and/or sneezing occurring within two hours of the injection.
- Itchy, watery or red eyes

## **Severe Systemic Reactions include (rarely):**

- Wheezing, coughing, shortness of breath and or airway swelling
- Generalized hives (welts)
- Swelling of the tissue around the eyes, the tongue, and or throat
- Stomach or uterine (menstrual-type) cramps
- Abnormalities of the heart beat
- Loss of ability to maintain blood pressure and pulse.
- Death

\_\_\_\_\_ Patient Initial Read

We want to assure you that we place great emphasis on patient safety and overall well being of all those we provide service to and to inform you that we maintain all the necessary equipment, medications and staff who are trained to respond effectively to these types of situations.

**Alternatives to Allergy Testing:**

- Avoidance
- Medications (antihistamines, nasal steroid spray, others)

---

**I have been given an opportunity** to ask questions about my condition, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved and I believe that I have sufficient information to give this informed consent. I understand that no warranty or guarantee has been made to me as to result or cure.

I do hereby give consent to be skin tested for allergies. I understand that, although rare, severe systemic reactions may result in permanent disability or even death.

I consent and authorize the treatment of any reactions that may occur as a result of an allergy testing.

---

Patient Signature

---

Date

---

Witness Signature

---

Date

**Factors Affecting Skin Testing:**

By signing below I acknowledge that I was advised by the staff of The Allergy Center during pre-test counseling of any medications I had been taking that may possibly interfere with the test. I further acknowledge that I have not knowingly taken any medications or preparations that contain: Antihistamines, Beta-blockers, MAO-Inhibitors, Tricyclic Antidepressants, Vitamin C, Herbal Supplements or the drug Strattera(used to treat ADHD) in the past 7 days.

---

Patient Signature

---

Date

---

Witness Signature

---

Date