## Allergy Skin Test Form

Allergy Skin Test Form					
a			Ordering physician:		
Street address		City	State	Zip	
Tolonhono		Fax			
Telephone			/ / D.4' / 1		
Patient name: Testing Technician:		_ Date of birth:	// Patient number:		
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					
1. Percutaneous reported as: Allergen: Testing concentration: Extract company (*see below)					
Location: back arm Device:					
2. Intradermal: 0ml injected, Location: arm Testing concentration: 1:w/v or BAU or AU/ml, PNU					
3. Results Longest diameter or longest diameter and orthogonal diameter (perpendicular diameters) of wheal (W) and					
erythema (flare) (F) measured in millimeters at 15 minutes					
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					
Allergen: Concentration:	Percutaneous	Intradermal	Allergen: Concentration:	Percutaneous	Intradermal
Extract Manufacturer. *	W (mm) F	W (mm) F	Extract Manufacturer. *	W (mm) F	W (mm) F
			Controls		
			Percutaneous		
			Negative:		
			Positive:		
			Intradermal		
			Negative		
			Positive:		
Interpretation:					

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