



ALLERGY SKIN TESTING: PATIENT INSTRUCTIONS AND CONSENT FORM

Skin tests are a method of testing for allergic reactions to substances, or allergens, in the environment. A test consists of introducing small amounts of allergens into the skin and noting the development of a positive reaction, which consists of a wheal (swelling) and flare (surrounding area of redness).

We employ the prick method, where the skin is pricked with a sharp device that introduces the allergen into the skin. Other allergy testing options include injecting the allergen with needles or going to a lab for blood tests.

The entire testing process will take about 30 minutes. We test a variety of important allergens that are found in the Metro DC region including trees, grasses, weeds, molds, dust mites, and animal dander. After administering the allergens, we wait approximately 20 minutes to review the results. A positive reaction occurs when the skin becomes red, raised, and itchy.

This skin reaction will gradually dissipate within 30-60 minutes. Some people will experience local swelling beginning 4-8 hours after testing. This is not serious and typically no treatment is required. It should disappear in the next few days. Less than 1% of patients may develop a systemic reaction to skin testing, which may consist of any or all of the following symptoms: itchy eyes, nose, or throat, nasal congestion, runny nose, tightness in the throat or chest, wheezing, lightheadedness, nausea or vomiting, hives, or anaphylactic shock. This is very rare, but in the event of such reactions, the staff is fully prepared and emergency equipment is readily available.

Pregnant women should not undergo allergy skin testing. A pregnancy test can be ordered if you are unsure if you are pregnant.

I have read the patient information sheet on allergy skin testing and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy skin testing and these questions have been answered to my satisfaction.

Signature of Patient or Responsible Party

Date

Print Name of Patient and Responsible Party (if any)

Witness

Date