

Skin Prick Testing (SPT) Referral Form



Please fill out electronically, ensuring ALL information requested is detailed, then sign and email to immunology@pathlab.co.nz

PATIENT name: _____

DOB: _____ **NHI:** _____ **Contact number:** _____

Please note: Only infants over the age of 18 months will be tested (unless consultation and prior approval by a pathologist)

- Collection Centre for Testing:**
- | | |
|--|--|
| <input type="checkbox"/> Pathlab Hamilton, Tristram Street | <input type="checkbox"/> Pathlab BOP, Baymed |
| <input type="checkbox"/> Pathlab Whakatane Hospital | <input type="checkbox"/> Pathlab Thames |
| <input type="checkbox"/> Pathlab Taupo Hospital | <input type="checkbox"/> Pathlab BOP, Cameron Rd |
| <input type="checkbox"/> Pathlab Rotorua Hospital | <input type="checkbox"/> Pathlab Matamata |

REQUESTOR name: _____ **Location:** _____

Signature of requestor: _____ **Date:** _____

Clinical Indication:

- Allergic rhinitis/conjunctivitis Asthma Eczema Acute allergic reaction to an identifiable food

Skin prick testing is generally not useful outside these indications. For cases outside these indications, consider discussion with 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"/> Cod fish | <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 | |

Allergens not on this list are not available for skin prick testing at Pathlab.
EAST/RAST testing must be requested on a normal laboratory request form.

Please complete ALL the following questions on behalf of your patient:

For women, are you pregnant? **No** **Yes** If 'Yes', skin prick testing should not be performed.

Do you have severe/uncontrolled asthma? **No** **Yes** Severe/uncontrolled asthma is a contraindication for skin prick testing.

Have you had a serious allergic reaction requiring hospitalisation or emergency treatment? **No** **Yes**

If 'Yes', please provide further information on source, severity etc:

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.

Caution: Antihistamines or drugs with anti-histamine activity, e.g. tricyclic antidepressants, can cause falsely negative skin prick test results. Please arrange for your patient to stop these at least 72 hours before skin prick testing. If these medications cannot be safely stopped, please consider blood tests instead.

Consent for patient: Please supply the patient with "Skin Prick Testing - Patient Information Sheet" which can be accessed from the following web page: <https://www.pathlab.co.nz/providers/#forms>

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: _____ **Date:** _____

PATIENT signature: _____ *(Parent/Guardian to sign if patient under 16)*

Please email completed referral form to immunology@pathlab.co.nz

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Authorised: Dr Michael Addidle
Location: G:\Immunology\Skin prick testing