

Skin Prick Allergy Test Form

For enquiries please call +44 (0)20 7730 4046

DOB	HOSPITAL NUMBER:	ANTI-HISTAMINE HISTORY:	
TITLE NAME		NAME OF MEDICATION:	DATE LAST TAKEN:
SKIN PRICK SCHEDULE:			
ALLERGEN - STANDARD PANEL	WHEEL SIZE - mm	ALLERGEN - EXTENDED PANEL - MOULDS	WHEEL SIZE - mm
Histamine (+) control		Asperillus fumigates	
Negative control		Cladosporium cladosporioides	
Tree pollens		Fusarium	
Grass pollens		EXTENDED PANEL - ANIMALS	
Weed & shrub pollens		Guinea pig	
Alternaria Alternata		Horse hair	
American house dust mite - dermatophagoides farinae		Hamster hair	
American house dust mite - d. pteronyssinus		Cockroach (mixed)	
Cat fur		EXTENDED PANEL - TREES & POLLENS	
Dog hair		Ragweed	
EXTENDED PANEL - FOOD ALLERGENS		Nettle	
Cow's milk		Mugwort	
Egg (whole)		Orache	
Almond		Paritari	
Hazlenut		Alder	
Mixed nuts		Ash	
Celery		Beech	
Plain flour		Silver birch	
Rye flour		Cypress	
Soya flour		Oak (common)	
Wheat grain		Plane	
Cod		Willow	
Salmon		Rye grass	
Shrimp		Timothy grass	
Note: A wheal diameter of at least 3mm larger than the negative control is generally accepted as a positive reaction.			
Comments:		Skin testing performed by:	
Doctor's Name:	Signature	Date	



Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.