

ALLERGY SKIN TEST RESULTS

SKIN

Patient ID: 1
 Patient Initials: _____
 Visit Number: 0 1
 Visit Date: ____/____/____
 month day year
 Interviewer ID: _____

(Clinic Coordinator completed)

If the medications listed in Section 4.3.10 in the Manual of Operations were taken within the exclusionary periods, reschedule the skin testing procedure.

TS

Skin test site

₁ back

₂ forearm

TT

Time patient skin **tested** (based on 24-hour clock)

TE

Time skin tests **evaluated** (based on 24-hour clock)

A reaction is defined as a wheal of at least 3 mm in diameter and an erythema at least 10 mm in diameter. For each allergen, indicate whether there was a reaction. If yes, transfer the tracing of each wheal and record the longest diameter and the diameter at the perpendicular midpoint in mm.

1. Diluting Fluid	01	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	8. Alternaria	08	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	01A	Largest Wheal Diameter _____ mm		08A	Largest Wheal Diameter _____ mm
	01B	Perpendicular Wheal Diameter _____ mm		08B	Perpendicular Wheal Diameter _____ mm
2. Tree Fluid	02	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	9. Cladosporium	09	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	02A	Largest Wheal Diameter _____ mm		09A	Largest Wheal Diameter _____ mm
	02B	Perpendicular Wheal Diameter _____ mm		09B	Perpendicular Wheal Diameter _____ mm
3. Grass Mix	03	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	10. Aspergillus	10	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	03A	Largest Wheal Diameter _____ mm		10A	Largest Wheal Diameter _____ mm
	03B	Perpendicular Wheal Diameter _____ mm		10B	Perpendicular Wheal Diameter _____ mm

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<p style="text-align: center;">04</p> <p style="text-align: center;">04A</p> <p style="text-align: center;">04B</p> <p>4. Ragweed</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>	<p style="text-align: center;">11</p> <p style="text-align: center;">11A</p> <p style="text-align: center;">11B</p> <p>11. D. Farinae</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>
<p style="text-align: center;">05</p> <p style="text-align: center;">05A</p> <p style="text-align: center;">05B</p> <p>5. Weed Mix</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>	<p style="text-align: center;">12</p> <p style="text-align: center;">12A</p> <p style="text-align: center;">12B</p> <p>12. D. Pteryx</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>
<p style="text-align: center;">06</p> <p style="text-align: center;">06A</p> <p style="text-align: center;">06B</p> <p>6. Dogs</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>	<p style="text-align: center;">13</p> <p style="text-align: center;">13A</p> <p style="text-align: center;">13B</p> <p>13. Cockroach</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>
<p style="text-align: center;">07</p> <p style="text-align: center;">07A</p> <p style="text-align: center;">07B</p> <p>7. Cats</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>	<p style="text-align: center;">14</p> <p style="text-align: center;">14A</p> <p style="text-align: center;">14B</p> <p>14. Histamine</p>	<p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal Diameter _____ mm</p> <p>Perpendicular Wheal Diameter _____ mm</p>