

# Allergy Testing Informed Consent

---



## What is allergy testing:

During an allergy evaluation it is frequently necessary to test to various materials to which you may be allergic. These tests are performed by introducing suspected allergens by prick (scratch). A local reaction which may appear like a bug bite – red, raised, and itchy – suggests a positive test.

Skin testing is typically well tolerated other than itching, redness, and mild discomfort at the testing site. Occasionally, large reactions can take many hours to several days to subside. As the testing material is derived from material you may be allergic to, there is a remote possibility you may develop an allergic reaction. These reactions are generally mild (nasal congestion, itchy eyes, sneezing, itchy ears/nose, hives) but rarely can progress and become life-threatening (low blood pressure, airway swelling, difficulty swallowing, difficulty breathing, etc.). Medications to treat these reactions are readily available and a physician is always present when skin testing is done.

## Please inform the staff prior to testing if:

1. You have taken any antihistamines in the past week, including those used for heartburn (ex: Zantac, Pepcid, Tagamet) or other medication listed in the “Medications to Avoid” handout, as they may affect testing results.
2. You think you may be pregnant.
3. You are taking a beta blocker medication, commonly used for high blood pressure, cardiac arrhythmias, and glaucoma. Examples of common beta blockers include Timolol (Timoptic), atenolol (Tenormin), labetalol (Normodyne), and Carvedilol (Coreg).

## Why conduct allergy skin testing?

Allergy skin testing identifies allergens and allows your physician to develop a more effective treatment plan tailored to your individual allergens. The most definitive treatment for environmental allergies is immunotherapy. Immunotherapy is administered by injection (allergy injections) or sublingually (allergy drops) and is prepared especially for you based on your skin test results and symptoms. Immunotherapy is an elective therapy and you may choose not to receive it. Avoidance of substances you are allergic to and medications can aid in symptom control.

## Patch Testing

Patch testing to certain food or materials may be recommended. This involves placing small amounts of the substance against the skin and affixing them in place for 48-72 hours. The testing site is then monitored for local reaction. Your provider will determine if this is necessary for you and provide further information if necessary. Potential adverse events include rash at the site, infection, or delayed skin reactions.

## Pulmonary Function Testing (Spirometry)

If indicated, you may be asked to perform spirometry to assess your lung function. This involves taking a deep breath, then exhaling forcefully into a sensor for as long as possible, then taking another deep breath in. Please inform staff if you have recently experienced a heart attack, abdominal, chest, or eye surgery, or pneumothorax (collapsed lung).

## Laboratory Tests/Bloodwork

Your provider may determine that bloodwork is necessary for your care. By signing this consent, you acknowledge that you are responsible for having labs drawn in a timely fashion. Please call Grand Rapids Allergy in one month if you have not been contacted with results and recommendations.

## Notification

I understand in accordance with Michigan law my/my child's blood will be tested for Hepatitis C and HIV (AIDs virus) in those instances where a health care provider has an occupational exposure to my blood. This test is for my protection as well as the protection of health care professionals at Grand Rapids Allergy. I understand I will not be charged for these tests and will be informed of the test results.

---

**In signing this statement, I acknowledge that I have read and understand the information contained in the consent form. I agree to proceed with allergy testing, if indicated. I consent to treatment of adverse reactions to allergy testing, should they occur, including ambulance transport to an emergency room/hospital. I have been able to ask and have my questions answered to my satisfaction.**

**Patient/  
Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Nurse Review** \_\_\_\_\_ **Date** \_\_\_\_\_

**Label**