



IMPORTANT INFORMATION ABOUT ALLERGY SKIN TESTING/CONSENT FORM

- It is very important to be on time for your allergy skin test appointment. If you arrive late, we may be unable to test you, due to time constraints. The time set aside for your skin test is exclusively yours for which special allergens are prepared. If for unforeseen reason you need to change your skin test appointment, you have to give us at least 48 hrs advance notice. Due to the length of time scheduled for skin testing, a last minute change results in a loss of valuable time that another patient might have utilized and is a subject to a cancellation fee per our policies.
- Allow at least one hour for your appointment involving allergy skin testing. Your doctor will spend time with you after the test to discuss the results and your best treatment options. Wear comfortable clothing. You may be required to take your top off, so do not wear a one piece outfit!
- The test consists of application of various allergens on your skin with a pointy plastic applicator. The test is not painful and the applicator does not penetrate the skin (does not cause any bleeding). It may be slightly uncomfortable compared to a sensation of pointy hairbrush applied to your skin. The intradermal test feels like small prick. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump (caused by histamine release into the skin) will appear on your skin within 15 to 20 minutes. You may experience some local redness and itching for up to 24 hours after testing. Occasionally, skin test reactions (local redness, small hives, especially after intradermal testing) last for several days. Do not be alarmed as the tests will fade away. Delayed reactions are not considered significant.
- Your doctor determines the number of tests done according to the history you have given him/her. The number of intradermal tests is determined only after prick testing. **Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history.** Positive tests indicate the presence of allergic antibodies and are not necessarily correlated with clinical symptoms. Your AACC physician will discuss the findings with you, answer your questions and will make further recommendations regarding your therapy.
- It is **IMPORTANT TO STOP ANTIHISTAMINES FOR THE SPECIFIED NUMBER OF DAYS.** Antihistamines will block the skin test reaction. Below is a list of the most common antihistamines which have to be stopped for indicated period of time prior to your skin test:

Brand Name	Generic Name	Stop (days)
Alavert/Claritin/Clariti	Loratadin	> 4
Clarinx/ Clarinex D	Desloratidine	> 4
Allergra/Allegra D	Fexofenadine	> 4
Zyrtec/Zyrtec D	Cetirizine	> 4
Xyzal	Levocetirizine	> 4
Atarax/Vistaril	Hydroxyzine	> 4
Benadryl	Diphenhydramine	> 4
Periactin	Cyproheptadine	> 4
Phenergan	Promethazine	> 4
Chlortrimeton	Chlorpheniramine	>4
Aleva/ Ebastel	Ebastine	>4

Please DO NOT TAKE ANY OVER THE COUNTER ANTIHISTAMINES, ALLERGY, SLEEP, COUGH AND COLD MEDICINES such as Drixoral, Tavist, Actifed, Dimetapp, Allerx, Tylenol PM, Nyquil PM, Advil PM, Advil Allergy etc. If unsure, ask the pharmacist or call us at 855-5CURE4U (528-7348).

Please note that certain nasal sprays are also antihistamines and need to be stopped.

Brand Name	Generic Name	Stop (days)
Astelin Nasal Spray	Azelastine	> 4
Astepro Nasal Spray	Azelastine	> 4
Patanase Nasal	Olapatadine	> 5
Dymista Nasal Spray	Azelastine	>4



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Toll Free: 1855.5CURE4U (528.7348) . Fax: 855.FAX.CURE (329.2873)

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- Certain psychotropic/antidepressant drugs such as **amitriptyline (Elavil), doxepin (Sinequan), and imipramine (Tofranil)** have potent antihistaminic activity and **should be discontinued at least seven days prior to skin test but only after consultation with your prescribing physician.** Please let us know ahead that you are taking these medications so that you may be advised as to how long prior to testing you should stop taking them.
- **“H2 blockers” which are antihistamines used for acid reflux and indigestion should be stopped for at least two days prior to skin testing:** Axid, Pepcid, Zantac, Cimetidine, Famotidine, Nizatidine, Ranitidine, Tagamet etc.
- **Beta blockers** are medications commonly prescribed for high blood pressure, heart conditions, migraines and glaucoma (should not be discontinued even temporarily without consulting your prescriber). These medications make the treatment of severe allergic reactions more difficult. The skin testing may, in extremely rare cases, result in such a reaction, so be sure to tell us all the medications that you take on a daily basis. We will discuss alternatives with you at the time of your appointment.
- **DO NOT STOP YOUR ASTHMA INHALERS** (they do not affect the skin testing).
- **DO NOT STOP your intranasal steroids (e.g. Nasonex, Flonase/fluticasone, Flunisolide, Nasacort AQ, Veramyst, Rhinocort, Aqua, Omnaris) and Singulair.** If unsure, call us ahead of time.
- Skin testing will be administered under supervision of your AACC’s physician since occasional reactions may require immediate therapy. These reactions are extremely rare but 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; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. Our staff is fully trained and prepared to treat such reactions and emergency equipment is always available. Please let the scheduling staff know if you may be pregnant since the allergy skin testing may be postponed until after the pregnancy.

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

Patient _____ Date signed _____

Parent or legal guardian* _____ Date signed _____

*as parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.

Witness _____ Date signed _____