

Specialty Test Consent

Patient Label

Consent Form

In attempt to determine whether your symptoms are the result of an allergy or sensitivity to a particular substance, an evaluation can be performed by skin testing, ingestion challenge, and/or inhalation challenge. The type of test to be performed depends on the agent being evaluated and the symptoms you have experienced. These tests are considered to be “*Specialty Tests*” since they generally require more time, are more involved, or have the potential for greater risk than routine allergy tests.

- Skin testing** involves placing the material to be tested on the surface of the skin and then pricking the skin through the material to observe the response, which may be hive formation. Intradermal skin tests involve injecting small amounts of the suspect allergen into the skin and measuring a similar hive response. A **provocation test** is performed by giving gradually increasing amounts of the test material until a positive response is seen or the total dose administered is tolerated without a reaction. Sometimes this procedure is termed “*desensitization*”.
- Patch testing** is placing the material to be tested on the surface of the skin and leaving it in place for 48-72 hours.
- Ingestion challenge involves** the ingestion of a food, medication, additive, or other ingestible substance to determine whether a sensitivity exists. A single dose may be ingested or gradually increasing amounts of the test material are ingested at intervals, depending on your history and the material being tested. Ingestion of gradually increasing amounts constitutes a **provocation test**. After each dose you will be monitored for symptoms similar to those already experienced. By administering gradually increasing doses in a monitored setting, we attempt to prevent serious reactions from occurring.
- Inhalation challenges** are performed to examine a respiratory response in relationship to an inhaled substance. Inhalation challenges can be performed through the nose or through the mouth depending on the substance. These challenges involve monitoring respiratory symptoms such as runny nose, sneezing, nasal congestion, itchy, watery, eyes, cough, wheezing, or shortness of breath. Pulmonary functions may also be measured at the start and at fixed intervals after each dose of test material inhaled. If significant nasal or respiratory symptoms develop or a significant change in pulmonary function is noted, the test is considered positive. Many times, gradually increasing amounts of material are administered until a response is seen or the test is considered negative.
- Desensitization** involves the ingestion of a food/medication given gradually in increasing amounts that will allow you to safely utilize medication/food in your treatment plan.

Risks

There is always a risk associated with any test or challenge procedure. The possibility of reproducing previously experienced symptoms is the most likely response that could occur. Reactions can include, but are not limited to, symptoms such as runny nose, itchy, watery, eyes, coughing, wheezing, difficulty breathing, itching, hives, swelling, nausea, vomiting, and diarrhea. However, there are also unpredictable and potentially serious side effects, which can occur. These could include irregular heartbeat, loss of blood pressure, or cardiac arrest. Delayed reactions may occur after leaving the office. Appropriate medications are available to reverse such reactions should they occur. However, in the unlikely circumstance of a severe allergic reaction that does not respond to treatment, the possibility of death exists.

These tests are an important part of your total assessment. We fully acknowledge and encourage your participation in the decisions relevant to your total care. You are under no obligation to agree to any test if you do not feel so inclined. ***Please consult with the doctors or any member of the staff if you have any questions before signing this consent form.***

After reading this consent form, I agree to the following:

1. I understand the specialty test to be performed.
2. I understand that the specialty test that I am about to have performed may result in symptoms.
3. I agree to have this challenge performed.
4. I understand that I may refuse this test and that my refusal will not prejudice my care by the physicians involved.
5. Pregnancy is contraindicated for Specialty Tests. I understand I am to inform the staff of this change in health status.
6. Alternatives to the test procedures were discussed.

The test procedures, risks and alternatives have been explained to me by a provider. I have had the opportunity to ask questions about the procedure and alternatives to the test procedure and have had my questions answered before performing this test.

Patient's Printed Name: _____

Patient/Responsible Party Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____