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Skin Testing Information and Consent

1. Skin Testing

Skin testing provides information to your physician concerning the presence of preformed allergic antibodies (IgE) to the substance tested. If IgE is detected by skin testing, and your clinical history of allergy symptoms is compatible, then you can accurately be labeled as having an allergy. The presence of IgE alone is not sufficient to diagnose allergy. For example, if IgE is detected to mountain cedar extract but you have no symptoms of allergy during the winter months then you would not be considered allergic to cedar, since cedar pollinates only from December to February. Prick testing is generally the first step in detecting IgE. Occasionally, "RAST" blood tests are required to completely evaluate reactions, especially when serious allergic symptoms follow bee or fire ant stings or Food Allergies. Prick testing is not done to check for "delayed" allergy symptoms seen after exposure to metals or chemicals. This is done by patch testing (most often performed by dermatologists). Intradermal injections with killed and purified components of infectious agents such as Tuberculosis (TB), measles, mumps, etc., are occasionally required to check the function of your cellular immune system, or to screen for exposure to TB.

2. Risks of Skin Testing

Prick testing does not usually cause any bleeding; however, any time the surface of the skin is broken there is a potential risk of infection. This same principle applies to ID testing as well. The antigens used in testing are sterile and FDA approved. Rarely, if ever, is infection seen after testing. Occasionally, skin testing can trigger a severe allergic reaction requiring treatment with medications available in our office. Patients with asthma are at increased risk for triggering an asthma attack during testing. You should not undergo testing if you feel that your allergy or asthma symptoms are currently under poor control. Typically, we will provide you with oral steroids for treatment of your symptoms and then bring you back for skin testing when your symptoms have improved.

3. Contraindications to Skin Testing

Skin testing should not be performed if you are pregnant or taking Beta-blocker medications. If you have taken any antihistamines within the three days prior to your appointment* or beta-blockers within 24 hours of arrival, we will not be able to perform skin testing. Please be sure to inform us of all medications you have taken before the skin test is applied. (You must discontinue Atarax (Hydroxyzine), Pamelor, and Zyrtec a minimum of 3 days prior to testing). If you are not sure if you are taking an antihistamine or beta-blocker, please ask your pharmacist.

4. Alternatives to Skin Testing

IgE to specific antigens can also be detected by testing a blood sample. This is called "RAST" testing. Risks from RAST testing are minimal but include, blood clot formation or infection at the site of the blood drawing. RAST tests are not typically performed since they are generally more expensive than skin testing (between 50%-100% more). Many insurance companies also restrict the number of RAST tests they will pay for. In addition, RAST testing is felt to be less sensitive than skin testing for detecting IgE and may miss significant sensitivities. Currently, RAST testing is the only test available to detect latex allergy, and often RAST testing is required to screen for uncommon allergies for which no skin testing reagent is readily available.

5. Consent for Skin Testing

I understand the risks and benefits of skin testing and all questions have been answered to my satisfaction. I consent to skin testing and understand that I am financially responsible for all charges not covered by my medical insurance.

NAME (Print) _____ **Date** _____

SIGNATURE _____