

# ALLERGY CAST REQUEST FORM

**ALLERGOLOGY, DIAGNOSTIC & CLINICAL RESEARCH UNIT (ADCRU)**

Tel: (021) 406-6889

**UCT LUNG INSTITUTE**

Fax: (021) 406-6888

Referring Doctor:		Copies to:	
Patient's Surname:			
Patient's First Name:		Date: ...../...../.....	Time:
Age/D.O.B:      DD      MM      YY ...../...../.....	Sex:	File No:	
Account To (Mr/Mrs/Miss): Address:	Relevant Clinical Data:	Medical Aid:	
		Medical Aid No.:	
		Work Tel.No.:	
		Home Tel.No.:	
		Employer's Name:	
		Time lapse since last adverse reaction:	

**Please tick the working diagnosis:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Occupational Allergy	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Food Allergy
<input type="checkbox"/> Rhinitis	<input type="checkbox"/> Urticaria	<input type="checkbox"/> Auto-Immune Disease	<input type="checkbox"/> Venom Allergy
<input type="checkbox"/> Eczema	<input type="checkbox"/> Drug Allergy	<input type="checkbox"/> Immunodeficiency	<input type="checkbox"/> Aids
<input type="checkbox"/> Other: (specify) .....			

**PLEASE TICK AND INDICATE ALLERGENS REQUESTED :**

ANTIBIOTICS:		ANALGESICS & ANTI-INFLAMMATORIES:		FOOD ADDITIVES & COLOURANTS:		ANAESTHETICS:	
C1	Pen G	C51	Lys-aspirin	CE104	Quinoline Yellow	CATR	Atracurium
C2	Pen V	C52	Diclofenac	CE110	Sunset Yellow FCF	CMIV	Mivacurium
C3	Cephalosporin C	C53	Ibuprofen	CE122	Chromotrope B	CPAN	Pancuronium
C11	Benzylpenicilloyl	C54	Indomethacin	CE123	Amaranth	CSUX	Suxamethonium
C12	Minor 1 Determinant Mix	C55	Acetaminophen	CE124	New Coccine	CROC	Rocuronium
C31	Cefamandole	C56	Mefenamic acid	CE127	Erythrosine	CVEC	Vecuronium
C32	Cefazolin	C57	Phenylbutazone	CE131	Patent Blue V	CLID	Lidocaine
C33	Cefuroxime	C58	Propylphenazone	CE132	Indigo carmine	CPRO	Propofol
C61	Sulphamethoxazole	C59	Dipyrone / Metamizole	CE151	Brilliant Black		
C62	Trimethoprin			C111	Na benzoate		
C75	Tetracycline			C112	Na nitrite		
C81	Ciprofloxacin			C113	K-Metabisulphite		
C203	Ampicillin			C114	Na salicylate		
C204	Amoxycillin			C103	Tartrazine		
CRIF	Rifampicin			CE621	Glutamate		
CCLA	Clarithromycin			C101	Food Colourant Mix I (CE104, CE110, CE122, CE123, CE124)		
				C102	Food Colourant Mix II (CE127, CE131, CE132, CE151)		

OCCUPATIONALS:	
K82	Latex
CE466	Carboxymethylcellulose

Please note:  
 Patient to be taken off all allergy medication 24 hours prior to blood collection.

Blood collection:  
 Please take 2 EDTA tubes (purple top).  
 Please take blood after 3pm and send to UCT Lung Institute via Pathcare N1 City to arrive the next morning.  
 Please send on ice and wrap specimens in paper towel or bubble wrap to prevent damage to blood cells.