

ALLERGY REQUEST FORM

ALLERGOLOGY, DIAGNOSTIC & CLINICAL RESEARCH UNIT (ADCRU) UCT LUNG INSTITUTE

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

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)			

SKIN PRICK TESTS :

<p>STANDARD INHALANT PANEL</p> <input type="checkbox"/> Alternaria alternata <input type="checkbox"/> Aspergillus fumigatus <input type="checkbox"/> Bermuda grass <input type="checkbox"/> Cat <input type="checkbox"/> Cladosporium herbarium <input type="checkbox"/> Cockroach Mix <input type="checkbox"/> D.farinae <input type="checkbox"/> D.pteronissinus <input type="checkbox"/> Dog <input type="checkbox"/> Grass mix #5 (Kentucky Blue, Orchard, Redtop, Timothy, Sweet Vernal) <p>MOULDS</p> <input type="checkbox"/> Botrytis cinerea <input type="checkbox"/> Epicoccum nigrum <input type="checkbox"/> Helminthosporium maydis <input type="checkbox"/> Hormodendrum cladosporoides <input type="checkbox"/> Penicillium notatum <input type="checkbox"/> Saccharomyces c. <p>TREE POLLENS</p> <input type="checkbox"/> Acacia <input type="checkbox"/> Birch <input type="checkbox"/> Black willow <input type="checkbox"/> Brazilian Pepper <input type="checkbox"/> Californian Pepper <input type="checkbox"/> Cypress <input type="checkbox"/> Eucalyptus <input type="checkbox"/> False acacia (Robinia pseudo) <input type="checkbox"/> Oak mix <input type="checkbox"/> Pine <input type="checkbox"/> Plane <input type="checkbox"/> Red oak	<p><input type="checkbox"/> Tree mix #11 (Ash, Beech, Birch, Walnut, Cottonwood, Elm, Hickory, Maple, Oak, Sycamore, Willow)</p> <p>WEED AND FLORAL POLLENS</p> <input type="checkbox"/> African flower mix (Daisies) <input type="checkbox"/> Daisy/chrysanthemum <input type="checkbox"/> Mugwort <input type="checkbox"/> Nettle <p>GRASS POLLENS</p> <input type="checkbox"/> Buffalo <input type="checkbox"/> Eragrostus <input type="checkbox"/> Kentucky blue <input type="checkbox"/> Kikuyu <input type="checkbox"/> Orchard <input type="checkbox"/> Rye <input type="checkbox"/> Sudan <input type="checkbox"/> Timothy <input type="checkbox"/> Zea mays <input type="checkbox"/> Phragmites (Reed) <input type="checkbox"/> Sweet vernal <p>DRUG/VENOM</p> <input type="checkbox"/> Bee venom <input type="checkbox"/> Penicillium <p>MISCELLANEOUS</p> <input type="checkbox"/> American cockroach <input type="checkbox"/> Anisakis <input type="checkbox"/> Feather mix (Chicken, Duck, Goose) <input type="checkbox"/> German cockroach <input type="checkbox"/> Goose feathers <input type="checkbox"/> Horse <input type="checkbox"/> Oriental cockroach	<p>PAEDIATRIC FOOD PANEL</p> <input type="checkbox"/> Corn, whole grain <input type="checkbox"/> Cow's milk <input type="checkbox"/> Peanut mix <input type="checkbox"/> Soya bean <input type="checkbox"/> Wheat, whole grain <input type="checkbox"/> Whole Egg <p>MISCELLANEOUS FOODS</p> <input type="checkbox"/> Alpha lactalbumin <input type="checkbox"/> Banana <input type="checkbox"/> Beef <input type="checkbox"/> Beta lactoglobulin <input type="checkbox"/> Cabbage mix <input type="checkbox"/> Casein <input type="checkbox"/> Cheese, cheddar <input type="checkbox"/> Chocolate/cocoa mix <input type="checkbox"/> Egg white <input type="checkbox"/> Egg yolk <input type="checkbox"/> Garlic <input type="checkbox"/> Orange, sweet <input type="checkbox"/> Pea <input type="checkbox"/> Tomato <input type="checkbox"/> Wheat gluten <p>SEAFOOD PANEL (Routine)</p> <input type="checkbox"/> Cod <input type="checkbox"/> Codfish mix <input type="checkbox"/> Crab <input type="checkbox"/> Herring <input type="checkbox"/> Mackerel <input type="checkbox"/> Salmon <input type="checkbox"/> Shrimp <input type="checkbox"/> Tuna	<p>SEAFOOD PANEL (Special)</p> <input type="checkbox"/> Abalone <input type="checkbox"/> Alikreukel <input type="checkbox"/> Crayfish East Coast <input type="checkbox"/> Crayfish South Coast <input type="checkbox"/> Crayfish West Coast <input type="checkbox"/> Hake <input type="checkbox"/> Kabeljou <input type="checkbox"/> Kingklip <input type="checkbox"/> Langoustine <input type="checkbox"/> Maasbanker <input type="checkbox"/> Mussel black <input type="checkbox"/> Mussel Mediterranean <input type="checkbox"/> Mussel ribbed <input type="checkbox"/> Mussel white <input type="checkbox"/> Octopus <input type="checkbox"/> Oyster <input type="checkbox"/> Pilchard <input type="checkbox"/> Shrimp <input type="checkbox"/> Snail <input type="checkbox"/> Snoek <input type="checkbox"/> Sole <input type="checkbox"/> Squid <input type="checkbox"/> Tuna <input type="checkbox"/> Yellowtail <p>OCCUPATIONAL</p> <input type="checkbox"/> Latex <input type="checkbox"/> Locust mix <input type="checkbox"/> Sheep Wool <p>POSITIVE CONTROL</p> <input type="checkbox"/> NEGATIVE CONTROL
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SPECIALISED LABORATORY TESTS:

<input type="checkbox"/> ANTI IgE RECEPTOR AUTOANTIBODIES <input type="checkbox"/> ACETYL CHOLINE RECEPTOR AUTOANTIBODIES <p>AVIAN PRECIPITANS</p> <input type="checkbox"/> Budgerigar droppings <input type="checkbox"/> Budgerigar feathers <input type="checkbox"/> Budgerigar serum <input type="checkbox"/> Chicken droppings <input type="checkbox"/> Chicken serum proteins	<input type="checkbox"/> Finch feathers <input type="checkbox"/> Goose feathers <input type="checkbox"/> Parrot feathers <input type="checkbox"/> Pigeon droppings <input type="checkbox"/> Pigeon feathers <p>BASOPHIL HISTAMINE RELEASE</p> <input type="checkbox"/> CANINE IMMUNODOT SCREEN <p>CAST ELISA</p> <input type="checkbox"/> Food additives <input type="checkbox"/> Drugs <input type="checkbox"/> IgA ANTI-GLIADIN <input type="checkbox"/> IgG ANTI-CASEIN	<input type="checkbox"/> IgG ANTI-ALPHA LACTALBUMIN <input type="checkbox"/> IgG ANTI-GLIADIN <input type="checkbox"/> IgG ANTI-BETA LACTOGLOBULIN <p>IMMUNE STATUS EVALUATION</p> <input type="checkbox"/> T-cell proliferation <input type="checkbox"/> NK function <input type="checkbox"/> Phagocytosis/Respiratory burst <input type="checkbox"/> Flow cytometry <p>LATEX GLOVE ANALYSIS</p> <input type="checkbox"/> Total Protein ug/g glove <input type="checkbox"/> Latex Specific Protein <input type="checkbox"/> MAST CELL TRYPTASE	<input type="checkbox"/> METHYL HISTAMINE IN URINE <input type="checkbox"/> NASAL SMEAR <p>DUST SAMPLE ANALYSIS</p> <input type="checkbox"/> Dust screen <input type="checkbox"/> (3 mites, cat, cockroach) <input type="checkbox"/> Cat antigen <input type="checkbox"/> House dust mite <input type="checkbox"/> Cockroach <input type="checkbox"/> Mould plate sampling <p>INDOOR VOLUMETRIC PARTICLE ANALYSIS (MITES)</p>
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