

AllergyEasy®

Skin Test Results for Food Allergens

Testing Date: _____

Testing Technician: _____

Ordering Physician: _____

Antihistamine: Yes No

Telephone: _____

Asthma: Yes No

Street Address: _____

Units Dispensed: _____

City: _____ State: _____ Zip: _____

Testing Location:

Patient Name: _____

Back Right Arm Left Arm

Date of Birth: _____

Other: _____

Reaction Guide

11mm
Extremely High

9mm
Very High

7mm
High

5mm
Moderate

Positive & Negative Control Test Results

Pos. _____ mm

Neg. _____ mm

Pediatric Testing

Testing protocol may need to be adjusted for children who cannot tolerate the 4-panel test (per the discretion of the treating physician). Contact **AllergyEasy** for case-specific questions.

PANEL - A		
SITE	ALLERGEN or EXTRACT	(mm)
1	Apple	
2	Apricot	
3	Banana	
4	Barley	
5	String Bean	
6	Broccoli	
7	Cantaloupe	
8	Carrot	
9	Chocolate	
10	Corn	

PANEL - C		
SITE	ALLERGEN or EXTRACT	(mm)
21	Tomato	
22	Watermelon	
23	Whole Wheat	
24	Beef	
25	Pork	
26	Chicken Meat	
27	Whole Egg	
28	Turkey	
29	Cow Milk	
30	Fish Mix	

PANEL - B		
SITE	ALLERGEN or EXTRACT	(mm)
11	Garlic	
12	Grapefruit	
13	Mushroom	
14	Oat	
15	Orange	
16	Pineapple	
17	White Potato	
18	Rye	
19	Soybean	
20	Strawberry	

PANEL - D		
SITE	ALLERGEN or EXTRACT	(mm)
31	Pea, Green	
32	Bean, Lima	
33	Buckwheat	
34	Cherry	
35	Cucumber	
36	Lemon	
37	Onion	
38	Spinach	
39	Cauliflower	
40	Rice Food	