



# Buffalo Medical Group

Treating people well.

*Dr. Aries Liu-Helm/ Dr. Nalini Packianathan*

*325 Essjay Road, Williamsville, NY 14221*

*Phone (716) 630-1130 Fax (716) 630-1255*

## **PATCH TEST INSTRUCTION SHEET**

Patch testing is a test to assess our skin's reaction to a variety of substances which you may contact in your home, at work, or during recreational activities. The tests consist of common compounds (allergens) which will be placed on the back with hypoallergenic paper tape. NO needles or "pricking" instruments will be used in this form of allergy testing.

The patches will be placed on Monday and will be outlined with a marker on your back to identify where specific allergens are located. Please wear dark, loose fitting clothing to avoid friction or rubbing of the patch tests as this may cause them to become loose. You should plan to return to the office on Wednesday and Friday for 2 patch test readings.

Bring in any products that you think might be contributing to your rash.

**In order to obtain accurate patch test results, you must DISCONTINUE steroids (oral and injectable), Cellcept, Cyclosporin and Methotrexate 14 days prior to testing. You must discontinue topical steroids 2 days prior to testing. You must discontinue phototherapy for 1 month prior, only if treatment is on your back. You may continue antihistamine use.**

### **TO MAINTAIN THE INTEGRITY OF THE PATCH TEST SITES:**

Patch sites which have been marked with marker MUST REMAIN DRY for the first 2 days. NO showers are permitted during the first 2 days. Sponge baths are allowed except for the back, wash your hair in the sink. Men are to have back shaven if necessary.

### **KEEP ENTIRE PATCH AREA DRY.**

The patch must remain firmly adherent to your skin for 48 hours. Do not engage in strenuous activity which could cause considerable sweating.

Should the patch test or adhesive tape become loose, you may apply additional medical tape to the area.

Avoid scratching the areas where redness and itching appears as this can interfere with the results. If you do itch, you may take an antihistamine (e.g. Diphenhydramine or Benadryl).

Do not expose the test area to the sun or an ultraviolet lamp.

Occasionally, some patients may have a significant reaction to a substance. A positive reaction may take several weeks to subside; you may apply topical cortisone cream to help heal the area once testing is completed.

Compounds may temporarily stain the skin. These changes are usually temporary and will fade with time.

**\*\*You can take a Benadryl or Zyrtec for itching during the test\*\***



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**\*\*Please complete this questionnaire prior to your PATCH TESTING appointment\*\***

1. When did the rash appear? \_\_\_\_\_
2. What part of the body did it involve? \_\_\_\_\_
3. What have you used as treatment for the rash? \_\_\_\_\_
4. Do you have a history of?

Skin itching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Reaction to jewelry</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Reaction to latex or rubber</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Reaction to elastic</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Plant reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dry skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Hay fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Sinusitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Hives	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5. Do you think that your rash is made worse by contact with any of the following?

Nail polish	<input type="checkbox"/>	Deodorant	<input type="checkbox"/>	other	_____
Detergent	<input type="checkbox"/>	Soap	<input type="checkbox"/>		
Cosmetic	<input type="checkbox"/>	Animal	<input type="checkbox"/>		
Hair Product	<input type="checkbox"/>	Work chemical	<input type="checkbox"/>		
6. Any history of medical illness (if so, please list)? \_\_\_\_\_  
\_\_\_\_\_
7. Any history of surgeries (if so, please list)? \_\_\_\_\_  
\_\_\_\_\_
8. Do any of your family members have allergies (if yes, who and what allergy)?  Yes  No  
\_\_\_\_\_
9. Are you a smoker?  Yes  No
10. What is your occupation? \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_