

IGE ALLERGY REQUEST FORM (RAST) Basildon and Thurrock University Hospitals

NHS Foundation Trust

- Please Ensure:
1. This form is completed fully and signed by a consultant or GP
 2. If possible, samples are collected during periods when patient is unwell
 3. All relevant history is given

Clinical Biochemistry Department
 Basildon Hospital
 Basildon SS16 5NL
 01268 59 3030

<p>Hosp. No. <input style="width: 100px; height: 20px;" type="text"/></p> <p>NHS. No. <input style="width: 100px; height: 20px;" type="text"/></p> <p>Surname <input style="width: 100%; height: 20px;" type="text"/></p> <p>Forenames <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Address <input style="width: 100%; height: 20px;" type="text"/></p> <p>Consultant or GP <input style="width: 100px; height: 20px;" type="text"/> Ward or GP Surgery <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; font-weight: bold;">LABORATORY USE ONLY</p> <hr/> <p style="font-weight: bold;">PATIENT DETAILS</p> <p>Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/></p> <p>Is patient's house:</p> <p>Old <input type="checkbox"/> New <input type="checkbox"/> Damp <input type="checkbox"/> Dry <input type="checkbox"/></p> <p>In the Country <input type="checkbox"/> Near Fields <input type="checkbox"/></p> <p>In a Town <input type="checkbox"/> Near Factories <input type="checkbox"/></p> <p>Occupation: <input style="width: 100%; height: 20px;" type="text"/></p>										
<p>ALLERGY HISTORY</p> <p>Duration of allergy:</p> <p>Life long <input type="checkbox"/> Year commenced: <input style="width: 50px;" type="text"/></p> <p>When are symptoms most frequent:</p> <p>All Year <input type="checkbox"/> or months: J F M A M J J A S O N D</p> <p>Outdoors <input type="checkbox"/> Indoors <input type="checkbox"/> At home <input type="checkbox"/></p> <p>At work <input type="checkbox"/> Daytime <input type="checkbox"/> Night time <input type="checkbox"/></p> <p>On waking <input type="checkbox"/> At school <input type="checkbox"/></p> <p>Do other members of the family suffer from atopy or symptoms similar to the patient? (PLEASE SPECIFY) <input style="width: 100%; height: 20px;" type="text"/></p> <p>State details of any provocation /restriction tests: <input style="width: 100%; height: 20px;" type="text"/></p> <p>State details of any attempted desensitisation: <input style="width: 100%; height: 20px;" type="text"/></p> <p>State any current treatment: <input style="width: 100%; height: 20px;" type="text"/></p>	<p>Symptoms present when blood collected: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CLINICAL DETAILS/INDICATIONS FOR TESTING:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Anaphylaxis</td> <td><input type="checkbox"/> Eczema</td> </tr> <tr> <td><input type="checkbox"/> Angioedema</td> <td><input type="checkbox"/> Hay Fever</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Nasal Polyps</td> </tr> <tr> <td><input type="checkbox"/> Bronchitis</td> <td><input type="checkbox"/> Rhinitis</td> </tr> <tr> <td><input type="checkbox"/> Diarrhoea</td> <td><input type="checkbox"/> Urticaria</td> </tr> </table> <p>Others: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Is there frequent animal contact? (PLEASE SPECIFY) <input style="width: 100%; height: 20px;" type="text"/></p>	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Angioedema	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Nasal Polyps	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Rhinitis	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Urticaria
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<p>INVESTIGATIONS REQUIRED Allergen specific IgE (<i>Maximum 6</i>):</p> <p>Depending on request, an allergen mix may be used as first line investigation</p>											
<p style="text-align: center; font-weight: bold;">REQUESTS MUST BE AUTHORISED BY A CONSULTANT OR GP</p> <p>Signed _____ Date / /</p>											