**REPORT**

Patient Name: Date:

Age: Sex:

Patient ID:

Time In: Time out:

Clinical Diagnosis:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL NO** | **ALLERGEN** | **BATCH NO** | **CONC/ML** | **RESULTS** | **INTERPRETATION** |
|  | D. Farinae | AD0000 | 1500 PNU |  |  |
|  | D. Pteronyssinus | AD0000 | 1000 PNU |  |  |
|  | Blomia sp. | AD0000 | 1500 PNU |  |  |
|  | Aspergillus Fumigates | AM0000 | 5000 PNU |  |  |
|  | Aspergillus Flavus | AM0000 | 5000 PNU |  |  |
|  | Cladosporium herbarum | AM0000 | 5000 PNU |  |  |
|  | Alternaria alternata | AM0000 | 5000 PNU |  |  |
|  | Cynodon dactylon | AP0000 | 5000 PNU |  |  |
|  | Parthenium hysterophorus | AP0000 | 5000 PNU |  |  |
|  | Zea mays | AP0000 | 5000 PNU |  |  |
|  | Cenchrus barbatus | AP0000 | 5000 PNU |  |  |
|  | Amaranthus spinosus | AP0000 | 5000 PNU |  |  |
|  | Ricinus communicus | AP0000 | 5000 PNU |  |  |
|  | Cocos nucifera | AP0000 | 5000 PNU |  |  |
|  | Eucalyptus sp | AP0000 | 5000 PNU |  |  |
|  | Cassia siamea | AP0000 | 5000 PNU |  |  |
|  | Casuarina equisetifolia | AP0000 | 5000 PNU |  |  |
|  | Holoptelea Integrifolia | AP0000 | 5000 PNU |  |  |
|  | Prosopis Juliflora | AP0000 | 5000 PNU |  |  |
|  | Acacia arabica | AP0000 | 5000 PNU |  |  |
|  | Dog Epithelia | AE0000 | 5000 PNU |  |  |
|  | Cat dander | AE0000 | 5000 PNU |  |  |
|  | Cockroach | AI0000 | 1000 PNU |  |  |
|  | Saline | S00000 | - |  |  |
|  | Histamine | H00000 | - |  |  |

**RESULTS**

Impression:

Mr/Mrs/Ms/Child by name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has undergone skin prick test with a valid negative and positive controls.

Mr/Mrs/Ms/Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is sensitized to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Doctor’s Seal and Signature:

Reference Value:

Wheal

Diameter

Saline

**Always should be negative for a valid test**

P

E

**> 3mm = Positive <3mm = Negative**

**Pseudopods flare up**

**Erythema Reaction**

Histamine

**Always should be positive for a valid test**