Buffalo Medical Group

Treating people well.

Dr. Aries Liu-Helm/ Dr. Nalini Packianathan/Vanessa Piazza, PA
325 Essjay Road, Williamsville, NY 14221
(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 chemical (allergens) which will be placed on 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.

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.

IN ORDER FOR THE PATCH TESTING RESULTS TO BE VALID:

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 have vigorous reactions to some substances. Some chemicals may temporarily stain the skin due to a brisk allergic reaction, or because chemicals dye the skin. These changes are usually temporary and will fade with time.

Rarely, you may observe a reaction at the test site as late as 3 weeks after your visit. If this happens, please call the office.

A positive reaction may take several weeks to subside; you may apply topical cortisone cream to help heal the area once testing is completed.

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

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

Buffalo Medical Group

Treating people well.

Aries Liu-Helm, M.D.
Nalini Packianathan, M.D.
325 Essjay Road, Williamsville, NY 14221
(716) 630-1130 Fax (716) 630-1255

****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	☐ Yes ☐ No	Reaction to jewelry	☐ Yes ☐ No
Drug reaction	☐ Yes ☐ No	Reaction to latex or rubber	☐ Yes ☐ No
Food reaction	☐ Yes ☐ No	Reaction to elastic	☐ Yes ☐ No
Animal reaction	☐ Yes ☐ No		
Plant reaction	☐ Yes ☐ No		
Dry skin	☐ Yes ☐ No		
Hay fever	☐ Yes ☐ No		
Sinusitis	☐ Yes ☐ No		
Asthma	☐ Yes ☐ No		
Hives	☐ Yes ☐ No		

5. Do you think that your rash is made worse by contact with any of the following?

Nail polish	☐	Deodorant	☐	other_____
Detergent	☐	Soap	☐	
Cosmetic	☐	Animal	☐	
Hair Product	☐	Work chemical	☐	

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, please explain)? ☐ Yes ☐ No

_____

9. Are you a smoker? ☐ Yes ☐ No

10. What is your occupation? _____

*****Please tell the doctor or nurse in advance if you are pregnant*****

PATIENT NAME:_____ MRN#_____