

# PATCH TESTING: PATIENT DATA FORM

Patient Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Panel Placement: \_\_\_\_\_ (date/time) Panel Removal: \_\_\_\_\_ (date/time)

Read Date #1: \_\_\_\_\_ Read Date #2: \_\_\_\_\_ Read Date #3: \_\_\_\_\_ Read Date #4: \_\_\_\_\_

|                                       |                            | Readings |    |    |    | Comments |
|---------------------------------------|----------------------------|----------|----|----|----|----------|
|                                       |                            | #1       | #2 | #3 | #4 |          |
| <b>SA-1000 Supplemental Allergens</b> |                            |          |    |    |    |          |
| 2                                     | Corticosteroid Mix 2.1 pet |          |    |    |    |          |
| 3                                     | Amidoamine 0.1 aq          |          |    |    |    |          |
| 4                                     | Dithiodimorpholine 1.0 pet |          |    |    |    |          |
| 5                                     | dL Alpha Tocopherol 100.0  |          |    |    |    |          |