

Information sheet medication skin test

Medication 1: Amoxicillin
 Penicillin

Medication 2: Amoxicillin
 Penicillin

Your personal appointment on

1st medication: **1st appointment (test, Duration approx. 2 hours):** _____
2nd appointment (reading, Duration approx. 1 hour): _____

2nd medication: **1st appointment (test, Duration approx. 2 hours):** _____
2nd appointment (reading, Duration approx. 1 hour): _____

Test procedure

To determine an allergic reaction as part of the drug skin test, the following take place:

- a prick test, an intracutaneous test and, if necessary, an epicutaneous test at your **first arranged appointment**
- **on the next day** at your 2nd appointment, a final reading and assessment of any delayed reactions

Please note the following points

- Only one medication may be tested per day.
- Please inform your doctor of any medications you are taking.
- Medication skin tests cannot be carried out during pregnancy.
- Please inform yourself as to whether a new referral slip is required at the test appointment.
- Please keep the test sites dry and do not sunbathe.
- If the plaster starts to come off, use an additional adhesive strip to fix it in place.
- Sometimes, itchiness may occur in the test area. Please resist the urge to scratch and do not apply any ointments before the reading!
- If skin redness or other changes occur at the test sites after the final reading (so-called delayed reactions), please inform us thereof immediately! (With a photo to office@allergiezentrum.at)
- For the three days before the test, no antihistamine tablets/drops/juice should be ingested.
- Seven days before and during the drug skin test, do not use any cortisone-containing or local immunomodulatory medications (Elidel®, Protopic®) on the forearms.
- If large-scale tattoos are present on the forearms, the test cannot be carried out.
- Since the preparation for the test is very laborious, we request that you cancel in good time if you are unable to attend. If you fail to cancel in due time (min. 1 week before the appointment), we will have to charge you an expenses fee of €50.

Vienna, _____
 Date

 Signature of patient or legal guardian (if one parent is signing by themselves, they declare with their signature that they have sole custody or that they are acting in agreement with the other parent).