IGE ALLERGY REQUEST FORM (RAST)

Basildon and Thurrock University Hospitals NHS
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

Hosp. No.

NHS. No.

Surname

Forenames

Date of Birth / /

☐ Male
☐ Female

Address

Consultant or GP

Ward or GP Surgery

LABORATORY USE ONLY

PATIENT DETAILS

Smoker ☐ **Non-smoker** ☐ **Ex-smoker** ☐

Is patient's house:

Old ☐ New ☐ Damp ☐ Dry ☐
In the Country ☐ Near Fields ☐
In a Town ☐ Near Factories ☐

Occupation:

ALLERGY HISTORY

Duration of allergy:

Life long ☐ Year commenced:

When are symptoms most frequent:

All Year ☐ or **months:** J F M A M J J A S O N D

Outdoors ☐ Indoors ☐ At home ☐
At work ☐ Daytime ☐ Night time ☐
On waking ☐ At school ☐

Do other members of the family suffer from atopy or symptoms similar to the patient? (PLEASE SPECIFY)

State details of any provocation /restriction tests:

State details of any attempted desensitisation:

State any current treatment:

Symptoms present when blood collected: ☐ Yes ☐ No

CLINICAL DETAILS/INDICATIONS FOR TESTING:

☐ Anaphylaxis
☐ Angioedema
☐ Asthma
☐ Bronchitis
☐ Diarrhoea
☐ Eczema
☐ Hay Fever
☐ Nasal Polyps
☐ Rhinitis
☐ Urticaria

Others:

Is there frequent animal contact? (PLEASE SPECIFY)

INVESTIGATIONS REQUIRED Allergen specific IgE (*Maximum 6*):

Depending on request, an allergen mix may be used as first line investigation

REQUESTS MUST BE AUTHORISED BY A CONSULTANT OR GP

Signed _____ **Date** / /