

PATCH TESTING : PATIENT DATA FORM



Patient Name: _____ ID#: _____ Chamber: _____

Panel Placement: _____ (date/time) Panel Removal: _____ (date/time)

Read Date #1: _____ Read Date #2: _____ Read Date #3: _____ Read Date #4: _____

panel ID:					Readings				Comments
#	SKU	test substance	%	vehicle	#1	#2	#3	#4	
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Clinic/Office Name & Address:

- Patch Test Result coding:**
- +** Weak Positive reaction: erythema, infiltration, discrete papules
 - ++** Strong Positive reaction: erythema, infiltration, papules, discrete vesicles
 - +++** Extreme Positive reaction: intense erythema, infiltration and coalescing vesicles, bullous reaction
 - Negative reaction
 - IR** Irritant reaction of different types-discrete, patchy, follicular, or homogeneous erythema with no infiltration
 - ?** Doubtful reaction: faint erythema only