

Skintestor OMNI™ Testing Sheet

Practice Name/Ordering Physician:		Telephone: () -	
Street Address:		Fax: () -	
City:	State	Zip	Email:

Patient Name:		Patient ID:	
Date of Birth: / /			
Last use of antihistamine (or other medication affecting response to histamine): Days: Medication: _____ Days: Medication: _____		Location: Back: Arm: Testing Technician:	

PANEL A		Epicutaneous		Intradermal		PANEL A		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	
1	Positive histamine	5				6	Cockroach Mix	4			
2	Cat	10				7	Dust Mite Mix	5			
3	Dog	8				8	Penicill Chrys Mold	6			
4	Mouse	15				9	Rhizopus Nigra Mold	5			
5	Horse	4				10	Negative Control	5			

PANEL B		Epicutaneous		Intradermal		PANEL B		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	
1	Cladospor Sphaer Mold					6	Fusarium solani Mold				
2	Alternaria Mold					7	Sweet Gum Tree				
3	Mucor Mix Mold					8	Sycamore East Tree				
4	Cladospor Herbarum Mold					9	Eastern Oak Tree Mix				
5	Bipolans Mold					10	Ash Red/Green Tree				

PANEL C		Epicutaneous		Intradermal		PANEL C		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	
1	Birch River Tree					6	Maple Red Tree				
2	Cedar Red Tree					7	Mulberry Red Tree				
3	Cotton Wood East Tree					8	Pine White Tree				
4	Elm Amer Tree					9	Pigweed Rough				
5	Hickory White Tree					10	Dock Sorrel Weed				

PANEL D		Epicutaneous		Intradermal		PANEL D		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	
1	English Plantain Weed					6	Mugwort Common Weed				
2	Ragweed Mix					7	Nettle Weed				
3	Baccharis Weed					8	Bermuda Grass				
4	Cocklebur Weed					9	KORT w/SV Grass Mix				
5	Lambs Quarter Weed					10	Johnson Grass				

PANEL		Epicutaneous		Intradermal		PANEL		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	

PANEL B		Epicutaneous		Intradermal		PANEL B		Epicutaneous		Intradermal	
Site	Allergen	W (mm) F		W (mm) F		Site	Allergen	W (mm) F		W (mm) F	

Controls:	Epicutaneous:	NEGATIVE:	POSITIVE:	Intradermal:	NEGATIVE:	POSITIVE:
	Epicutaneous:	Testing Date(s): / /		Testing Time:	AM	PM
	Intradermal:	Testing Date(s): / /		Testing Time:	AM	PM

Practitioner Signature	Date
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