

St James's Hospital Immunology Laboratory: Allergy testing Advice

1. GP name: _____

2. Preferred contact method:

Fax: _____

Email: _____

3. Patient Details

Age: _____

Query/History:

Asthma ☐

Rhinitis ☐

Eczema ☐

Urticaria ☐

Angioedema ☐