CONSENT TO PARTICIPATE
DELAYED HYPERSENSITIVITY-PATCH TEST

Patch tests are the standard for diagnosing allergic contact dermatitis. Based on your health history and consultation with Dr Stephen E Mahoney, it has been determined that you may have allergic contact dermatitis and patch testing is recommended. The skin patch test will be administered using a procedure that is routinely used by dermatologists and allergists to assess delayed hypersensitivity. The chemical allergens are commercially available for this specific type of patch test skin screening. A series of standard chemical allergens will be applied to your back. To ensure that the allergens fully contact your skin, the back will not be cleansed prior to patch application, however, a hairy back may be lightly shaved (without the use of soaps or lotions).

Applying the patch will take approximately ten minutes. Patients should return to the designated areas as per the attached schedule after 48 hours to have the patch test removed. You will return to the designated site after 72 hours and/or 96 hours to have the patch tests read. Patients should leave the patch in a dry and well-adhered fashion until the patch test is read. As a patient you will receive a written copy of the results upon completion of the patch test assessment. The benefit to you will be the information gathered regarding your responses to the patch test allergens which may help you manage your contact dermatitis.

During the entire duration of the patch test (48 hours) it is very important that you stay in cool environments and avoid vigorous work or activities to minimize sweating. In addition, you should not take showers to avoid wetting the back. However you can take sponge baths. Once the patches are removed from your back at 48 hours, you may resume showering provided you refrain from direct water contact with the back or scrubbing which may remove the orientation marks on your back that facilitate the readings at 72 and/or 96 hours.

Medications such as steroids [prednisone, prednisolone, Medrol Dosepak and steroid injections], topical steroid creams and chemotherapy for cancer can interfere with the patch test results and can cause false negative results. Please inform Dr Stephen E Mahoney if you have taken any of these medications in the preceding 4 weeks. Antihistamines such as Benadryl, Claritin, Zyrtec or Allegra do not interfere with patch testing and therefore can be continued.

Patch testing to antigens at standard concentrations and in standard vehicles is an extremely safe procedure. Most patients experience moderate discomfort such as itching and burning as a result of a reaction to one or more of the allergens, patch test panel or reinforcement tape used to keep the patch test in place on your back. Complications include flare-up of contact dermatitis. Severe reactions (allergic or irritant) are rare but can lead to blistering, necrosis, scarring, keloids, and light or dark pigmentation of the skin at the test site. Occasionally, persistent reactions or bacterial or viral infections may occur. An anaphylactic reaction may occur to antigens that are responsible for contact urticarial responses. Very rarely patients are sensitized to an antigen by patch testing.

It is normal to experience some level of itching and or irritation during patch testing; however, if you experience significant itching, irritation or pain at the site, you should contact us immediately. Dr Stephen E Mahoney will discuss the situation with you and advise you as to the best course of action for your comfort and safety. The patch tests have 70% sensitivity and
specificity. This means a negative test does not rule out allergic contact dermatitis. If you have a positive test, then you should find out the relevance of the test by strictly eliminating all skin and body care products and other products containing the offending chemicals and see if the rash resolves over time.

Use of photographs of patient will be used only to aide with diagnosis and treatment.

I have carefully read this Consent and understand its contents, and I have had the opportunity to ask any questions that I had about the study. **My participation is voluntary; I am under no obligation to participate in Patch Testing.** My refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.

By signing below, I indicate that I agree to be patch tested as a patient of **Dr Stephen E. Mahoney**.

Print Name: _______________________________________________________

Signature: __________________________________________________________

Date: _______________________________________________________________
**PATIENT HEALTH & ALLERGY HISTORY**

**Patient name:** ___________________________  **ID#:** ___________________________

**Date:** ___________________________  **Patient age:** ___________________________  **Sex:** [ ] M  [ ] F  **Occupation:** ___________________________

**Race:** [ ] White  [ ] Hispanic  [ ] Black/African-American  [ ] Asian  [ ] American Indian  [ ] Other

**Existing Conditions:**

- [ ] Cancer
- [ ] Cardiovascular Disease
- [ ] High Blood Pressure
- [ ] Alcohol/Drug Abuse
- [ ] High Cholesterol
- [ ] Lung/Respiratory Disease
- [ ] Infectious Disease
- [ ] Pregnancy
- [ ] Immune disorders
- [ ] Obesity
- [ ] Other

- [ ] Stroke
- [ ] Diabetes
- [ ] Depression
- [ ] Liver Disease
- [ ] Kidney Disease
- [ ] Neurological Disorders
- [ ] Allergies
- [ ] Menopause
- [ ] Puberty
- [ ] Skin Disorders

**Current Medicines:**

- [ ] Vitamins/Minerals
- [ ] NSAIDs
- [ ] Asthma Medications
- [ ] Oral contraceptives
- [ ] Sedatives/Sleep Aids
- [ ] Rx Pain Meds
- [ ] Oral hypoglycemics
- [ ] Hormones
- [ ] Diuretics
- [ ] Statins
- [ ] Other

- [ ] Herbs
- [ ] Aspirin
- [ ] Antihistamines
- [ ] Thyroxin
- [ ] Steroids (nasal/topical)
- [ ] Antidepressants
- [ ] Insulin
- [ ] Antibiotics/Antifungals
- [ ] Other BP Medications
- [ ] Anticoagulants

**Medical Devices:**

- [ ] Implants
- [ ] Braces
- [ ] Crowns/Bridges

- [ ] Stents
- [ ] Fillings
- [ ] Other

**Current Complaint:**

**Date of onset and/or duration:** ___________________________

**At onset:** Area(s) affected ___________________________

**Severity:** [ ] Mild  [ ] Moderate  [ ] Severe

**Type and pattern of eruption:** ___________________________

**Now:** Area(s) affected ___________________________

**Severity:** [ ] Mild  [ ] Moderate  [ ] Severe

**Currently:** [ ] Stable  [ ] Increasing  [ ] Decreasing  [ ] Unclear

**Worsens:** [ ] During work week  [ ] After weekend

**Improves:** [ ] After weekend  [ ] After holidays/vacations

**Outbreaks Occur:** [ ] Annually  [ ] Seasonally  [ ] Monthly  [ ] Unclear

**Previous Outbreaks:** [ ] No  [ ] Yes  **Date(s):** ___________________________

**Self-Treat:** [ ] No  [ ] Yes  **Date(s):** ___________________________

**Physician Treatment:** [ ] No  [ ] Yes  **Date(s):** ___________________________
Condoms/diaphragms:  □ Daily  □ Weekly  □ Monthly  □ Occasionally  □ Don’t use
Type: ___________________________________________________________
Other personal care products use/ frequency: __________________________
Symptoms with personal care: _______________________________________

<table>
<thead>
<tr>
<th>Jewelry &amp; Tattoos</th>
<th>Wear</th>
<th>Daily</th>
<th>Few times each week</th>
<th>Weekends</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewelry type</td>
<td>Earring(s)</td>
<td>Ring(s)</td>
<td>Bracelet(s)</td>
<td>Watch(s)</td>
<td>Necklace(s)</td>
<td></td>
</tr>
<tr>
<td>£ Piercing(s):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tatoos:</td>
<td>Recent</td>
<td>Old</td>
<td>Permanent</td>
<td>Temporary</td>
<td>Henna-based</td>
<td></td>
</tr>
</tbody>
</table>
Symptoms with jewelry/tattoos: _______________________________________

**Employment history**: Current employer: _____________________________ Since (date): ___________________________
Job title: _____________________________ Since (date): ___________________________
Job description: __________________________________________________
Employer at onset of dermatitis: _____________________________________
Previous job description and duration: ________________________________

<table>
<thead>
<tr>
<th>Previous / current contact:</th>
<th>Metals</th>
<th>Dust</th>
<th>Vibration</th>
<th>Cold/heat</th>
<th>Fibers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemicals</td>
<td>Fumes</td>
<td>Other: ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Environment:</td>
<td>Office</td>
<td>Factory</td>
<td>Hospital</td>
<td>Construction site</td>
<td>Farming</td>
</tr>
<tr>
<td>Indoors</td>
<td>Outdoors</td>
<td>Other: ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Equipment:</td>
<td>Gloves</td>
<td>Boots</td>
<td>Apron</td>
<td>Mask/respirator</td>
<td>Face shield</td>
</tr>
<tr>
<td>Badge</td>
<td>Monitors</td>
<td>Overalls</td>
<td>Other: ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Symptoms at work: _____________________________ Since (date): ___________________________
Description of work when rash began: __________________________________________________
Materials used at work: ___________________________________________________________

Effect of weekends/holidays/vacations:  □ Same  □ Improves  □ Worsens
Loss of work:  □ No  □ Yes, on dates: _____________________________ Other workers with same problem?  □ No  □ Yes
Previous compensation claims:  □ No  □ Yes, for _____________________________
Part-time or Second job:  □ No  □ Yes, as: _____________________________
2nd job description: ____________________________________________________________

| Work Environment: | Office | Factory | Hospital | Construction site | Farming | Laboratory |
| Indoors | Outdoors | Other: ____________________________ |
Symptoms at 2nd job:  □ same as above  □ different: _____________________________ Since (date): ____________

**Notes**: __________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Health History/Photo Release

I, _______________________________________________,(Participant) irrevocably grants to The Patch Testing Centers of Excellence – Houston its subsidiaries, affiliates, nominees, licensees, their successors and assigns, and those acting with its authority, with respect to the photographs, film or tape, video, x-rays, digital images etc. taken on behalf of the Licensor (the "Images"), the unrestricted, absolute, perpetual, worldwide right to:

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   a.i. research, educational and promotional purposes
   a.ii. inclusion in journals and magazines
   a.iii. inclusion in corporate promotions, postcards, brochures,
   a.iv. catalogs, web pages, newsletters, and
b) display, perform, exhibit, distribute, license, sell, transmit or broadcast the Works by any means now known or hereafter to become known.

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I agree that there shall be no obligation to utilize the authorization granted by me hereunder. The terms of this authorization shall commence on the date hereof and be without limitation. I warrant and represent that I am "over" the age of 18 years and that I am free to enter into this agreement.

Printed Name: _______________________________ Date: _____________________

Signature: _____________________________________ Subject Number: ___________

Signature of Parent/Guardian ________________________________________________
(if patient is under 18)