



# London Health Sciences Centre

## CLINICAL IMMUNOLOGY LABORATORY RADIOALLERGOSORBENT TEST (RAST)

PIN#: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SEX: \_\_\_\_\_ D.O.B.(yyyy/mm/dd): \_\_\_\_\_

OHC#: \_\_\_\_\_ Version Code: \_\_\_\_\_

### SPECIMEN REQUIREMENTS:

At least 0.5 mL blood is required for each allergen requested.  
Collect sample in a red top vacutainer.

### INDICATIONS FOR RAST:

- Anaphylaxis Risk
- Generalized Dermatitis
- Check on Skin Tests
- Age of Patient
- On Antihistamine Therapy
- Other (specify): \_\_\_\_\_

### TO BE COLLECTED:

Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

### IF COLLECTED AFTER LAB HOURS RECORD DATE AND TIME COLLECTED:

Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

**LABORATORY  
USE ONLY**

An asterisk (\*) indicates relevant information in FOOTNOTES section.

POLLENS	FOODS	OTHER (please specify)
<input type="checkbox"/> GX1/GX2 Grass Mixes* <input type="checkbox"/> TX4/TX6 Tree Mixes* <input type="checkbox"/> WX3 Weed Mix* <input type="checkbox"/> W1 Common Ragweed	<input type="checkbox"/> F20 Almond <input type="checkbox"/> F27 Beef <input type="checkbox"/> F18 Brazil Nut <input type="checkbox"/> F85 Celery <input type="checkbox"/> F81 Cheese, Cheddar Type <input type="checkbox"/> F82 Cheese, Mould Type <input type="checkbox"/> F83 Chicken <input type="checkbox"/> F3 Cod <input type="checkbox"/> FF8 Corn <input type="checkbox"/> F1 Egg White <input type="checkbox"/> F17 Hazel Nut <input type="checkbox"/> F80 Lobster <input type="checkbox"/> F87 Melon <input type="checkbox"/> FF2 Milk <input type="checkbox"/> F33 Orange <input type="checkbox"/> FF13 Peanut <input type="checkbox"/> F24 Shrimp <input type="checkbox"/> F14 Soya Bean <input type="checkbox"/> F25 Tomato <input type="checkbox"/> F40 Tuna <input type="checkbox"/> F4 Wheat <input type="checkbox"/> F45 Yeast	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<h3>EPIDERMALS</h3> <input type="checkbox"/> E1 Cat Epithelium <input type="checkbox"/> E2 Dog Epithelium <input type="checkbox"/> E3 Horse Epithelium		<b>LABORATORY USE ONLY</b>
<h3>MOULDS</h3> <input type="checkbox"/> M6 Alternaria tenuis <input type="checkbox"/> M3 Aspergillus fumigatus <input type="checkbox"/> M2 Cladosporium herbarum <input type="checkbox"/> M4 Mucor <input type="checkbox"/> M1 Penicillium notatum		
<h3>DUST and MITES</h3> <input type="checkbox"/> HX2 Dust and Mites Mix* <input type="checkbox"/> D2 Dermatophagoides farinae <input type="checkbox"/> H2 Hollister-Stier Dust		
<h3>DRUGS and OCCUPATIONAL</h3> <input type="checkbox"/> C700 Insulin Group* <input type="checkbox"/> K77 Isocyanate HDI <input type="checkbox"/> K76 Isocyanate MDI <input type="checkbox"/> K75 Isocyanate TDI <input type="checkbox"/> C1 Penicillin (Penicilloyl G)	<h3>VENOMS</h3> <input type="checkbox"/> I11 Honey Bee <input type="checkbox"/> I12 Hornet, White Faced <input type="checkbox"/> I5 Hornet, Yellow <input type="checkbox"/> I4 Wasp, Paper <input type="checkbox"/> I3 Yellow Jacket	

Other allergens are available. Write in additional allergens and lab will test, if available, or phone 519-663-3565 for information.

### FOOTNOTES

1. **Grass Mixes:** Bermuda, Johnson, June, meadow, orchard, rye, timothy

2. **Tree Mixes:** beech, birch, cottonwood, elm, maple, oak, sycamore, walnut, willow

3. **Weed Mix:** goldenrod, lamb's quarter, mugwort, plantain

4. **Dust/Mite Mix:** Hollister-Stier dust, cockroach, D. farinae D. pteronyssinus

5. **Insulin Group:** bovine, human, porcine (tested individually)

**LABORATORY USE ONLY**