



REQUEST AND CONSENT TO ORAL FOOD CHALLENGE

An open oral food challenge (OFC) is a diagnostic test to help identify a food allergy. The results of an open OFC are useful in determining if a patient has a specific food allergy. An open OFC may also be indicated to determine if a patient is no longer clinically reactive to a specific food.

An open OFC is supervised by a physician and performed in a clinic setting with accessible emergency medications and equipment.

During an open OFC, the patient is given the food in increasingly higher doses. The patient, family, physician and nurses are all aware of which food is being used for the challenge. Doses of the food are given at intervals of 15 to 20 minutes. Timing of the administration is dependent on how long it takes for the patient to consume the food. The duration of an open OFC is typically 3 hours.

There are certain risks and consequences associated with the test which include experiencing an allergic reaction and/or life-threatening anaphylaxis, which may require advanced life-support measures. Such signs and symptoms include: throat tightness, wheezing, shortness of breath, coughing, decreased oxygen level, cyanosis (blue/purple discoloration of the skin), nausea, vomiting, diarrhea, abdominal pain, hives, rashes, eczema flare, flushing, itching, decrease in blood pressure, shock, heart rhythm irregularities, fainting, chest pain, or swelling of tongue, eyes, lips or other body part. In rare cases, anaphylaxis can result in death.

During an open OFC, patients are monitored throughout the test for any developing signs or symptoms of an allergic reaction. The supervising physician may stop the open OFC at any point depending on symptoms observed. An open OFC may also be stopped if the patient becomes too frightened, anxious or distressed. A patient is never forced or coerced into ingesting a food. Efforts will be made to support a patient throughout the open OFC to hasten a positive outcome.

I have spoken with my doctor(s) and I understand my/my child's diagnosis and condition is a possible food allergy.

My child's doctor(s) have recommended an open oral food challenge (OFC) to further diagnose and/or treat my/my child's condition. I understand this test will help to determine whether I or my child is allergic to a certain food or can or cannot tolerate a food to which I or my child had an allergic reaction. I understand the potential benefits of this test and I understand the risks of not having this test.

I understand there are risks to me/my child if the recommended test is performed. These risks and the test (as summarized on page 1) were explained to me and I understand them. The recommended test was explained to me. I understand the nature of the test, and possible alternative tests and treatments.

I understand the test will be performed under the supervision of a physician.

I understand that the following food will be used to perform the diagnostic test:

I understand that sometimes during a test, my/my child's doctor(s) may decide that related or additional procedures are also necessary. I request and authorize Modern Allergy and the providers responsible for my/my child's treatment to perform any necessary additional procedures.

I acknowledge that no guarantees or promises have been made to me concerning the results of the test performed. I have been given sufficient time to ask questions and state concerns. I request and authorize the performance of this diagnostic test.

I have had the chance to ask questions. Any questions I had were answered to my satisfaction. I have read and understand the information on this form and on the previous page before I signed it.

Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign)

Date: _____ (mm/dd/yyyy)