

This consent form should be completed and signed by the patient, or their parent/guardian prior to the patient commencing a food allergen challenge.

I (patient or parent/guardian) have read the ASCIA food allergen challenge FAQ (frequently asked questions and answers) document and understand that:

- Food allergen challenges are procedures where small and increasing amounts of a food (as set out in standard protocols) are fed to a patient in a medical clinic. Most challenges take two to three hours to eat the required doses of food, followed by two hours of observation. The patient is monitored to confirm if the food being tested causes an allergic reaction.
- Food allergen challenges are supervised by a clinical immunology/allergy specialist or trained paediatrician, in a medical clinic that has ready access to medication and equipment to treat severe allergic reactions (anaphylaxis). Patients who experience anaphylaxis during a challenge in an outpatient setting will generally be transported to hospital via ambulance.
- The patient being challenged must be well on the day of the challenge, with no fever. If they have asthma it must be stable, with no recent wheezing.
- If the challenge is completed without an allergic reaction it is called 'negative'. This means that the patient no longer needs to avoid that food and should regularly include the food in their diet, to minimise risk of (re)developing allergy to that food.
- If an allergic reaction occurs, the challenge is usually called "positive", and the challenge is stopped. The allergic reaction is treated with medication and the patient needs to stay under medical supervision for a few hours. The patient is diagnosed as allergic to the food, and therefore needs to avoid that food.
- Sometimes a challenge outcome is "inconclusive" for example because the patient did not eat enough of the food to determine that it was tolerated, or because subjective symptoms developed.

I have been given the opportunity to ask questions and I am satisfied that they have been fully answered.

I understand the risks involved with food allergen challenges and agree to abide by, and follow the medical directions provided.

I hereby give consent for a food allergen challenge to proceed.

Patient name _____ Signature _____

Food/s being challenged _____

I _____ verify that I am the parent and/or legal guardian of
_____ (patient) and have the legal authority to sign this consent form.

Parent/Guardian name _____ Signature _____

Witness/Provider name _____ Signature _____

Date _____