

## **M**EDICAL PRESCRIPTION FORM

## **SHOCK SAC**



Customer relation service
Tel.: +33 (0)1 34 40 97 76
Fax: +33 (0)1 34 40 21 29
Email: intgb@lab-cerba.com

Laboratoire Cerba

Kit for in vitro investigation of a suspected anaphylactic shock

TESTING LABORATORY		SAMPLING	
Customer n°:	s	ampling da	ate:   _   _   _   _
Mandatory stamp			
DATIFALT		Decopies	
PATIENT			PRESCRIBER
SURNAME	S	URNAME .	
FIRST NAME	F	IRST NAMI	E
Maiden Name	A	ddress	
Address		ountry	City
Country City	T	el.	
Date of birth	F	ах	
Genre : □ F □ M	E	mail addres	SS:
ANAPHYLACTIC SHOCK			
Date of shock: Time of manifestation:			
Grade of shock (1 to 4) : ☐ 1. cutaneous symptoms only ☐ 2. mild systemic reaction			
☐ 3. life-threatening reaction ☐ 4. heart or respiratory failure			
CIRCUMSTANCES OF SHOCK MANIFESTATION:			
- Functional exploration (to be specified):			
- Anaesthesia (indicate protocol):			
- Treatment (specified route of administration):			
OBSERVED CLINICAL REACTION:			
SUSPECTED ALLERGENS T	O TEST		ALLERGY HISTORY
GOST ESTED ALLENGENS T	0 1231		ALLEROTHISTORY
SAMPLING PROTOCOL			
This protocol is based on the recommendations of the SFAR 2025			
			1 EDTA tube
Histamine	Between 15 and 30 minutes		Soft centrifugation (900 to 1000 g) for 10-15 minutes at refrigerated temperature, then freezing of the supernatant plasma.
Tryptase (peak)	Between 30 minutes and 2 hours		1 EDTA tube or serum
Tryptase (baseline)	> 24 hours after the end of symptoms		1 EDTA tube or serum
Specific IgE: quaternary ammonium (curare), latex, chlorhexidine	1 tube of serum		