Patch test record form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Client *

_____

Test date *

_____

Product and shade *

_____

Where applied *

For example, behind the left ear.

_____

Result at 48 hours *

○ No reaction: okay to go ahead ○ Reaction: don't go ahead

Notes

Anything the client reported.

_____

_____

_____

Did the client confirm the result? *

☐ Yes ☐ No

Signature *

I carried out this patch test as recorded.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____