

DEMOGRAPHICS

Patient Last Name		First Name		DOB: (mm/dd/yyyy) ____/____/____	Phone number
Address			City	Municipality	
Ethnicity Hispanic Non-Hispanic Unknown	Race: (Check all that apply) White Black or African American American Indian/Alaskan Native Asian			Native Hawaiian/Other Pacific Islander Other Race Unknown Refused	
Occupation (job title):			Industry (work setting):		
Sex: Male Female Unknown					

CLINICAL INFORMATION

Date of first AGS reaction: ____/____/____ If unknown, specify month/year (mm/yyyy)	Date of first AGS diagnosis: ____/____/____ If unknown, specify month/year (mm/yyyy)	Date of most recent AGS reaction: ____/____/____
Is the current reaction the first time the patient had an AGS reaction/diagnosed?		Yes No Unknown

SIGNS AND SYMPTOMS WITHIN 2-10 HOURS AFTER CONSUMPTION OF MEAT OR ANIMAL PRODUCTS DURING CURRENT OR PRIOR AGS REACTION

Abdominal pain	Yes	No	Unknown
Acute episode of hypotension	Yes	No	Unknown
Cough	Yes	No	Unknown
Diarrhea	Yes	No	Unknown
Heartburn/ indigestion	Yes	No	Unknown
Hives	Yes	No	Unknown
Itching	Yes	No	Unknown
Nausea	Yes	No	Unknown
Shortness of breath	Yes	No	Unknown
Swelling of lips, tongue, throat, face, eyelids, or associated structures If yes, describe:	Yes	No	Unknown
Vomiting	Yes	No	Unknown
Wheezing	Yes	No	Unknown
How many hours after exposure to meat or animal products did the reaction occur? _____ hours	Unknown		

Other signs/symptoms:

Has the patient ever experienced signs or symptoms of an AGS reaction after reaction within 2–10 hours after consumption of any of the following? (Check all that apply)

- | | |
|---------------------------|---|
| Beef | Gel-cap medications |
| Pork | Game meat |
| Lamb/mutton | Milk or milk products (such as cow's milk, cheese, yogurt, butter, ice-cream) |
| Goat | Gelatin/glycerin-containing food products (gelatin dessert, pudding, gummy candy, marshmallows) |
| 'Red meat', not specified | Other food products or additives (specify): _____ |

Has the patient ever experienced signs or symptoms of an AGS reaction within two hours after receiving any of the following pharmaceutical or medical products intramuscularly, intravenously, or subcutaneously?

- Vaccines (specify): _____
 Monoclonal antibodies
 Anti-venom
 Heparin
 Other (specify): _____

Did a medical provider ever diagnose or tell the patient they had anaphylaxis due to an AGS-associated reaction?

Yes No Unknown

Did the patient die because of an AGS reaction?

Yes, date: ____/____/____

No

Unknown

Was the patient ever hospitalized because of an AGS reaction?	Yes	No	Unknown
Was the patient hospitalized related to the current AGS reaction?	Yes	No	Unknown
If yes, Hospital Name: _____ Admission date: ___ / ___ / _____ Discharge date: ___ / ___ / _____			

RISK FACTORS

In the 12 months before an AGS reaction or diagnosis (use earlier date), did the patient notice any tick bites?	Yes	No	Unknown
If the patient noticed a tick bite, did the patient have a large local reaction (including rash) at the site of the tick bite?	Yes	No	Unknown
If the patient noticed a tick bite, did the patient note that the tick bite took longer than usual to heal?	Yes	No	Unknown

LABORATORY TESTING

Alpha-gal specific Immunoglobulin-E (alpha-gal sIgE) testing

Date of specimen collection (mm/dd/yyyy)	Testing laboratory	Alpha-gal sIgE quantitative value	Alpha-gal sIgE result			Total IgE quantitative value	
			Reactive	Nonreactive	Unknown		Not performed
			Reactive	Nonreactive	Unknown		Not performed
			Reactive	Nonreactive	Unknown		Not performed

Skin prick testing for alpha-gal component reactivity: Reactive Nonreactive Unknown Not performed Date of test (mm/dd/yyyy): ___ / ___ / _____	Additional testing performed:
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COMMENTS