



# Society of Permanent Cosmetic Professionals

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## Allergic Reaction Data Sheet

Technician:	Date:
Business Name:	Address:
Phone:	
Procedure that was involved in the allergic reaction:	
Date performed:	Date reaction was first reported:
How many times was work done before the reaction was reported:	Was there a lot number, expiration date, etc., on the pigment container?
List any pre-care products used:	Color(s) used prior to onset of reaction, including manufacturer name:
List specific products used during the procedure: (Anesthetics, eyewash, baby-wipes, petroleum jelly, etc.)	Did you get an MSDS from the manufacturer?
List after care products you supplied to your client:	List after care products you recommended to be used by your client:
Was there a patch test performed at any point in time? If yes, how was it performed?	Where was the patch test located?
What were the positive/negative results of the patch test?	How was this determined? (Observation by a physician, punch-biopsy, etc.)
Explain the reaction in detail:	

Is the client under the care of a physician?	If so, list the physician's specialty:
Has the client had any treatment specific to the allergic reaction?	Please list in detail the treatment plan for this client, including prescribed medications:
Has the issue been resolved or still ongoing?	Please list medications the client was taking (both prescription and OTC) prior to the procedure:
List any medical conditions revealed by the client, including allergies:	
Please provide and other details you feel would be helpful in this regard:	
<p>I give permission to the SPCP to record the above information as a matter of gathering data on allergic reactions as they occur within the permanent cosmetics industry. I understand that personal information, identifying me and my business will not be included and will remain on file at the SPCP office, and that any identifying release of my personal information will be done only upon my written permission.</p> <p>I understand I may be contacted further at some point in time in this regard.</p>	
Name	
Date	
Signature	