There are multiple techniques for allergy testing, including in vivo and in vitro modalities, available to confirm or identify aeroallergen allergic disease as well as the level of sensitivity. It is important to have a technique that is standardized with the use of appropriate controls to be reproducible, sensitive, and specific.

Skin testing techniques for immediate and delayed sensitivity are of vital importance and the mainstay of testing to identify and confirm allergic disease:

1. **Scratch Testing** is a technique that is less sensitive, more painful, not reproducible, and not recommended for diagnostic testing.¹

2. **Prick Testing** Prick and intradermal testing are the preferred techniques for IgE-mediated hypersensitivity with the use of a relatively non-traumatic introducer device. Reproducible results need to be obtained based on the location of testing on the body, potency of allergen extracts, and the proficiency of the skin tester.²

3. **Intradermal Testing** both single intradermal and intradermal dilutional testing is a specific and likely more sensitive means to detect sensitivity, compared to prick testing.¹

4. **Modified Quantitative Testing** is an accurate and more cost–effective method of testing than intradermal dilutional testing while still obtaining quantitative results.³, ⁴ The use of quantitative testing aids in improving patient care by facilitating the accurate diagnosis of aeroallergen disease.

Prick tests are used to confirm clinical sensitivity induced by aeroallergens, foods, some drugs, venoms and a few chemicals. Prick tests are widely used for confirmation of clinical immediate hypersensitivity induced by a wide variety of naturally occurring allergens such as inhalants and foods.²