Referring Allergist Agreement

Your patient ____________________________ is requesting that the University of Mary Washington Student Health Center (UMWSHC) administer allergy extracts provided by your office. Consistent with our policies we ask that you, as the prescribing and referring Allergy/Immunology physician, review our Allergy Immunotherapy Policy and Procedures and Provider Management of Anaphylaxis and Systemic Reactions and return a signed copy of this referral agreement.

I agree that:

- I will provide allergen immunotherapy extract in adequately labeled vials for administration at UMWSHC.
- The allergen immunotherapy extracts will be prepared by individuals experienced and trained in handling allergenic products.
- I will provide maintenance concentrate that contains therapeutically effective dosing individually formulated but consistent with current guidelines as outlined within the Allergy Joint Task Force’s Allergen Immunotherapy: A practice parameter third update, 2010.
- If necessary, I will provide adequately labeled vials of serial dilutions of the maintenance concentrate should the patient still be undergoing the build-up phase of immunotherapy.
- I acknowledge that “off the board and into the syringe” method of allergen immunotherapy preparation and administration poses risk of cross-contamination. UMWSHC will therefore not employ this method of immunotherapy for any of its patients.
- I will provide detailed directions regarding dosage schedule for build-up phase and/or maintenance, and instructions on adjustments that might be necessary under the following circumstances:
  - The use of new vials.
  - If the constituents of the allergen immunotherapy extract have changed; these include changes in the lot, manufacturer, vaccine type (e.g., aqueous, glycerinated, standardized), and component allergens and their respective concentrations in the extract.
  - During seasonal exposure to allergens that are in the patient’s allergen vaccine, to which the patient is very sensitive.
  - If the patient has missed injections.
  - When reactions occur to the allergen immunotherapy extract.
- I will continue to be responsible for the management of this patient’s immunotherapy and for the modification of doses during therapy.
- I will reevaluate this patient at least every 6 to 12 months.
- I will be available by phone to the nurses and providers at UWMSHC should questions or problems arise with this patient’s immunotherapy.

Allergy injections are associated with some widely recognized risks. While most adverse reactions are local, there is a low risk of severe systemic reactions even with appropriately administered allergen immunotherapy; life-threatening and fatal reactions do occur. These systemic reactions, though rare, are unpredictable and may occur with the first injection or after a long series of injections, with no previous warning. I have read the UMW Allergy Immunotherapy Policy and Procedures and agree that they provide adequately for the care and safety of my patient.

_________________________________________  _______________________________  __________
Printed name  Signature  Date

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