



Referring Allergist Agreement

Read carefully prior to completing the allergist agreement. Students requesting allergy immunotherapy administration at the University of West Georgia Health Services (UWGHC) are required to have their referring allergist complete this form.

Note: UWG Health Services does not complete agreements for referring allergists.

Note: UWG Health Services will accept only extract shipped overnight from the patient's allergist.

- **Deadline** – Form must be completed and received from the allergy clinic prior to scheduling the first appoint. This allergy agreement will expire July 31st each year, and a new agreement must be provided to continue allergy injections.
- **Policy and Procedures** – Please review our policy and procedure for allergy injections located on the University of West Georgia Health Services website prior to signing this form.

Allergist Agreement – Read carefully prior to signing

My patient (printed name and date of birth) _____ requests that the University of West Georgia Health Services administer allergy extracts provided by my office.

I agree that:

- I will provide allergen immunotherapy extracts in adequately labeled vials for administration. There vials well be sent to UWGHS via **overnight** shipping method from my office. UWGHS will ship extracts back to my office as needed.
- The initial allergy injection will be given by the allergist before UWGHC will begin administering the injections.
- The allergen immunotherapy extracts will be prepared by individuals experienced and trained in handling allergenic products.
- I will provide maintenance concentrates that contain therapeutically effective dosing individually formulated but consistent with current guidelines as outlined within the Allergy Joint Task Force's practice parameter for Allergen Immunotherapy.
- If necessary, I will provide adequately labeled vials of serial dilutions of the maintenance concentrate should the patient still be undergoing buildup phase of immunotherapy.
- I acknowledge that "off the board into one syringe" method of allergen immunotherapy preparation and administration poses risk of cross contamination. UWGHS will therefore not employ this method of immunotherapy for any of its patients.
- I will provide detailed directions regarding dosage schedule for buildup phase and/or maintenance with instructions on adjustments that might be necessary under the following circumstances.
 1. The use of new vials
 2. If the constituents of the allergen immunotherapy extract have changed, including changes in the lot, manufacturer, vaccine type (e.g. aqueous, glycerinated, standardized, and non-standardized), and component allergens and their respective concentrations in the extract.
 3. During seasonal exposure to allergens that are in the patient's allergen vaccine to which the patient is very sensitive
 4. If the patient missed injections
 5. 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 every 6-12 months.
- I will be available by phone to the nurses and providers at UWGHC 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 administer allergen immunotherapy; like threatening and fatal reactions can 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 UWGHC Policy and Procedures for Allergy Immunotherapy and the protocol" Physician Management of Anaphylaxis and Systemic Reactions" and agree that they provide adequately for the care and safety of my patients.

Referring Allergist Signature: _____ Date: _____

Referring Allergist Printed Name: _____