

REFERRING ALLERGIST AGREEMENT

Instructions

Read carefully prior to completing the Referring Allergist Agreement. Students requesting allergy immunotherapy administration at Northwestern Medicine Student Health Service (NMSHS) are required to have their referring allergist complete this form.

The form agreement and the list of other requirements for allergy immunotherapy administration are available at the **Northwestern Medicine Student Health Service Evanston - Northwestern University** website.

NOTE:

- NMSHS does not complete agreements for referring allergists.
- NMSHS will accept only extracts shipped overnight via FedEx or UPS from the office of the patient's referring allergist who has completed and submitted this Referring Allergist Agreement. The U.S. Postal Service cannot deliver overnight to this location. Extracts should be shipped to: Northwestern Medicine Student Health Services, Attn: Allergy Nurse, Searle Hall, 633 Emerson Street, Evanston, IL 60208.

Scheduling

- **Deadline** - Form must be completed and received in our Allergy Clinic prior to scheduling the first appointment. This order will expire each year on August 31. New patient requests and consent and Referring Allergist Agreement forms must be provided to continue immunotherapy.
- **Policy and procedures** - the referring allergist must review the following prior to signing this form.
 - *Policy and Procedures for Allergy Immunotherapy.*
 - *Physician Management of Anaphylaxis and Systemic Reaction.*

Allergist Agreement - Read carefully prior to signing (must be U.S.-licensed physician)

My patient (printed name and date of birth) _____, requests that NMSHS administer allergy extracts provided by my office.

I agree that:

- I will provide allergen immunotherapy extracts in adequately labeled vials, which include the patient's name, for administration at NMSHS. These extracts will be sent to NMSHS via overnight shipping by FedEx or UPS from my office. NMSHS will ship extracts back to my office as needed. 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 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 the buildup phase of immunotherapy.
- I acknowledge that the "off the board into one syringe" method of allergen immunotherapy preparation and administration poses risk of cross-contamination. NMSHS will therefore not employ this method of immunotherapy for any of its patients.

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- I will completely fill out the Allergen Immunotherapy Order Form provided by NMSHS to provide detailed directions regarding dosage schedule for buildup phase and/or maintenance, as well as for adjustments that might be necessary under the following circumstances:
 - The use of new vials;
 - If the constituents of the allergen immunotherapy extract have changed, including changes in the lot, manufacturer, vaccine type (for example, aqueous, glycerinated, standardized, and non-standardized), and component allergens and their respective concentrations in the extract;
 - During seasonal exposure to allergens that are in the patient’s allergen injection to which the patient is very sensitive;
 - If the patient has missed injections; or
 - If the patient has a local or systemic reaction.
- 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 12 months.
- I will be available by phone to the nurses and providers at NMSHS if questions or problems arise with this patient’s immunotherapy. (NMSHS reserves the right to exclude non-compliant allergy practices.)
- 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 NMSHS Policy and Procedures for Allergy Immunotherapy and the Physician Management of Anaphylaxis and Systemic Reactions protocol and agree that they provide adequately for the care and safety of my patient.

This agreement expires on August 31 following the execution date, and a new agreement will be required to continue the allergy immunotherapy with this patient after that expiration date.

Time _____ **Date** _____ **Referring Allergist Signature** _____

Referring Allergist Printed Name _____
First Name Last Name

Referring Allergist Medical License Number and State of Licensing _____

After completing, signing and dating this form, fax to 847.491.5919, Attn: Allergy Nurse.