

2021-22 Student Agreement for Allergy Immunotherapy Administration

Instructions – Read carefully prior to completing Student Agreement. Students requesting allergy immunotherapy administration at Northwestern University Health Service are required to complete this form.

Deadline – This form must be completed and received in Allergy Clinic prior to scheduling the first appointment. This order will expire August 31st each year, and new agreement forms must be provided to continue immunotherapy.

Shipping of allergy extract vials: I understand the NU Health Service Allergy Clinic will only accept vials shipped overnight from my allergist's office via UPS or FedEx. US Postal Service not accepted. NU Health Service will overnight ship my vials to my allergist upon my request.

Injection Schedule

I agree to abide by the injection schedule prescribed by my referring allergist.

I understand that if immunotherapy injections are frequently missed, the risk for reactions increases. Under such circumstances, immunotherapy injections may need to be discontinued at the discretion of the NUHS medical staff after consultation with my referring allergist.

Risks and Side Effects

I understand that allergy injections are associated with some widely recognized risks. Possible reactions include local reactions at the area around the site of injection and generalized reactions, which occur rarely but are more concerning because of the potential danger to progress to low blood pressure and death if not treated.

All generalized reactions require immediate evaluation and medical intervention. Generalized reactions may be of one or more of the following types:

- Hives/urticarial reactions
- Swelling/angioedema reactions
- Anaphylactic shock – including acute asthma, low blood pressure, unconsciousness, and potentially death

Observation Period

Generalized reactions are unpredictable and may occur with the first injection or after a long series of injections with no previous warning. As a result, I agree to remain at NUHS for a 30 minute observation period after each immunotherapy injection.

If I cannot wait the full period, I agree to notify the medical staff that I should not receive my immunotherapy injection.

I also understand that if I leave before the appropriate time, I will no longer be permitted to receive my allergy immunotherapy at NUHS.

New Information

I agree to notify the NUHS medical staff if I start any new prescription medications, particularly medication for high blood pressure, migraine headaches, or glaucoma. "Beta blocker" medications, often prescribed for heart diseases or high blood pressure, are usually not allowed while on immunotherapy.

If I become pregnant while on immunotherapy, I will notify the NUHS medical staff immediately so they can obtain and determine an appropriately revised dosage schedule from my referring allergist for the injections during pregnancy.

NUHS Roles

NUHS will store my extracts between 3°C and 6°C (37.4°F and 42.8°F) to reduce the rate of potency loss. However, I will not hold Northwestern University responsible for the integrity of the extract in the event of a power failure, storage equipment failure, or catastrophic event that may corrupt the integrity of the extract.

I further authorize the Providers at NUHS to review my medical care, to recommend appropriate medical intervention to me, and to discuss my medical care with my ordering provider and me if, in the judgment of the NUHS Provider, this is necessary.

Limits of Responsibility

NUHS cannot guarantee the integrity of any extract shipped overnight to NUHS via FedEx or UPS by my referring allergist. (No other transport method accepted.)

I also understand that:

- NUHS is not my primary care provider in respect to this therapy.
- My medical management related to this therapy, therapeutic monitoring of the therapy, and any necessary follow-up care are the responsibilities of my referring allergist.
- If I have questions regarding the therapy or my medical condition related to the therapy, they should be directed to my referring allergist.

Student Agreement – Read carefully prior to signing

I request that the Northwestern University Health Service (NUHS) administer Allergy Immunotherapy as prescribed by my referring allergist. I understand that NUHS is administering this therapy as a service for me because my referring allergist is not on staff at NUHS.

Patient or Authorized Guardian Signature: _____ **Date:** _____

Patient name, NU ID number (printed:) _____