

_____ Referring Allergist Agreement

Instructions

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

NOTE: Northwestern Medicine Student Health Services does not complete agreements for referring allergists.

NOTE: Northwestern Medicine Student Health Services will accept only extract shipped overnight via FedEx or UPS from the patient's allergy office.

The US Postal Service cannot deliver overnight to this location.

- **Deadline** – 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 release forms must be provided to continue immunotherapy.
- **Policy and procedures** – Review the Allergy Clinic Policy and Procedures (<http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/allergy-policies/index.html>) and Physician Management of Anaphylaxis and Systemic Reaction (<http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/anaphylaxis/index.html>) prior to signing this form.

Allergist Agreement – Read carefully prior to signing (must be US-licensed physician)

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

I agree that:

- I will provide allergen immunotherapy extracts in adequately labeled (including patient name) vials for administration at NMSHS. These extracts will be sent to NM Student Health Services via overnight shipping by FedEx or UPS from my office. Northwestern Medicine Student Health Service 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 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. NMSHS 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, and signed, faxed 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, 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;
 - 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;
- 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 NMSHS should 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 protocol “Physician Management of Anaphylaxis and Systemic Reactions” and agree that they provide adequately for the care and safety of my patient.

Referring Allergist Signature: _____ **Date:** _____

Referring Allergist Printed Name: _____

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