



Dear Student,

Enclosed you will find our Immunotherapy Agreement and Consent Form for Students. Please read the information carefully and sign the Immunotherapy Agreement and Consent form. You will also find the packet we require from your Allergist with specific instructions. Please have your Allergist read and sign the Allergist Instruction and Agreement for Administration of Allergy Extract Immunotherapy form. Both completed and signed forms and detailed Allergist's written prescription/instructions with specific instructions can be faxed to 732-932-8255. You may also bring the completed forms with you to your first allergy injection visit.

The enclosed guidelines have been adapted from the American Academy of Allergy and Immunology standards and have been developed to assure your continued safety while receiving your allergy shots at Rutgers Student Health (RSH).

RSH is not an allergist's office. Based on insurance eligibility, you may be charged a fee for allergy injections. If you have any questions, please call your insurance provider directly. If you have any questions about the allergy immunotherapy program or our current allergy charges, call RSH at 848 932-7402.

Sincerely,

Lynn Fryer, APN-C  
Interim Medical Director  
Rutgers Student Health



## **IMMUNOTHERAPY AGREEMENT AND CONSENT FORM**

Patients receiving allergy injections must agree to the following:

1. Allergy injections are by appointment only. Call 848-932-7402 to schedule your appointment. Please call to arrange all allergy appointments
2. Initial immunotherapy injections and each new vial should be administered at the prescribing allergist's office
3. Allergy injection instructions from your allergist must be current and clear. Allergy injections will be administered according to the order of the prescribing allergist. Any deviation from written schedule requires orders from the ordering allergist
4. Serum vial must be labeled with the patient and prescribed allergist's names
5. It is important to keep to your schedule, as the risk of reaction to the allergy shot increases with deviations from the schedule. If you need to cancel or miss your appointment, please call 848-932-7402 to reschedule
6. RSH may refuse to continue administering your allergy injections if you consistently miss, appointments, skip appointments, or leave prior to wait period is over
7. If you have more than two injections, please schedule for 30 minutes

### **Things to consider before getting an allergy injection at RSH:**

1. We advise no vigorous exercise for two hours before and after your allergy injection as it may cause an increased reaction to your serum
2. If you have a reaction after your visit, please tell the nurse at your next visit prior to receiving your injection
3. If your allergist advises that you be pretreated with an antihistamine, it is your responsibility to follow those instructions
4. If you receive any immunizations, please wait 48 hours before receiving an allergy injection
5. If you are ill with a fever or have wheezing, you will be assessed by the nurse. The nurse may consult with an RSH clinician or your allergist to determine whether the injection should be given
6. Students are responsible for obtaining new allergy serum and instructions when their supply becomes low
7. Please take your serum home at the end of each academic semester

### **After your allergy injection at RSH:**

**You must wait at least 30 minutes after your injection so that the nurse can check you for swelling/hives/local reactions or systemic reactions. NO EXCEPTIONS!**



If you leave prior to 30 minutes post-injection or do not have your injection sites checked prior to leaving, we reserve the right to discontinue your allergy injections at RSH

**Potential reactions to allergy injections**

1. Local Reactions: a local reaction consists of swelling and itching at or near the site of the injection  $\geq 24$  hours should be reported to the nurse at your next appointment or call RSH Health Center.
  - a. Avoid rubbing or scratching the area
  - b. Apply ice
2. Systemic reactions: severe reactions typically occur within the first 30 minutes after your injection. Report immediately to the nurse.
  - a. Itching of the throat, nose, eyes, palms, or skin
  - b. Hives
  - c. Runny nose
  - d. Coughing or wheezing
  - e. Chest tightness
  - f. Dizziness or weakness

If there are allergic reactions during your appointment at RSH, notify the RSH staff immediately during your observation time so appropriate treatment can be rendered. RSH staff will contact your allergist to report the reaction and to obtain further directions. If there are allergic reactions occurring outside of RSH, please follow your allergist instructions. If the symptoms continue or worsen, return to RSH, or go to the nearest emergency department. **If symptoms are severe, call 9-1-1.** If you feel you are having a severe allergic reaction and you have an Epi-Pen, administer a dose, and call 9-1-1.

I have read and understand the above information and agree to abide by these terms to receive allergy injections at RSH. I understand that if I fail to follow these terms, RSH reserves the right to discontinue the administration of my immunotherapy. I understand that I am responsible for any financial cost related to the immunotherapy appointments.

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Printed patient name

\_\_\_\_\_  
 Date Signed



Dear Doctor,

Your patient has requested to receive allergy immunotherapy at Rutgers Student Health (RSH) during the school year. We are not an allergist office but can accommodate your patient based upon receipt of the following detailed immunotherapy instructions.

Your office must label each patient's vial with their name, date of birth, serum contents, concentration, date of expiration, and identifier such as Vial A, B, etc. Please confirm that the following information is included in your instructions to RSH (see attached form).

Please read and sign the Allergist Instruction and Agreement for Administration of Allergy Extract Immunotherapy form. The student can bring it with them for their first appointment or it can be faxed to 732-932-8255. **Initial immunotherapy injections will be administered at your office.**

Our request for all documents will help minimize unnecessary calls to your office. If you have any questions, please feel free to contact us at RSH, 848-932-7402.

Sincerely,

Lynn Fryer, APN-C  
Interim Medical Director  
Rutgers Student Health



## ALLERGIST INSTRUCTION AND AGREEMENT FOR ADMINISTRATION OF ALLERGY EXTRACT IMMUNOTHERAPY

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_ Rutgers ID # \_\_\_\_\_

1. Professional Supervision: Two licensed professionals (RN and APN/PA/MD) must be on site during administration of allergy serum and during the waiting period that follows. In the event of a reaction, epinephrine, other medications, and appropriate equipment as per the Joint Council of Allergy, Asthma, and Immunology will be available in the office.
2. RSH Procedure: RSH will not mix serum vials. The syringe used is a 1ml syringe with 0.01ml increments. Injections are given subcutaneously in the upper arm area; site may be alternated. Allergy extracts should be refrigerated. The vials should not be exposed to sunlight, extreme heat, or freezing. Expired allergy extract will not be administered.
3. Post injection waiting period: Each patient is expected to wait 30 minutes at RSH after receiving allergy injection treatment so that they can be checked for local or systemic reactions. The injection area and the student's medical status will be checked by a registered nurse before the student leaves the premises. RSH reserves the right to refuse future appointments if the patient is noncompliant.
4. New vials: The patient is to return to the allergist's office for the first injection from a vial containing a new serum concentration. Special circumstances will be reviewed individually.
5. Storage space is limited. Please send the current serum with instructions for the patient to contact your office two weeks before the end of the current serum dose.
6. If there are multiple offices for your practice, please indicate the specific location for the patient.
7. Special instructions:

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**RUTGERS-NEW BRUNSWICK**  
**Student Health**  
Division of Student Affairs

Rutgers Student Health  
Rutgers University–New Brunswick  
11 Bishop Place  
New Brunswick, NJ 08901

[health.rutgers.edu](http://health.rutgers.edu)  
[health@rutgers.edu](mailto:health@rutgers.edu)

p. 848-932-7402  
f. 732-932-8255

Allergist: Please sign, date, stamp, and return to the patient or fax directly to our office fax;  
732-932-8255

Allergist Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Allergist Name \_\_\_\_\_ Office phone \_\_\_\_\_

Office Address \_\_\_\_\_ Office fax \_\_\_\_\_

Stamp:



### **RSH Required Information List**

#### Items returned or faxed to Rutgers Student Health

- Labeled vial(s)
- Dosage for each vial on schedule sheet
- Frequency of administration specifications
- Possible adverse reactions and guidelines to continue allergy desensitization
- Document of the last injection date and reaction in your office and schedule adjustment based on positive reaction
- Schedule of instructions for missed appointments (must indicate from last injection or due date)
- Injection Site Rotation, if applicable
- Special needs of your patient (Pre-medication prior to injection- indicate name of medication; Peak flows- indicate the parameters when your patient should not receive immunotherapy)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Office phone \_\_\_\_\_

Office Address \_\_\_\_\_ Office fax \_\_\_\_\_

Stamp: