



Academic Year 2024--2025 Patient Agreement for Allergy Immunotherapy Administration

Patient Name: _____ **Date of Birth:** _____

Please initial each paragraph and sign at the bottom. Then bring this completed form to your first appointment or fax it to (814)-863-3511 Attn: Allergy Nurse

Patients requesting allergy immunotherapy at Penn State University Health Services (UHS) are required to complete this form yearly.

In the event of experiencing 2 or more anaphylactic reactions, UHS will no longer administer injections.

Be aware, we receive a high volume of allergy extract at the beginning of the semester. To expedite the scheduling of your appointment, please drop off/ship your serum and required paperwork as soon as you arrive on campus.

Deadline: This form must be completed and received in the Allergy Clinic prior to scheduling the first appointment. **This order will expire August 31, 2025** and new agreement forms must be provided to continue immunotherapy, yearly.

I understand and agree if I am to receive allergy immunotherapy injections at PSU Allergy Clinic at UHS, the following must be completed:

Establish Care: _____ (initial)

I understand that I must establish care with a UHS clinician before receiving allergy injections at UHS. This only needs to occur once. This can be done by making an appointment online at <https://studentaffairs.psu.edu/health/myuhs> or by calling 814-865-4UHS (4847), Option #2.

Student Extract Drop off/Delivery: _____ (initial)

I can drop off refrigerated serum at the front desk, or have it shipped directly to UHS. If new vials are required, UHS will fax records to the allergist, however, it is my responsibility to call my allergist to order the serum. UHS will send a secure message to me when the serum has arrived, I cannot schedule an appointment until I receive this message.



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Shipping of Allergy Extract Vials: _____ (initial)

Penn State UHS will overnight ship my vials to my allergist upon my request. I understand there is a charge associated with this service. UHS will notify me by secure message when it has arrived at the UHS Allergy Clinic. UHS cannot accept extracts on Saturdays, Sundays, holidays or when UHS is closed.

Serum can be shipped to:

University Health Services
Attn: Allergy Clinic
351 Student Health Center
University Park, PA 16802

I can make arrangements with the allergy nurse to pick up my serum if I choose not to have it shipped. I understand I will need to keep the serum cold, either by placing it in a refrigerator or on ice packs in a cooler. Once I take my serum from the Allergy Clinic, UHS is not responsible for the integrity of the serum.

Dropping off Serum: _____ (initial)

Due to a high volume of patients dropping off serum/orders at the beginning of the fall semester, I understand that there is a chance my injection could be delayed by 2 or 3 weeks. I understand I cannot schedule an allergy injection appointment until all my documentation/serum is checked in and I received a message from the allergy nurse saying I may schedule. I understand that if I drop off serum during the semester, there will be at least a 2-business day turnaround for the allergy nurse to check my serum/documents before I receive a message to schedule my next appointment. I understand that if my documentation is not complete, it will result in a delay in treatment.

Injection Schedule: _____ (initial)

I agree to abide by the injection schedule prescribed by my referring allergist. I understand that the risk for adverse reactions increases if immunotherapy injections are frequently missed. UHS has the right to discontinue injections, after consultation with my allergist, if the prescribed schedule is not followed. If I do not receive injections for a period of sixty days, UHS will not administer more injections until returning back to the allergist's office for injections. I will be responsible to take my extract and paperwork back to my allergist for reevaluation. For my safety, allergy injections will never be given without a clinician's presence in the facility.



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Appointment Requirements: _____ (initial)

I understand that if my allergist orders that I carry an EpiPen and/or take antihistamines on my scheduled injection days, that I must follow that order. If I do not have my current EpiPen available for the nurse to check, or did not take the ordered antihistamine, I will not receive my injection that day. I also understand that if I am feeling sick, I need to cancel my appointment and reschedule when I am feeling better. The allergy nurse has the authority to reschedule my injection appointment if it is deemed that I am not well enough to receive my injection due to illness. I understand that if I am on an antibiotic, I must be on it for at least three days and exhibit no symptoms. If it is less than three days, or I am exhibiting symptoms, I need to reschedule my appointment. I understand that if I am taking Prednisone or any steroid, I must be off the medication for 24-48 hours before I can receive my allergy injection. I understand that if I receive a vaccination, I must wait 24-48 hours after the vaccination before receiving my allergy injection. I agree not to exercise one hour before and one hour after my allergy injections. I agree to alert the allergy nurse to any medication or health changes before my allergy injection.

Observation Period: _____ (initial)

I understand that generalized (anaphylactic) reactions are unpredictable and may occur with the first injection or after a long series of injections with no previous warning. Therefore, I agree to remain inside the Allergy Clinic waiting room for a 30-minute observation period after each immunotherapy injection. I understand that if I leave before the 30-minute observation period, I will no longer be permitted to receive my allergy immunotherapy at Penn State UHS. I understand there are no exceptions to this policy.

**Reporting: _____
(initial)**

I understand that during the observation period described above, I will notify the nurse if I experience itching, runny nose, shortness of breath, nasal congestion, wheezing, flushing, facial swelling, sneezing, hives, coughing, anxiety, or “pins and needles” sensation of the skin. If a delayed reaction occurs and I experience any of the above symptoms after I leave UHS, I understand that I need to use my EpiPen (if applicable), call 911 and wait for the appropriate help to come to me. I also agree to message the Penn State UHS Allergy Clinic about this occurrence. Local reactions are common occurrences. I understand that if I have a local reaction that gets larger, and lasts longer than 24 hours, I will message the allergy nurse before my next scheduled appointment.



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Risks and Side Effects: _____ (initial)

I understand that allergy injections are associated with some widely recognized risks. Possible reactions include local reactions at the injection site and generalized (anaphylactic) reactions which occur rarely but are more concerning because of the potential danger to develop low blood pressure and/or death if not treated. All generalized (anaphylactic) reactions require immediate evaluation and medical intervention at UHS. I will be transported to Mount Nittany Medical Center emergency department for observation via ambulance.

Generalized (anaphylactic) reactions may be of one or more of the following:

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

I understand that if I experience a generalized (anaphylactic) reaction, I must be evaluated by my allergist and receive the next allergy injection at their office before I can receive additional allergy injections at UHS.

I understand that UHS will not administer allergy injections if I have had 2 or more anaphylactic reactions.

Other Information: _____ (initial)

I agree to notify the Penn State UHS allergy 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 disease or high blood pressure, are usually not allowed while on immunotherapy. I understand that Penn State UHS will not administer allergy injections if I'm taking any of these medications. I will alert the UHS Allergy Clinic if I become pregnant. Allergy Injections will not be administered during pregnancy.

Penn State UHS Roles: _____
(initial)

Penn State UHS will store my extracts between 35.6° and 46.4° Fahrenheit. I will not hold Penn State UHS 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 clinicians and nurses at Penn State UHS to review my medical care, recommend appropriate medical intervention, and discuss my medical care with my ordering provider and me, if in the judgment of the Penn State UHS clinician or nurse, this is necessary.



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Limits of Responsibility: _____ **(initial)**

Penn State UHS cannot guarantee the integrity of any extract prior to receiving it.

I also understand that:

- Penn State UHS 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.

Patient Agreement: I request that Penn State University Health Services (UHS) administer allergy immunotherapy as prescribed by my referring allergist. I understand that Penn State UHS is administering this therapy as a service for me because my referring allergist is not on staff at Penn State UHS.

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

Patient Name (printed): _____ **Date of Birth:** _____

Patient PSU ID Number: _____

After completing, signing, and dating this form, please bring form to your appointment at Penn State UHS or fax form to: ATTN: Allergy Nurse 814-863-3511