How to Transfer Allergy Injections to UTA

1. Call 817-272-7143 (Immunization Clinic) to see if we are still accepting new allergy patients for the semester.

2. Print the Allergy Information Packet that includes the following forms from our website and give to your allergist to complete and fax to UTAHS at 817-272-3829:
   a. Referring Allergist Agreement
   b. Allergy History & Information Form
   c. Physician Immunotherapy Orders

3. Make an appointment to see Dr. Angela Middleton in the student health center. Bring copies of the forms listed above with you, or verify that we have received the required information from your allergist PRIOR to your appointment.

4. Once the documentation from your allergist is approved by Dr. Middleton, you can begin to schedule your allergy injection appointments in the immunization clinic. An appointment scheduled at least one day in advance will be required.

5. **PLEASE DO NOT BRING IN OR HAVE YOUR SERUM SHIPPED TO THE HEALTH CENTER UNTIL YOU HAVE BEEN APPROVED TO RECEIVE INJECTIONS IN THE IMMUNIZATION CLINIC.**
Student Request to Receive Allergy Immunotherapy at UTA Health Services

I request to receive my allergy injections at the University of Texas at Arlington Health Center (UTAHS) and agree to the following:

1. I understand that the prescription and mixing of my serum, the contents of my vials, the concentration of my serum, and the dosage schedule are the responsibility of my allergist, Dr. ___________________________.
   The first dose of the serum must be administered by my allergist. There is no allergist on staff at UTAHS.

2. I understand that my serum may be hand delivered by me or mailed to UTAHS by my allergist’s office. I understand that it is my responsibility to request my serum and a copy of my injections record to take to my allergist during holidays, breaks, and other absences and it is my responsibility to return these materials to UTAHS in order to continue to receive allergy injections. I understand the importance of keeping my serum refrigerated during transit. Expired serum will be discarded.

3. I understand that my allergist will need to send copies of their orders used in their clinic and will also be required to complete and fax to UTAHS the following forms PRIOR to my receiving allergy injections (these forms can be found at: uta.edu/healthservices):
   a. Allergy Information Packet includes:
      i. Referring Allergist Agreement
      ii. Allergy History & Information Form
      iii. Physician Immunotherapy Orders

4. I understand that I will be required to have an Epi-Pen with me on the day I receive my allergy injections. No Epi-Pen = No Allergy Injection. Your allergist should be able to provide you with a prescription for one.

5. I understand that I should report to the nurse any reaction to my last allergy injection, any increase in allergy symptoms, or any change in my health status prior to receiving any injections.

6. I understand that certain medications for eye problems, headaches, and blood pressure contain Beta Blockers which can increase sensitivity to allergens and increase chances for an anaphylactic reaction. I understand that if I’m taking any new prescription or over the counter medications since my last visit to UTAHS, I must inform the nurse prior to receiving any injections.

7. I understand that I am required to wait 30 minutes at the clinic after EVERY allergy injection. Leaving early could possibly lead to no longer being able to receive my injections at UTAHS.

8. I understand that it is recommended that I not perform any strenuous exercise two hours before and two hours after my allergy injection.

9. I understand that repeatedly failing to receive injections on the schedule ordered by my allergist will result in me no longer receiving injections at UTAHS.

10. I understand that it is required that I make an appointment at least one day in advance to receive my allergy injections in the immunization clinic. Walking in without an appointment will result in no injection being given that day and instruction to schedule appointment at least one day in advance of desired day and time for the injection.

11. I have read and understand the information provided, and I have been given the opportunity to ask questions and have all of my questions answered.

Student Name: ___________________________        UTA ID#: ___________________________

Student Signature: ___________________________        Date: ___________________________

Approved by: ___________________________        Date: ___________________________

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