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ANTIGEN (ALLERGY) CLINIC SERVICES PROCEDURES AND CONSENT FOR INJECTION THERAPY

The following guidelines have been established in order to ensure the highest quality medical care while you receive immunotherapy at Student Health Services.

Instructions and information must be explained in detail as outlined on the Antigen Clinic Potential Candidates Letter to include individual obtaining Epi-Pen device before antigen injections can be administered. It will be your responsibility to contact your Allergist office for the instructions and antigen extract. If additional instructions or clarification regarding the instructions are needed, it will be your responsibility to provide the information in writing from your Allergist office.

It is your responsibility to provide updated instructions which outline the same information for all new supplies of antigen extract. This applies even if the new vial(s) have the same contents as the previous vial(s). You will receive a copy of your injection record to submit to your Allergist office when ordering new extract(s) as well as be advised when in need of script to replace Epi-Pen device prior to expiration date of current device.

Antigen extract vial(s) and materials are not to be mailed to SHS. SHS is **not** responsible for mailed materials that are lost, unrefrigerated, or otherwise damaged. You are responsible for hand-carrying allergy supplies to SHS.

It is also your responsibility to retrieve your antigen extract(s) at the end of the academic year. SHS will not mail antigen vial(s) left in the Antigen Clinic.

Approval Requirements

It is the patient's responsibility to obtain complete written instructions from your Allergist office on their letterhead before request for receipt of antigen therapy can be submitted for review to the Executive/Medical Director and/or Designee. You must receive initial injection(s) from your prescribing Allergist. If greater than six (6) months since your last injection(s) you must present to your Allergist office to be restarted. Supportive documentation of restart of injections will be required. You must be free of systemic reactions to antigen injections for at least six (6) months or for the period under treatment with the allergist (if less than six (6) months).

Approval by the Executive/Medical Director and/or Designee is needed for the initiation of antigen injection therapy and is not needed again unless a different type of extract is administered. The review/approval process will be **between** 5-7 business days for completion. **No injections are administered until approval obtained.** Re-approval for receipt of injections is needed for former patients requesting services who did not receive injections the previous semester (excluding summer sessions).

Contraindicated Medications

The Antigen Clinic Contraindicated Medications with Immunotherapy List is posted in the Antigen Services Clinic. You will be asked if you are currently on any listed contraindicated medications prior to receiving your injection(s) at every visit.

If you are taking any of these medications, you should notify the Antigen Nurse before receiving your injection(s). You will not be able to continue receiving your injection(s) in our clinic while taking the medication(s). You will be referred back to your Allergist for further instructions.

Appointments

Antigen injections will be on an appointment basis only. Appointments may be scheduled by contacting our Call Center at (813) 974-2331.

You must schedule an appointment to drop off or pick up antigen extract and/or records, so we may give you our undivided attention and limit your wait time.

You must present to the clinic twenty (20) minutes prior to your scheduled injection appointment time or your appointment may be rescheduled.

Injection Administration

Antigen extracts will not be combined for injection administration. Your initial antigen injection(s) must be administered at your Allergist office.

You must remain in Student Health Services thirty (30) minutes after receiving your injection(s) and your injection site(s) will be checked at 10 minute intervals followed by a final check for any local reaction by an Antigen Nurse before leaving the clinic. You will be referred back to your Allergist office for receipt of future injections if you do not follow these requirements.

Antigen injections will not be given if you have nausea, vomiting, wheezing, or upper respiratory infection with a temperature of 100° or greater. Also you will be required to carry your Epi-Pen device on your person when presenting for injections at this clinic.

Pregnancy

Please notify the Antigen Nurse if you are pregnant or trying to conceive. If you are pregnant or trying to conceive, you will be referred to your private physician for further instructions and care.

Dismissal of Care/Services

The University of South Florida Student Health Services Antigen Clinic reserves the right to dismiss an individual from services due to patient's non-compliance with this clinic's policy and patient responsibilities.

Consent

I have read and understand the above procedures. I also understand that if I am unwilling to comply with the requirements as stated, I may be refused this service by Student Health Services as stated above.

I also have been informed of the fee for services and agree to pay in full for this service.

I authorize the Student Health Services clinic staff to release information regarding my antigen therapy to _____.

Name of Allergist office

Patient's Signature

Date

SHS RN, Witness

Date

Executive/Medical Director and/or Designee

Date

Name

Student I.D. #