



Immunizations Compliance Office  
12530 USF Bull Run Dr. SWC 310 Tampa, FL 33620  
Phone: 813-974-2331 Fax: 813-974-5888

### **New Antigen Patient Packet**

The Student Health Wellness Center (SHWC) at the University of South Florida (USF) welcomes all new patients seeking to continue their immunotherapy while attending USF. It is our goal to provide safe and timely immunotherapy to our patients as an extension and under the direction of the patient's Referring Allergist. The *New Antigen Patient Packet* contains all the necessary information and guidance for a smooth transition of immunotherapy treatment. New antigen patients should review this packet with their allergist as there are required orders needed from the Allergist.

#### **Documents included in packet**

New Antigen Patient Guidelines  
New Antigen Patient Agreement and Consent to be signed by patient  
Antigen Clinic Contraindicated Medication List  
Referring Allergist Agreement to be signed by patient's allergist

#### **New Antigen Patient Guidelines**

1. Initial injections must be administered at Allergist office.
2. If greater than six (6) months since last injection, patient must restart treatment at Allergist office.
3. Complete WRITTEN instructions/orders must be submitted by Allergist on office letterhead. This information may be faxed to our office or given to patient to deliver. Instructions/orders must include the following information:
  - Patient's name
  - Dosage schedule
  - Frequency of injections
  - Contents of each vial
  - Concentration of each vial
  - Expiration date of vial(s) – (month/day/year)
  - Pre-medication prior to injections: Dose and time (if indicated)

4. Antigen extracts must be labeled with the patient's name, vial contents, concentration, and expiration date.

15. During school breaks: winter, spring and summer, many patients will need to continue their injections at their allergist office at home. The patient will be responsible for signing out antigen extracts and ensure they extracts are kept cold. The Antigen Nurse will work with patient and make sure the patient has a copy of the most recent injection log to bring back to allergist office. The patient is responsible for bringing back the antigen extracts and updated injection log with last injection date and dose when they return to campus at their next appointment. The patient must keep the antigen extracts cold at all times while in transit. If the extracts are new, the patient must bring new instructions/orders. Antigen extracts can **NOT** be mailed.
16. The USF SHWC reserves the right to dismiss a patient from services due to patient's non-compliance with the above guidelines. Also, a patient may be dismissed from services due to chronic no-shows and missing appointments.
17. In the event a patient experiences and anaphylaxis reaction, USF SHWC staff and medical provider will follow the USF SHWC Anaphylaxis Management Protocol.

We look forward to meeting the health and medical needs of all our patients. New Antigen Patients should call USF SHWC at 813-974-2331 to schedule their first Antigen Screening appointment with our Antigen Nurse once the patient has received all required written instructions/orders from Allergist. The Allergist office can also fax the required written instructions/orders to 813-974-5888.



Toprol  
Trandate  
Triavil  
Visken  
Zebeta  
Ziac

Metoprolol Succinate  
Labetalol  
Penphenazine Amitriptyline HCL  
Pindolol  
Bisoprolol Fumarate  
Bisoprolol Fumarate/HCTZ

**BETA-BLOCKERS - OCULAR (EYE)**

Betagan  
Betaxon  
Betoptic  
Timoptic, Betimol  
Occupress  
Optopranolol

Levobunolol  
Levo-betaxolol  
Betaxolol  
Timolol Maleate  
Carteolol  
Metipranolol

**Any Antidepressant Drug**

Exceptions: Prozac, Zoloft, Paxil, Wellbutrin

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### **New Antigen Patient Agreement and Consent for Immunotherapy**

I request to receive my allergy immunotherapy at University of South Florida Student Health Wellness Center and I agree to the following:

I have read the *New Antigen Patient Packet* including the *New Antigen Patient Guidelines* and agree to comply with these guidelines.

I will attend all scheduled appointments and will bring my epinephrine auto injector device.

I understand that if I do not meet the screening criteria as described in the *New Antigen Patient Guidelines*, my injections will be postponed until it is safe for me to receive my injections.

I understand that I must wait 30 minutes after my injections and will stay in designated area for observation.

I understand that I must bring my antigen extracts to my screening appointment and ensure my antigen extracts are kept cold. Extracts cannot be mailed.

I understand that my Allergist, \_\_\_\_\_, must provide written instructions/orders, and my treatment plan must be approved by the USF SHWC



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To Referring Allergist:

The University of South Florida Student Health and Wellness Center (USF SHWC) has been collaborating with Referring Allergists to ensure a smooth transition of immunotherapy care while our mutual patient attend school at USF for many years. To provide safe and efficient care to our patients, we are asking that you do the following:

- Review our *New Antigen Patient Guidelines* with your patient
- Review and sign the *Referring Allergist Agreement*
- Complete WRITTEN instructions/order as described in the *Referring Allergist Agreement*
- Ensure patient has a current epinephrine auto injector device (Epi-pen or Auvi-q) or a prescription to get a device.

The required documentation can be either sent to our office with the patient or faxed to (813) 974-5888 Attention USF SHWC Antigen Nurse. We will not be able to start immunotherapy until all documents are received and our Medical Director approves treatment.

Please note that we have multiple medical providers in our clinic and are prepared to manage anaphylaxis and systemic reactions.

We look forward to serving your patient while they receive their immunotherapy at USF SHWC. If you have any questions, please contact our Immunization Coordinator/Antigen Nurse at 813-974-5917.

Thank you,

Dr. Joseph Puccio MD, Medical Director

Kelley Huelle, BSN, RN Immunization Coordinator/Antigen Nurse

## Referring Allergist Agreement

### Allergist Agreement

My patient, \_\_\_\_\_, is requesting the University of South Florida Student Health and Wellness Center to administer antigen immunotherapy extracts provided by my office.

#### **I agree to the following:**

I will provide antigen immunotherapy extracts in adequately labeled\* vials for administration by USF SHWC trained nursing staff. Extract vials will be properly stored in a box for transport by the patient. I understand that these extracts are for personal use only and are not to be shared with other patients.