

## Tulane Immunotherapy Requisition Form

Dear Physician:

The Tulane University Campus Health Center is pleased to administer your patient prescribed allergy immunotherapy. To assure our standards of care are met, we need the following information.

Patient's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**On All Vial Labels**

1. patient name
2. concentration and antigen content
3. number, letter, or color to correspond with MD's written orders
4. vial expiration date

**On All Doctor's Orders**

1. schedule indicating amount and frequency of each injection and the code for any abbreviation
2. instructions for missed/late injections

**WE ALSO REQUIRE THAT THE PATIENT BEGIN THEIR IMMUNOTHERAPY IN YOUR OFFICE.**

*We do not administer the very first injection for those beginning allergy immunotherapy.*

Does your patient have any chronic /severe illness which might affect desensitization?  Yes  No

If yes, please indicate:  Asthma  Cardiac  Other: \_\_\_\_\_

What medication(s) is your patient presently taking? \_\_\_\_\_

Has your patient had any significant local or systemic reactions to antigens?  Yes  No

If yes, please indicate to what antigen and the treatment you used for the adverse reaction.

Local reactions are graded and managed according to Tulane Campus Health policy, unless you prefer and enclose your guidelines.

Negative	swelling up to 15mm -	progress according to schedule
"A"	swelling 16 - 20 mm -	repeat the last dose
"B"	swelling 21 - 25 mm -	return to previous well-tolerated dose
"C"	delayed or persistent swelling, more than 12 hours -	communicate w/ allergist

*We observe our patients for 30 minutes to evaluate their reaction.*

**You may mail the serum to your patient who will bring it to The Health Center, or you may overnight mail the serum to arrive at the Health Center before 4:30 on Friday afternoon.**

Your office contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Feel free to contact us for any questions, and thanks for your assistance.

Send mail to or contact us at:

**The Health Center Uptown**  
6823 St. Charles Ave., Building # 92  
New Orleans, LA 70118  
Phone: 504-865-5255 x13831  
Fax: 504-862-8914

**The Health Center Downtown**  
127 Elk Place, Room 261  
New Orleans, LA 70112  
Phone: 504-988-3219  
Fax: 504-988-3217