

## **Clinician's Instructions for Sending Allergy Extracts to University Health Center, University of Oregon**

**Please note University Health Center's updated immunotherapy policy, which can be found on our website, regarding the need for all patients to establish care with a local allergist. Once the patient has been evaluated by a local allergist, the student may be referred to the University Health Center for ongoing immunotherapy. However, based on this evaluation, some students may need to continue their immunotherapy with a local allergist.**

For patients receiving ongoing immunotherapy: We only accept allergy extracts that have been sent **directly to us from your office**. This is to ensure the integrity of the extracts we receive and administer, and for the safety of your patient. Please feel free to contact us at 541-346-2739 or visit University Health Center's website at [healthcenter.uoregon.edu](http://healthcenter.uoregon.edu) for information on clinic closures or reduced hours of operation. You may send your patient's extracts to one of the following addresses:

### **Address if sending via United States Postal Service:**

University of Oregon  
University Health Center  
1232 University of Oregon  
Eugene, OR 97403-1232

### **Street address if sending Via Fed Ex, UPS, or other courier services:**

University of Oregon  
University Health Center  
1590 East 13<sup>th</sup> Street  
Eugene, OR 97403-1232

Please include the information listed below when sending your patient's allergy extracts. We thank you in advance for providing this information to us.

- Patient name on all vials
- Contents of antigen(s) clearly written on each vial
- Dilution strength
- Expiration date of extracts
- Date and dosage of the last injection(s) given
- Shot schedule that clearly indicates our starting dose(s)
- Shot schedule that indicates building doses, and maintenance dose
- Late dosing schedules (while building and while on maintenance)
- Indicate if patient is required to pre-medicate prior to shots, and how long before injection(s)
- Indicate if patient is required to have a peak flow test prior to shots (if required, please state parameters)
- Any other special instructions, history of systemic reaction, high pollen season instructions, etc.

We would like to thank you for allowing us to provide immunotherapy services to your patient. We look forward to working with your office again in the future.

Sincerely,  
Nurse Specialty Clinic  
University Health Center  
University of Oregon