



STUDENT  
AFFAIRS

Brown-Lupton Health Center

Brown-Lupton Health Service  
Texas Christian University Campus  
P.O. Box 297400  
Fort Worth, TX 76129  
817-257-7940

Dear Student,

Enclosed you will find our policies, procedures and student consent form for your allergy immunotherapy. We ask that you read this information carefully. Please sign the upper portion of the Allergist's Referral form and take it to your allergist for review and signature. Ask the allergist's office to fax or mail us that form prior to requesting your first appointment. We will need to have that form from your allergist's office before we can schedule an appointment for you at the clinic. Once we receive and approve the required documentation from your allergist, we will contact you to schedule an appointment.

Review the Student Allergy Injection Information Sheet; you will sign a copy of the Patient's Agreement and Consent form on your first office visit. Each year all new and returning students receiving allergy injections will make an appointment with Dr Torgerson, the Medical Director, before we can begin administering your allergy injections. Our guidelines have been adapted from the American Academy of Allergy and Immunology Standards, and have been developed in order to assure your continued safety while receiving allergy shots at TCU.

We charge \$25 for one allergy injection per visit and \$50 for multiple injections on a single visit. The TCU Student Insurance covers administration fees at the clinic. Your family medical insurance may or may not cover the fee but services can be billed to your student account. If you have questions, please email [allergyclinic@tcu.edu](mailto:allergyclinic@tcu.edu).

Sincerely,  
Jane Torgerson, MD  
Director of Health Service



## Student Allergy Injection Information Sheet

Policy: Allergy Injections will be administered at the TCU Health Center.

Purpose: To provide safe and appropriate administration of allergy injections to fulltime students who are living on campus.

### Protocol:

1. Although the TCU Health Center does not have an allergist on staff; we will administer allergy injections as prescribed by an allergist. The referring allergist is responsible for the student's immunotherapy and for modification of dosing schedule.
2. Allergy Injections will be given by appointment T-F from 9:15 am-3:30 pm, during the school year, summer hours will be posted on the website. Two licensed professionals (a nurse and NP, PA or a physician) must be on site during the administration and the waiting period that follows.
3. New and returning students will need to make an initial appointment each year with the medical director for clearance to start receiving allergy injections at the health center. Each visit for one allergy injection is \$25. The fee for multiple allergy injections at one visit is \$50.00. The health center can bill your student account but does not file private insurance. We can provide a receipt for those who wish to file on their own insurance but we do not guarantee reimbursement. The TCU student insurance does cover administration fees.
4. Patients are responsible for initiating the process with their allergist, downloading the Allergist's Referral Request Agreement and filling in their portion and giving it to their allergist. The agreement is signed by the allergist and faxed or mailed to the health center by the provider.
5. With each shipment of antigen, the allergist will provide doctor's orders with a schedule indicating the frequency of each injection and instructions for missed or late injections. All vials of antigen will include the patients name, concentration and antigen content, number, letter or color to correspond with the doctor's orders and the expiration date. The office is available to receive antigens M-F 9-4:30; staff is not available evenings, weekends or during official school holidays.
6. Students will have an initial meeting with the medical director which is a \$50 per year consultation fee, at which time the Allergist's Referral Request Form is reviewed, the antigen and instructions from the allergist's office are reviewed, the Patient's Agreement and Consent for Administration of Allergy Injections is signed and the Post Injection Plan and Emergency Kit is discussed. At the initial visit, the student signs a Release of Information giving the TCU health center staff permission to communicate with the allergist and allergist's office.



7. Patients are responsible for providing their antigen; reordering antigen and taking antigen home if they are to receive allergy injections prior to returning to campus. At the student's request, the nurse can fax the student's Allergy Injection Log to the allergist's office for purpose of reordering antigen.
8. The health center administers allergy injections building up to maintenance dose and maintaining maintenance dosage. We do not initiate therapy or give the first allergy injection. We do not give allergy injections on an accelerated schedule. We do not administer insect /bee venom. We will not re-label or change labels on vials.
9. Recognizing that the most severe reactions often happen after the student leaves the clinic, all students are required to carry an Emergency Kit to all allergy appointments. The kit will minimally include an Epi-pen, a unit dose liquid antihistamine. The Epi-pen is available in the TCU pharmacy with a prescription from the allergist's office or the health center's medical director if it is not covered by a student's prescription medication insurance it can be billed to your student account. The liquid antihistamine is provided by the clinic.
10. Patients must stay in the waiting area for 30 minutes after their injection and wait for the nurse to check their injection site prior to leaving the building. Students who fail to follow this policy will be not be able to receive allergy injections at the health center
11. It is the patient's responsibility to report to the staff any reactions that occur after leaving the clinic, how long did it last, and how large was the reaction.
12. If the allergist's instructions do not contain specific instructions for grading and managing local reactions then we proceed according to these guidelines:

#### Grading scale and managing reactions

- 1) Swelling up to 15mm...progress according to schedule
- 2) Swelling 16-20mm.....repeat the last dose
- 3) Swelling 21-25mm.....return to previous well tolerated dose
- 4) Delayed or persistent > 12 hrs.... communicate with allergist
- 5) Systemic reaction...no injections without consulting with the allergist and written instructions reviewed by medical director.



### Allergist Referral Request Form

Dr \_\_\_\_\_:

I, \_\_\_\_\_ DOB \_\_\_\_\_, am a patient currently receiving allergy injections in your office and am requesting that the TCU Health Center administer my allergy injections while I am in college. I give my permission to communicate with the clinic and for them to communicate with you regarding the administration of these injections.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please give this form to your allergist**

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Doctor,

To insure that our standards of care are met, the antigens need the following information on each vial.

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 the frequency of each injection and the code for any abbreviations
2. Instructions for missed and late injections

We give allergy injections Tuesday-Friday 9:15am-3:30pm by appointment (no appointments between 11:30am-1:00pm).

We do not administer the very first allergy injection for students beginning allergy immunotherapy. We do not administer insect or bee venom. We do not administer accelerated schedules.

Does your patient have any chronic or severe illnesses which might affect the desensitization schedule?

No \_\_\_ Yes \_\_\_ If yes please indicate, Asthma, Cardiac or Other and explain.

\_\_\_\_\_ Is your patient on beta blockers? Yes No

What medications is your patient taking:

\_\_\_\_\_ The health center requires students to carry an emergency kit containing an Epi-pen, liquid antihistamine and an inhaler if indicated and to bring the kit to every appointment.

If you do not provide a scale for grading local reactions the clinic will use the enclosed guidelines.

Grading scale and managing reactions

- 1) Swelling up to 15mm...progress according to schedule
- 2) Swelling 16-20mm.....repeat the last dose
- 3) Swelling 21-25mm.....return to previous well tolerated dose
- 4) Delayed or persistent > 12 hrs.... communicate with allergist
- 5) Systemic reaction...no injections without consulting with the allergist and written instructions reviewed by medical director.

Signature: \_\_\_\_\_

Your office address: \_\_\_\_\_

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

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

**Please make a copy for your records and fax or mail to:**

TCU Health Center 2825 Stadium Dr Fort Worth, Texas 76109



Phone: 817-257-7940 Fax: 817-257-7279

**Patient Agreement and Consent for Administration of Allergy Injections**  
**Please read this form and bring it to your visit with the Medical Director**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The TCU email address where we can leave messages: \_\_\_\_\_

I request that the TCU health center administer my allergy injections as prescribed by my referring allergist.

I understand that I have to make an appointment with the TCU medical director to receive clearance before I can begin allergy injections.

Prior to the appointment I will bring my antigen and dosage instructions from my allergist's office and the clinic will have received my allergist's signed Referral Request Agreement.

I agree to make my appointment and arrive in the clinic on time.

I agree to wait in the office for 30 minutes following the injection and to have the injections site checked by the nurse before leaving the clinic.

For my own safety I agree to carry my emergency kit to every allergy appointment.

I agree to inform the allergy nurse of current and/or ongoing illnesses.

I agree to provide a list of medication I am currently taking and to notify the nurse of any new medication

I agree to provide a list of current allergies.

I agree to inform the allergy nurse if I am having problems with asthma, or respiratory illnesses.

I agree to that I am responsible to provide my own antigen; I agree to have my antigen stored at the TCU health center.

I agree not to hold Texas Christian University liable for any damages or compromise in the integrity of the medication due to handling before the TCU Health Center receives the medication or for the loss or compromise of integrity due to power outages, storage equipment failure or catastrophic event.

I have read and understand the agreement for receiving allergy injections at the TCU health center  
Referral agreements expire at the end of each calendar year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_