

Allergen Immunology Extract Prescription Form*

Patient Name:	Prescribing Physician:
Patient Number:	Address:
Birth Date:	Telephone:
Telephone:	Fax:

Maintenance Concentrate Prescription Form

Allergen Extract Name:	
Bottle Name Abbreviations	
Tree: T	Mold: M
Grass: G	Cat: C
Weed: W	Dog: D
Ragweed: R	Cockroach: CR
Mixture: Mx	Dust Mite: Dm

Prepared by: _____ Date Prepared: ___/___/___ Time: _____

Dates of subsequent dilutions from maintenance concentration with expirations dates:	
Vial _____ From Vial _____ on ___/___/___	Expiration date: ___/___/___
Vial _____ From Vial _____ on ___/___/___	Expiration date: ___/___/___
Vial _____ From Vial _____ on ___/___/___	Expiration date: ___/___/___
Vial _____ From Vial _____ on ___/___/___	Expiration date: ___/___/___

Antigen Number	Extract Name Allergen or Diluent (Common name of Genus/species)**	Concentration and Type Manufacturer's Extract (AU, BAU, W/V, PNU)/ (50%, G, Aq, Ly, AP)	Volume of Manufacturer's Extract to Add	Extract Manufacturer	Lot Number	Expiration Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Diluent						
Total Volume						

**Components of mixes listed on a separate sheet.

$$\text{Volume to add} = \frac{\text{Maintenance Concentration}}{\text{Conc. of Manufacturer's Extract}} \times \text{Total Volume}$$

Specific Instructions:	
Prescribing Physician's Signature	Date

Maintenance concentration and subsequent dilutions reported as volume/volume (v/v) dilutions with maintenance concentrations=1:1 v/v

BAU=Bioequivalent Allergy Unit, AU=Allergy Unit
 PNY=Protein Nitrogen Unit
 W/V=Weight per Volume Ratio
 G=50% Glycerinated
 Aq=Aqueous, Ly=Lyophilized
 AP=Alum precipitated, AcP=Acetone precipitated

By Use Date _____

Storage Requirements _____

Results of Quality Control (e.g. visual inspections, second verification of questions) _____

*Adapted from Allergen immunotherapy: A practice parameter second update. *J Allergy Clin Immunol* 2007;120: S77.