



Dear Allergy Provider,

Each allergy serum vial must be clearly labeled with the following:

- Patient Name
- Date of Birth
- Content(s)
- Dilution from concentration in volume per volume (V/V)
- Expiration Date

In order for your patient to receive allergy immunotherapy injection services, please send vials labeled with above requirements along with an updated complete Allergy Immunotherapy Physician Order Form.

Vials are accepted by drop off and mail Monday-Friday, 8:30am-4:00pm, unless closed for a holiday. Contact us in advance to ensure Student Health will be open and to alert us of their pending arrival.

All shipped packages should be labeled "REFRIGERATION REQUIRED" and addressed as follows:

Elson Student Health
Department of General Medicine
Attn: Allergy Clinic
University of Virginia
400 Brandon Ave.
Charlottesville, VA 22908-0706

Thank you,

Christine Wagler, BSN, RN
Clinic Manager



Joint Commission
on Accreditation of Healthcare Organizations