

Allergen Immunotherapy Mix Components Form

Physician/Practice name

Address:

Telephone Number

Fax Number

Allergen Immunotherapy Mixture Components

Patient Name: _____

Name of Mix:					
Extract Name Allergen or Diluent (Common name or <i>Genus/species</i>)*	Concentration and Type Manufacturer's Extract (AU, BAU, W/V, PNU)/ (50% G, Aq, Ly, AP)	Volume of Manufacturer's Extract Added	Extract Manufacturer	Lot Number	Expiration Date
		Total:			

Date Mix Prepared (if mix prepared in the office): ___/___/___
Prepared by: _____

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