# Allergen Immunotherapy Mixture Components Form

**Physician/Practice name**

**Address:**

**Telephone Number**

**Fax Number**

## Allergen Immunotherapy Mixture Components

**Patient Name:**

<table>
<thead>
<tr>
<th>Name of Mix:</th>
<th>Concentration and Type of Extract</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Manufacturer’s Extract</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Volume of Extract Added</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Extract Manufacturer</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Lot Number</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Expiration Date</strong></td>
</tr>
</tbody>
</table>

**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
- **G** = 50% Glycerinated
- **Aq** = Aqueous, **Ly** = Lyophilized
- **AL** = Alum precipitated, **AP** = Acetone precipitated

Updated on 4/5/2011