





**Patient Acknowledgment**  
 LifeSouth Community Blood Centers

**Note:** *This acknowledgment is required for any patient diagnosed with Hereditary Hemochromatosis or Secondary Polycythemia due to Testosterone Replacement Therapy (TRT). The blood center will not perform a therapeutic phlebotomy on patients with the above conditions until the patient signs this form.*

I have been diagnosed with (must check applicable diagnosis):

- Hereditary Hemochromatosis
- Secondary Polycythemia due to Testosterone Replacement Therapy

I understand that I will be treated as an allogeneic (volunteer) blood donor unless the blood center determines that I do not meet volunteer donor criteria. This means that at each collection, I will be asked the standard eligibility questions required of a volunteer blood donor and that the blood collected will be tested for infectious disease and possibly transfused to a patient.

I understand that if I **do not** meet standard donor criteria, my unit will be destroyed and I will be deferred as a volunteer blood donor. After such a deferral, I can continue to have blood drawn under a *Therapeutic Phlebotomy Order*.

I understand that I will not be charged a fee for the phlebotomy even if found to be ineligible as a volunteer blood donor.

I understand and agree to the statements above.

Name:	
Signature:	Date Signed:

*Fax Completed Form to 888-286-0179.*

