Clear Fields

# Therapeutic Phlebotomy Order

LifeSouth Community Blood Centers

***Physician Instructions:***

1. Complete all fields to avoid delays.
2. Donors must weigh at least 110lbs to be eligible for phlebotomy.
3. Order must be completed by a physician or advanced practice provider. Physicians should not write prescriptions for themselves or immediate family members.
4. Patient must have normal vital signs and be in otherwise healthy and stable condition for the request to be approved.
5. For standing orders, indicate the frequency of the donation and the hemoglobin limit. Note that the blood center can only determine hemoglobin values. **LifeSouth cannot monitor other values, such as ferritin.**
6. Standing orders expire one year from the request date.
7. **Patients enrolled in this program are indefinitely deferred from allogeneic (volunteer) blood donation. Removal of this deferral requires documentation from their provider that medical treatment through blood donation is no longer required for their condition.**

PLEASE FAX COMPLETED FORM TO 888-286-0179.
ALLOW AT LEAST 2 BUSINESS DAYS FROM LIFESOUTH RECEIPT OF COMPLETE ORDER FOR PROCESSING.

## Patient Information

| | | | |
|---|---|---|---|
| Last Name: | First Name: | Middle Name: | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Email: | Phone: | DOB: | Sex: |

Does the patient have a medical condition that may increase risk of adverse reaction and require medical supervision during phlebotomy? ☐ No ☐ Yes, explain: _____

Indication for phlebotomy:

- ☐ D75.1 Polycythemia or Erythrocytosis, secondary
  - ☐ Testosterone Replacement Therapy (TRT)*
- ☐ E83.110 Hereditary Hemochromatosis*
- ☐ D75.0 Familial Polycythemia or Erythrocytosis
- ☐ E83.118 or E83.119 Other/Unspecified Hemochromatosis (acquired/unspecified) (liver, myocardium) (secondary)
- ☐ E80.1 Disorders of porphyrin metabolism (includes porphyria cutanea tarda)
- ☐ R79.89 Other Abnormal Blood Chemistry (elevated ferritin, hemoglobin, iron)
- ☐ D45 Polycythemia Vera (Primary)

*Patients with **Hereditary Hemochromatosis** or **Secondary Polycythemia due to TRT** may be evaluated by allogeneic donation qualification criteria, and their products utilized for subsequent transfusion. Eligible patients with sufficient hemoglobin levels may be accepted for donation every eight weeks or as indicated below, whichever is more frequent.

## Order Details *(Each draw removes 500 mL ± 10% of whole blood.)*

Requested by (print and include credentials):

Phone: | Request Date:

Frequency of draw (select only one):

- ☐ One time only
- ☐ Once every _____ weeks
- ☐ Once every _____ days
- ☐ Once every _____ month(s)
- ☐ As needed

Do not draw if hemoglobin level is less than: _____ g/dL

*- Default minimum is 13.0 g/dL, if not specified.*
*- 11.0 g/dL is the minimum for Hereditary Hemochromatosis patients.*
*- 12.0 g/dL is the minimum for all other conditions.*

Requester's Signature:

**Blood Center Use Only**

☐ Approved ☐ Denied

Medical Director or designee: _____ Date: _____

Donor ID: _____ Region: _____