

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. 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 unless the patient has Hereditary Hemochromatosis or TRT. Removal of this deferral requires documentation from their provider that medical treatment through blood donation is no longer required for their condition.**

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

Patient Information

Last Name:	First Name	Middle Name:	Sex:
Email:	Phone:		DOB:
Address:	City:	State:	Zip:
*Does the patient have a medical condition that may increase risk of adverse reaction and require medical supervision during phlebotomy? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:			
Please indicate any known infectious disease the patient has. <input type="checkbox"/> N/A, the patient has no known infectious diseases. <input type="checkbox"/> Viral Hepatitis <input type="checkbox"/> HIV <input type="checkbox"/> HTLV <input type="checkbox"/> Syphilis <input type="checkbox"/> WNV			
Indication for phlebotomy:			
<input type="checkbox"/> D75.1 Polycythemia or Erythrocytosis, secondary <input type="checkbox"/> **Testosterone Replacement Therapy (TRT) <input type="checkbox"/> **E83.110 Hereditary Hemochromatosis <input type="checkbox"/> D75.0 Familial Polycythemia or Erythrocytosis		<input type="checkbox"/> E83.118 or E83.119 Other/Unspecified Hemochromatosis (acquired/unspecified) (liver, myocardium) (secondary) <input type="checkbox"/> E80.1 Disorders of porphyrin metabolism (includes porphyria cutanea tarda) <input type="checkbox"/> R79.89 Other Abnormal Blood Chemistry (elevated ferritin, hemoglobin, iron) <input type="checkbox"/> D45 Polycythemia Vera (Primary)	
<small>** For these conditions, this order form is only needed if the patient meets one or more of these exclusions: 1) Donation needed more frequently than every 8 weeks, 2) The patient does not meet volunteer blood donation requirements (21 CFR 630.15) and/or 3) The patient's hemoglobin is out of range (less than 13.0 g/dL for males, less than 12.5 g/dL for females, or greater than 19.0 g/dL for male and female). Otherwise, such a patient may present at the blood center for allogeneic donation, with no order required.</small>			

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

Requested by (print and include credentials):	
Phone:	Request Date:
Address:	
LifeSouth will not perform a therapeutic phlebotomy more frequently than every 7 days. Please discuss and provide instructions for recommended frequency of donation with your patient. LifeSouth does not monitor frequency beyond a minimum of 7 days between phlebotomies.	Hemoglobin minimum level requirements: • Male: 13.0 g/dL • Female: 12.5 g/dL female • Hereditary Hemochromatosis patients: 11.0 g/dL
Requester's Signature:	

<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Blood Center Use Only	
Donor ID: _____	Region: _____		
Medical Director or designee: _____	Date: _____		
<small>*Medical Director approval is only required if "Yes" is selected indicating the patient has a medical condition that may increase risk or adverse reaction during phlebotomy. Otherwise, the designee may perform approval.</small>			