

Request for Therapeutic Phlebotomy

FAX COMPLETED REQUEST TO (713) 790-1782

For questions, call (713) 791-6608. To download this form, visit www.giveblood.org [ABOUT DONATING]

Incomplete forms are not accepted. Request expires two (2) years from date of signature.

Patient's Full Legal Name:	Date of Birth:
	Telephone #:
	SSN: XXX-XX- (Last 4 digits only)

All patients must call (713) 791-6608 to verify order receipt.

Please allow up to 3 business days for processing.

Diagnosis - Reason for Phlebotomy	<input type="checkbox"/> Secondary Polycythemia due to Testosterone Replacement Therapy D75.1 <input type="checkbox"/> Secondary Polycythemia, other D75.1 <input type="checkbox"/> Polycythemia Vera D45	<input type="checkbox"/> Hereditary Hemochromatosis E83.110 <input type="checkbox"/> Other Hemochromatosis E83.118 <input type="checkbox"/> Other (Include both ICD-10 Code and Diagnosis):
Minimum Hematocrit for Phlebotomy	FOR Polycythemia <input type="checkbox"/> 45% <input type="checkbox"/> Other: _____	FOR Iron unloading (Hemochromatosis) <input type="checkbox"/> 33% (minimum) <input type="checkbox"/> Other: _____
HCT will be performed before each phlebotomy. No CBC or ferritin testing provided		
Frequency (Whole Blood 500 +/- 50 mL)	Required: <input type="checkbox"/> One time ONLY Or <input type="checkbox"/> Every _____ week(s)	
	Optional: <input type="checkbox"/> Hold collections after _____ # of collections - Request will expire once filled	
Patient History	Does your patient have any medical contraindications or risks for phlebotomy? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain)	

Physician Information (all fields are mandatory):

Physician's Signature:	Date:
Printed Name:	Telephone #:
Full Mailing Address:	Fax #:

*Therapeutic patients will only be drawn on **Tuesdays, Wednesdays and Thursdays between 8:00 AM and 4:00 PM** unless they are approved testosterone replacement or hereditary hemochromatosis donors.*

Blood Center USE ONLY

Deferral entry required? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
Deferral entry (if required), initials/date:
SafeTrace ID: MD/Designee Approval/Date: