FORM P-176: REQUEST FOR THERAPEUTIC PHLEBOTOMY

Notes and Instructions: Please Read Carefully. Form must be filled out completely.

Fax Completed Request: 563-823-8941

For questions, call: 563-823-4132

To download this form, visit https://www.bloodcenter.org/hospitals/integrative-clinical-services/

Notes:

- Orders are valid for a maximum of 12 months. Specific requests or changes to an existing order require a new order to be submitted.
- The collection volume is based on the patient's total blood volume and ranges from 470-520mL. However, there are circumstances that may lead to a collection volume outside of this range.
- Minimum Hgb for phlebotomy is 11.0 g/dl.
  - ImpactLife Hgb analyzer reports a value range of 7.0-17.0 g/dL.
  - Values between 17.1-20.0 will be reported as 17.1 g/dL. Values greater than 20.0 will be reported as 20.1 g/dL
- The frequency of PRN will default to 8 weeks.
- ImpactLife does not perform ferritin or CBC testing. No saline reinfusion is provided.
- ImpactLife does not perform STAT phlebotomies. Walk-ins are not accommodated.

Documents required with every order: recent labs, current medication list, and a clinical summary (H&P).

Patient Information	
Patient Name:	
Date of Birth:	Gender: ☐ Male ☐ Female
Address:	
Primary Phone:	Email Address:

Diagnosis				
☐**Polycythemia** Secondary to **testosterone therapy**	☐**Polycythemia** Rubra vera	☐**Hereditary Hemochromatosis** (HH) ☐Nonhereditary	☐**Porphyria Cutanea Tarda** (PCT)	☐ Other (Please specify, provide ICD-code) _____

☐ Every _____ week(s)

☐ Every _____ month(s)

☐ One time **ONLY**

☐ Other (please specify): _____

Ordering Healthcare Provider Information		
Name:		
Address:		
Phone number:	Fax number:	Email address:

By signing below, I acknowledge that therapeutic phlebotomy is a prescribed procedure performed to manage medical conditions requiring controlled blood removal and is associated with risks including but not limited to vasovagal reactions, hypotension, hematoma and nerve injury. I confirm the patient is medically stable and that benefits of therapeutic phlebotomy outweigh the risks.

Provider signature: _____ Date: _____

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For ImpactLife Use only:

Received date: _____ Patient is: ☐New ☐Returning Order #: _____

Patient name and DOB verified: ☐ Donor ID#: _____

Eligible to screen for: ☐ Testosterone whole blood ☐ Hemochromatosis ☐ Not eligible/ therapeutic

Deferral code added ☐_____ ☐N/A

Patient Notified:☐ Date:_____ Scheduled ☐ Site_____ Date: _____ Time: _____

Site notified: ☐ Date: _____

Ordering Provider notified (if order denied): Yes ☐ N/A ☐

Staff completing order: _____ Date: _____

Notes: _____

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