

## HEREDITARY HEMOCHROMATOSIS AND TESTOSTERONE THERAPY PHLEBOTOMY ORDER

**All information MUST be filled out in its entirety to be considered valid.**

Please fax completed form to (405) 297-5598 ATTENTION: Special Donation Coordinator  
For Questions please call (405) 297-5597

### PATIENT INFORMATION

Patient Name:		D.O.B.	
Mailing Address:			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip Code:	
Phone Number:	(    )	Alternate Number:	(    )

**All orders are for whole blood collection procedures; approximately 500 mL of blood will be removed from the patient with each collection. Orders are valid for 1 year.**

**I. Reason for draw:**

- Hereditary Hemochromatosis                       Testosterone Therapy needing phlebotomy

**II. Frequency (mark **ONE** of the following **DO NOT** write in additional frequencies.):**

- Weekly             Every 2 weeks             Every 4 weeks             Every 8 weeks

**III. Hematocrit/Hemoglobin:**

Patients **WILL** be drawn to a minimum **Hematocrit (HCT) level of 39%**.

The blood institute does **NOT** perform ferritin levels and cannot perform phlebotomy for ferritin levels.

### **\*\*\*\*For Hereditary Hemochromatosis patients ONLY\*\*\*\***

If phlebotomy is needed to lower HCT below 39% document below. HCT must be greater than or equal to 33%

Phlebotomy should **NOT** be performed if HCT is less than: \_\_\_\_\_%

**Some donor centers perform Hgb testing. At these locations minimum Hgb will be calculated as HCT ÷ 3.**

Ordering Medical Care Provider Signature:		Date:	
Printed Ordering Medical Care Provider Name:			
Office Phone:	(    )	Fax:	(    )

### ABI/OBI/TBI/CMBC Personnel Only

BECS Patient ID:		Date order received:		Date Order entered in BECS:	
Date Order Expires:		Date Deferral entered:		Tech ID: (Order Entry)	
Comment Section:					
Reviewed by:		Date Reviewed:			

Facility Name: Sylvan N. Goldman Oklahoma Blood Institute 1001 N. Lincoln, Oklahoma City, Oklahoma 73104. The official copy of blood bank documentation is the electronic copy on file with the local area network. The official copy of records created from forms is paper unless designated otherwise.

Apply Location sticker here OR Insert Location code _____
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