

THERAPEUTIC 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 Therapeutic Draw (Mark all that apply):

- Secondary Polycythemia due to: _____
- Porphyria Polycythemia Vera (slow-growing blood cancer)
- Erythrocytosis due to: _____ Other reason (Explain): _____

II. Frequency (mark ONE of the following):

- One Time Phlebotomy Procedure Weekly
- Every 2 Weeks Every 4 weeks
- Every 8 weeks

III. *Hematocrit Target = _____%

*This is the minimum HCT the medical care provider is authorizing phlebotomy. HCT must be greater than or equal to 33%

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

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

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 into BECS:	
Date Order Expires:		Date Deferral Entered:		Tech ID: (Order Entry)	
Comment Section:					
Reviewed by:		Date Reviewed:			
Allogeneic Deferral Review					
Deferral Review Date:		Deferral Code(s) Posted:	<input type="checkbox"/> N/A	Tech ID (Deferral Review):	

Facility Name: Sylvan N. Goldman 1001 N. Lincoln Blvd., 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 _____