



Behavioral Policy Acknowledgement Form

for Therapeutic Donors Prescribed Androgenic Medications

Maintaining Free Blood Collection Access

I understand that Our Blood Institute (OBI) is offering blood draws for me free of charge and its staff has no medical, legal, or moral obligation to begin or continue providing this service. If I am aggressive or abusive to OBI staff in any way, I understand that they will immediately stop assisting my care and will refuse further blood collection services for me. My healthcare provider and I have discussed that I will need to find other ways to bleed off my excess red blood cells if I lose my blood draw privileges at OBI.

Patient Name: _____

Patient Signature: _____

Date: _____

Prescribing Provider Signature: _____

For the prescribing healthcare provider:

- The Behavioral Policy Acknowledgment Form only needs to be completed and faxed to OBI for individuals prescribed androgenic medications (e.g., testosterone) who require therapeutic phlebotomy. This requirement does not apply to hereditary hemochromatosis patients.
- **Please fax this signed Behavioral Policy Acknowledgment Form along with the completed Hereditary Hemochromatosis and Testosterone Therapy Phlebotomy Physician Order Form to: (405) 297-5598, ATTENTION: Special Donation Coordinator.**

Note:

- For questions, call (405) 297-5597.
- The Hereditary Hemochromatosis and Testosterone Therapy Phlebotomy Physician Order is valid for one year and must be completed by the prescribing healthcare provider.
- Please allow 3-5 business days for processing once the order is received.
- Patients must have an appointment for the blood draw; they can call (405) 419-1361 to schedule.