

Prescription for Therapeutic Phlebotomy

Therapeutic Phlebotomies are not available at Versiti Indiana/Ohio locations. Only HH patients are accepted at Versiti Illinois.

Instructions: Complete Sections 1-3. All sections must be complete prior to faxing to Versiti. Incomplete forms cannot be processed. Contact the Special Patient Services Department at (414) 937-6188 with questions or to change the therapeutic phlebotomy order.

Section 1: PATIENT INFORMATION	
Patient Name (Last, First):	DOB (mm/dd/yyyy):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Contact Phone #s Home:() Work:()
Diagnosis: (Choose One)	<input type="checkbox"/> Hereditary Hemochromatosis (HH) <input type="checkbox"/> Secondary Polycythemia <input type="checkbox"/> Hemochromatosis (other causes) <input type="checkbox"/> Testosterone Replacement Therapy (TRT) <input type="checkbox"/> Polycythemia Rubra Vera (PRV) <input type="checkbox"/> Other: <input type="checkbox"/> Porphyria
Current Hemoglobin: (g/dL), if available.	
Current Ferritin*: (ng/mL) *For HH or iron overload patients only	
<ul style="list-style-type: none"> • Non-HH patients must meet allogeneic Hgb criteria: $\geq 13\text{g/dL}$ for males and $\geq 12.5\text{g/dL}$ for females. • If Ferritin is less than 50 ng/mL, the patient may not be phlebotomized more than once every two months. • Versiti does not perform Ferritin testing. 	
Section 2: PHLEBOTOMY ORDER	
Please note that new prescriptions are required after 1 year.	
HH and TRT patients being drawn > 8 weeks apart do NOT need a prescription if they meet allogeneic eligibility.	
HH and TRT patients prescribed Dual Red must meet all allogeneic eligibility or a whole blood will be drawn instead.	
Frequency of Phlebotomy: (Choose One)	<input type="checkbox"/> Once a Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Months <input type="checkbox"/> Every 3 Months <input type="checkbox"/> PRN (No more than 1 Phlebotomy Per Week) <input type="checkbox"/> Other:
Phlebotomy Volume to Withdraw: (Choose One)	<input type="checkbox"/> One unit of whole blood (Approximately 470-500 mL) <input type="checkbox"/> Dual Red (HH/TRT only) <input type="checkbox"/> Specific amount mL (Maximum amount in one phlebotomy is 500 mL)
HH Patients Only:	<ul style="list-style-type: none"> • Only hemoglobin levels are available at drawing sites. • Hemoglobin level is generally equivalent to Hematocrit $\div 3$. Please specify hemoglobin level. • Per Versiti policy, patients will not be drawn if hemoglobin is lower than 11g/dL.
Do not draw if hemoglobin is less than (g/dL). (Required)	
Section 3: ORDERING APP/PHYSICIAN INFORMATION	
APP/Physician must sign this form for prescription to be valid.	
Please indicate State where phlebotomy will occur: <input type="checkbox"/> Wisconsin <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan	
APP/Physician Name: _____	APP/Physician Signature: _____ Date: _____
Physician Office Contact:	Contact Phone#:() Fax#:()

All sections must be complete prior to faxing to Versiti.

Fax completed prescriptions to (414) 933-6833 or email to SPSAlerts@versiti.org

New forms may be obtained by visiting:

www.versiti.org → Products and Services → Specialty Products and Services → Prescription for Therapeutic Phlebotomy

Therapeutic Phlebotomy Program Information

Therapeutic Phlebotomies are not available at Versiti Indiana/Ohio locations. Only HH patients are accepted at Versiti Illinois.

It is the ordering physician's responsibility to evaluate whether the patient's health will permit them to donate safely. Versiti Wisconsin, Illinois, or Michigan will ask a limited medical history and give a mini physical which includes blood pressure, pulse, temp, and hemoglobin. Patients with significant cardiac, pulmonary or other donor safety health history issues may not be able to donate at Versiti.

All therapeutic patients may donate as often as ordered (no more than once a week) as long as their Hgb remains ≥ 11.0 g/dL and no new patient safety issues arise.

Prior to the first donation and annually, a prescription is required for more frequent donations than every 56 days for whole blood. This prescription must include: patient name, date of birth, diagnosis, frequency of phlebotomy and lowest allowable Hgb to perform procedure. If prescription is incomplete, the missing order information must be obtained prior to phlebotomy being performed.

Other than Hgb level, no testing will be performed on the donation unless the patient meets all allogeneic donation criteria (other than donation frequency). If all allogeneic criteria are met, routine donor panel testing will be performed. Arrangements for other blood tests, such as ferritin levels, need to be coordinated with the patient using another laboratory service.

Your patient will be given a *Therapeutic Blood Loss Tracker* card for monitoring the dates and volumes of serial phlebotomies. Encourage your patient to bring their card to their appointments so copies can be added to their charts.

There is no charge for therapeutic phlebotomy procedures.