BBCS#:

Rock River Valley BLOOD CENTER
Straight From the Heart

PHYSICIAN REQUEST FOR THERAPEUTIC PHLEBOTOMY

PATIENT INFORMATION:

LAST NAME: _____FIRST NAME: _____ MI: _____

DATE OF BIRTH: _____ GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _____CITY: _____STATE: _____ZIP: _____

PHONE NUMBER(s): _____

- Please note that blood collected from patients diagnosed with primary polycythemia cannot be transfused to other patients and will be discarded.
- Blood drawn from patients with diagnoses other than primary polycythemia may be transfusable if all FDA donation requirements are met, including minimum hemoglobin requirements (males 13.0 g/dL and females 12.5 g/dL).
- Please indicate patient need for therapeutic phlebotomy by checking the appropriate diagnosis below.

DIAGNOSIS:
☐ Primary Polycythemia/Polycythemia Rubra Vera
☐ Secondary Polycythemia/Erythrocytosis/Elevated Hemoglobin
☐ Elevated Ferritin (secondary or indeterminate in regard to hemochromatosis)
☐ Testosterone Treatment
☐ Hereditary Hemochromatosis (hereditary/familial/ genetic)
☐ Other: _____

SIGNIFICANT HEALTH HISTORY OR CONDITIONS: _____

_____

PHLEBOTOMY ORDER (valid for one year unless shorter timeframe ordered below)

1. FREQUENCY AND NUMBER OF PHLEBOTOMIES: (example: every 2 weeks for 6 times)

☐ ONE TIME ONLY ☐ EVERY WEEK FOR _____ TIMES ☐ EVERY 2 WEEKS FOR _____ TIMES

☐ EVERY 4 WEEKS FOR _____ TIMES ☐ EVERY 8 WEEKS FOR _____ TIMES ☐ EVERY 12 WEEKS FOR _____ TIMES

☐ PRN WHEN HGB ABOVE _____g/dL ☐ OTHER _____

2. DO NOT PERFORM PHLEBOTOMY IF PATIENT'S HGB IS LESS THAN: _____ g/dL. (Required value)

3. BLOOD VOLUME TO DRAW: ☐ ONE UNIT OF WHOLE BLOOD (volume based on patient total blood volume)

☐ OTHER VOLUME _____ mL

ORDERING MEDICAL PROFESSIONAL NAME *Please print*	ORDERING MEDICAL PROFESSIONAL SIGNATURE	DATE

OFFICE STREET ADDRESS	CITY	STATE

OFFICE PHONE	OFFICE FAX

Please complete this form and return to RRVBC Special Services Department via email or fax.

Email: specialservices@rrvbc.org Fax: 815-547-1051

Rock River Valley Blood Center 418 N. Longwood Street, Rockford, Illinois 61107 Phone 815-965-8751

This space for RRVBC use only.

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