Clear Fields

Therapeutic Phlebotomy Order

LifeSouth Community Blood Centers

Physician Instructions:

1. Complete all fields to avoid delays.
2. Donors must weigh at least 110lbs to be eligible for phlebotomy.
3. Order must be completed by a physician or advanced practice provider. Physicians should not write prescriptions for themselves or immediate family members.
4. Patient must have normal vital signs and be in otherwise healthy and stable condition for the request to be approved.
5. The blood center can only determine hemoglobin values. **LifeSouth cannot monitor other values, such as ferritin.**
6. Standing orders expire one year from the request date.
7. **Patients enrolled in this program are indefinitely deferred from allogeneic (volunteer) blood donation unless the patient has Hereditary Hemochromatosis or TRT. Removal of this deferral requires documentation from their provider that medical treatment through blood donation is no longer required for their condition.**

PLEASE FAX or EMAIL COMPLETED FORM TO 888-286-0179/MEDICALOFFICE@LIFESOUTH.ORG
ALLOW AT LEAST 2 BUSINESS DAYS FROM LIFESOUTH RECEIPT OF COMPLETE ORDER FOR PROCESSING.

Patient Information

Last Name:	First Name	Middle Name:	Sex:
Email:	Phone:	DOB:	
Address:	City:	State:	Zip:

*Does the patient have a medical condition that may increase risk of adverse reaction and require medical supervision during phlebotomy? ☐ No ☐ Yes, explain:

Please indicate any known infectious disease the patient has. ☐ N/A, the patient has no known infectious diseases.

☐ Viral Hepatitis ☐ HIV ☐ HTLV ☐ Syphilis ☐ WNV

Indication for phlebotomy:

☐ D75.1 Polycythemia or Erythrocytosis, secondary ☐ **Testosterone Replacement Therapy (TRT) ☐ **E83.110 Hereditary Hemochromatosis ☐ D75.0 Familial Polycythemia or Erythrocytosis	☐ E83.118 or E83.119 Other/Unspecified Hemochromatosis (acquired/unspecified) (liver, myocardium) (secondary) ☐ E80.1 Disorders of porphyrin metabolism (includes porphyria cutanea tarda) ☐ R79.89 Other Abnormal Blood Chemistry (elevated ferritin, hemoglobin, iron) ☐ D45 Polycythemia Vera (Primary)

******* *For these conditions, this order form is only needed if the patient meets one or more of these exclusions: 1) Donation needed more frequently than every 8 weeks, 2) The patient does not meet volunteer blood donation requirements (21 CFR 630.15) and/or 3) The patient's hemoglobin is out of range (less than 13.0 g/dL for males, less than 12.5 g/dL for females, or greater than 19.0 g/dL for male and female). Otherwise, such a patient may present at the blood center for allogeneic donation, with no order required.*

Order Details *(Each draw removes 500 mL ± 10% of whole blood.)*

Requested by (print and include credentials):	
Phone:	Request Date:
Address:	
LifeSouth will not perform a therapeutic phlebotomy more frequently than every 7 days. Please discuss and provide instructions for recommended frequency of donation with your patient. LifeSouth does not monitor frequency beyond a minimum of 7 days between phlebotomies.	Hemoglobin minimum level requirements: • Male: 13.0 g/dL • Female: 12.5 g/dL female • Hereditary Hemochromatosis patients: 11.0 g/dL
Requester's Signature:	

☐ Approved ☐ Denied **Blood Center Use Only**

Donor ID: _____ Region: _____

Medical Director or designee: _____ Date: _____

Medical Director approval is only required if **"Yes" is selected indicating the patient has a medical condition that may increase risk or adverse reaction during phlebotomy. Otherwise, the designee may perform approval.*

Therapeutic Phlebotomy Order

Form Version History

Effective Date	Significant Changes
10 Jun 2024	Added **Address, City, State**, and **Zip** fields back to form.
07 Jun 2024	• Removed the **Address, City, State,** and **Zip** fields. • Removed **"do not draw if hemoglobin level is less than"** field; form now states the HgB minimums. • Revised Medical Director approval requirements; Medical Director approval is only required if **"Yes"** is selected for the patient having a medical condition that may increase risk or adverse reaction during phlebotomy. • Revised the ***Physician Instructions*** to remove the HgB limit inclusion and added LifeSouth HgB minimum level requirements. • LifeSouth will not perform a therapeutic phlebotomy more frequently than every 7 days. Please discuss and provide instructions for recommended frequency of donation with your patient. LifeSouth does not monitor frequency beyond a minimum of 7 days between phlebotomies. • Removed the frequency of draw selections. • Remove the frequency of draw note stating "*If the **Frequency of Draw** field is left blank or not completed by the physician, select **One time only** and (in IBBIS) select frequency of 365 days."* • Added a form field for listing any known infectious disease the patient may have. • Removed the statement "For standing orders, indicate the frequency of the donation." • Added a field for the requestors address. • Rearranged the Patient Information fields to allow for more space.
23 Aug 2022	• Removed the Patient Acknowledgment (page 2). • Updated Physician Instructions section to include more information regarding the phlebotomy.
10 Aug 2016	• Updated *289.0/D57.1 Polycythemia or Erythrocytosis, secondary* to *289.0/D75.1 Polycythemia or Erythrocytosis, secondary*. • Added *E83.119* to the i*ndication of phlebotomy* section. • Changed the default minimum for hemoglobin from 12.5 g/dL to 13 g/dL. • Added an **Email** field under Patient Information.
18 Nov 2015	• Added new Testosterone Replacement Therapy diagnosis. • Updated ICD-9 codes to ICD-10 codes. • Updated *Hereditary Hemochromatosis Patient Consent* title to *Patient Acknowledgment*.

***Note**: Technical Communications began publishing version history details for forms created or modified on or after 30 Jun 2015. Contact Technical Communications for history details on prior existing versions.*