

REQUEST FOR THERAPEUTIC PHLEBOTOMY
 (FOR COMPLETION BY THE REFERRING CLINICIAN)

PATIENT DETAILS

First name:	Surname:
ID number:	Cell number:
Email address:	
<p><i>All requests are reviewed by the Head of the Medical Division at WCBS. It is not appropriate for ill or frail patients to be bled at WCBS clinics as these are non-medical facilities. Phlebotomy is only performed when the haemoglobin level is >12,5g/dL. WCBS does <u>not</u> accept first-time donors over the age of 75 years. No additional samples for processing at external laboratories may be taken by WCBS staff.</i></p>	

Patients are required to enrol for therapeutic phlebotomy at WCBS under the following circumstances:

1. when a phlebotomy interval more frequent than every 56 days is prescribed
2. when a patient has polycythaemia vera or high affinity haemoglobin
3. when a patient does not meet routine donation acceptance criteria e.g. Warfarin use, cancer etc.

Please note: patients are charged for phlebotomy if their blood is not used due to the referring diagnosis or not meeting other WCBS donation criteria e.g. Warfarin use.

PLEASE ONLY COMPLETE THE SECTION BELOW RELEVANT TO THE PATIENT'S DIAGNOSIS.

HYPERFERRITINAEMIA

Ferritin:	Date:			
If ferritin is > 1000 ug/L , please provide the latest available liver enzyme results.				
ALT:	ALP:	AST:	GGT:	Date:
Please indicate the underlying cause of the raised ferritin level (mark 'x or ✓' where relevant)				
C282y Homozygote		C282y Heterozygote		PCR for Haemochromatosis negative
H63D Homozygote		H63D Heterozygote		PCR for Haemochromatosis not performed
S65C Homozygote		S65C Heterozygote		
If the PCR for Haemochromatosis was negative or not performed, please complete the section below.				
Please indicate suspected cause of raised ferritin level:				
Has underlying infection or inflammation been excluded by inflammatory marker testing (ie. CRP/ESR)?				Yes No (circle)
If no, is there any clinical suspicion of underlying infection, inflammation or malignancy?				Yes No (circle)

SECONDARY POLYCYTHAEMIA (mark 'x or ✓' where relevant)

Testosterone use		COPD		Hb:	HCT:
Smoking		Sleep apnoea			
Other cause:				Date:	

HIGH AFFINITY HAEMOGLOBIN

Indicate test(s) performed to determine diagnosis e.g. p50 etc.	Hb:	HCT:
	Date:	

POLYCYTHAEMIA VERA

Indicate test(s) performed to determine diagnosis e.g. JAK2, bone marrow biopsy etc.	Hb:	HCT:
	Date:	

MEDICAL AND SURGICAL HISTORY

Note: A formal medical report must be attached for any patient with cardiac comorbidity.

If your patient is older than 70 years or is frail, oxygen dependent or has any condition affecting their memory or mobility, please elaborate.

CHRONIC MEDICATIONS

PRESCRIPTION - TO BE COMPLETED BY THE CLINICIAN

This patient should receive phlebotomy every week(s).

Please note:

1. A maximum of 8 phlebotomies will be permitted at this interval. Following this, the patient will revert to the routine donation interval unless an updated prescription is sent by the Clinician to WCBS (phlebotomy@wcbs.org.za).
2. Adherence to the phlebotomy interval is a responsibility that lies with the patient and the Clinician. WCBS staff are not responsible for reminding patients of their phlebotomy schedule.
3. The Clinician remains responsible for the patient's medical management and phlebotomy interval.

First name:	Surname:
Contact number:	Practice number:
Address:	
Email address:	
<p>I certify that it is safe for this patient to donate ± 450 ml blood at the intervals prescribed. I do not anticipate any untoward reaction from the phlebotomy procedure and agree that phlebotomies can take place at a donation centre with limited medical support.</p>	
Date:	Signature:

TO BE COMPLETED BY WCBS HEAD - MEDICAL DIVISION OR LEAD MEDICAL CONSULTANT

Site of first donation (circle)	Regular clinic	HQ	Blood for use at first therapeutic donation (circle)	Yes	No
To be assessed by Head - Medical Division/ Lead Medical Consultant at HQ (circle)	Yes	No	Blood for use at subsequent donations (circle)	Yes	No
Comments:					
Signature:		Date:		Number of previous valid donations:	
For office use	Donor code				