THERAPEUTIC PHLEBOTOMY ORDER

All information <u>MUST</u> be filled out in its entirety to be considered valid.

Please fax completed form to (405) 297-5598 ATTENTION: Special Donation Coordinator
For Questions please call (405)297-5597

PATIENT INFORMATION				
Patient Name:			D.O.B:	
Mailing Address:			Gender	☐ Male ☐ Female
City:		State:	Zip Code:	
Phone Number:	( )		Alternate Number:	( )

All orders are for whole blood collection procedures; approximately 500 mL of blood will be removed from the patient with each collection. Orders are valid for 1 year.

I. **<u>Reason for Therapeutic Draw</u>** (Mark all that apply)**:**

☐ Secondary Polycythemia due to: _____ ☐ Erythrocytosis due to: _____

☐ Porphyria ☐ Polycythemia Vera (slow-growing blood cancer) ☐ Other reason (Explain): _____

II. **<u>Frequency</u>** (mark **ONE** of the following)**:**

☐ One Time Phlebotomy Procedure ☐ Weekly

☐ Every 2 Weeks ☐ Every 4 weeks ☐ Every 8 weeks

III. **<u>*Hemoglobin Target</u>** = _____%

*This is the minimum HgB the medical care provider is authorizing phlebotomy. HgB must be greater than or equal to 11.

NOTE: The blood institute does **<u>NOT</u>** perform ferritin levels and cannot perform phlebotomy for specific ferritin levels.

Ordering Health Care Provider Signature:		Date:	
Printed Ordering Health Care Provider Name:			
Office Phone:	( )	Fax:	( )

Blood Institute Personnel Only					
BECS Patient ID:		**Date Order Received:**		**Date Order Entered into BECS:**	
Deferral Code Posted:		**Date Deferral Code Posted:**		**Tech ID: (Deferral Entry)**	
Comment Section:					
Reviewed by:			**Date Reviewed:**		
Allogeneic Deferral Review					
Deferral Review Date:		**Deferral Code(s) Posted:**			☐ N/A
Tech ID or Electronic Signature					

Facility Name: Sylvan N. Goldman 1001 N. Lincoln Blvd., Oklahoma City, Oklahoma 73104. The official copy of blood bank documentation is the electronic copy on file with the local area network. The official copy of records created from forms is paper unless designated otherwise.

Apply Location sticker here
OR
Insert Location code_____