



# Request for Phlebotomy for Hereditary Hemochromatosis

Original Contact Date: \_\_\_\_\_ MEDIC ID #: \_\_\_\_\_  
(To Be Completed By the Attending Physician)

1. Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Patient's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Basis for the diagnosis of Hemochromatosis:  
 Genetic Studies       Family History  
 Serum Ferritin Level       Other: \_\_\_\_\_

4. Has Primary Polycythemia (vera) been ruled out? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Underlying disease present other than Hereditary Hemochromatosis: \_\_\_\_\_  
\_\_\_\_\_

6. Lab Studies: Serum Ferritin \_\_\_\_\_ Serum Iron \_\_\_\_\_ Transferrin Saturation % \_\_\_\_\_

7. Other pertinent lab data: \_\_\_\_\_

8. Current Medications: \_\_\_\_\_

9. Any condition which would make the loss of 500 ml of blood dangerous? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Current Hct: \_\_\_\_\_ % Current Hgb: \_\_\_\_\_ gm

Desired Hct: \_\_\_\_\_ % Desired Hgb: \_\_\_\_\_ gm

11. Number of Phlebotomies requested: \_\_\_\_\_ Frequency of Phlebotomies: \_\_\_\_\_

12. Any additional Comments: \_\_\_\_\_

### Attending Physician Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

(To Be Completed By Chief Medical Officer of MEDIC Regional Blood Center)

Patient acceptable for phlebotomy under the MEDIC Hereditary Hemochromatosis Protocol: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments and/or Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signed, Chief Medical Officer of MEDIC Regional Blood Center \_\_\_\_\_ Date \_\_\_\_\_

MEDIC Regional Blood Center  
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MEDIC 2.410B  
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