



# Hereditary Hemochromatosis Phlebotomy Request

MEDIC ID #: \_\_\_\_\_

Original Contact Date: \_\_\_\_\_

**To Be Completed By the Attending Physician:**

1. Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

2. Patient's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Transitioning

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  
1601 Ailor Avenue  
Knoxville, TN 37921

MEDIC 2.410B V3  
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