

Policy changes in effect on 03/14/22.

Persons diagnosed with Polycythemia Vera or Porphyria Cutanea Tarda should seek treatment with their the diagnosing physician or other medical service. MEDIC no longer collects for these medical conditions.

Hereditary Hemochromatosis or testosterone replacement therapy collection will be PRN/at MEDIC's discretion for approved phlebotomy requests.

Obstructive sleep apnea, COPD, chronic smoking will not be eligible for more frequent phlebotomy. They are eligible to be screened at regular frequencies of 56 days for Whole Blood or 112 days for Double RBC Pheresis.

This section (#1-6) must be completed in entirety.

Missing information will cause a delay for the patient.

INCOMPLETE FORMS WILL BE RETURNED TO THE PHYSICIAN'S OFFICE

Attending Physician Information must be completed in entirety.

Name, Address, Phone, and Attending Physician's Signature must be completed before submitting the form to MEDIC. Missing information will cause a delay for the patient.

To Be Completed By MEDIC Regional Blood Center:

This section must remain blank. This is for internal coding and processing only.

READ BEFORE COMPLETING THIS FORM:

This form should be completed by the treating physician for Hemochromatosis or testosterone therapy, when the physician collects more frequently than regulatory limits, or expects that the patient will collect more frequently than regulatory limits. Regulatory limits allow collection of one unit of Whole Blood. MEDIC's lowest limits for blood collection are a donor hemocrit of 50% for men and 48% for women. Based upon the donor's qualifying information, and at MEDIC's discretion, more than one unit of Whole Blood may be collected. Frequency of phlebotomy will be determined by the physician. These donations will be used for transfusion unless the donor specifies otherwise.

Donors with conditions other than HH or testosterone therapy are not eligible for more frequent phlebotomy; however, this form is not needed for these conditions, and the donor will be screened at regular frequencies. Persons diagnosed with Polycythemia Vera or Porphyria Cutanea Tarda are not eligible for phlebotomy at MEDIC or other medical service.

1. Patient Name: _____
Patient Address: _____

2. Patient's Date of Birth: _____ Age: _____

3. Diagnosis related to the indication for ordering Phlebotomy:
☐ Hereditary Hemochromatosis ☐ Testosterone Therapy

4. Other major disease processes present: _____

5. Any reason known to the physician why blood products should not be collected (if yes, specify): _____

6. Current Prescription Medication/s: _____

Attending Physician Information:

Name: _____

Address: _____

Phone: _____

Attending Physician's Signature

Send To: For Ailor Center -- phone # 865-524-3074/FAX # 865-524-3075

(To Be Completed By MEDIC Regional Blood Center):

Patient acceptable for Special Program:
Draw & Discard (Ther) phlebotomy: ☐
Hormone phlebotomy: ☐
Hereditary Hemochromatosis phlebotomy: ☐

Comments and/or Instructions: _____

Administrative Review: _____ [* if "no"]

Signed, Chief Medical Officer of MEDIC Regional Blood Center
MEDIC Regional Blood Center
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Knoxville, TN 37921