



<i>Blood Center Use only</i>	
Processed by	
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Therapeutic Phlebotomy Department
 Time Square, 660 SW 39th Street, Suite 245, Renton, WA 98057
 (800) 266-4033 or (425) 453-5098 Fax (425) 251-1977
Email: therapeuticphlebotomy@bloodworksnw.org

**Therapeutic Phlebotomy Order Form -
 Hemochromatosis Rapid Iron Removal Phase**

The following must be submitted before the patient may be scheduled

- Therapeutic Phlebotomy Order Form
- Supporting laboratory test results.

A written rationale of medical necessity must be submitted for special requests.

Examples of required supporting documentation:

 First time treatment at Bloodworks

- Initial Rapid Iron Removal Form
- Laboratory report(s) of ferritin monitoring, one of which must be from within the last month.

Please submit the completed Therapeutic Packets to the Therapeutic Phlebotomy Department by Fax or Mail.



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Therapeutic Phlebotomy Order Form - Hemochromatosis Rapid Iron Removal Phase
(Order only valid for 3 months)

Patient's Legal Name _____			
Last	First	Middle Name or Initial	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's Birthdate ___/___/___	Best Contact Phone # (____) _____	e-mail _____
Patient's Address _____			
Street	City	State	Zip Code
Diagnosis: ICD10 code _____			
<input type="checkbox"/> Hereditary hemochromatosis (both alleles mutated by genetic testing)			
<input type="checkbox"/> Presumed Hereditary hemochromatosis without confirmatory genetic testing performed			
Initial Rapid Iron Removal Phase (up to one year):			
Orders for frequent phlebotomy (more than 12 times a year) for rapid iron removal must be resubmitted every 3 months , accompanied by ferritin results including one value in the preceding month (CDC guidance is ferritin monitoring every 4 – 8 weeks until ferritin <1000, then more frequently, at least every 2 weeks once ferritin <100 ng/dL).			
Volume per phlebotomy: Orders for patients with conditions creating increased sensitivity to volume loss (e.g. elderly, pre-existing anemia, cardiac disease, lung disease, etc.) may be for less than 500 mL. Patients requiring concurrent intravenous hydration must be drawn at the Seattle Central Bloodworks location.			
<input type="checkbox"/> Collect 500mL (patient must weigh 114lbs or more)			
<input type="checkbox"/> Collect <500mL: _____ (patient must weigh 114lbs or more)			
<input type="checkbox"/> Collect volume based on patient weight (patient weighs less than 114lbs) ** this will be determined at time of collection			
Frequency: (not to exceed one unit per week, if ferritin >100 ng/mL ; not to exceed one unit per month if ferritin ≤ 100 ng/mL)			
<input type="checkbox"/> One time only <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every ___ weeks <input type="checkbox"/> Other _____			
Maximum number of phlebotomies per order is 13.			
Minimum Hemoglobin: Phlebotomy will not be performed if patient is already anemic (hemoglobin less than 11.0g/dL or hematocrit less than 33%)			
<input type="checkbox"/> If a higher minimum hemoglobin (or Hematocrit) threshold is desired due to decreased patient tolerance for anemia, please specify: _____			

Please identify if there are any **Special Instructions or Precautions** (if cardiac disease attach Bloodworks evaluation form):

Health Care Provider Signature _____ **Provider NPI** _____ **Date** _____

Printed Provider Name _____ **Phone** _____ **Fax** _____

Facility Address _____ **Email** _____

Bloodworks Physician – please sign and date once order has been reviewed and approved

Bloodworks Physician _____ **Date** _____

Special Instructions for Therapeutic Phlebotomy Order Form is required Yes No