

Therapeutic Phlebotomy Order Form – THERAPEUTIC PHLEBOTOMY IS BY APPOINTMENT ONLY AT THE FOLLOWING LOCATIONS: Woodburn Donor Center, Centremed Donor Center and Dulles Town Center Donor Center

Date _____

Patient Name _____ Date of Birth _____

Address _____

Phone Number _____

New Therapeutic Donor Repeat Therapeutic Donor

Physicians Name _____ Inova Provider? Yes No

Physicians Tel # _____ Fax _____

PRESCRIPTION

(Order is only valid for up to 1 year)

• Diagnosis (check one):

Hereditary Hemochromatosis Confirmed Polycythemia Vera Erythrocytosis High Ferritin

Elevated H&H due to Testosterone Other _____

Note: Per FDA guidelines, if all donation eligibility criteria are met, units collected from donors with a diagnosis of Hereditary Hemochromatosis will be used for allogeneic transfusion.

• Hemoglobin Level Required: greater than and equal to (\geq) _____

• **Inova Blood Donor Services will only draw 500mL.**

• * Hemochromatosis diagnosis only, if clinically indicated 2PRBC (double red cell) _____

Please indicate:

• Frequency of Phlebotomy _____

• Special Instructions _____

Physician's Signature (**Required**) _____

Email Completed Form to TherapeuticIBDS@inova.org or Please Fax Completed Form to 571-665-6439