

HEREDITARY HEMOCHROMATOSIS, TESTOSTERONE TREATMENT AND THERAPEUTIC PRESCRIPTION ORDER

To the Physician:

- A prescription is required:
 - for patients with elevated hemoglobin due to hereditary hemochromatosis or prescription testosterone treatment
 - when blood collection is medically recommended for patients with other medical conditions who do not meet allogeneic donor eligibility criteria
- Prescriptions for:
 - serial collections are valid for one (1) year from the date written unless otherwise specified in Comments section (i.e. one time prescription or for a shorter period of time)
 - patients with elevated hemoglobin due to hereditary hemochromatosis or prescription testosterone treatment must contain frequency, diagnosis and hemoglobin for the patient to be collected more frequently than every 56 days
- Donated blood from patients with elevated hemoglobin due to hereditary hemochromatosis (HH) or prescription testosterone treatment (TT) who meet all allogeneic donor eligibility requirements may be used as transfusable blood products
- Blood collected from patients not meeting allogeneic donor eligibility criteria is discarded after collection

DONOR INFORMATION

Last Name		First Name	
Date Of Birth		Phone	

PHYSICIAN INFORMATION

Name		Phone	
Address		Fax	

PLEASE INDICATE DIAGNOSES BELOW:

<input type="checkbox"/>	Hereditary Hemochromatosis (HH)	<input type="checkbox"/>	Elevated hemoglobin due to prescription testosterone treatment (TT)
List other diagnoses >			

FREQUENCY OF PHLEBOTOMY

If frequency is not indicated below, HH and TT donors may only be drawn once every 56 days. Therapeutic donors may be drawn once every 2 days provided other prescription and eligibility requirements are met. If frequency written as monthly, donor may be drawn every 28 days. (see "To the Physician" for additional information)

<input type="checkbox"/>	One Time Only	<input type="checkbox"/>	Every 2 weeks	<input type="checkbox"/>	Every 8 weeks
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every 4 weeks	<input type="checkbox"/>	Other frequency > _____

HEMOGLOBIN

Hgb must be a minimum 11.0 g/dL to be collected

Do not perform phlebotomy if donor's hemoglobin is less than _____	g/dL
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AMOUNT TO BE DRAWN

If the volume to collect is not indicated, the collection target will be proportional to the donor's weight, not to exceed 500 mL

<input type="checkbox"/>	One unit of whole blood (approximately 500 mL)	Other amount >		mL
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Comments				
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Signature of Physician <i>(or Authorized Medical Professional Requesting Collection)</i>		Date	
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ONEBLOOD PRESCRIPTION REVIEW & ENTRY

<input type="checkbox"/>	All required Rx requirements present AND entered in RSA	Badge ID	
<input type="checkbox"/>	All required Rx requirements NOT present AND Physician/Donor Contacted	Date	

