

THERAPEUTIC PHLEBOTOMY PHYSICIAN ORDER

*LifeStream will contact patient **AFTER** order received.*

To the Physician: Submit all completed orders to our Special Services Department: Fax to 909-386-6817.

Testosterone patients

- New testosterone patients who do not need to be drawn more frequently than every 8 weeks and can meet allogeneic criteria should be referred to try community blood donation first. (If order received, LifeStream will redirect these patients to community blood donation). If testosterone patient needs to be drawn more frequently than every 8 weeks and/or cannot meet allogeneic criteria, complete/fax this order to: 909-386-6817.
- **Hereditary Hemochromatosis (HH) patients**
For Hemochromatosis patients who do not need to be drawn more frequently than every 8 weeks and can meet allogeneic criteria – complete and submit **Hereditary Hemochromatosis One-Time Verification form** located at <https://www.lstream.org/hospitals-physicians/physician-services/>. If HH patient needs to be drawn more frequently than every 8 weeks and/or cannot meet allogeneic criteria, fax/submit this order to: 909-386-6817.
- **Patients with all other diagnoses** – Complete/fax this order form.

For assistance contact Special Services Department at 1-877-386-6874 or email specialservices@lstream.org

Patient Information

Patient Legal Last Name		Patient Legal First Name	
Patient Address		Patient Date of Birth	Birth Sex (circle one) M F
Patient Phone Number		Patient Email	

Physician Information (*must be MD/DO, ND, NP or PA and licensed in US*)

Physician Name/Credentials		Physician Phone Number	
Physician Address		Physician Email/Fax	

Patient Diagnosis (Check one)

<i>Phlebotomy Fees are Waived for:</i>		<i>Phlebotomy Fees are Charged for:</i>	
<input type="checkbox"/>	Secondary Polycythemia (DUE to testosterone therapy)	<input type="checkbox"/>	Primary Polycythemia (vera, other rare genetic polycythemias)
<input type="checkbox"/>	Hereditary Hemochromatosis (confirmed by HFE genotyping as homozygous C282Y/C282Y)	<input type="checkbox"/>	Secondary Polycythemia (NOT due to testosterone therapy)
<input type="checkbox"/>	Hereditary Hemochromatosis (confirmed by HFE genotyping as compound heterozygous C282Y/H63D)	<input type="checkbox"/>	Iron Overload NOT hereditary hemochromatosis (transfusion, porphyria cutanea tarda, liver disease, etc.)
<input type="checkbox"/>	Hereditary Hemochromatosis (confirmed by HFE genotyping as homozygous H63D/H63D)	<input type="checkbox"/>	Other, specify:

Frequency of Phlebotomy (Check one) **if one is not checked, default will be every 56 days*

<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: <i>(NOTE: PRN or blank will be drawn every 56 days)</i>

Hemoglobin criteria: Male 13-20 g/dL / Female 12.5-20 g/dL

Procedure: Red cells will be removed by whole blood collection.

Provider Signature (*Note: Requests with practitioner's name signed by another individual, initialed or with a stamped signature will be returned for authorized signature.*)

*I have evaluated this patient and I am aware of no contraindications to this procedure. I have explained the reason for this procedure to the patient, including the fact that a fee may be charged directly to the patient by the blood center. I will be responsible for the patient's follow-up care. **With my signature I am confirming and verifying the diagnosis listed above.***

Provider Signature: _____ **Date:** _____
(Note: Orders will be valid for one year from the date of provider's signature (excluding 1 time only orders.)

(PLEASE GIVE THE BELOW INFORMATION TO YOUR PATIENT)

**IMPORTANT THINGS YOU SHOULD KNOW ABOUT YOUR THERAPEUTIC
PHLEBOTOMY**

1. LifeStream's Special Services Department will contact you **AFTER** we receive the order from your physician.
2. Walk-ins and self-scheduling will **not** be accepted for therapeutic phlebotomies.
3. Your Therapeutic phlebotomy appointments will take approximately one (1) hour at LifeStream's donor centers.
4. Please drink plenty of fluids and eat well before your appointment
5. If you have any questions regarding this process, please contact LifeStream's Special Services Department at 1-877-386-6874.