



INNOVATIVE
BLOOD
RESOURCES

Memorial Blood Centers
737 Pelham Blvd.
St. Paul, MN. 55114
Phone: 651-332-7321
Fax: 651-332-7001

Nebraska Community Blood Bank
100 N. 84th Street
Lincoln, NE 68505
Phone: 877-486-9414
Fax: 402-486-9428

Physicians Order Form for Therapeutic Phlebotomy

PLEASE PROVIDE ALL REQUESTED INFORMATION

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ Phone #: _____

Ordering Health Care Provider:

Name (print): _____ Telephone: _____ Fax: _____

Address: _____

Office contact name(s) for questions or clarifications _____

Indication for therapeutic phlebotomy:

- HEREDITARY HEMOCHROMATOSIS**
Phlebotomy will not be performed if hemoglobin is less than 11.0 g/dL
- Documentation of a genetic test to confirm the diagnosis of Hereditary Hemochromatosis**
A copy of the genetic test must be attached in order to process the request

1 unit (approx. 500 ML) shall be drawn every: ____ 1 week ____ 2 weeks ____ 4 weeks ____ 8 weeks ____ Other

Provider's Signature

Date

REMINDER:

- It is the responsibility of the ordering physician to monitor the patient to determine appropriate frequency of phlebotomy.
- Donor must meet IBR requirements for blood pressure and pulse which will be performed on site before phlebotomy.
- Order expires every 12 months.
- Individuals with hereditary hemochromatosis may be considered for allogeneic donation if eligible by all other allogeneic donor criteria (except frequency of donation).

Information below for Innovative Blood Resources use only

HEMODONOR Special Instruction added or verified in EDD Donor Record.

Order Expiration Date _____

Donor ID Number _____

Comments: _____

Order Form Reviewed/Approved by

Date

IBR Physician – Please sign and date order form once reviewed and approved

Physician's Signature

Date