

REFERRAL FOR THERAPEUTIC VENESECTION – Iron Overload

PATIENT DETAILS

Surname: _____ NHI: _____

First name: _____ Date of Birth: _____

Address: _____ Phone (Hm): _____

_____ Mobile: _____

Email: _____

☐ Please tick here if no changes to previous referral. Pathlab will carry over volume and additional instructions.

INDICATION AND TARGET VALUE

1. Haemochromatosis – please tick mutation result:

- ☐ HFE C282Y Homozygote*
- ☐ HFE Compound C282Y/H63D Heterozygote**
- ☐ Other – *N.B. Guidelines no longer support routine venesection for these individuals unless additional contributory factor. Please discuss with Haematologist before referral.*

2. Secondary iron overload – please tick indication:

- ☐ Underlying haematological disease
- ☐ Secondary to previous transfusion requirements

Target ferritin level: _____

Additional instructions e.g. where Hb levels may not be normal – what is minimal Hb/Hct for venesection to proceed?

PATHLAB ONLY

Haematologist reviewed: Accepted / Declined

Sign _____ Date _____

Entered onto Intranet List - Initial:..... Date

First appointment made:

Expiry of referral form:

VENESECTION VOLUME

Low weight individuals should have volume capped at 7ml/kg.

- ☐ Standard (450ml)
- ☐ Other (not exceeding 450ml): _____

PATHLAB ONLY

Venesection Vol. _____ ML

Please ensure tests performed

CBC

Ferritin

Phlebotomist _____ Date _____

REFERRING DOCTOR

- I confirm my patient is medically fit for therapeutic venesection.
- I am aware that I remain responsible for overall monitoring of the patient and will advise Pathlab if patient becomes medically unfit or the indications for venesection change.
- I am aware that individuals who fail to attend 3 consecutive appointments will be discharged back to my care.
- I am aware that this request for venesection is valid for 1 year.

Name: _____

Clinic details: _____

Date of request: _____ Doctor's signature: _____

Please return this completed form to: Venesection.Referral@pathlab.co.nz

PATIENT DETAILS

Surname: _____ NHI: _____
 First name(s): _____ Date of Birth: _____

ADDITIONAL INFORMATION

Co-morbidities e.g. hypertension, COPD, IHD: _____

Medications: _____

Further Information:

- Haemochromatosis patients will be venesected initially to ferritin <100 then frequency modified to maintain ferritin 50-100.
- Initially venesections will usually be performed every 1-2 weeks, but frequency will be adapted to both the initial levels of hyperferritinaemia and to the patient's tolerance.
- Patients will have FBC and ferritin taken at the time of each venesection.
- It remains the responsibility of the referrer to arrange LFT, AFP monitoring etc where appropriate.
- Secondary iron overload patients will have FBC and iron studies taken at time of each venesection.
- Patients will be venesected to target ferritin and then venesection frequency amended.

Guideline for intervention by venesection:

[Haemochromatosis and Raised Ferritin - Community HealthPathways Midland Region](#)

* Homozygous C282Y: Ferritin > 200 female or > 300 male ∞

** Heterozygote HFE C282Y/H63D: Ferritin > 1000 without a known cause (alcohol intake, metabolic syndrome, liver disease, etc.) or proven Iron overload (Liver MRI or biopsy) ∞

∞ For patients with results below these trigger values, we advise annual review of iron status (ferritin and transferrin saturation). If new results are above these values, then please re-referral for medical venesection. Please also see Hyperferritinaemia flow diagram

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