

POLYCYTHAEMIA PATIENT

ONLY VENESECT IF DIRECTED
IF REQUIRED CONTACT ROSTERED VENESECTION
TEAM MEMBER



REFERRAL FOR THERAPEUTIC VENESECTION – Polycythaemia

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 target Hct and volume.

INDICATION AND TARGET VALUE

Please tick indication and target Hct:

☐ Polycythaemia vera:

☐ Hct <0.45

☐ Other: _____

☐ Secondary polycythaemia:

☐ Hypoxic pulmonary disease - Hct <0.52 (Female)

☐ Hypoxic pulmonary disease - Hct <0.55 (Male)

☐ Post-transplant Polycythaemia - Hct <0.50

☐ Other¹: _____

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

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:

- It is the referrer's responsibility to decide on the frequency of FBC testing and ensure the patient is having such tests. A FBC will also be taken at the time of each venesection.
- Where an active referral is in place Pathlab will receive an automatic alert when such patients have a FBC checked and if Hct above target Pathlab will contact the patient to arrange venesection

¹ - There is no clinical benefit of venesection in erythrocytosis secondary to testosterone replacement therapy. It increases the risk of iron deficiency; it is generally ineffective in controlling haematocrit and not supported by current guidelines.

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