**REFERRAL FOR THERAPEUTIC VENESECTION – Iron Overload**

**PATIENT DETAILS**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (Hm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(Wk) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

**PATHLAB ONLY**

Haematologist reviewed: Accepted / Declined

(If declined ensure letter sent to referrer)

Sign Date

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

PAL App / PID Updated: N/A : Initial:…..…… Date …….…..

First appointment made: Date: ……………………….

Expiry of referral form: …………………………

**INDICATION AND TARGET VALUE**

1. Haemochromatosis – please tick mutation result:

[ ]  HFE C282Y Homozygote\*

[ ]  HFE 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.*

* Patients will be venesected initially to ferritin <50 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.

2. Secondary iron overload – please tick indication:

[ ]  Underlying haematological disease

[ ]  Secondary to previous transfusion requirements

Target ferritin level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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* 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.

**PATHLAB ONLY VENESECTION**

Venesection Vol. ML

Please ensure tests performed

CBC

Ferritin

Phlebotomist Date

**VENESECTION VOLUME**

[ ]  Standard (450ml)

[ ]  Other (not exceeding 450ml): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PATHLAB ONLY VENESECTION**

Venesection Vol. ML

Please ensure tests performed

CBC

Ferritin

Phlebotomist Date

**PATHLAB ONLY VENESECTION**

Venesection Vol. ML

Please ensure tests performed

CBC

Ferritin

Phlebotomist Date

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**PATIENT DETAILS**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

Co-mordities e.g. hypertension, COPD, IHD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**

Guideline for intervention by venesection – see this guideline [Haemochromatosis and Raised Ferritin - Community HealthPathways Midland Region](https://midland.communityhealthpathways.org/16180.htm)

**\***  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) ∞

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

∞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