REFERRAL FOR THERAPEUTIC VENESECTIONS

PATIENT DETAILS

Surname: _____ NHI: _____

First Name(s): _____ Date of Birth: _____

Address: _____ Phone:(Hm) _____

_____ Phone:(Wk) _____

_____ Mobile: _____

REFERRING DOCTOR

I request therapeutic venesection for the above patient, who is under my clinical care.

- I confirm that my patient meets acceptance criteria for therapeutic venesection.
- I confirm that my patient is medically 'fit' for therapeutic venesection.
- I am aware that I will be responsible for monitoring of the patient and will advise Pathlab of changes to the venesection schedule or withdraw from service if no-longer medically 'fit' for venesection.

Name: _____

Contact Details: _____

Date of Request: _____/_____/_____ Doctor's Signature: _____

DIAGNOSIS-REASON FOR VENESECTION

TEST RESULTS – Initial Referral ONLY
(please include copies of relevant test results and / or Haematologist correspondence)

Ferritin, %saturation / Haemoglobin / Haematocrit:	Genetic Testing Result:

Clinical Complications (*hypertension, cardiac/pulmonary disease etc)* additional information*:*

Medications:

VENESECTION – frequency, duration and targets.

For Haemochromatosis and Iron overload – See Primary Care Management Guideline.

Volume to be venesected:	…… ml *(standard 450 ml, not to exceed 500 ml)*
Frequency of venesection / Number of venesections required i.e. Care plan	…… …… ……
Target ferritin e.g. ferritin below 50 ug/L	…… ……
Polycythaemia patients– indicate target haematocrit: (A venesection will be performed when the HCT exceeds this target)	……

We will collect the blood sample at the time of venesection with CBC, Ferritin and Iron profile to be performed and forward the results to the requesting Clinician.

PATHLAB ONLY **VENESECTION**

Venesection Vol._____ML

Please ensure tests performed

CBC

Ferritin

Phlebotomist _____Date_____

Please return this completed form to:

requestforms@pathlab.co.nz

REFERRAL FOR THERAPEUTIC VENESECTIONS

Information for Medical Practitioners

Pathlab offers a therapeutic venesection service to patients with medical conditions where regular venesection is required. This service will most commonly be used for patients with Haemochromatosis, although patients with other conditions may also be eligible, as directed by the appropriate specialist.

Acceptance criteria for therapeutic venesection:

- Patients aged between 16 to 75 years.
- No serious medical condition e.g.:
  - Severe polycythaemia (unless directed by Haematologist).
  - Overt ischaemic heart disease.
  - Congestive cardiac failure.
  - Atrial fibrillation, uncontrolled.
  - Severe hypertension.
  - Severe hepatic dysfunction.
  - Severe renal disease.
  - Severe chronic obstructive airways disease.

Medical condition for which venesection is indicated:

- Iron overload due to Hereditary Haemochromatosis*.
- Proven Iron overload not due to Hereditary Haemochromatosis*.
- Polycythaemia.
- Porphyria cutanea tarda.

***** **Primary Care Management Guideline – Haemochromatosis and Iron Overload**

Responsibility of the referring doctor:

- Advise Pathlab for the reason for venesection.
- Monitor results and advise Pathlab of changes to venesection intervals.
- The clinical management of the patient.
- The request form should be completed and signed by the doctor referring the patient for therapeutic venesection and returned to Patient Services, Pathlab Rotorua.

Responsibility of Pathlab:

- Therapeutic venesection by appointment.
- Monitoring of patient safety during the procedure.
- Relevant samples taken & reports sent to requesting clinician.

Renewal of this referral form is required annually