

ENROLLMENT/PRESCRIPTION FOR PHLEBOTOMY DUE TO TESTOSTERONE REPLACEMENT THERAPY (TRT)

Please allow 3 – 5 business days for processing

Contact Donor Notification Phone: (817) 412-5603 for questions Fax: (817) 412-5609 Email: DN@carterbloodcare.org

This form is only required for patients needing to be drawn more frequently than every 8 weeks OR if the patient is unable/declines to donate for the community blood supply.

Patient Information (Legibly print patient's legal name as it appears on their driver's license). Fill in all blanks:					
Full Name: _____		Gender: _____		DOB: _____	
Last Name	First Name	Middle Name			
Address: _____			Phone: (_____) _____		
			Area Code	Phone Number	
_____		_____	_____	_____	
City	State	Zip	Email		

Testosterone Therapy Needing Phlebotomy

- One unit of whole blood to be drawn at each donation as frequently as every 2 weeks.
- Patient self-schedules blood draws at the frequency directed by their Physician.
- Patient will be drawn as long as their Hemoglobin is 13 g/dL or higher and mini-physical is within normal range.
- This form is valid for 1 year from the date signed by the Physician.
- All fields must be completed for the form to be valid. Form will be returned if incomplete, resulting in a delay in enrollment.
- Patients meeting current donor criteria may have their blood used for the community blood supply.
Go to website: carterbloodcare.org for donor eligibility criteria.
- Once enrolled, the patient will receive an email or letter with scheduling information.

Physician Information:	Area for Stamp:
Physician Printed Name: _____	
Physician Signature: _____	
Phone Number: (_____) _____	Address: _____
Area Code Phone Number	
Fax: (_____) _____	Date: _____
Area Code Phone Number	

FOR CBC USE ONLY – Cardiac/Medical Clearance		
Donor ID#: _____	Cardiac Clearance Release Date: _____	
Employee Initials: _____	Employee Number: _____	Date: _____
Comments: _____		
CBC Medical Director Approval for Phlebotomy: <input type="checkbox"/> YES <input type="checkbox"/> NO		
CBC Medical Director Signature: _____		Date: _____