

ENROLLMENT/PRESCRIPTION FOR NO FEE PHLEBOTOMY FOR HEREDITARY HEMOCHROMATOSIS (HH) PATIENTS ONLY

Please allow 3-5 business days for processing

Donor Notification Dept.:

Phone: (817) 412-5603

Fax: (817) 412-5609

Email: DN@carterbloodcare.org

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: _____
Street City State Zip

Phone #: (_____) _____ Email: _____
Area Code Phone Number

Patient Self-Schedules Blood Draws at a Frequency Directed by their Physician

Donation Frequency (mark one): ___ 8 weeks or greater OR ___ up to once every 2 weeks

- One unit of whole blood to be drawn at each donation.
- Males and Non-Specified individuals are drawn with Hgb \geq 13 g/dL. Females are drawn with Hgb \geq 12.5 g/dL. If patient needs an Hgb target with a lower Hgb value, contact Donor Notification at (817) 412-5603.
- 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. Additional comments will void the form. Form will be returned if incomplete or amended, resulting in an enrollment delay. Inclusion of patient email will speed patient's receipt of donation instructions.
- For donor eligibility criteria, go to our website: www.carterbloodcare.org
- Carter BloodCare does not perform Ferritin, Iron or other diagnostic tests.

Physician Information: My signature verifies this patient is under my care and has been diagnosed with Hereditary Hemochromatosis confirmed by genetic testing. Patient understands phlebotomy will be provided at no cost to them.

Area for Stamp:

Physician Printed Name: _____

Physician Signature: _____

Phone Number: (_____) _____ Address: _____

Fax: (_____) _____ Date: _____

FOR CBC USE ONLY

Donor ID#: _____

Employee Initials: _____ Employee Number: _____ Date: _____

Comments: _____

CBC Medical Director Approval for Phlebotomy: YES NO

CBC Medical Director Signature: _____ Date: _____