



PROVIDERS: DID YOU KNOW?

- Approximately 80% of the therapeutic patients that take testosterone are able to donate as a community blood donor?
- Patients who are taking testosterone **DO NOT** need a physician's prescription in order to donate **IF**:
 - They meet all allogeneic donor criteria;
 - Do not have a hemoglobin greater than 20.0 g/mL
 - Do not require phlebotomy more frequently than every 8 weeks

For testosterone patients who meet the above criteria: **Advise your patient to attempt to donate whole blood at LifeStream first as an allogeneic donor.** This is more convenient for them as it allows them to walk into any of our centers or mobiles without an appointment.

Note: Existing LifeStream therapeutic patients with orders that meet the above criteria AND whose order allows them to donate down to our current minimum of 13.0 g/mL for males and 12.5 g/mL for females – will be reinstated by LifeStream.

- For testosterone patients who do not meet the above criteria: Submit a completed therapeutic phlebotomy order form available at <https://www.lstream.org/hospitals-physicians/physician-services/>
- For more information regarding the above requirements, you and your patient may visit our website: <https://www.lstream.org/give-blood/who-can-donate/>

- **Please be advised that we do not accept stat, “now”, or urgent orders.**
- **We only perform phlebotomies on patients whose chronic blood condition is stable and who are in general good health.**
- **We do not work with any insurance providers.**

- **Double red cell donations are NOT performed on donors with a prescription.**
- **NOTE: Community donors that donate double red cells will not be able to donate again for 112 days (approximately 4 months), even if they return with a prescription.**

THERAPEUTIC PHLEBOTOMY PHYSICIAN ORDER

*No self-scheduling or walk-ins accepted.
LifeStream will contact patient **AFTER** order received.*

To the Physician: <i>Therapeutic phlebotomies are by prescription <u>and</u> appointment only</i> <ul style="list-style-type: none"> Fax completed orders to 909-386-6817 For appointments and/or assistance contact Special Services Department at 1-877-386-6874 			
Patient Information			
Patient Legal Last Name		Patient Legal First Name	
Patient Address		Patient Date of Birth	Birth Sex (circle one) M F
Patient Phone Number		Patient Email	
Physician Information <i>(must be MD/DO, ND, NP or PA and licensed in US)</i>			
Physician Name/Credentials		Physician Phone Number	
Physician Address		Physician Fax Number	
Patient Diagnosis (Check one)			
<i>Phlebotomy Fees are Waived for:</i>		<i>Phlebotomy Fees are Charged for:</i>	
<input type="checkbox"/>	Secondary Polycythemia (DUE to testosterone therapy)	<input type="checkbox"/>	Primary Polycythemia (vera, other rare genetic polycythemias)
<input type="checkbox"/>	Hereditary Hemochromatosis (confirmed by HFE C282Y mutation analysis or liver biopsy)	<input type="checkbox"/>	Secondary Polycythemia (NOT due to testosterone therapy)
		<input type="checkbox"/>	Iron Overload NOT hereditary hemochromatosis (transfusion, porphyria cutanea tarda, liver disease, etc.)
		<input type="checkbox"/>	Other, specify:
Frequency of Phlebotomy (Check one) <i>*if one is not checked, default will be every 56 days</i>			
<input type="checkbox"/>	One Time Only	<input type="checkbox"/>	Every 2 weeks
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every 4 weeks
		<input type="checkbox"/>	Every 8 weeks
		<input type="checkbox"/>	Other: <i>(NOTE: As needed/PRN/or blank will be drawn every 56 days)</i>
Minimum Hemoglobin <i>*if minimum is not indicated, default will be: <u>Male</u> 13 gm/dL / <u>Female</u> 12.5 g/dL. (Note: Blood center does not perform ferritin or HCT% testing)</i>			
Do not perform phlebotomy if patient's Hemoglobin is less than: _____ g/dL			
Procedure: Red cells will be removed by whole blood or apheresis collection.			
Provider Signature <i>(Note: Requests with practitioner's name signed by another individual, initialed or with a stamped signature will be returned for authorized signature.)</i>			
<i>I have evaluated this patient and I am aware of no contraindications to this procedure. I have explained the reason for this procedure to the patient, including the fact that a fee may be charged directly to the patient by the blood center. I will be responsible for the patient's follow-up care. With my signature I am confirming and verifying the diagnosis listed above.</i>			
Provider Signature: _____		Date: _____	
<i>(Note: Orders will be valid for one year from the date of provider's signature (excluding 1 time only orders.)</i>			

(PLEASE GIVE THE BELOW INFORMATION TO YOUR PATIENT)

**IMPORTANT THINGS YOU SHOULD KNOW ABOUT YOUR THERAPEUTIC
PHLEBOTOMY**

1. LifeStream's Special Services Department will contact you **AFTER** we receive the order from your physician.
2. Walk-ins and self-scheduling will **not** be accepted for therapeutic phlebotomies.
3. Your Therapeutic phlebotomy appointments will take approximately one (1) hour at LifeStream's donor centers.
4. Please drink plenty of fluids and eat well before your appointment
5. If you have any questions regarding this process, please contact LifeStream's Special Services Department at 1-877-386-6874.