

REFERRAL FOR THERAPEUTIC VENESECTIONS

REASON FOR ISSUE: Updated Dunedin details. Added under 'Test Results' Ferritin & Transferrin Saturation.

PATIENT DETAILS			
SURNAME		First name/s	
Date of Birth		NHI	
Address		Phone (Hm)	
		Phone (Wk)	
		Mobile	

REFERRING DOCTOR			
Name			
Address		Phone	
		Date of Request	
		Doctor's Signature	

DIAGNOSIS – REASON FOR VENESECTION			

TEST RESULTS (please include copies of relevant test results)			
Ferritin:		Transferrin Saturation:	
Liver Function Tests:		Genetic Testing Result:	
Additional Diagnosis:		Clinical Complications: <i>(diabetes, cardiac disease, cirrhosis)</i>	
Medications:			

VENESECTION DIRECTIONS FOR POLYCYTHAEMIA PATIENTS ONLY			
Number of venesections required:			

If at any time you feel venesection may adversely affect this patient's health please let us know immediately.						
Do you require NZBS to adjust the frequency of venesection according to the results below?						Y / N
	Date	Hb	Hct	S. Ferritin	Iron Saturation	Others
Recent values						
Tests required						
Frequency of tests						
Target value below						

Complete page 1 of this form and post or fax to the appropriate NZBS Collection Centre – contact details found on reverse.

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Site	Phone Number	Fax Number	Address Details
Auckland	09 523 5733	09 523 5746	New Zealand Blood Service 71 Great South Road Epsom Auckland 1051
Tauranga	07 578 2194	07 578 2195	New Zealand Blood Service 154 Cameron Road Tauranga 3110
Wellington	04 380 2243	04 389 5608	New Zealand Blood Service 7 Hospital Road Newtown Wellington 6021
Christchurch	03 343 9040	03 343 9045	New Zealand Blood Service 15 Lester Lane Addington Christchurch 8011
Dunedin	03 477 9920	03 477 9905	New Zealand Blood Service 170 Crawford Street Dunedin Central Dunedin 9016