



# Therapeutic Venesection

## Doctor Information

Thank you for referring your patient to Melbourne Pathology for serial therapeutic venesection. This service is available to patients considered unsuitable on medical assessment to donate at ARCBS-Victoria. Where no contraindication is present, and the reason for venesection is haemochromatosis, it is preferable that patients donate via ARCBS as their blood can be used in the national supply. Blood collected by Melbourne Pathology must be discarded at the end of the procedure.

Melbourne Pathology will be responsible for the well-being of the patient during the procedure, but the referring doctor is responsible for management of the disease for which venesection is indicated.

No request will be processed until the following information is provided in hard copy (including the referral form and pathology results):

- Diagnosis
- Supportive evidence of diagnosis  
Please note: Haemochromatosis patients must:
  - be either homozygous for C282Y or compound heterozygous for C282Y and H63D, and
  - have current evidence of iron overload (elevated ferritin and/or transferrin saturation) unless already in a regular venesection program.
- Concurrent medical problems
- Current medications
- Frequency of venesection (eg. weekly, monthly, quarterly, etc)
- Lowest acceptable haemoglobin level at which donation can proceed

The patient will be assessed for suitability and safety by a medical officer at the first attendance, and complete a verbal questionnaire with the procedural nurse on subsequent occasions. If the patient is temporarily or permanently deferred from the service you will be promptly notified in writing. Patients may occasionally need to be rescheduled, however we will attempt to minimise disruption to the venesection schedule.

A haemoglobin will be collected at each visit, but associated tests for liver function and iron studies will need to be ordered by the referring doctor and a referral form provided to the patient or collection rooms on each occasion that they are required. Rule 3 referrals may be appropriate.

Venesection will continue at the designated commencement frequency until any variation is indicated to the service in writing.

Please advise your patient if diuretic or antihypertensive therapies should be modified on the day of venesection and consider whether transiently interrupting warfarin therapy (eg. for 1-2 days) is preferred prior to procedure.

Yours sincerely,

Dr Ellen Maxwell  
Director of Haematology  
Melbourne Pathology



## Referral for Therapeutic Venesection

### PATIENT DETAILS

Patient Surname \_\_\_\_\_ Other Names \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### DOCTOR DETAILS

Name \_\_\_\_\_  
Practice Address \_\_\_\_\_  
Phone \_\_\_\_\_ Pager number \_\_\_\_\_ (Mobile) \_\_\_\_\_

### CLINICAL DETAILS

Diagnosis \_\_\_\_\_  
Concurrent medical problems \_\_\_\_\_  
\_\_\_\_\_  
Current medications \_\_\_\_\_  
\_\_\_\_\_  
Initial frequency of venesection \_\_\_\_\_  
Lowest acceptable haemoglobin for donation (Absolute minimum 100g/L) \_\_\_\_\_  
Please provide a copy of the HFE genotype and recent iron studies if referral is for haemachromatosis.

### DOCTOR CONFIRMATION

I confirm that this patient is not appropriate for donation at ARCBS-Victoria and is medically fit to tolerate therapeutic venesection with nursing supervision.

I will provide Melbourne Pathology or the patient with request forms for any associated tests on all occasions on which they are required, and will indicate in writing any variation to the current venesection regimen.

Referring Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_