

Potential Blood Donor with Haemochromatosis

Medical referral of a patient with genetic haemochromatosis wishing to become NHSBT Blood Donor

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| Patient Name | |
| Date of Birth | |
| Date of last hospital venesection | |

I confirm that the above patient

- has genetic haemochromatosis
- is in the maintenance phase of treatment
- does not have significant associated complications including cardiac or hepatic impairment
- is not receiving chelation treatment currently
- has not had a serious adverse reaction to venesection in the past

I will remain responsible for monitoring this patient including response to venesection.

I understand that this patient may not be eligible to donate at an NHSBT session on occasions and may need alternative arrangements for venesection.

I will clearly inform my patient how frequently they should donate.

Signature of Referring Doctor.....

Print Name

Designation

Hospital / Practice.....

Address

.....

Date

PLEASE RETURN FORM TO: Name:

Address:

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