

PATIENT INFORMATION AND CONSENT FOR THERAPEUTIC PHLEBOTOMY AT WCBS

PATIENT DETAILS																	
First name													Title				
Surname																	
Email address																	
ID number:													Cell number:				
Address:																	
Name of medical aid:										Medical aid number:							
Name of main member of the medical aid:																	
MEDICAL INFORMATION																	
Do you weigh above 50 kg?																	
Please list any chronic/daily medications used in the last two years. Alternatively, please attach your medication prescription.																	
In the last three months , have you been hospitalised or had a scope in a doctor's room? If yes, please provide the reason and the date of the event.																	
Have you <u>ever</u> had <u>any</u> type of cancer? If yes, please indicate the type of cancer, the date of diagnosis/treatment and what treatment you received.																	
Have you <u>ever</u> had a stroke (CVA), transient ischaemic attack (TIA) or any type of clot? If yes, what, when and what treatment did you receive?																	
Have you <u>ever</u> had a seizure or been diagnosed with epilepsy? If yes, when was the last seizure and do you use anti-epileptic medication?																	
Have you <u>ever</u> had an irregular pulse, stent, angina, bypass surgery or heart attack? If yes, what, when and type of treatment?																	
Are you diabetic? If yes, what medication do you use?																	
Have you <u>ever</u> had hepatitis or jaundice? If yes, what type and when?																	
Do you have any autoimmune diseases eg. rheumatoid arthritis, Hashimotos? If yes, what type and what medication do you use?																	
Did you grow up in an area/country where malaria is prevalent? If yes, where, and when did you last visit <u>any</u> malaria prevalent area?																	
Have you <u>ever</u> had brain surgery or received a tissue, human cornea or organ transplant? If yes, what type and when?																	
Have you ever fainted having blood samples taken or donating blood? If yes, how long ago did this happen?																	
CONSENT																	
<p>I have been referred by my clinician for therapeutic phlebotomy at WCBS. I acknowledge and understand the following:</p> <ul style="list-style-type: none"> • My clinician is responsible for my medical management and for prescribing my phlebotomy intervals. It is my responsibility to liaise with my clinician in this regard and to attend WCBS donor centres as prescribed. • When requiring phlebotomies more frequently than every 56 days (or 90 days if > 66 years), it is my responsibility to liaise with my clinician to ensure that a prescription is submitted to WCBS (phlebotomy@wcbs.org.za). • WCBS will facilitate 8 phlebotomies per prescription. Thereafter, I will revert to the routine blood donation interval. • The Head of the Medical Division at WCBS may require additional tests/medical reports before accepting me as a donor. Donors with a cardiac history may be required to submit ongoing medical reports for review. • I will be charged for the first therapeutic phlebotomy and for any further phlebotomies where my blood is not suitable for transfusion to patients. • Following my first phlebotomy, I understand that when my blood is not used for transfusion to patients it may not undergo routine testing for HIV, hepatitis B, hepatitis C, syphilis and ferritin level. • It is my responsibility to settle all accounts and to liaise with my medical aid as required. • WCBS has put measures in place to protect and safeguard my personal information and will only share this with my clinician, if necessary. • Upon visiting the donation centres, I will be required to sign documents related to the Protection of Personal Information (POPI), and I further comprehend that this document is aligned with the content of the POPI document. 																	
Signature:														Date:			

WCBS Specialised Donations: Email: phlebotomy@wcbs.org.za | Tel: (021) 507 6320/6393

For office use	Donor code																
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