

NATF 116 06

(Relates to SOP NATS MED 016)

GENETIC HAEMOCHROMATOSIS REFERRAL FORM FOR ROUTINE BLOOD DONATION



To refer a patient with genetic haemochromatosis (GH) to SNBTS as potential donor, complete this form and email to NSS.SNBTSdcstadmin@nhs.scot

Email any subsequent medical enquiries to the donor medical team NSS.SNBTSdcst@nhs.scot or contact the donor medical team on 0131 314 5520 (Monday-Friday, 9-3). For more information on GH and blood donation in Scotland, go to www.nss.nhs.scot and search for Haemochromatosis in the search bar.

Section 1. Patient Details							
Surname		Forename(s)					
Date of Birth		Title		Sex	M / F (please select)		
Address and Postcode							
Contact Telephone N°							
Has your patient previously donated		Blood Donor Registration					
or registered as a donor with SNBTS?		Number (if known)					
Section 2: Referrer Details							
Name of Referrer							
Job Title							
Address / Telephone							
Name of consultant in charge							
(Must be provided)							
Email address of referrer for clinical							
contact (Must be provided)							

Complete Sections 3 and 4 overleaf, then sign below

Declaration

I confirm that:

- The referring clinical team will remain responsible for monitoring ferritin/transferrin saturation and determining venesection frequency
- The referring clinical team will remain responsible for any clinical review or follow up required
- The referring clinical team will offer venesection if the patient is unable to/does not wish to donate blood
- This patient has been informed of the above and has been given contact information for the referring clinical team to discuss venesection if not donating blood

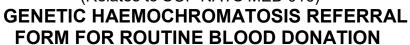
Signed:	Print Name	Date
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Section 3: GH clinical information						
Genetic Diagnosis (eg C282Y homozygote)						
Year of diagnosis						
Iron status at diagnosis	Ferritin:	μg/L	T. Sat:	%		
Has your patient ever been venesected for GH?			,			
Current venesection programme (please select)	None	Induc	ction / de-ironing	Maintenance □		
Frequency of venesection?						
Any complications due to GH? (If 'Yes' give details)						
Is your patient on surveillance for cirrhosis/ hepatocellular carcinoma?						
Most recent results*	Ferritin:	μg/L				
	Transferrin Sat:	%				
	Haemoglobin*:			g/L		
Does your patient have good venous access?						
Does your patient tolerate venesection well (IV fluids not req'd, not vasovagal)?						
Section 4: Other medica	al history**					
Please give details of any other medical conditions:						
Current medications						
Has your patient ever had a transfusion? If yes, when?						
Does your patient have any history of cardiac investigations? Give details.						

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^{*} Please note donations can only be accepted from donors with haemoglobin levels in the following ranges: Female 125-165g/L Male: 135-180g/L

^{**}UK donor selection criteria can be viewed at www.transfusionguidelines.org.uk. Go to 'Donor Selection Guidelines: Whole Blood and Components' and select 'A-Z search'