Irish Blood Transfusion Service
Seirbhís Fuilaistriúcháin na hÉireann

PLEASE BRING THIS PRESCRIPTION EACH

TIME YOU ATTEND THE CLINIC

Patient's Name   Date of Birth

Address

℞

Phlebotomy of 470 mls

Repeat x 3, with intervals of not less than 90 days between any 2 phlebotomies.

I certify

That the above named patient has been diagnosed with hereditary haemochromatosis ☐

That this patient is being prescribed these venesections in accordance with the Guidelines of the Irish College of General Practitioners (Nicholson A.. Hereditary Haemochromatosis: diagnosis & management from a GP perspective, ICGP 2009) ☐

That the patient's Serum Ferritin concentration is < 600 µg/L ☐

I acknowledge that, other than for care pertaining to the venesection process itself, responsibility for the further care of this patient's haemochromatosis remains with myself ☐

Doctor's Name and Address/Name & Hospital of referring Consultant:

Signature of Doctor or Clinical Nurse Specialist (Hospital Haemochromatosis Clinic):

Signature ____Medical Council Reg. No. _________________

IBTS Use Only: Phlebotomy Record			
Date	Volume	Remarks	Name and Signature of Phlebotomist
1.			
2.			
3.			
4.			

Clinics by appointment only (DUBLIN clinic 01 474 5000 CORK clinic 021-4807400)

DUBLIN – D'Olier Street IBTS Clinic - Every Wednesday 10:00 hrs. to 12:00 hrs.

CORK – St. Finbarrs IBTS Clinic - Every Monday 12.30-14.30 (except Public Holidays)

For further information on the IBTS haemochromatosis clinics visit www.giveblood.ie

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