

**Please complete and Fax to : 08 8112 1328**

## Clearance to become a volunteer donor

*This form is for patients who do not meet the therapeutic program criteria but are suitable to join the volunteer blood donor panel.*

This information will be sent to the Australian Red Cross Lifeblood National Contact Centre. The contact centre will contact your patient and arrange an appointment for donation.

Patient Name

Address

Date of Birth

Sex

Male  Female

Patient Contact  
Number

Email (optional)

- My patient has elevated ferritin AND/OR genetic markers for Haemochromatosis. ( OTHER THAN C282Y homozygote or H63D/C282Y compound heterozygote). Therefore they are not eligible for therapeutic venesection at Lifeblood.
- My patient does wish to become a volunteer blood donor. **My patient is well and has no significant liver disease, malignancy, significant autoimmune disease or other chronic disease to explain raised ferritin.**
- I am therefore comfortable with blood donation provided my patient meets Lifeblood standard eligibility criteria.**
- I confirm I have tested my patient for Hepatitis B and C and they are negative.**

Doctor Name

Address

Contact Number

Email

Provider Number

Signature

Date