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Performing therapeutic venesection in a doctor's surgery

The Australian Red Cross Blood Service (Blood Service) provides therapeutic venesection services for patients who meet evidence-based criteria for therapeutic phlebotomy and the Blood Service's eligibility guidelines.¹ The majority of referrals are for hereditary haemochromatosis. In the financial year 2015–16, the Blood Service accepted 2687 new referrals for C282Y homozygotes and 1350 new referrals for C282Y/H63D compound heterozygotes.

The Blood Service is able to use about 80% of therapeutic collections to manufacture blood products. Blood collected from donors who do not meet product safety guidelines is discarded, including collections from donors with polycythaemia vera or porphyria cutanea tarda. Therapeutic donation is therefore a significant contributor to the Australian blood supply. Therapeutic donors comprise 2.72% of whole-blood donors, but contribute 4.44% of total whole-blood donations due to their donation frequency.

While there had been debate about the infectious disease risk of using blood from patients with haemochromatosis, a recent publication has demonstrated that blood products manufactured from these donations are at least as safe as those from volunteer donors.² This publication has led to a call for the use of blood from donors with haemochromatosis to be adopted in jurisdictions where this is not current practice.³

We would therefore encourage general practitioners to refer their patients to the Blood Service for therapeutic venesection by accessing our secure online referral tool (https://highferritin.transfusion.com. au). This will enable a significant proportion of the blood collected to be used for the benefit of the Australian community.

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Letters to the editor

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