

## PRODUCT AND SERVICE INFORMATION

The transfusion requirements of a patient are determined by clinical status and laboratory results. Transfusion decisions should take account of clinical transfusion guidelines, modified to patient needs, and ensuring that the benefits outweigh the risks. Informed consent must be obtained from the patient for all transfusions of blood or blood products. **In line with the Standards for Practice for Blood Transfusion In SA, no blood products may be issued without the signature of the Medical Practitioner on the Crossmatch Request Form or a person acting on his/her instructions. All patient's details on the request form and specimen label must agree**

<b>RED CELL PRODUCTS: STORE BETWEEN 1°C - 6°C</b>			<b>FOR TRANSFUSION MEDICINE CONSULTATION</b> <i>Please contact: The nearest Blood Bank for doctor on call.</i>
<b>PRODUCT</b>	<b>AVERAGE VOL (ml)</b>	<b>PRODUCT INFORMATION</b>	
Red Cell Concentrate in additive solution, Buffy coat removed WBC: <2.4 x 10 <sup>9</sup> /unit	300	<b>Indication:</b> To increase tissue oxygenation due to reduced haemoglobin concentration.	<b>LEUCOCYTE DEPLETED (LEUCODEPLETED) PRODUCTS</b> Filtered under laboratory conditions. This ensures optimal removal of leucocytes to minimise cytokine release. Leucocyte depletion will result in a leucocyte count of <5 x 10 <sup>6</sup> per unit and usually <1 x 10 <sup>6</sup> per unit. <b>Indications:</b> 1. Prevention of transfusion transmitted CMV. 2. Potential haemopoietic transplant recipients. 3. Intrauterine transfusions and children <1 year of age. 4. Prevention of febrile non-haemolytic transfusion reactions
Red Cell Concentrate (Leucodepleted) WBC: <5 x 10 <sup>6</sup> /unit	260	Leucocyte depleted at the time of processing.	
Red Cell Concentrate in additive solution, Buffy coat removed (<5 days old) WBC: <2.4 x 10 <sup>9</sup> /unit	300	<b>Indication:</b> as for red cell concentrate.	
Red Cell Concentrate (Leucodepleted) (<5 days old) WBC: <5 x 10 <sup>6</sup> /unit	260	Suitable for neonatal exchange transfusion.	
Red Cell Concentrate Paediatric Leucodepleted	75	For paediatric use.	
Whole Blood (<5 days old)	525	Within 24 hours of collection, there is a significant deterioration of platelet function and loss of labile coagulation factors. <b>Consider blood component therapy.</b>	
Whole Blood Leucodepleted (< 5 days old)	485	Indicated for neonatal exchange transfusion.	
<b>PLATELET PRODUCTS - USE IMMEDIATELY AFTER ISSUE - DO NOT REFRIGERATE</b>			<b>ACCESSORIES</b> Blood administration set: For the infusion of whole blood and red cell concentrate. Platelet administration set: For the infusion of platelets. Blood pack without anticoagulant: For therapeutic bleeding. Blood pack with anticoagulant: For blood salvage and subsequent autologous reinfusion.
Platelet Concentrate Pooled Non-leucodepleted Platelets: ≥2.4 x 10 <sup>11</sup> /unit WBC: <5 x 10 <sup>9</sup> /unit	250	Prepared from Buffy coat of 5 whole blood donations - not leucodepleted. <b>Indications:</b> Clinically significant thrombocytopenia or platelet function abnormalities.	
Platelet Concentrate Leucodepleted (Apheresis) Platelets: ≥2.4 x 10 <sup>11</sup> /unit WBC: <5 x 10 <sup>6</sup> /unit	200	Prepared from a single donor by apheresis - if unavailable, leucodepleted pooled platelets will be supplied.	
Platelet Concentrate Paediatric Leucodepleted Platelets: ≥5.5 x 10 <sup>10</sup> /unit WBC: <5 x 10 <sup>6</sup> /unit	50	Prepared from a single donor by apheresis.	
<b>PLASMA PRODUCTS - Donor retested - Issued only after subsequent donation from the same donor has been retested, and found negative for markers of transmissible diseases. MUST BE TRANSFUSED IMMEDIATELY AFTER ISSUE</b>			<b>TYPE OF CROSSMATCH</b> <b>Type and Screen</b> The specimen will be grouped and tested to ensure that it does not contain antibodies which could delay finding compatible blood. The specimen will be held for 72 hours. Blood will only be crossmatched when requested by the attending doctor.  <b>Standard Crossmatch:</b> Within 2 hours. <b>Emergency Crossmatch:</b> Requires 20 - 30 minutes. <b>No Crossmatch:</b> Requires 5 - 10 minutes.  <i>Blood issued on emergency or without a compatibility test is transfused at the attending doctor's own responsibility. There are risks involved in emergency procedures - USE THEM ONLY FOR GENUINE EMERGENCIES.</i>  <i>Crossmatched products will be held in reserve for 24 hours unless otherwise indicated by the attending doctor.</i>
Cryoprecipitate fibrinogen content - > 300 mg/unit	30	Indications: 1. Hypofibrinogenaemia. 2. Factor XIII deficiency.	
Fresh Frozen Plasma - Adult -Paediatric FFP - (Cryp-poor)	260 130 250	Contains physiological levels of most clotting factors. <b>NB:</b> Bioplasma is used as an alternative. Limited availability may be indicated for TTP.	
<b>SPECIAL REQUESTS - Contact the Blood Bank - advance notice is required</b>			<b>BLOOD RETURNABLE BASIS (BRB)</b>  Blood is transported in a temperature controlled hamper. Provided the blood is returned within 10 hours of issue, remains sealed in the hamper and the temperature of the hamper does not exceed 10°C, the fee for the blood will fall away. However, the service and laboratory test charge will be levied.
<b>Irradiated Products:</b> For the prevention of transfusion-associated graft-versus-host disease. <b>Indications:</b> 1. Intrauterine transfusion. 2. Bone marrow transplant 3. Directed donations from blood relatives.	<b>HLA-matched platelet concentrate:</b> (single donor apheresis platelet concentrate).  <b>Indication:</b> Prevention and management of platelet refractoriness.	<b>OTHER SPECIAL SERVICES</b> <b>Autologous and Directed Programmes.</b> <b>Washed products</b> <b>Cryo-preserved Cells.</b>	
			<b>INFORMED CONSENT</b> As with any treatment, the patient has the right to decide whether or not to accept the treatment. As far as possible the patient should understand the benefits, risks and alternatives to transfusion as explained by the prescribing doctor. Informed consent is a process which must be acknowledged and documented.