NOTIFICATION OF A SPECIAL BLOOD COMPONENT REQUIREMENT

Purpose

To enable the New Zealand Blood Service to assist clinicians in the provision of appropriate blood components for patients with special requirements.

Please complete this form if your patient has special requirements in regard to blood components and forward the form to Blood Bank.

Patient Information

Family Name:	**Given Name:**	
Date of Birth:	**NHI Number:**	**Sex** **Male** ☐ **Female** ☐

Requirements

Component or Treatment	✓	**Start Date**	**End date**	**Indefinite?**
Irradiated components				
HLA matched platelets *				
Washed red cells or platelets *				
CMV antibody negative components *				
Cryopreserved platelets*				
Phenotype matched red cells				
Other *				

*Only after clinician has discussed with an NZBS Transfusion Medicine Specialist

Medical Diagnosis: *This section must be completed.*

	✓		✓
HPC donor		Congenital cellular immunodeficiency	
Autologous HPC transplant recipient		Hodgkin lymphoma	
Allogeneic HPC transplant recipient		Treated with purine analogue	
ABO incompatible solid organ transplant recipient		Treated with alemtuzumab	
Myeloma		Platelet refractoriness	
Other:			

Requestor's signature:	**Date:**
Consultant's name:	**Contact number:**

See next page for detailed list of indications

Laboratory Use Only

eTraceline entry	Specify	Reason	Start date	End date	Initial	Date
Diagnosis *(if applicable)*						
Transfusion Protocol						
Protocol-related Note *(if applicable)*						

Indications for Irradiated Red Cells and Platelets

- Allogeneic Haematopoietic Progenitor Cell transplant recipients (usually up to 12 months post-transplant but longer if persistent GVHD or persistent lymphopenia < 1 x10^9/L)
- Autologous Haematopoietic Progenitor Cell transplant recipients (until at least three months post-transplant, or six months if Total Body Irradiation is used)
- Autologous Bone Marrow/Stem Cell collection (from 7 days before collection)
- Hodgkin's Disease (lifelong)
- Recipients of purine analogues (fludarabine, deoxycoformycin pentostatin, cladribine, clofarabine and bendamustine) (lifelong)
- Recipients of alemtuzumab (lifelong)
- Neonates (especially premature infants up to 7 months of age)
- Congenital cellular immunodeficiencies (definite or suspected) e.g. SCID, DiGeorge syndrome (lifelong)

The following components will be irradiated routinely; irradiation does not need to be requested:

- HLA matched Platelets
- Directed Donations from blood relatives
- Intrauterine transfusions and subsequent transfusions
- Exchange transfusions for newborns
- Granulocyte transfusions

Indications for HLA Matched Platelets

- Patients refractory to platelet transfusions and with documented HLA antibodies

Indications for Cryopreserved Platelets

- Platelet refractory patients with documented HLA antibodies and a very limited donor panel, able to donate autologous platelets between cycles of treatment

Indications for Washed Red Cells or Platelets

- Patients who have documented antibodies to IgA (see NZBS policy on provision of IgA safe components)
- Some cases of T Activation

Indications for CMV antibody Negative Components

- Intra-uterine, exchange and neonatal transfusion (Blood Bank will provide routinely)
- All other requests must be pre-authorised by an NZBS Transfusion Specialist

Indications for Phenotype Matched Red Cells

- Treatment with anti-CD38 or anti-CD47 Ab (e.g. Daratumumab, Magrolimab)
- Congenital transfusion-dependent haemoglobinopathies

Reference

Australian and New Zealand Society for Blood Transfusion. Prevention of Transfusion-Associated Graft-Versus-Host Disease (TA-GVHD). Available from https://anzsbt.org.au/guidelines-standards/anzsbt-guidelines/