BLOOD COMPONENT MONOGRAPH
RED CELLS RESUSPENDED NEONATAL LEUCOCYTE DEPLETED

REASON FOR ISSUE: Update to include ISBT128 component codes

Council of Europe Guide Monograph	Red Cells for Neonatal and Infant Small Volume Transfusion
eProgesa Component Names	Red Cells Resuspended Neonatal Leucocyte Depleted
eProgesa Component Codes	04482, 04483, 04484, 04485, 04486, 04487, 04488, 04489, E9623VA0, E9625VA0, E9623VB0, E9625VB0, E9623VC0, E9625VC0, E9623VD0, E9625VD0, E9623VE0, E9625VE0, E9623VF0, E9625VF0, E9623VG0, E9625VG0, E9623VH0, E9625VH0

1. DEFINITION and PROPERTIES:

Red Cells Resuspended Neonatal, Leucocyte Depleted (LD) is a red cell component derived from *Red Cells Resuspended, LD* which is divided into satellite units. The properties are those of the source component.

2. PREPARATION:

Red Cells Resuspended Neonatal, LD are prepared by the secondary processing of *Red Cells Resuspended, LD*. The selected component is divided into 3 to 8 satellite packs by using a closed or functionally closed system.

The donation must be from a regular donor who has donated at least once during the last 6 months.

The component may be irradiated where clinically indicated.

3. RELEASE REQUIREMENTS and QUALITY CONTROL:

Release requirements are as indicated for *Red Cells Resuspended, LD* with the following additional standards, described in Table 3.1

3.1 Release Requirements

Parameter	Requirements	Frequency of control
CMV	Negative	All units
High titre anti A or B	Negative	

Quality monitoring requirements are as indicated for *Red Cells Resuspended, LD* with the following additional standards, described in Table 3.2.

3.2 Quality Monitoring Requirements

Parameter	Requirements	Frequency of control [1]
Volume	55 - 85 mL	All units
Haematocrit	0.50 – 0.70	As determined by SPC

1. A minimum of 90% of units tested should meet the required value

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4. STORAGE and TRANSPORT:

Storage and transport requirements are as described for *Red Cells Resuspended, LD*.

Red Cells Resuspended Neonatal, LD may be stored for a maximum period of 35 days when CPD is used as the anticoagulant and SAGM as the preservative solution in the source component.

The component may be irradiated at any time up to 28 days following collection so long as the component is transfused immediately following irradiation. If the irradiated component is to be stored then irradiation may be undertaken up to 14 days following collection and the component stored for up to 48 hours. This period may be extended to 14 days when effective mechanisms are in place to avoid such units being transfused in large volume and / or rapid transfusion clinical settings.

5. LABELLING

The additional and / or amended labelling requirements to those of *Red Cells Resuspended, LD*:

- if components are split for use in neonates and infants, each satellite pack must have a unique unit identity number which allows traceability to the source donation and to other subunits prepared from the same component;
- the name of the blood component;
- additional component information: irradiated, etc. (if appropriate);
- the volume or weight of the component;
- the date and time of expiry.

6. WARNINGS:

Transfusion rates must be carefully controlled.

Red Cells Resuspended Neonatal LD must not be used for rapid transfusion or large volume transfusion, unless used within 5 days from the source red cell donation.

Adverse reactions:

Adverse reactions are those of *Red Cells Resuspended, LD*.

In addition, of particular concern for infants and neonates are:

- metabolic imbalance (e.g. hyperkalaemia in massive transfusion or if rapidly transfused);
- citrate toxicity;
- transfusion-associated circulatory overload;
- cytomegalovirus infection;
- graft versus host disease, unless the component is irradiated.