# BLOOD COMPONENT MONOGRAPH
# PLATELETS APHERESIS IN ADDITIVE SOLUTION
# LEUCOCYTE-DEPLETED CRYOPRESERVED

**REASON FOR ISSUE: Update to include ISBT 128 component codes, and label changes.**

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|---|---|
| **Council of Europe Guide Monograph** | Platelets, Cryopreserved |
| **eProgesa Component Name** | Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved |
| **eProgesa Component Code** | 12602, 12603, 12604, 12605, EB121100, EB1211A0, EB1211B0, EB1211C0, EB121V00, EB121VA0, EB121VB0, EB121VC0 |

## 1. DEFINITION and PROPERTIES:

*Platelets Apheresis Leucocyte Depleted in Additive Solution Cryopreserved* is a component prepared by the freezing of platelet components within 48 hours of collection, using a cryoprotectant and stored at -65°C or below.

A reconstituted unit of *Platelets Apheresis in Additive Solution Leucocyte Depleted Thawed* contains more than 40% of the platelets in the original component. The method facilitates extended storage of platelets from selected donors and of autologous platelets.

## 2. PREPARATION:

*Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved* are prepared by secondary processing of *Platelets Apheresis in Additive Solution Leucocyte Depleted*. The component is cryopreserved as soon as possible after routine bacterial testing and within 48 hours of collection using a cryoprotectant. The method in use by NZBS for preparation of *Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved* utilises DMSO at 6% w/v.

Before use, the platelets are thawed and resuspended in a suitable additive solution.

## 3. RELEASE REQUIREMENTS AND QUALITY CONTROL

Release requirements are as indicated for the primary component with the following quality monitoring requirements:

### 3.1 Quality Monitoring Requirements:

| Parameter to be checked | Requirements | Frequency of control |
|---|---|---|
| Volume | 50 – 200 mL | All units |
| Platelet content | >40% of the pre-freeze platelet content | |

A thawed unit of *Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved* will not swirl.

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## 4. STORAGE AND TRANSPORT:

Platelets in the frozen state must be constantly maintained at -65°C or colder, stored in an electric freezer for up to 12 months.

If transport in the frozen state is unavoidable, storage conditions must be maintained during transportation.

Thawed platelets must be used as soon as possible after thawing within a shelf life of 6 hours. The thawed component must be stored between +20°C to +24°C.

Transportation of thawed platelets is limited by the short shelf-life of this component. During transportation, the temperature of a thawed unit of *Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved* must be kept as close as possible to the recommended storage temperature.

## 5. LABELLING:

The following information is shown on the label or contained in this component monograph:

- Name of the component – *Platelets Apheresis in Additive Solution Leucocyte Depleted Cryopreserved*
- Component code
- Volume (mL)
- Name of the processing centre
- Donation number*
- ABO group*
- RhD group stated as positive or negative*
- Name of any approved platelet additive solution used
- Date of collection
- Date and time of expiry*
- Name and volume (mL) of the cryoprotective solution
- The storage temperature
- The HLA and/or HPA type (if determined);
- Additional component information: Leucocyte depleted, irradiated, etc. (if appropriate);

(* eye readable and barcode format)

In addition, the following instructions are included:

- Always check that the recipient for this component is properly identified
- Do not use if there are signs of deterioration or damage
- Use a standard transfusion set
- This product carries the risk of adverse reaction / infection
- Contact your Blood Bank for further information

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## 6. WARNINGS:

Residual cryoprotectant (DMSO) can be toxic.

RhD negative female recipients of child-bearing age or younger should preferably not be transfused with platelets from RhD positive donors. If unavoidable, administration of anti-D immunoglobulin should be considered.

Adverse reactions include:

- Transfusion-associated circulatory overload;
- Haemolytic reaction due to anti-A, -B in case of incompatible transfusions when thawed platelets are re-suspended in plasma;
- Non-haemolytic transfusion reaction (mainly chills, fever and urticaria);
- Allo-immunisation against HPA antigens;
- Transfusion-related acute lung injury (TRALI);
- Post-transfusion purpura;
- Graft versus host disease (TA-GVHD);
- Sepsis due to inadvertent bacterial contamination;
- Viral transmission (hepatitis, HIV, etc.) is possible, despite careful donor selection and screening procedures;
- Syphilis transmission;
- Protozoal transmission (e.g. malaria) may occur in rare instances;
- Transmission of other pathogens that are not tested for or recognised.