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 fax or forward the form to Blood Bank. Fax numbers are on the reverse of this form.

### Patient Information

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Given Name:</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>NHI Number:</th>
<th>Sex: Male</th>
<th>Female</th>
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<tbody>
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### Requirements

<table>
<thead>
<tr>
<th>Component or Treatment</th>
<th>✓</th>
<th>Start Date</th>
<th>End date</th>
<th>Indefinite?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irradiated Components</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLA Matched Platelets</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Washed Red Cells or Platelets</td>
<td></td>
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<tr>
<td>CMV antibody Negative Components</td>
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<tr>
<td>Cryopreserved Platelets</td>
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<tr>
<td>Treatment with anti-CD38 Ab (e.g. Daratumumab)</td>
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<tr>
<td>Other *</td>
<td></td>
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</tbody>
</table>

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

### Medical Diagnosis:  This section must be completed. See reverse side for list of standard indications

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>HPC donor</td>
<td>Congenital cellular immunodeficiency</td>
</tr>
<tr>
<td>Autologous HPC transplant recipient</td>
<td>Hodgkin lymphoma</td>
</tr>
<tr>
<td>Allogeneic HPC transplant recipient</td>
<td>Treated with purine analogue</td>
</tr>
<tr>
<td>ABO incompatible solid organ transplant recipient</td>
<td>Treated with alemtuzumab</td>
</tr>
<tr>
<td>Myeloma</td>
<td>Platelet refractoriness</td>
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<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

Doctor's signature: [ ] Date: [ ]

Doctor's name: [ ] Contact number: [ ]

### Laboratory Use Only

<table>
<thead>
<tr>
<th>eTraceline entry</th>
<th>Specify</th>
<th>Reason</th>
<th>Start date</th>
<th>End date</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis (if applicable)</td>
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<tr>
<td>Transfusion Protocol</td>
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<td>Protocol-related Note (if applicable)</td>
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</table>
Indications for Irradiated Red Cells and Platelets

- Allogeneic Haematopoietic Progenitor Cell transplant recipients (usually up to 12 months post-transplant)
- 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), chlorodeoxyadenosine (cladribine), clofarabine and bendamustine) (lifelong)
- Recipients of alemtuzumab (lifelong)
- Neonates (especially premature infants up to 7 months of age)
- Congenital cellular immunodeficiencies (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 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

Blood Bank fax numbers

Auckland: 09 307 2823 or ext 24016 (if within Auckland Hospital)
Waikato: 07 858 0988 or ext 4988 (if within Waikato Hospital)
Palmerston North: 06 357 2854
Wellington: 04 385 5982 or ext 5982 (if within Wellington Hospital)
Christchurch: 03 364 0159 or ext 80159 (if within Christchurch Hospital)
Dunedin: 03 470 9513 or ext 59513 (if within Dunedin Hospital)