SPECIAL REQUIREMENTS

It is the responsibility of the practitioner requesting blood components to check the patient’s transfusion history and to ensure any special requirements are communicated to the transfusion laboratory on the request form. Please see details below for any exceptions to this requirement.

**Irradiated Components**

For at-risk patients, all red cell, platelet and granulocyte concentrates should be irradiated. It is not necessary to irradiate FFP, cryoprecipitate or fractionated plasma products.

[In the haematology department (adults) ONLY, irradiated blood component requirements are communicated to the transfusion laboratory via a specific Special Requirement Request Form – not on the standard transfusion request form].

Indications for irradiated components are:

- All intrauterine transfusions.
- All exchange or top-up transfusions in infants where there has been a previous intrauterine transfusion, until 6 months after the expected delivery date.
- Exchange transfusion, with no previous intra-uterine transfusion; irradiated blood is recommended provided this does not unduly delay transfusion
- Proven or suspected congenital immunodeficiency states (including Severe Combined Immunodeficiency (SCID), Di George’s syndrome, Wiskott-Aldrich syndrome, purine nucleoside phosphorylase deficiency, reticular dysgenesis, cell-mediated immunodeficiency (not otherwise classified), primary T lymphocyte immunodeficiencies, adenosine deaminase deficiency, MHC Class I and II deficiency, leucocyte adhesion deficiency, immunodeficiency with eosinophilia, ataxia telangiectasia, chronic mucocutaneous candidiasis).
- All autologous bone marrow or peripheral blood stem cell transplant recipients from start of conditioning until at least three months after transplant (or until at least six months after transplant if total body irradiation has been given).
- All allogeneic bone marrow or peripheral blood stem cell transplant recipients from start of conditioning until a minimum of six months after transplant; possibly longer at the discretion of the haematologist e.g. chronic GvHD.
- Blood transfused to allogeneic bone marrow or peripheral blood stem-cell donors for 7 days before the harvest and until after the last collection.
- Blood transfused to patients undergoing autologous bone marrow harvest for the 7 days before the harvest and until after the harvest.
- Blood transfused to patients undergoing autologous peripheral blood stem-cell mobilisation from commencement of the mobilising chemotherapy regimen and until the last collection.
- Patients with Hodgkin’s disease, indefinitely.
- Patients treated with the purine analogue drugs Fludarabine, Deoxycoformycin, Cladribine, Clofarabine and Bendamustine, indefinitely.
• All transfusions from first- or second-degree relatives, even if the patient is immunocompetent.
• All HLA-matched platelet transfusions, even if the patient is immunocompetent.
• All granulocyte transfusions, which must then be transfused with minimum delay.
• Patients receiving ALG, ATG, CAMPATH or any other T-cell depleting agents (such as alemtuzumab for non-haematological indications including solid organ transplantation, multiple sclerosis and vasculitis) during treatment and then indefinitely.

**Hepatitis E Virus (HEV) Negative Components**

For at-risk patients, all red cell, platelet, FFP, cryoprecipitate and granulocyte concentrates should be HEV negative.

Indications for HEV negative components are:

*Solid Organ Transplantation (SOT)*
- SOT recipients taking immunosuppressive medication
- Potential SOT recipients from three months prior to date of planned elective live donor SOT or from date of listing on the deceased donor waiting list for SOT

[In the transplant departments (adults) ONLY, HEV negative blood component requirements for new transplant patients are communicated to the transfusion laboratory via a specific Special Requirement Request Form].

*Allogeneic Haematopoietic Stem Cell Transplantation (HSCT)*
- Potential allogeneic HSCT recipients from three months prior to date of planned HSCT until 6 months after, or for as long as the patient is immunosuppressed
- From the time of diagnosis, patients with diseases such as acute leukaemia, high grade myelodysplastic syndrome and aplastic anaemia requiring ATG who have a high transfusion burden and a significant likelihood of proceeding to allogeneic HSCT
- Post transplant lymphoproliferative disorder

[In the haematology department (adults) ONLY, HEV negative blood component requirements are communicated to the transfusion laboratory via a specific Special Requirement Request Form - not on the standard transfusion request form].

*Neonates and infants*
- All blood components for neonates and infants up to 12 months of age (paedipaks will routinely be HEV negative)

**Cytomegalovirus (CMV) Negative Components**

• Pregnant women antenatally (pre-delivery only). If CMV negative components are not readily available and a delay will compromise the mother or baby, CMV random components (i.e. untested) are an acceptable alternative.
• Intra-uterine transfusion irrespective of the CMV status of the mother.
• All blood transfusions for infants up to 28 days post expected delivery date (paedipaks will routinely be CMV negative)