

# **Document Detail**

	PMF IBTS SPEC IBTS/PMF/SPEC/0232[4]
Title:	RED CELLS, SUITABLE FOR NEONATAL USE FOR 5 DAYS
	AFTER DATE DRAWN
Owner:	QA DOC CON QA DOC CONTROL
Status	CURRENT
Effective Date:	13-May-2021
<b>Expiration Date:</b>	13-May-2023

#### <u>Review</u>

Review: IBTS PMF REVIEW

Level	Owner Role	Actor	<u>Sign-off By</u>
1	DOCUMENT CONTROLLER	REBECCA WALDEN	REBECCA WALDEN
2	QUALITY ASSURANCE WRITER IBTS	REBECCA WALDEN	REBECCA WALDEN
3	LABS HEAD OF MANUFACTURING & ISSUE IBTS	BARRY DOYLE	BARRY DOYLE
3	NATIONAL MEDICAL DIRECTOR	STEPHEN FIELD	STEPHEN FIELD
4	QUALITY ASSURANCE REVIEWER IBTS	COLIN JOHNS	COLIN JOHNS

### **Change Orders**

Changes as described on Change Order: <u>Change Order No.</u>

**Change Orders - Incorporated** 

Changes as described on Change Order:

Change Order No. IBTS/CO/0229/21

# **IRISH BLOOD TRANSFUSION SERVICE**

## **PRODUCT MASTER FILE**

#### **RED CELLS, SUITABLE FOR NEONATAL USE FOR** TITLE: **5 DAYS AFTER DATE DRAWN**

### **Change Description:**

Revise IBTS/PMF/SPEC/0203 to IBTS/PMF/SPEC/0212 and IBTS/PMF/SPEC/0232 to amend the product labels.

### **Reason for Change:**

Fix to the labels with reference to IR 361/21/IBTS, IBTS/QA/PQ/0600 Deviation 012 and CC se. Status URRENT Effect 134/21/IBTS

## Change order No.:

IBTS/CO/0229/21

**Referenced Documents** N/A

**SmartSolve Roles** N/A

**Training Type** N/A

### **SmartSolve Document Category**

<b>Category</b>	Mobile	Cryobiology	Website	GDP
Yes / No	No	No	Yes	No
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### **IRISH BLOOD TRANSFUSION SERVICE**

### **PRODUCT MASTER FILE**

### Title: Red Cells, Suitable for Neonatal Use for 5 Days after Date Drawn

Name of Products: RED CELLS, Suitable for Neonatal Use for 5 Days after Date Drawn /

RED CELLS, Suitable for Neonatal Use for 5 Days after Date Drawn, Irradiated

E Progesa Codabar Component Codes: 54481 / 74421

E Progesa ISBT – 128 Component Codes : C7429V00 / C7442V00.

**General Description:** 

A red cell suspension obtained from whole blood by centrifugation, removal of plasma with subsequent addition of a nutrient solution SAG-M. The removal of the majority of leucocytes is achieved by filtration. The selected donors meet the additional criteria for neonatal use.

Parameter	Quality Requirements	<b>Frequency of Control</b>
Volume	231 – 355 ml	100%
Haematocrit	0.50 - 0.70 L/L	1%
Haemoglobin	$\geq$ 40 g/unit	1%
Leucocyte Content	< 1 x 10 <sup>6</sup> /unit	1%
Haemolysis at end of shelf life	< 0.8% of red cell mass	4 per month (RED CELLS, 04333/E7429V00)
ABO Agglutinins	No HighTitre Anti-A or Anti-B	100%
CMV	CMV ab negative	100%

General Specification:

Labelling:

See Appendix I

IBTS/PMF/SPEC	C/0232	Ver 4	Page 4 of 8
Storage:	Red Cells, Suitable for Neonatal Use for 5 Days after Date Drawn (including Irradiated) should be stored at $4^{\circ}C \pm 2^{\circ}C$ .		
Irradiation:	Red Cells, Suitable for Neonatal Use for 5 Days after Date Drawn may be irradiated up to 14 days from date of collection. Post irradiation the storage is 14 days. If irradiated, product code will change into codabar:74421and ISBT- 128 barcode: C7442V00.		
Transportation:	The air temperature of transport containers for units of Red Cells, Suitable for Neonatal Use for 5 Days after Date Drawn (including Irradiated) should be maintained between 2°C and 10°C during transport from the Irish Blood Transfusion Service to the place where they are intended for use. Transport time under these conditions normally should not exceed 8 hours.		
Indications for Use:	Red Cells, Suitable for Neonatal Use for 5 Days after Date Drawn (including Irradiated) are used for augmenting the oxygen carrying capacity of the blood where this is critically reduced in infants requiring large volume transfusion, particularly in the surgical setting, within 5 days from date drawn.		
Precautions in Use:	• Compatibility of this component with the intended recipient must be verified by appropriate pre transfusion testing.		
Jerify when in	Drav	Cells, Suitable for Neonata wn (including Irradiated) sh dard 170 – 200 µm filter.	l Use for 5 Days after Date ould be transfused through a
Jerin	• No s	solution should be added to	the bag or to the giving set.
		nponents should be inspected normal colour or visible clo	d visually for defects, leakage, ts.
	Drav - -	Cells, Suitable for Neonata wn (including Irradiated) are large volume transfusion in less than 5 days old. exchange transfusions in ne Intrauterine Transfusions	e not recommended in: neonates <b>unless</b> the red cells are
	• This facto	-	n platelets or soluble coagulation

### **Adverse Effects Include:**

- Circulatory Overload. •
- Haemolytic transfusion reaction;
- Non-haemolytic transfusion reaction (mainly chills, fever and urticaria)
- Pathogen transmission •
  - Despite careful donor selection and laboratory screening procedures, infections including Syphilis, Viral Hepatitis, HIV, HTLV 1 & 11 and other viruses and protozoa (e.g. malaria) may, in rare instances, occur.
  - vCJD transmission
  - Transmission of other pathogens that are not tested for or recognised.
  - The risk of CMV transmission is minimal as the components are leucodepleted
  - Sepsis due to bacterial contamination (reduced but not eliminated by bacterial screening)
- Immunological effects
  - Alloimunisation to HLA, HPA and red cell antigens
  - Post Transfusion purpura (PTP), especially in parous female recipients
    - Graft versus host disease due to transfusion of viable lymphocytes can occur, but is minimised by exposure of the suspension to ionising radiation before transfusion
  - Transfusion related Acute Lung injury (TRALI) by donor HLA/granulocyte antibodies
  - Metabolic upset
- Verify when in Use Citrate toxicity, especially in neonates and in patients with impaired hepatic function.
  - $\uparrow$  K<sup>+</sup> in massive transfusions, especially where patient is hypothermic or acidotic or has impaired renal function.
  - Hypocalcaemia.
  - Hypoglycaemia.
  - Hypokalaemia.
  - Iron overload
    - In patients on chronic red cell transfusion support programmes.

IBTS/PMF/SPEC/0232	Ver 4	Page 6 of 8

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### **Serious Adverse Reaction**

Please inform the IBTS immediately about any event relating to suspected bacterial sepsis/ transfusion associated bacterial sepsis

Serious adverse reactions should be reported to:

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National Haemovigilance Office Irish Blood Transfusion Service National Blood Centre Quality Assurance Manager Irish Blood Transfusion Service AND

AT EITHER

Dublin 8

OR

Munster Regional Transfusion Centre St Finbarr's Hospital Jeity when in USE. Status Douglas Road, Cork

IBTS/PMF/SPEC/0232	Ver 4	Page 7 of 8	
	APPENDIX 1		
Progesa Codabar Compone	nt Code:	54481	
2 Progesa ISBT – 128 Compon	ent Code:	C7429V00	
<b>Product Name</b> RED CELLS, Suitable for Jeonatal Use for 5 Days fter Date Drawn	0	Shelf life 35 days	
Neonatal Use for 5 Days   after Date Drawn   Labelling and Barcode:   (for illustration purposes only – barcodes not suitable for scanning – label not to scale)			
		IBTS ver 4.0	
RED CELLS, Suitable for Neonatal Use for 5 days after Date Drawn Store at 4°C ± 2°C	$\bigcirc$		
021125	Rh D Negati CMV Antibody Negative	ve	
Drawn 05 May 2021			
transfusion set incorporating a 170 – 200 µm filter, Collected into CPD anticoagulant and suspended in 105ml	93999999999999917796 - c+ E- e+ K- HbS-Neg		

IBTS/PMF/SPEC/0232	Ver 4	Page 8 of 8	
	APPENDIX II		
E Progesa Codabar Compone	<b>nt Code:</b> 7442	21	
E Progesa ISBT – 128 Compo	nent Code : C74	442V00	
<b>Product Name</b> RED CELLS, Suitable for Neonatal Use for 5 Days after Date Drawn, Irradiated	wit Effective	Shelf life 14 days	
Labelling and Barcode: (for illustration purposes only – barc			
	95A0	IBTS ver 4.0	
RED CELLS, Suitable for Neonatal Use for 5 days after Date Drawn, Irradiated Store at 4°C ± 2°C	$\bigcirc$		
021125 021125 CMV Antibody Negative			
Adenine 1.25, Mannitol 29.			