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|  | ***Atrium Health Wake Forest Baptist*** ***Blood Bank Staff Meeting*** ***0630 and 1400******6/29/22*** |
| **Moderator:****Reason for Meeting:** | **Christina Warren MSHS, MLS(ASCP)SBB** |
| **BB Staff Meeting**  |
| **Scheduled Attendees:** | **All Staff** |
| **In Attendance:** | **CSW, CW, LA, SB, BT, DR, RB, TP, LW, KP, HO, WC, PH, BS, SA, AM, JAB, DB** |

* **Agenda Items:**

| **Item** | **Description** | **Comments** |
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| 1 | Staffing/Training | Training is progressing but only one new tech is fully signed off on a bench. Others have various tasks remaining after their designated 2 week training time per bench. We need to make a focused effort to sign off on every task listed. This may necessitate mocking the situation/reading procedure/discussion rather than performing the task.  |
| 2.  | CD47/ Magrolimab Studay | Remember this….BB-SOP-0115Anti CD47 (Hu5F9-G4) has a name…MAGROLIMAB!CD47 is an IgG4 monoclonal antibody therapy that will cause panagglutination similar to Daratumumab. CD47 is not affected by DTT and cannot be eluted from RBCs. We will be using immucor gamma clone for testing as this formula does not detect pure IgG4 antibodies. The testing will be in PEG similar to DARA patients. Baseline testing will include ABO/Rh, abscreen, and genotype. Two different subsets of patients will be receiving this therapy. MM patients: may receive this drug solo or in combination with DARA. Baseline orders have been created for each subset.AML patients: BLINDED study using Magrolimab for AML patients is underway. Patients enrolled in this study will have a baseline ER signed for incompatible products. Team should not know if patient is receiving Magrolimab but they will know b/c the abs will be positive and units incompatibile…we just won’t talk about it. These patients will be transfused RH/Kell matched units based on baseline genotype. We will not be resolving the ABORH test for anyone so everyone will be getting Group O RBCs.The use of Immucor Gamma clone should lead to most cases having a negative antibody screen (and messed up ABO). Those with positive abs will need PEG adsorptions. Procedure in the process of being updated.  |
| 3.  | LIMB Study | Remember this….BB-SOP-0050Another study coming out of hibernation. Only changes to this study is that instead of wanting PRBCs and PLSMA, they now want NON-leukoreduced WB. The leukocytes will better simulate a natural immune response. Procedure in the process of being updated. |
| 4.  | CHIPs Study update | So far we have had 4 patients with 2 of these having been transfused. Next patient is Tuesday 7/5. There are some rather complicated and tedious steps in RedCap that I will take care of for now. Just keep me informed of what is going on…(when we get plts, when we issue them, etc.) So I can take care of the behind the scenes stuff. Eventually would like charge techs to also be able to understand the RedCap steps and paperwork trail.  |
| 5.  | Paid Plts | Fix for bringing these in the “right” way is done but not yet in SCC Live. This takes a downtime. No word on how long other than up to a week and half so I estimate this to be “live” by Thanksgiving. For now, units must be entered using the same E code but with the “V00” version instead of the “P00” version on the label. Reprint label and relabel units WITHOUT covering the Paid donor verbiage. Per FDA guidelines, we can get products from paid donors or volunteer donors but they have to be labeled as such. Xerox copy the units and put in my box for me to add to the deviation and to prove to the FDA that we did NOT cover the PAID DONOR verbiage on the label.  |
| 6. | Hemocue | Device used that can measure free Hgb in serum, supernatant etc. Might be bringing this test in to support the ECMO teams. No word yet on timing or if this test will be coming to BB. Expected volume is 1-2/month but current sent out takes 4 days! This is too long to wait to determine if the ECMO circuit is hemolyzing RBCs. Most centers with an ECMO program have the ability to perform this test quickly.  |
| 7.  | Irradiator/Fingerprinting | No longer done in house. Have to go offsite to get these done. If you are due, you will get a separate email from me with instructions.  |
| 8. | Others: Davie BB | BB at Davie is becoming more hands on. Hard to update procedures as fast as they are changing. Currently, we are only sending units to Davie for delayed that have positive antibodies. All other orders do NOT need to be sent as staff can EXM units on site. Validation of the TSX and training of staff will commence in a few weeks. I may be in and out some as this project gets up and running. |

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| Current Studies in BB lab | PI Name/Contact | IRB# |
| CHIPS | Dr. Ashish Khanna |  |
| LIMB | Dr. Faith Zor |  |
| ENHANCE-3 | Dr. Pardee |  |