Canadian Blood Services
Société canadienne du sang

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ACTION REQUIRED

Changes to HLA/HPA Request for Platelets

Customer Letter # 2017-25

2017-06-26

Dear Customer:

Canadian Blood Services is taking steps to improve our processes related to the provision of human leucocyte antigen/human platelet antigen (HLA/HPA) selected apheresis platelet components. The changes are as follows:

- Product effectiveness reporting by the hospitals to improve subsequent donor/product selection.
- Improving how these component requests are handled internally within Canadian Blood Services.

Starting in Western Canada (British Columbia, Alberta, Saskatchewan, and Manitoba), effective 2017-07-17, Canadian Blood Services will ask hospitals to provide the pre/post platelet counts and unit disposition as part of the product reporting change on the HLA/HPA Selected Platelet Report. Categories of disposition are listed on the form. Hospitals will complete and fax this "new" form to the number provided on the form. The date for an Eastern Canada (Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland) implementation is still being finalized, and will be shared when available.

Providing us with disposition information will assist us in determining product(s) effectiveness and may improve subsequent donor selection for patients requiring these specialized platelet transfusions. While we would appreciate receiving this information and will use it to ensure optimal donor selection, failure to comply will NOT affect future orders for HLA/HPA matched apheresis platelets. Effective July 17, 2017 and forward from that date, if you are being supported with HLA/HPA Selected platelets we are going to ask that you report the post transfusion results/unit disposition using the *new* HLA/HPA Selected Platelet report form.

We have also revised the Request for HLA/HPA Selected Platelets form. However, there are no changes at this time to the process for submitting requests for these special components.

These two new forms will be accessible and can be printed from the "Hospitals" section on www.blood.ca and will be printable after 2017-07-17. For your reference, copies of these forms are attached.

This customer letter can also be viewed at www.blood.ca in the "Hospitals" section. If you have questions about this letter, or if you require it in an accessible format, please contact your local Hospital Liaison Specialist.

Sincerely,

Dana V. Devine

Dana Devine, Ph.D.
Chief Medical & Scientific Officer

Attachments: Request for HLA/HPA Selected Platelets (1000101869)
HLA/HPA Selected Platelet Report (F800938)

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Request for HLA/HPA Selected Platelets

Hospital Label

Section I: Patient Information

Note: Form date format yyyy/mm/dd

Requesting Facility: _____ (no abbreviations)

Local Canadian Blood Services site: _____

Date: _____ Physician: _____

Contact Name: _____ Telephone: _____

Patient Name: _____ Date of Birth: _____

PHN: _____ ***(Note: ID/PHN must match any submitted reports/results)***

ABO/RH: _____ Diagnosis: _____

Stem Cell Transplant: ☐ Allo ☐ Auto ☐ N/A Transplant date:

Assess patient for the following: (SELECT ALL THAT APPLY)

☐ Thrombocytopenia with no evidence of peripheral platelet destruction (due to bleeding, sepsis, sequestration, anti-fungal drugs)

☐ Poor platelet increment (< 10,000), or CC (<7,500) on two occasions post platelet transfusion
Current Platelet Count_____

☐ HLA/HPA alloantibody results ≤ 3 months old (If ≥ 3 months old retesting required)

Other:

Section II: Order Information *(Note: Lab Reports are required. Transcribed results not accepted)*

Request Type: ☐ HLA Match ☐ HPA Match

Prioritize TRALI Risk (Excludes female donors): ☐ Yes ☐ No

HLA/HPA Typing report: ☐ Attached ☐ CBS tested

HLA/HPA Antibody Report: ☐ Attached ☐ CBS tested ☐ Pending

Additional Product Requirements (eg ABO and/or Rh negative for fetal transfusions; CMV negative for at risk patients):

Treatment: Start Date: _____ End Date: _____ # of Units/wk.: _____

*****Notify Canadian Blood Services immediately if order is no longer required or if support required past the documented end date*****

SECTION III: Canadian Blood Services Medical Use ONLY

Medical Approval Obtained: ☐ Yes ☐ No ☐ N/A Initial and date:

Forward PDS list to: _____

Contact Name: _____ **Phone:** _____

Contact Email: _____ **Fax:** _____

Originating CBS site: _____

Comments:

1000101869 (2017-03-05)

Canadian Blood Services *it's in you to give*	**Request for HLA/HPA Selected Platelets**

SECTION IV: Canadian Blood Services Use ONLY

Patient Name:

Donation Number	Labelling and TRALI Risk Assessment	Performed By: (Initials)	Date (yyyy-mm-dd)	Verified by: (Initials)	Comments
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
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	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				

HLA/HPA Selected Platelet Report

Canadian Blood Services
Société canadienne du sang

Recipient Name: ______________________________

Date of Birth: ______________________________

Hospital/Facility: ______________________________

Instructions: For all products received under the HLA/HPA program (see key at bottom of this form):

1. **Please complete all sections of this form and fax back to 1-866-992-6614**
2. **This form/report can be used for ongoing tracking of recipient transfusion increments by adding the dates and all other relevant information related to the above noted recipient**

Product	Unit Number	Disposition	Pre-count (Note date & time)	Post-count (Note date & time)
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		
☐ HLA ☐ HPA		☐ Transfused ☐ Discarded ☐ Used – Other		

Key	
Product	HLA or HPA unit tagged for recipient
Transfused	Transfused to intended recipient – Please complete pre/post counts
Discarded	Unit expired or was identified as TRALI risk and recipient did not require transfusion
Used – Other	Product not transfused to identified recipient – tag removed and unit placed in inventory
Pre/Post Count	Document the pre/post platelet count and time the samples were drawn