

The Donor

NEWS AND INFORMATION FOR BLOOD DONORS

WINTER 2012



**Battling for
Brooke**

**A new way to treat
patients**

**TV PRESENTER GRAHAM BELL
talks about how important blood is**

Donor Helpline – 0300 123 23 23

NHS

"If someone I love needed an organ, I hope they'd get one."

"No, I haven't joined the Organ Donor Register yet."



If you believe in organ donation, prove it.
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Write and tell us your news, views and interesting or unusual donor stories.

Write to
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"It suddenly brought home to me how important blood is"

What made you become a blood donor?

Well I'm an intermittent donor really; I have to time my donations so that they don't clash with the endurance events I enter like the London Marathon. I first gave blood just over ten years ago after a friend of mine had an accident and needed lots of blood to survive. It suddenly brought home to me how important blood is.

You were captain of team AB negative in our Team Give Blood (Team GB) campaign in the summer. What made you support Team GB?

I have had a lot of friends who are what you would call adrenaline junkies, and many of them have needed blood after bad accidents. It's also good to know that there is blood there if my family or I were to need it one day. It's not just my thrill-seeking friends though; I also know a few people who needed transfusions when they lost blood during childbirth and friends who received blood during cancer treatment.

The Team GB campaign helped us hit our target of 30,000 extra blood donations to prepare for the Olympics. How does that feel?

It was great to see people respond the way they did and help support the whole country.



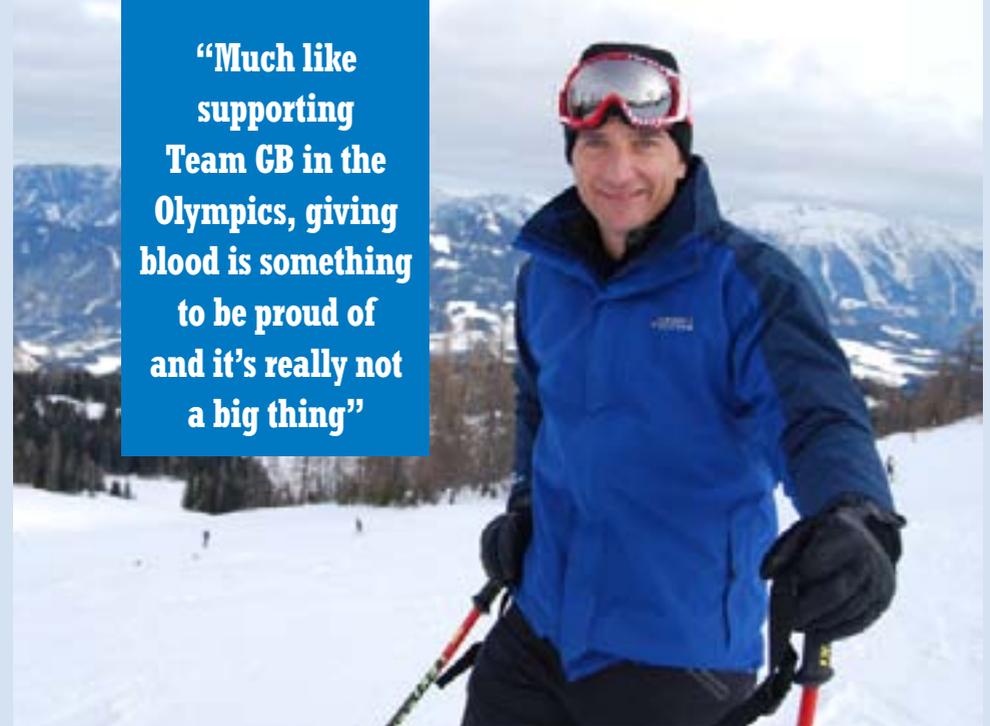
Former Olympic skier Graham Bell became a donor after a friend had a serious accident and needed blood. Here he talks about his role in the Team Give Blood campaign this summer

LIFE STORY

- 1966 – born in Cyprus on January 4th at Akrotiri Royal Air Force station where his family were based
- 1971 – moved to Scotland aged five when his father was posted to Edinburgh which is where he developed his love for skiing
- 1984 – Won silver medal at the World Junior Ski Championships
- 1984-1998 – Represented Great Britain at five Winter Olympics: Sarajevo, Calgary, Albertville, Lillehammer and Nagano
- Graham is a patron of several UK charities including the Caring Cancer Trust, Disability Snowsport and Ski 4 Cancer
- He lives in Henley-on-Thames with his wife and two children. ●



"Much like supporting Team GB in the Olympics, giving blood is something to be proud of and it's really not a big thing"



Eight times British ski champion Graham Bell, at home on the ski slopes

There was a certain air of pride about being British this summer and supporting Team GB in sport was a big thing, so it was only right to support Team Give Blood too. It was important to make sure people who relied on blood throughout that period got what they needed as soon as they needed it.

What message would you give to donors or anyone thinking of becoming one?

Much like supporting Team GB in the Olympics, giving blood is something to be proud of and it's really not a big thing. Everyone is very supportive whenever I go to give blood and you don't need to be an ironman to do it, it's just like having a bit of a sit down, with a cup of tea afterwards.

You have been British ski champion eight times and represented Great Britain at the Winter Olympics five times - what has been the highlight of your career?

The highlight of my ski racing career was recording the best British placing at Kitzbuhel, on the toughest downhill course in the world. In my presenting career, it's been working on the BBC winter sports adventure show *High Altitude*. I teamed up with snowboarder Ed Leigh and we took on some really tough challenges like cross country skiing across Greenland and speed skiing at 120mph.

What current projects are you working on?

I will be presenting *Ski Sunday* this winter and I'm looking forward to working on the next Winter Olympic Games in Sochi

in Russia in 2014.

What are your plans for the future?

I've plans for a couple of big adventures, but don't want to jinx them before they get off the ground.

Who is your all time hero and why?

My skiing hero was Franz Klammer; I watched his Olympic winning run in 1976, and it really inspired me to be a ski racer.

You must have a busy life working and bringing up two children; how do you like to relax?

To be fair my wife Sarah has done most of the childcare while I have spent my time racing very fast down mountains. I am now getting my daughter into sports like free-skiing and climbing which is a fun thing to do together. ●

Council partnership launched

We joined forces with Dudley Council this year to encourage more people to give blood and to join the NHS Organ Donor Register (ODR).



Dudley is the second council in the country to sign up to a partnership with NHSBT. Dudley residents fall below the national averages for both active blood donors and people signed up to the NHS ODR. Councillor Steve Waltho says, "This is a potentially life saving agreement. We hope this will encourage more people to sign up."

Sally Johnson from NHS Blood and Transplant says, "As a trusted organisation, the Council will help us to reach out to people in the Dudley area and make them aware of the need for more blood and organ donors." ●

More young donors needed

The number of 17 and 18-year-olds becoming blood donors has fallen dramatically over the last ten years and this year has seen fewer new recruits than ever, despite our summer campaign.

To get the numbers back up again we have launched a campaign aimed at young people, with the target of 100,000 donor registrations in 100 days. The campaign will involve a whole range of activity from press adverts and news stories to accessing social media through Twitter and Facebook. We will also have adverts running on national and regional radio plus we'll be using the music-streaming service, Spotify.

NHSBT's Jon Latham says, "We have seen a marked downturn in 17 and 18-year-olds coming forward to donate for the first time. So we are appealing for people who have sons, daughters or grandchildren who are old enough to give blood but haven't yet become donors, to encourage them to come along." ●

Pilot scheme takes off

We've launched a pilot stock management project to help us make better use of your donations. The scheme is looking at how blood is delivered to and used by hospitals, getting answers to questions like what are the right stock levels and number of deliveries each day, and how to minimise wastage. The scheme also aims to reduce paperwork for hospital staff, lower costs and help improve stock control in hospital blood banks.

So far, two pilots are being carried out at Blackpool Victoria Hospital and Royal Bournemouth Hospital. We're also looking at data from more hospitals. It is the first step of a key part of our five-year strategy to further improve and modernise our service. ●

A really big challenge

Stuart Vince, 36, and Phil Jackson, 45, set off on an incredible multi-marathon and sea challenge on Sunday May 20th with the hope of getting people to join the NHS Organ Donor Register (ODR) and raise money for Queen Alexandra Hospital in Portsmouth and Southampton General Hospital.



The Big Donor Challenge saw them run a punishing total of 11 marathons in 11 days from Portsmouth to Land's End, then begin the return journey by sea kayak. Due to severe weather they had to abandon the kayaking after two days and resorted to cycling and running.

Since he donated a kidney to a young friend, Stuart has tirelessly set about raising awareness of the ODR, but this huge challenge of running 277 miles (almost 11 marathons) and rowing and cycling all the way back was his biggest yet.

Their journey, which ended on June 8th, has inspired hundreds of people to join the ODR and raised £10,000 for the hospitals. ●

Thank you for your tremendous support

Welcome to the winter issue of *The Donor* magazine.

It was an incredible summer of sport and I am sure you were all gripped by the superb performances in the Olympic and Paralympic Games.

In the build up to the summer we launched a campaign to raise blood stocks by 30 per cent above normal and I have to say a massive thank you to you all for helping us reach that target. It was due to your dedication that we were able to maintain the vital supply of life-saving blood to hospitals.

Our focus now turns to the winter months, the season, when blood stocks fall through

a combination of bad weather disrupting donor sessions and donors being struck down with colds and flu. We very much hope you all stay fit and well and, if able, will make and keep your date to donate.

As we come to the end of a very memorable year, it gives me the opportunity to thank you all for your support and loyalty throughout 2012 and I wish you all health and happiness over the festive season.



Lynda Hamlyn
Chief Executive

7,000 blood donations every day.
You're just as important

NHS
Blood and Transplant



Life changing career opportunities

You're already helping us to save lives, but have you thought about joining us? You don't need to have medical or scientific experience for a lot of our roles, because we'll give you all the training and support you need. (In fact, some of our donor carers started off as donors.) We recruit to a variety of roles including laboratory support posts, drivers, registered nurses, consultants and administrators, as well as donor carers. You could be a valued member of our team in a friendly, forward thinking environment – and enjoy a great range of NHS benefits too.

So take a look at our website to see what you could do:

www.nhsbtcareers.co.uk

Saving lives together



'Yes, we did it - thanks to you'. Read about our summer campaign and how you helped to make it a success. Pages 18 & 19.

Altruistic living donation

Johan Stegers has become the UK's 100th altruistic living kidney donor. Altruistic donation, which became legal in 2006, involves donors making a living organ donation to someone they do not know. Johan, from Uckfield, says, "It is human nature to want to help if you can. Speaking for myself as a single person, we are maybe a good source of donors to strangers. Two friends and my cousin have had transplants. It has transformed their lives." ●

Don't miss out on your *Donor*

We hope you enjoy reading *The Donor*, whether online or in print. But for those of you who still receive a printed version, this is the last issue we will be sending you.

Starting next summer, *The Donor* is becoming an online magazine.

The money saved in paper and distribution will be put to good use in frontline care of NHS patients. And by our going (almost) paperless, the environment will benefit too.

Printed copies of *The Donor* will still be available at sessions when

Donors now have many more ways to stay in touch and spread the word about blood donation

you go along to give blood, but we will no longer be posting printed magazines out to donors.

The good news is, the layout and content of the online version is the same as the printed version, is easy to navigate and has useful links to our website.

If you are not already registered to receive *The Donor online*, and wish to start receiving it, please complete the form at www.blood.co.uk/donor. You'll need your

donor number which is printed on your donor card or session invitation letter.

Don't forget, while you're waiting for the next copy of *The Donor*, you can keep up with what's happening on our campaigns and read stories of how your blood helps patients by liking our Facebook page (www.facebook.com/NHSBlood) or following us on Twitter (www.twitter.com/GiveBloodNHS). ●

FACEBOOK www.facebook.com/NHSBlood www.facebook.com/organdonationuk

TWITTER <http://twitter.com/GiveBloodNHS> <http://twitter.com/NHSBT>

The Donor is now online

This edition of *The Donor* is now available via email. If you would like to receive *The Donor* and other communications from us by email in future, please complete the online form at www.blood.co.uk/donor.

You will need your donor number, printed on your donor card and session invitation letters.

www.blood.co.uk/donor



Love at first pint

Mother, rock singer and West End star Gina Murray (centre) has recently collected her bronze award following her tenth blood donation.

Gina, her sister Mazz (right), and co-singer Emma Kershaw (left) perform together as the band, Woman, and were this year's opening act at the Isle of Wight festival.

Gina was initially introduced to blood donation by her husband, Gary, a regular donor who has already reached his quarter century in pints. In fact, one of their first dates was actually at a blood donation centre and she has donated ever since. "It was a very weird first date," Gina says, "but then neither of us is very conventional and we both love the feeling we get after donating."

Gina adds, "I have encouraged as many people as I can to donate and extol the virtues of blood donation to anyone that will listen."

You can find out more about Woman at www.womantheband.com ●

Helping around the world

Blood transfusion happens locally but every donor is part of a 500 million strong donor community worldwide. In this country, donation is safe and secure and patients can rely on blood being available when they need it. Elsewhere often it's another story, with countries struggling on limited resources and expertise to provide a reliable and efficient blood service for their people.

For many years we have recognised our responsibility to help countries in the developing world to improve their blood donation services and in 2009 we decided to offer long-term funding to help support these services in developing countries.

Did you Know?

- The world record for the largest blood donation session was in Mumbai in April 2010 when over 25,000 donations were made in a single day.
- Denmark has the highest consumption of blood per head of population and also the highest donation frequency in Europe. About 5 per cent of the adult population give blood, compared to about 1 per cent in the UK.
- According to the World Health Organisation, about 92 million blood donations are collected worldwide every year through approximately 8,000 blood centres in 159 countries. ●

Patients here can rely on safe blood being available when they need it, but other countries are not so fortunate. Round the world, we are helping blood services to provide safe and reliable blood for those who need it most

Steve Morgan from our International Services department says, "We have a real desire to meet our social responsibility, here and abroad."

Health goals

The World Health Organisation, WHO, wants to cut HIV transmission, maternal mortality

"We have a real desire to meet our social responsibility, here and abroad"

and malarial anaemia in the developing countries, and we are making our own contribution towards these goals through our work in Malawi and Uganda.

In Malawi we are concentrating on ensuring that voluntary donation continues when children leave education; a lot of blood collection happens in schools and the lines of communication tend to break down once students leave. A three-year co-operation agreement between the Malawian Blood Transfusion Service and NHSBT started in June when a team of

our experts made their first visit to Malawi.

Over the past 18 months, we have also been working with the Ugandan Blood Transfusion Service and the Ugandan Red Cross. The Ugandans recently visited us to see our facilities and meet donor recruiters, collection staff and managers to see what they could learn from them to improve their own services.

Global Blood Fund

In many low-income countries, the facilities and resources needed for safe blood donation are not there. Too often the concept of voluntary blood donation is resisted by local people. That means more paid donors, or patients having to depend on relatives to donate when they need it. Neither of these are reliable sources of safe blood. Testing is not always possible, raising the risk of HIV and other infections being transmitted.

The Global Blood Fund (GBF) promotes voluntary donation and is helping blood collection agencies build pools of voluntary donors in Africa, Asia, the Caribbean and South America. We support its work by providing equipment that we no longer need here, like

the 500 donor beds that we've replaced with new donor chairs. These beds will be put to good use by blood transfusion services in a number of African countries. GBF has recently funded a shipment of equipment to the Zimbabwe's blood transfusion service which should arrive around Christmas or New Year.

GBF takes financial donations too, and if you are interested in supporting its work you can find out more online at the address at the end of the article.

World Cup in Brazil

Meanwhile, Brazil has been learning from us about preparing for the impact of the World Cup in 2014 and Rio's Olympics in 2016. Hemorio, the blood service for Rio de Janeiro, met us in July for

"up to 30 different European Blood Alliance (EBA) member blood services have shared their knowledge and ideas in order to improve their performance"

help with their planning. Huge international events always pose a challenge to services, and fresh from our successful planning for the 2012 Olympics in London we

were happy to share our expertise with them.

European alliance

Nearer to home, we are a member of the European Blood Alliance, a voluntary group of not-for-profit blood services that works to promote safe and secure supplies of blood, tissues and cells for Europe.

Steve Morgan says, "We were a founder member of the European Blood Alliance (EBA) when it was created in 1998. Since then, up to 30 different EBA member blood services have shared their knowledge and ideas in order to improve their performance.

"Collaboration really works well in this non-competitive environment, and we have played a leading role in a number of influential working groups. Our

Malawi's Olympics boost

We knew we would need more donors to come forward before the Olympics this summer, so it was good to have the Malawian Olympic team taking time out of their busy training schedule to urge people to give blood ahead of the Games.

The athletes, who went on to compete in swimming and running events, were based at the University of Gloucester.

Staff from NHSBT went to see them in July after they agreed to be advocates for blood donation, especially encouraging black and minority ethnic (BME) donors to come forward. Their support was much appreciated.

NHSBT's Theo Clarke says, "It was especially fitting that the Malawian Olympic Team are supporters of blood donation after the work we have done to provide advice and support to the Malawian blood service." ●



► experts have participated in a number of EBA "flying squads", which have helped countries like Malta and Estonia improve their services."

Links Down Under

On the other side of the world, we have strong links with the Australian Red Cross Blood Service (ARCBS).

Our organisations were two of the founder members of the Alliance of Blood Operators (ABO) in 2002, together with the Canadian Blood Service and American Red Cross.

Planning and forecasting are vital for running a safe and efficient blood service, and we have benefitted from ARCBS's "horizon scanning" reports which look at

latest technological developments right across the blood supply chain.

Overall, promoting blood donation and ensuring safe supplies really is a global effort.

To find out more about the work of the Global Blood Fund or if you would like to make a donation, please visit www.globalbloodfund.org. ●

Working in Uganda

NHSBT's Alison Meardon visited Uganda in February with other staff members to help with training donor carers. They did a "training day for trainers" in Kampala, guiding 20 people who will go on to train the blood service staff of about 300. Alison says of her ten-day visit, "My highlight was just the whole experience, getting the opportunity to go and see blood collection in a developing country and to feel that I had made a difference. I realised there is a lot we take for granted back home and we shouldn't. Now we're looking at ways to keep in touch with donors; most of them are school children who live in remote villages.

"We'll be providing ongoing support to Uganda, we're keeping in touch." The overseas work isn't stopping there though for Alison. "Our next big focus is on work in Malawi." ●



Open air donation sessions are made possible thanks to the mobile blood collection team



We know your time is precious...

Back in 2006/07, 12 per cent of donors at our blood donor sessions were deferred. Since then we have been working hard to address this. The figure now stands at 10 per cent but we want to do more to bring it down even further. In this feature we will guide you on when to defer yourself or seek advice from our Donor Helpline.

Reasons to defer

One of the most common reasons for deferral is travel to areas where blood-borne diseases are endemic. For example, you have to wait for six months after returning from malarial areas before you can donate. Recently we changed the guidelines for West Nile Virus, so if you have travelled to an affected area you no longer need to wait four weeks from your return, unless you've been unwell or diagnosed with the infection.

If you have a cold, chesty cough, sore throat or active cold sore, please wait until you have recovered before donating. Also you cannot donate if you are taking antibiotics and you will need to wait for a week after finishing the treatment before you are able to give blood again.

If you have had a filling then we advise you to wait 24 hours before donating blood and at least a week if you have had any extractions.

Another factor that may affect your ability to give blood is your haemoglobin level. This cannot be predicted or screened for over the phone so you will need to come to a

...which is why we've made it easier than ever to find out when you can and can't give blood and help you avoid an unplanned deferral

session in order to find out.

Better information

We know that being turned away from a blood donor session is frustrating and means you are less likely to return, so we are trying hard to make our guidelines clear. There's a section on our website www.blood.co.uk which highlights the top reasons why donors are turned away, including recent piercings, being on a hospital waiting list and/or undergoing medical tests.

The FAQs section will help to erase some of the myths around giving blood such as donating shortly after exercise. And our new appointment cards offer a list

of the most common reasons for deferrals, making it easier to double check before you head off to your next session.

To help those who are turned away, we have produced a new range of information leaflets. Every donor who is deferred will receive a leaflet explaining why they were not able to give blood and when they can next return to donate.

Please check

Please remember, if you are unsure if you can donate or have answered 'yes' to any of the questions on the Donor Health Check, our team are on hand to help.

Contact the 24 hour donor helpline on 0300 123 23 23. ●

Deferral checklist

Eight reasons to check if you can donate

FEEL UNWELL

Chesty cough/cold or an active cold sore?

DENTAL WORK

Any visit to a dentist, any procedure or seen a hygienist in the past seven days?

INFECTION

Within the past two weeks?

TRAVEL

Travelled outside the UK (including business) within the past six months?

ANTIBIOTICS

Taking a course or completed a course in the past seven days?

CARDIOVASCULAR

Have you got or had any heart conditions?

ON HOSPITAL WAITING LIST

Or currently undergoing medical tests?

PIERCINGS/TATTOOS

Any new piercings or tattoos in the past four months?

Sarah says she and her family make the most of every day



How donors saved Sarah

RT PHOTOGRAPHY

Sarah Campling was just a normal, busy mum-of-two when she started to feel unwell, back in 2006. She wasn't too worried, but after six months of constantly feeling under the weather she found a lump in her breast. She was shocked to be told she had acute myeloid leukaemia. "It was devastating," she says, "I was a mum to two little girls, who were still babies really, and the thought of not being with them... my world was turned upside down."

Chemotherapy

Treatment started immediately, in April 2007, and Sarah spent much of the following five months having treatment in London - 45 miles from her home in Southend. She had two types of chemotherapy,

Blood transfusions played a crucial part in helping Sarah Campling survive a deadly type of leukaemia

which meant being admitted to hospital for weeks at a time, with sometimes only a few days at home between sessions. Her husband, Stuart, two-year-old Abigail and 13-month-old Natasha stayed at home but visited when possible.

Sarah says, "It was really hard being away from home and the kids. A few times I couldn't see them for a couple of weeks which was really tough." Sarah lost her hair and felt drained by the chemotherapy.

A vital part of her treatment was receiving transfusions to help replace the blood cells that the chemotherapy was damaging.

"I received about 20 units of blood and platelets altogether. It could be once or twice a week, or none for a week or two - it just depended what I needed. I'd feel a million times better afterwards.

"Once I really needed some blood and could hardly walk. I received it before the children came and I literally ran to see them - it had that much impact."

Sarah is really grateful to blood donors, and Stuart became a donor during her treatment after seeing the difference it made.

She says, "I think blood donors are amazing. My husband had never given blood but he became a

donor after seeing me undergoing treatment.

"Donors saved my life, if it wasn't for them I wouldn't be here."

Sarah went into remission in June 2007, but continued treatment and then went for regular check ups. She is still having annual appointments.

Surprise in store

The couple were told they wouldn't be able to have any more children due to the aggressive treatment, but Sarah fell pregnant again and now they are a family of five, with Abigail eight, Natasha six, and surprise addition Isabella, three.

Sarah said: "When I found out I was pregnant it was a complete shock after being told that I wouldn't be able to conceive; it was the last thing on my mind.

"I was then very scared because



"Donors saved my life, if it wasn't for them I wouldn't be here"

of the treatment, I was worried it might affect the baby. Thankfully Isabella was perfectly healthy despite coming two weeks early.

"Her middle name is Hope, we

gave her this name because she proves that there is life after cancer - she is our little miracle."

Love, strength and hope

Every day is seen as a blessing. Sarah says, "I do see things differently. If I get a chance to do something I do it then. We go on holidays whenever we can and do things now, we don't delay. I had a tattoo done, I'd thought about it before but this spurred me on. It's on my back and it says love, strength and hope, which is what got me through the illness. I make the most of life. I am back to normal, although I sometimes worry. But I deal with it better now."

Sarah's simple message for blood donors is, "I hope they realise what a wonderful thing they do. They don't have to do it, they do it because they want to and it really does make a difference." ●



Isabella, Natasha, Sarah and Abigail enjoying playing in their garden

What is Leukaemia?

Leukaemia is cancer of the white blood cells. Acute leukaemia means progression is rapid and aggressive, with immediate treatment required.

It is classified according to the type of white blood cells affected by cancer. The two main cell types are myeloid, which have a number of immune system functions, and lymphocytes which chiefly fight viral infections.

Acute leukaemia is an uncommon type of cancer. In the UK, around 7,600 people are diagnosed each year with leukaemia. Of those, about 2,300 people have acute myeloid leukaemia. ●

A new way to treat patients

Granulocytes are a type of white blood cell and are part of the immune system, helping to fight bacterial and fungal infections.

Patients who are short of these specialist cells, or who have cells that don't work properly, are at risk of severe infection. In the past these

“A single treatment for an adult requires two packs which means we have to rely on 20 donors of the right blood group”

patients could be helped with packs of granulocytes sourced from ten separate blood donations.

These were given to the patient in ten separate doses – a time consuming process for the nurses and not ideal for the patient.

Our new, pooled granulocytes mean adult patients can receive the same dose with just two packs being transfused. Children require just one pack.

Pooling donations

As the name suggests, pooled granulocytes are made by pooling several blood donations, or rather, the granulocyte component of donations. Donors are specially selected for this purpose.

Some patients need help to fight infection, which is where our new granulocyte packs can help



STEVE GSCHEISS/SCIENCE PHOTO LIBRARY

We use ten whole blood donations for every pack of pooled granulocytes we make. A single treatment for an adult requires two packs which means we have to rely on 20 donors of the right blood group.

Making pooled granulocytes involves separating out these cells by centrifuging whole blood. A special machine spins the blood very fast, separating it into plasma and red cells with a layer between

Coloured scanning electron micrograph (SEM) of activated granulocyte, white blood cells

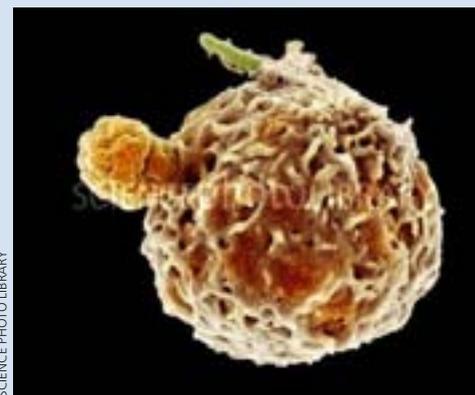
them known as the 'buffy coat', because of its buff colour. The buffy coat layer contains the platelets and white blood cells, including granulocytes.

Risk of infection

People with bone marrow diseases, or anyone who has had chemotherapy treatment for

cancer, often suffer from a reduced production of all of their blood cells, including granulocytes. Patients affected in this way are at greater risk of severe infection which can be treated with antibiotics until the patient's own bone marrow recovers and granulocytes are produced. Granulocyte transfusions are often given to patients who are not responding to treatment or if antibiotics are not being effective.

These transfusions are relatively



SCIENCE PHOTO LIBRARY

rare compared to red cell and platelet transfusions, but demand is growing for patients with neutrophil disorders in a situation where they could develop a life threatening infection.

Easier to treat

Previously patients were given ten 60ml packs of buffy coat layer (total volume 600ml). The new single pack granulocytes have a volume of just 207ml. This means it's simpler

Infection-fighters

Granulocytes are a type of white blood cell that can be used to treat patients with bacterial or fungal infections or patients who have often not responded to other treatments. White blood cells, or leukocytes, are cells of the immune system involved in defending the body against both infectious disease and foreign materials. Leukocytes are found throughout the body, including the blood and lymphatic system. There are several different types of white blood cells and while they have many features in common, they look and behave in distinctly different ways. Granulocytes are distinguished from other types of leukocytes by the presence of granules containing active agents for fighting infections. ●



SCIENCE PHOTO LIBRARY

Left: White cell engulfing TB bacteria. Right: White cell engulfing thrush fungus

for doctors to prescribe and the nursing staff to administer since there are only two packs to make up one dose for adults (and one for children).

It will be easier for the laboratory staff to match to the patient too as they will be pooling the whole blood donations from selected matched donors who give blood

specifically for this purpose. In all, the patient receives more of what they need for their specific problem.

A quick turn-around time is essential, from initial donation to the point where the product is delivered to hospitals. This means close collaboration between collection, processing, testing and issue staff as well as staff from transport. This is a major step forward in helping patients to fight infection. ●

Yes, we did it - thanks to you!

We knew this was going to be one of the busiest summers ever for blood services thanks to the Olympic and Paralympic Games. But our planning paid off and almost half a million of you rose magnificently to the occasion, boosting donation levels by 30 per cent above normal.

That meant we were comfortably able to meet demands for blood at the start of the Games preparations in July and keep supplies flowing all through the summer to the end of the Paralympic Games in September.

We began our stock-building efforts back in March with a series of campaigns to raise awareness of blood donation and how much it was needed this year in particular. An amazing 468,000 of you gave blood in the build up to the critical summer weeks, and for that we would like to give you our sincerest thanks.

On message

We must also thank all our 'on-call donors' who gave blood when we needed the extra boost. This involved asking donors who had not donated for a while and had not booked an appointment if they would be willing to donate at short notice if there should be a particular need.

NHSBT's Jon Latham says, "I would personally like to say a huge thank you to all our heroic donors who helped us hit an ambitious target to help the nation prepare

Somehow we had to boost blood donation levels by 30 per cent to meet demand during the Olympic Games. But thanks to your dedication and support we reached the target



ADRIAN DENNIS/AFP/GETTY IMAGES



ALEXANDER HASSENTEIN/GETTY IMAGES

responsibly for the Games. We maintained the higher level of stock right through to the end of the Paralympics in September. It's thanks to the dedication of

donors that we are able to meet these targets and more importantly to provide a safe and regular supply of blood to those people who need it most."



JOHN W. MCDONOUGH SPORTS ILLUSTRATED/GETTY IMAGES

Getting blood to hospitals

During the Olympics and Paralympics NHSBT provided blood and blood products to all hospitals that requested them. Before the Games the Department of Health had requested that hospitals work as usual throughout all the events to make sure patients didn't go without life-saving treatment.

We helped achieve this by introducing new ways of working with hospitals, like transport staff

making nighttime deliveries when the roads were less congested.

Lynda Hamlyn, Chief Executive of NHSBT, says, "I am very proud that we have been able to contribute to the success of such an important Olympics. My thanks and congratulations go to all those who supported this memorable event."

More donors needed

The next challenge we face is

increasing the number of new young donors, as numbers are down.

The number of young donors registering has fallen by 20 per cent over the last ten years, with a marked fall in registrations amongst 17 and 18-year-olds.

We can't stress enough how every donation makes a huge difference to people's lives and the NHS relies on 7,000 units of blood every day to treat patients in accident and emergency cases, as well as scheduled treatments such as maternity and cancer care.

Every blood donation can potentially save the lives of three people. So next time you come along to donate, why not encourage a friend or family member to make an appointment and join you so that they can become a life-saver just like you! ●

App makes it easier to donate!

It's now easier than ever to book an appointment with our Android and Apple Smartphone and tablet application. The NHSBlood app allows you to search for your nearest blood donation sessions. Once you have found one, you can book an appointment through our National Contact Centre (NCC). We'll send you an alert for your appointment and you'll receive a route to the session on Google maps. Plus, the app allows you to share your activities on Facebook and Twitter.

▶ **their tissues after they have died.** For more information on how to sign up to the Organ Donor Register and donate tissues go to www.organdonation.nhs.uk

Not giving up!

Having been a regular blood/plasma/platelet donor for more years than I care to remember, I passed the 1000 donation mark a couple of years ago. Unfortunately, due to excessive scarring on both arm veins I have had to stop donating platelets. Not to be defeated I have now gone back to

donating whole blood until my arm drops off or I shrivel up. I would like to thank all staff, past and present, at the Bradford donor centre for their professional, humorous and dedicated attitude and long may I carry on visiting them.

MARTIN FOX, BY EMAIL

EDITOR'S RESPONSE: What a fantastic donation record! It's wonderful to hear stories of donors' dedication to helping save lives.

Fifty fifty

I was interested to see the story of Tom Whitaker from Lancaster

in the last issue of the magazine. I too have given 50 blood donations and I am also 50 this year. Though he has a Man City shirt on I love Manchester United. My father had an aorta operation in Bristol in 1988 and this prompted me to start my donation record in 1990. I have donated regularly ever since that life saving operation took place.

NICHOLAS WYNN, BY EMAIL

EDITOR'S RESPONSE: Thanks for letting us know about your similarities. Well done and here's to many more donations. ●

IS IT TRUE THAT...

We reply to some of your questions about donating

Q I have not been able to donate since I had a blood transfusion a few years ago. Why can't I donate and is there a test underway that would allow me to donate again?

A This is a precautionary measure that was implemented in 2004 against the possible risk of variant Creutzfeldt - Jakob disease (vCJD) being transmitted by blood from an infected donor to the patient. There is currently no way to test blood, so at the moment those who have had a transfusion after 1980 can't give blood.

Q Why do you appeal for people of certain blood groups to donate? Don't you always need blood from everyone?

A Donations from every blood group are important and every single donor from every blood group is valuable to us. However, it is essential that we constantly monitor the demand for blood to ensure that we have enough of the right blood for patients and also that none goes to waste. O negative is

known as the "universal blood group" and can be given to patients of any blood group in an emergency. B negative is prevalent in black and minority ethnic groups (BME) and as only two per cent of the population has this blood type, we may specifically target BME donors from time to time.

Q I have deep veins and often have trouble donating. What advice do you have for making it easier for me?

A Being dehydrated can make it harder to find a suitable vein. To help avoid this, we recommend that the evening before and on the day of your appointment you drink plenty of water or any other non-alcoholic fluid, at least 500ml is advised.

Q My husband has been told he can donate every 12 weeks now, but I still have to wait 16 weeks. Why is that?

A After a careful review of practice, we know that it is safe for men to donate four times in a 12-month period, as long as they wait 12 weeks between donations. Women don't have the same

levels of stored iron in their bodies and donating more often could put them at risk of anaemia. We are currently undertaking a ground breaking, two-year study that could help shape the future of blood donation globally. It will gather evidence to see if the amount of time between blood donations can be tailored to individual donors based on factors such as age, weight and health. For more information or to join the study, please visit www.intervalstudy.org.uk

Q I would like to become a platelet donor, but I don't know where to go as you don't take donations in the church hall I usually go to donate.

A Platelets are donated in our 24 static donation centres across the country. This is because the machines used in the donation are far too big and heavy to transport and each donation takes 90 minutes. Platelet donors may donate up to 15 times a year with a minimum interval between donations of 14 days. To find out more go to www.blood.co.uk/platelets ●

Just what the doctor ordered

Giving blood more frequently has turned out to be beneficial for donors affected by a widespread genetic condition

About one in every 200 hundred people in the UK has Genetic Haemochromatosis (GH), a condition in which the person absorbs too much iron from their diet. This can cause problems when the iron is deposited in the liver, heart, pancreas and joints (see box).

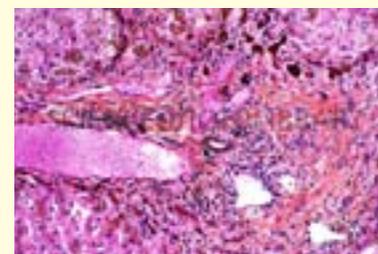
The standard treatment for GH patients is regular visits to hospital to have the excess iron removed by a phlebotomy (or venesection). This involves the removal of blood in the same way that a donor would give a unit. But the blood has to be thrown away because it hasn't been collected with all the same safety standards as those on our blood donor sessions.

GH donors

People with GH can safely donate blood as the condition is genetic and not transmissible. These donors typically would give blood every 12

weeks, as long as they were well.

Thanks to our work with the Haemochromatosis Society, we have now developed a process that will allow some GH donors to give blood as often as every six weeks,



Light micrograph of a section through the liver of a patient with haemochromatosis

if appropriate. So instead of their blood being collected at hospital and wasted, these extra donations can now enter the supply chain

through the normal route of a blood donor session.

Special advice

We have worked with hospital specialists in haemochromatosis to ensure that donors are advised on how often they should donate and to ensure that their consultant continues to monitor their condition.

Consultant haematologist Dr Steven Masson says, "Frequent blood donation would be ideal for my patients with haemochromatosis, and good for NHSBT as it receives even more blood for patients in need of transfusion.

"My experience with haemochromatosis patients who have been donating every 12 weeks as regular donors has shown this to be extremely successful and convenient for them."

We have needed to adjust our computer systems to allow this special group of donors to donate more frequently than our normal 12 week or longer protocol. Getting all the technology in place has been a complex process, but now donors with GH have a special appointment system and their blood is used more regularly for the benefit of other patients. ●

What is genetic haemochromatosis?

Genetic haemochromatosis (GH) is a disorder that causes the body to absorb an excessive amount of iron from the diet.

The body can only use a limited amount of iron and any excess accumulates mainly in the liver, but can also affect other organs.

For a long time it was believed that the disorder was rare, so GH was rarely considered as a diagnosis in people presenting with symptoms. However, recent surveys of people from Northern Europe have shown that haemochromatosis runs in families and affects around one in 200 people in the UK. GH is now recognised as being one of the most common genetic disorders. ●



Our Donor Helpline staff based at the National Contact Centre in Bangor. All our Helpline staff are trained for nearly a month before they can even pick up the phone



Behind the Donor Helpline

When you call our helpline, you tap into a 24/7 service that can help you with everything from booking an appointment to the latest advice on donating after foreign travel

Every call to the Donor Helpline number, 0300 123 23 23, is answered by our National Contact Centre (NCC) in Bangor, Northern Ireland.

This 24-hour-a-day, seven-day-a-week service is staffed by over 120 agents, all specially trained to deal with a wide range of donor and blood related matters, from appointments to basic medical, travel and health advice.

The complexities behind giving blood mean a typical NHSBT call agent will be trained for nearly a month before they even pick up the phone. As one agent says, "It's my job to ensure I have all the relevant information and ask all the right questions to ensure it's safe for the person on the end of line to give blood."



Job satisfaction is high. "No two days are ever the same, however I do feel a great sense of personal satisfaction as my job is linked to helping people save lives," says another agent.

Two way communication

The NCC doesn't just field phone calls though. Many of you like to be contacted through texts and emails, and the NCC now sends



some 50,000 SMS text messages weekly to donors, as well as an increasing number of emails. This trend is going to grow as more and more people move over to digital communication.

One of the biggest benefits of texts and emails is that they allow almost instant communication, so we can give you up to date information about anything from blood group shortages to session



"I do feel a great sense of personal satisfaction as my job is linked to helping people save lives"

changes due to bad weather. But for the moment, telephone calls, and of course invitation mailings, still account for the bulk of our communication with you.

More interaction

Being able to offer more interaction with you is important, which is why we are launching a new blood donor 'portal' in 2013. This will let you access general and personal



information online a lot quicker, as well as book an appointment to give blood.

Last but not least, we are very

excited by the session searcher app for smart phones, which we launched this summer. You simply download the app from Google Play store or the Apple App Store and then put in your postcode to find the nearest session and times. Then just call one of our agents and book it.

For more information on how to give blood visit www.blood.co.uk or call us on 0300 123 23 23. ●

Battling for Brooke

Born with a rare blood disorder, six-year-old Brooke Cornwell needs regular blood transfusions to survive. Here we find out how her condition has affected her family

Christine Castle has a lot to be thankful for. In little more than six years, it is estimated that many hundreds of donors have played a part in keeping her granddaughter Brooke Cornwell alive.

You may remember Brooke from an article in the Winter 2007 issue of *The Donor*. At just two years old she had already received 27 blood transfusions and in the past five years this number has increased to well over 100. Brooke was born with a cleft palate and Diamond Blackfan Anaemia (DBA) - a rare blood condition

where the bone marrow doesn't make any red blood cells - which means that Brooke currently needs blood transfusions every three weeks. We have revisited Brooke and her family to see how life has changed since 2007.

Back in hospital

"Brooke was back in hospital last week with a blood clot," says Christine. "She was complaining of a swollen neck - which is very unlike Brooke, as she hardly complains about anything - so we made sure that we got this checked out. She went into hospital on the



RT PHOTOGRAPHY

Wednesday and didn't come home that night, although she wasn't too fazed by the visit as the first thing she asked for when she woke up was a McDonald's!"

Medical events like this are something that all the family have had to get used to. "It does make planning playdates and visits to family that little bit more tricky. We never know if Brooke is going to be well enough to keep those arrangements," Christine says. But Brooke seems to take overnight stays and regular hospital visits in her stride.

Luckily for Brooke, her illness hasn't stopped her from behaving like other girls. She has a passion for swimming, loves to play outside and expresses her creativity through sticking and colouring. But there are times when she longs to be 'normal'. "Brooke knows that she has DBA and has nicknamed the bag



Brooke and her family. She needs regular transfusions to treat her rare form of anaemia

"blood juice" but sometimes it just breaks your heart when you hear her ask why she can't be like her younger sister, Felicity, who's three," says Christine.

Many transfusions

In addition to her DBA and cleft palate, Brooke also has problems with her stomach and her throat. With over ten operations to date, some needing transfusions, plus the regular blood that she needs every three weeks, the amount of blood that Brooke has been given is immeasurable.

It was realising that blood is needed for all types of conditions that spurred Brooke's mum, dad and grandma to become blood donors. Says Christine, "When you think of blood transfusions, the first things that often come

"It was realising that blood is needed for all types of conditions that spurred Brooke's mum, dad and grandma to become blood donors"

to mind are accidents and operations. We didn't know, until Brooke was born, that there were so many blood conditions that require regular transfusions. We are so grateful to all the anonymous donors that donate their blood. Without them our lives would be very different."

One of the main challenges for people with DBA and other conditions that require regular transfusions is the high build up of iron. With every transfusion that Brooke gets, her iron levels also climb. Too much iron in the blood can be just as damaging as too little. It is this factor that causes the biggest complication. Brooke is treated by having an "iron carrier" drug given to her at night which is usually administered by a slow transfusion under the skin. This is done about five nights a week taking between 6-8 hours per session.

Brooke's family are currently saving up for further treatment that could change her life forever. But in the meantime Brooke must continue to rely on her 'blood juice'. ●

What is Diamond Blackfan Anaemia?

Diamond Blackfan Anaemia (DBA) is a rare blood condition where the bone marrow fails to produce red blood cells. These red blood cells are necessary for life since they carry oxygen around the body. Patients are usually diagnosed before the age of two and require treatment to compensate for their lack of red cell production.

DBA can cause fatigue, poor growth, lack of appetite and a pale complexion. In about a half of cases patients also suffer associated congenital abnormalities. DBA patients also have a slightly elevated risk of certain types of cancer. Many patients with DBA are treated with blood transfusions, often monthly, to bring their red blood cell count up to an acceptable level.

Frequent transfusions cause the accumulation of iron in the body, so patients must take a drug to remove excess iron from their bodies. ●

MEET THE EXPERT



Emma Winstanley at the National Referral Centre in Speke, which also houses the laboratories (opposite)

“It’s good to know that families will always remember us”

Q Tell us about where you work and your role there

A I am the manager of the National Referral Centre for Tissue Donation, or NRC, which is based at NHSBT’s state-of-the-art tissue banking facility in Speke, near Liverpool.

The NRC is a team of specially trained nurses who contact the families of people who have died (generally during the previous 24-48 hours) and could potentially become tissue donors.

We explain the process of tissue donation to them, discuss their options and take consent from them if they are happy for their loved ones’ tissues to be donated.

Q How are donated tissues used to help patients?

A Tissues can help save and improve patients’ lives. They are used in a wide variety of hospital treatments and

Donated tissues save lives, but donors’ families need sensitive care, which is what Emma Winstanley and her team strive to provide

procedures.

For example, donated skin is used to help serious burns to heal; donated bone helps people’s limbs to be rebuilt after bad fractures and donated corneas help restore sight to those who have lost some or all of their vision.

Q How did you come to your present role?

A I started at the Speke centre back in 2005 when I worked for a year as a nurse practitioner in the NRC contacting families of potential donors.

Then I became a clinical nurse specialist and led a project on the Dedicated Donation Facility in Speke, Liverpool, before I was appointed as the manager of the NRC.

Q Where did you work before you joined NHSBT?

A I qualified in 1995 from John Moores University in Liverpool and trained at the Royal Liverpool and Broadgreen Hospital Trust. I am a registered nurse and have clinical responsibilities in the NRC in terms of donor selection and care for donor families. I worked in a hospital on a surgical ward first, then I worked in community care as a district nurse, after that I worked in intermediate care, which involves providing nurse-led clinical care to patients in the community.

Q What is a typical day like for you?

A My job involves a lot of travelling and meeting different people like coroners,

academics and pathologists, so there aren’t many typical days!

However, when I am working from my main office, I will come in for 9am, catch up with my emails, then chat to the team to find out how they are and get a feel for what’s been going on and what might come up during the day.

Then I might be dealing with any number of tasks, from handling legal and ethical questions relating to tissue donation to preparing a paper for a meeting. There’s usually at least one tele-conference I need to attend as well.

“Donated tissue is at the centre of a lot of exciting research which will allow it to help even more patients, in even more ways, in the future”

wasn’t as joined-up when I first started as it is now. Much of the process of tissue donation, from its issue to its use on a patient, can now happen under one roof.

Having it all done by one organisation is pretty unique, even globally. Tissue donation has also become much more understood, both within our organisation and among the general public.

Q Tell us about the future for tissue donation

A Donated tissue is at the centre of a lot of exciting research which will allow it to help even more patients, in even more ways, in the future.

In the last issue of *The Donor*, one very promising example was written about. It involves donated skin being used in an entirely new treatment for leg ulcers, with amazing results.

The skin is made into a new type of skin graft known as decellularised dermis (DCD) where the donor’s own cells are removed from the skin, leaving a ‘decellularised’ tissue which will not be rejected when implanted into a patient.

This may well replace the traditional treatment for a severe ulcer, which involves grafting skin from another site on the patient’s body onto the ulcer, which is painful and means a second operation to remove the skin graft. ●



Q What’s the best part of your job?

A I don’t think I could name a single best part. I enjoy that it’s a fast-paced environment which is often changing and unpredictable, but also incredibly rewarding when you think of what we’re doing.

It’s good to know that families will always remember us - they might not remember the exact

name of the person they spoke to or exactly what was said, but they will remember the kindness and compassion they were shown at such a difficult time. Our nurses here are massively committed to their work.

Q How have your job and the world of tissue donation changed?

A The job has changed a lot, as the tissue donation process

Sign up now!

To find out more or sign up to the Organ Donor Register, go to www.organdonation.nhs.uk or call 0300 123 23 23.



Our doctor, Gail Miflin, answers questions about colds and flu

Donating in winter

staff. In severe weather we may need to cancel or re-schedule a session. If this happens we will give you as much notice as we can. We will aim to re-schedule or offer an alternative session. If you feel it is unsafe to travel to donate, please let us know as soon as possible on 0300 123 23 23 so we can offer the appointment to someone else.

Q What advice do you have for avoiding colds and flu this winter?

One of the best ways to avoid picking up bugs is by thoroughly washing your hands, with soap and hot water, after you have been out and about. Other tips are to keep warm and well fed, exercise regularly, and get enough sleep. If, despite all your precautions, you do get a sore throat, chesty cough or an active cold sore, please don't try to donate, but wait until you are better. For more advice on deferrals see www.blood.co.uk.

Q Why do you make special appeals for blood during the winter?

Winter is the season of colds and flu which puts many donors out of action. We rely on those who are fit and healthy to donate to maintain blood stocks. When stocks of specific blood groups run low, we will make a special appeal for donors to come forward. For example, when floods hit the country in September, donors with blood group O Rh negative were particularly needed.

Q What happens if my session is cancelled due to bad weather?

We will always try to keep sessions running as planned, but we must think of the safety of donors and

Q What if I feel faint when I get home after donating?

You need to take it easy for a few hours after giving blood, and drink plenty of fluids. If you do feel faint or dizzy, lie down immediately with your legs raised if possible and let someone know you are feeling unwell. If faintness persists after your donation, or you faint within 24 hours of donation, having previously felt well, then please call us on 0300 123 23 23 to let us know and we will be able to advise you further. To stop yourself feeling faint after your next donation please see our leaflet Feeling Faint – Information for Donors on our website www.blood.co.uk.

Q I often have trouble donating in the winter as it's hard to find a vein. How can I make it easier?

Make sure you are hydrated by drinking plenty of water before you donate. The water increases your blood volume, making veins easier to find. Keep your arms and hands warm too, as veins tend to recede into the body during cold weather to conserve heat. By making sure your arms are warm when you

come to session your veins will be more visible.

Q Can I still donate if I take medication?

It depends what the medicine is for but most people on medicines can donate. Please tell us what you are taking, whether it is from your doctor or over the counter from your pharmacist, the internet or a health shop. Some of these may mean we cannot take your donation. For more information please call 0300 123 23 23.

Q I have just been diagnosed with high cholesterol. Will this stop me from giving blood?

High cholesterol tends to be managed through diet or medication and does not usually cause problems. If you have high cholesterol but no associated symptoms then you can donate even if you are receiving treatment for it. However, occasionally high cholesterol levels are associated with heart disease or visual problems or neurological problems. If these have affected you, then even if your cholesterol has returned to normal through treatment, you should not donate.

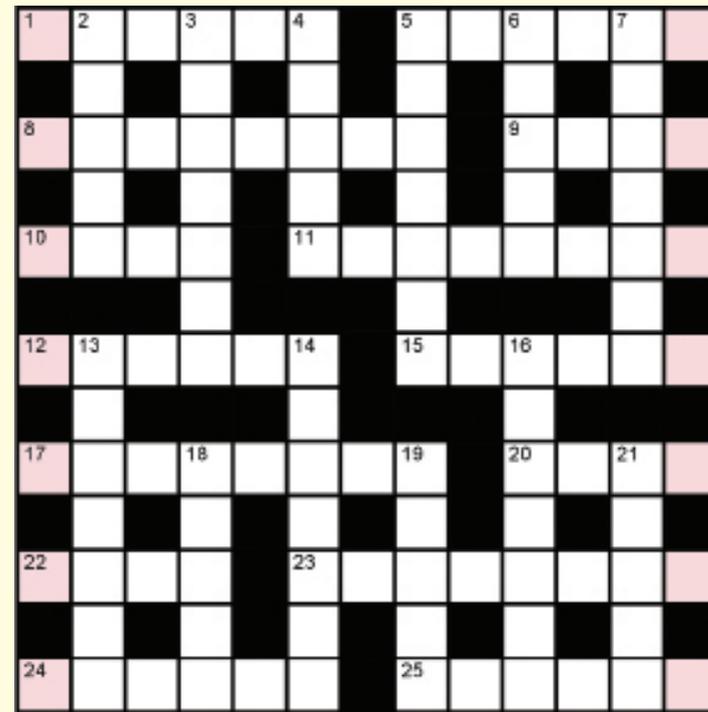
Q I donate platelets and if I have a cold can I still give?

Unfortunately not. The rules for platelet donation are the same for blood. If you have a cold or are feeling unwell then you will not be able to give until you are feeling better. Let us know if you cannot donate and we can rearrange your appointment. ●

Complete the crossword. The first and last columns of the completed crossword will spell out our message to you. Send this message on a postcard or in a letter together with your name, address and daytime phone number to: Crossword Competition, The Donor, NHSBT, Charcot Road, London NW9 5BG. You could win an "Amazing" NHSBT prize. Answers and the winner's name will be in the next issue. All entries must be received by 31st January 2013.

ACROSS

- 1 Someone absent without permission (6)
- 5 Government office (6)
- 8 People generally (8)
- 9 Female servant (4)
- 10 Arabian port (4)
- 11 Marsupial (8)
- 12 Drink of the gods (6)
- 15 Head-covering made from sash (6)
- 17 Device used by typists or musicians (8)
- 20 Common name for dog (4)
- 22 Enclosed space by building (4)
- 23 Flowering shrub (8)
- 24 Aquatic mammals (6)
- 25 Boggy area (6)



DOWN

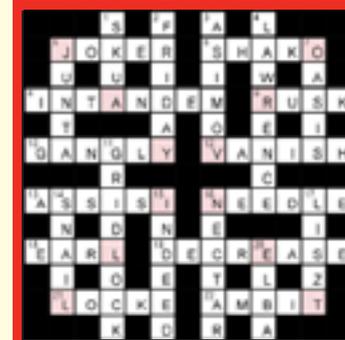
- 2 Circular (5)
- 3 Opposed to (7)
- 4 Deceitful action (5)
- 5 Knife attached to rifle (7)
- 6 Afro-Cuban dance (5)
- 7 Site of the Grand Canyon (7)
- 13 Graceful in appearance (7)
- 14 Motives (7)
- 16 Purifier (7)
- 18 Emblem (5)
- 19 Cherished desire (5)
- 21 Attire (5)

WE HAVE A WINNER!

Congratulations to Mr P Dance from Washington, Tyne and Wear, who correctly answered last issue's crossword.

The correct answer was: JAYNE TORVILL

LAST ISSUE'S SOLUTION



100 thousand new donors in 100 days

www.blood.co.uk

We need to register 100,000 new donors to protect future blood stocks.

Do you know anyone who could help?

Ask them to visit blood.co.uk/news/100k

INFORMATION

Just call our 24 hour **Donor Helpline** and staff will answer your queries on all aspects of giving blood.

0300 123 23 23

Remember, you can call the Helpline to tell us if you have moved house or changed employers!

DON'T FORGET information is also available on our website.

www.blood.co.uk

If you are not a donor, please enrol now. Fill out the coupon below, place it in an envelope and send it to NHS Blood and Transplant, FREEPOST RRZG-KUKB-EUBE, 500 North Bristol Park, Northway, Filton, Bristol BS34 7QH, or call 0300 123 23 23.

Mr/Mrs/Ms/Miss	SURNAME
FIRST NAME	DATE OF BIRTH DD / MM / YY
ADDRESS	
	POSTCODE
DAYTIME PHONE No	MOBILE
EMAIL	

To give blood you need to be in good health, aged 17 to 65 and weigh over 7st 12lbs/50kg.

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. I understand that NHS Blood & Transplant (NHSBT) or its partners may phone, write or otherwise contact me with details of local donor sessions. I agree to the NHSBT holding my personal details on their donor database and processing this information as necessary for the proper administration of the NHSBT. M06

