The Update
June 2017

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Register for SHOT Symposium before 30 June

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For Action

Please help us by using our new delivery point stickers
NHSBT drivers will be distributing these stickers to hospitals over the next months.

Please assist us by placing the stickers on your department's delivery point door where they are clearly visible to drivers and couriers.

This initiative is part of our continuous improvement programme's aim to ensure deliveries are made to the right location by clearly identifying delivery points for drivers, and provide an improved delivery service for hospitals.

Thank you for your co-operation.

Matt Young, Hospital Services Team Leader

Register for SHOT Symposium before 30 June 2017
The closing date for registration is 30 June.

The symposium will be held on 12 at Rothamsted Centre for Research and Enterprise, Harpenden, Hertfordshire AL5 2JQ.

If you would like to attend, please complete an email an application form to the SHOT office.

Programme

Lisa Parker, SHOT Administration Office Manager

For Information

Entering frozen components wastage data in VANESA v4.0
A reminder for hospitals that VANESA, the Blood Stocks Management Scheme database, was upgraded in 2015 to permit users to collect and enter wastage data on frozen component groupings:

- Adult FFP
- Paediatric FFP
- Adult pooled Cryo
- Paediatric Cryo

Training manuals are available for users.

Sue Cotton, Blood Stocks Management Scheme Manager

Using short journey containers for inter and intra hospital deliveries
Please don't forget these containers provide an effective delivery option. The containers are validated and a validation change control closing report for hospitals to reference in processes, policies, and during audits, is now published on this web site, along with:

- User guide
- Example handling risk assessment
- Example risk assessment
- Opening and closing instructions
- Cleaning guide
- Validation report
- Capacity and transportation time limits

Please contact your Customer Service Manager who will arrange delivery, including phase change materials, to your site.

Craig Wilkes, Regional Customer Service Manager - South West

New Automated Red Cell Exchange clinic for paediatrics in Leeds

NHSBT's Therapeutic Apheresis Services have opened a bespoke clinic in Leeds General Infirmary. The clinic treats approximately 9 patients per week and ensures children from across the region have access to automated exchange services.

Please pass this information to Haematologists and Paediatric Consultants of your Trust treating patients with haemoglobinopathies and sickle cell disease and email TAS for information and to find out how to access these services.

Lydia Ball, Business Support Manager – TAS

Monitoring after carrying out non-invasive fetal K (*KEL*01*) genotyping

NHSBT offers non-invasive fetal blood group genotyping using maternal plasma. The fetal K (*KEL*01*) test should be performed later in gestation than other tests as the signal it produces is less distinct than RHD or RHCE.

We continue to recommend that the test for K should not be performed before 20 weeks gestation as the false negative rate is too high. If a negative result is obtained after 20 weeks gestation this should be repeated on a fresh sample taken at or after 28 weeks gestation.

The baby should continue to be monitored for evidence of developing anaemia despite a negative test at 20 weeks until a repeat negative test has been obtained at which point the frequency of monitoring can be reduced as the likelihood of repeated false negative results are low.

On auditing, only 30% of tests are repeated when the fetal *KEL*01* gene was not detected on testing at 20 weeks gestation. NHSBT is rarely informed of the blood group of the baby.

We have changed the wording of our report to state the following on negative results prior to 28 weeks.

> "Thank you for the sample of blood from the above patient which we received on [date / time]. DNA was extracted from the plasma and real-time polymerase chain reaction (PCR) was used to amplify exon 6 of the KEL gene.
>
> The fetus should be monitored for anaemia by serial middle cerebral artery Doppler ultrasound. The test needs to be repeated at 28 weeks gestation. The *KEL*01* gene

was not detected in this sample but approximately 0.2% of tests yield a false negative result. The risk of false negativity reduces with increasing gestation.

If there is any discrepancy between the fetal genotype result we have provided and the cord phenotype at birth please inform us as soon as possible. Please alert the attending paediatrician who can consider if any action is required."

Please ensure that all staff who use this test are made aware of this, in particular in obstetrics, fetal medicine and midwifery.

Edwin Massey, Associate Medical Director Diagnostic and Therapeutic Services

For Training

Our training events are open to Hospitals and your attendance is welcomed. We look forward to meeting you.

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