



## Blood and Transplant

### The Update for May 2019

#### Online Blood Ordering System (OBOS): version 8.2.3 release on 10 June 2019

The updates in this release are:

- **A bell icon** displays on the order tab on the homepage when a standing order is approaching its end.
- **Standing order number search** - you can now search for, and view, all orders within any existing standing order you have set up. When cancelling/amending a standing order the new search facility will enable you to be assured that you have cancelled/amended all appropriate segments of the order.

Please refer to the [release notes, training presentation, practice orders, and user guide](#) (see page 37 of the user guide).

If you have any questions, please contact your Customer Service Manager.

Craig Wilkes - Regional Customer Service Manager, South West

#### Updated information for Molecular Diagnostics published on the IBGRL website

This covers:

- [Molecular diagnostic tests](#) and why they are important
- [Accuracy data](#) for non-invasive fetal *RHD* screening, and fetal blood group genotyping and sexing
- [Limitations](#) of molecular diagnostic tests
- [Accreditation and licencing](#)
- [User survey](#) data and outcomes
- Sample referral request form (FRM4674) and guidance (INF1341) for mothers with antibodies. See the Molecular Diagnostics section on the [user guides](#) web page
- [Sending samples](#) including [turnaround time](#) statistics
- Laboratory [contact details](#)

We will continue updating the website over the next few months.

Erika Rutherford - Business Development Manager, IBGRL

## Washed Red Cell haematocrit

In early 2018 NHSBT changed the method of production of washed red cells from an automated system to a manual system in order to improve the haemoglobin (Hb) content of units. Hospitals were informed of the change at the time in the January 2018 Update.

This update is to highlight that the Washed Red Cell component currently has a *higher* mean haematocrit (0.68) than standard Red Cells in Additive (0.58) although both are compliant with specification. This may have clinical implications, for example if washed red cell units are used for automated red cell exchanges.

It has been noted that the NHSBT Portfolio of Blood Components and Guidance for their Clinical Use (SPN233/9) does not currently include information on the Hct of Washed Red Cells. A summary of the current component quality monitoring data is tabled below:

Component	Specification	Mean	Min	Max	SD
Washed Red Cells	Volume (200-320mL)	243.1	175	315	15.5
Washed Red Cells	Hb per Unit (>40g)	52.6	37.0	75.0	4.61
Washed Red Cells	HCT (0.5-0.7)	0.68	0.52	0.94	0.03

NHSBT is undertaking validation work in order to reduce the mean Hct of Washed Red Cells which will bring it more in to line with a standard Red Cell in Additive Solution component. This validation work should not change the haemoglobin yield for the washed components.

This work is already in progress and should be rolled out in the next few months. Once a go live date has been approved a further update will be communicated to hospitals and the *NHSBT Portfolio of Blood Components and Guidance for their Clinical Use (SPN233/9)* will be amended once there is sufficient quality monitoring data.

Until a further update is received by hospitals the mean Hct of Washed Red Cells received by hospitals will remain at 0.68. Please disseminate this information to Hospital Transfusion Teams and clinicians who undertake red cell exchange transfusions.

Jane Davies - Lead Specialist Manufacturing Development Team

**The Update is produced each month by Commercial and Customer Services on behalf of NHS Blood and Transplant**

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