NHS
Blood and Transplant

The Update for December 2021

Updated H&I test request forms

The main change is an update to the genetic consent guidance

The new forms (listed below) will be available for download and print from the webpage on 11 January 2022. You can use these and / or continue to use existing hard copy forms until you receive the new hard copy forms.

FRM745 - Platelet Refractoriness / Transfusion Reactions

FRM999 - Platelet Immunology

FRM1008 - Organ Transplant (Patients and Donors)

FRM1010 - Haematopoietic Stem Cell Transplantation (Recipients & Donors)

FRM6425 - Disease Association / Drug Hypersensitivity / H&I Research

FRM1001 - Granulocyte Immunology

Dr Andrea Harmer - National Head of Histocompatibility and Immunogenetics

Annual SHOT Symposium 2022 'Transfusion Safety: Past, Present and Future'. 6 - 8 July, Brighton

We invite you to save the dates for next year's symposium, being held jointly with the International Haemovigilance Network (IHN) and celebrating 25 years of SHOT.

Details about the venue and programme will be released on the SHOT website.

Emma Milser - SHOT Haemovigilance and PBM Specialist

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Please complete outstanding SHOT reports before the end of December 2021

Could reporters please aim to complete and close any outstanding SHOT reports before the end of December 2021 to ensure these reports can be included in 2021 SHOT report.

SABRE (Serious Adverse Blood Reactions and Events), the MHRA's online system for reporting blood safety incidents.

Many thanks

SHOT Team

Please contact Hospital Services after amending of cancelling an order in OBOS for non-stock, specialist components or Ro units

If you need to amend or cancel an order on OBOS for any non-stock or special components (PDF 18KB) that require secondary processing such as Granulocytes or washed components, or Ro units, please contact Hospital Services promptly to discuss.

This will help us to manage your order effectively and avoid waste.

Chris Philips - Head of Hospital Customer Services

The LUST (Laboratory Urine Sickle Test) Project

Patients with sickle cell disease (SCD) have a baseline level of intravascular haemolysis that varies between patients. Haemolytic transfusion reactions are common in this patient group and can be associated with antibody formation (delayed haemolytic transfusion reaction (DHTR)) or without – hyperhaemolysis (HH). Patients may have both at the same time and thus the presence of a new antibody does preclude the diagnosis of hyperhaemolysis. There needs to be a validated test to differentiate between the two so as to guide clinical management of the transfusion reaction which differs depending on the cause. In DHTR donor blood only is being haemolysed, in the case of SCD this would be HbA. In the case of HH both donor and recipient blood is haemolysed and therefore HbS (+/- another abnormal haemoglobin in a compound heterozygote) AND HbA are haemolysed. These haemoglobins, as the haemolysis is intravascular, should appear in the urine.

As there is no current validated test for these haemoglobins in the urine, it is not really possible for clinical teams to request this test and so this impacts on clinical decision making. UK NEQAS is undertaking preliminary work to validate methods for the analysis of different haemoglobins (HbS, HbA, HbC and HbD) in urine to produce simulated quality assurance specimens for the use in inter-laboratory performance assessment of laboratories undertaking this analysis.

We are asking NHSBT, hospital laboratory or clinical staff who are aware that a patient with SCD is having a haemolytic transfusion reaction to request the clinical team send a urine sample as a matter of urgency BEFORE the haemoglobinuria clears.

Consent for use of the material for quality assurance is not required under the HTA but is required in common law, in the same way as the removal of tissue for diagnostic testing. Approximately 10-20 mL of urine is needed from each patient. Consecutive samples on the same can be sent as the haemolysis resolves / worsens. Samples should be kept at ambient temperature. There will be a process of pseudoanonymisation so that you will know whose samples have been provided but NEQAS will not. However, you are asked to supply the patient's gender, age, haemoglobinopathy disorder, recent blood transfusion history and circulating Hb S % if known. Specimens will be collected by courier, arranged and paid for by UK NEQAS Haematology.

On receipt of the sample in the hospital laboratory please email Barbara De la Salle (barbara.delasalle@nhs.net, with a cc to haem@ukneqas.org.uk), stating your contact details (contact name, phone number and road address) and the gender, age, haemoglobinopathy disorder, current Hb, current HbS%, date of last transfusion episode, date of causative transfusion episode if known of the patient. We will contact you to arrange a convenient time for the courier collection. Sample labelling instructions are described above.

The specimen should be packaged in the same way as for a 'send away' request and labelled:

For the attention of Barbara De la Salle
UK NEQAS Haematology and Transfusion
10 Millfield House
Woodshots Meadow
Croxley Industrial Park
Watford
Herts WD18 8YX

Tel: 01923 587111

If you have any questions, please email sara.trompeter@nhs.net for more details.

Dr Sara Trompeter - Consultant Haematologist, NHSBT

Please contact our National Frozen Blood Bank (NFBB) to discuss returning unused "ultra rare" red cell units

In the event of these units for very rare phenotypes (issued with an ultra rare component label) not being transfused we can potentially look to re-allocate them for clinical use in the Reagents Laboratory.

Please contact the NFBB to discuss returning the units on 0151 268 7170 or hs.liverpool@nhsbt.nhs.uk

Gina Howarth and Joanne Gilbert - National Frozen Blood Bank Managers; Dr Ulrike Paulus, Consultant Haematologist, NHSBT

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