



Blood and Transplant

The Update for July 2022

Referring, labelling and sending samples to RCI Help us to prioritise the genuinely clinical urgent cases

We have seen a steady increase in urgent investigations, with some hospitals sending a very high proportion of referrals as urgent, or the need to complete the investigation becoming urgent because of delayed or extended transportation.

Referring urgent samples

Please specify a date and time for when crossmatched units or antibody identification results are required: requesting 'ASAP', 'as soon as possible' or 'when ready' means that we cannot prioritise work accurately.

We will discuss the request and the ability to supply to this time requirement and offer alternatives should this not be possible. This may require a discussion with the on-call consultant.

Labelling

Can we ask that you label samples "urgent" only when there is a clinical need.

Sending to lab promptly

There has also been an increase in the number of samples received five, six or even seven days after phlebotomy: if we are to test these, they effectively become urgent samples. As testing samples urgently is less efficient than routine testing, our ability to identify and prioritise genuine clinically urgent cases is compromised. We need to receive them no more than four days after phlebotomy.

Mark Williams - Head of Red Cell Immunohaematology

Book now for Transfusion Science and Transfusion Medicine courses Discounted rates are available

Booking is now open for courses running up to the end of December 2022. Courses scheduled to run between January and March 2023 will be released in September 2022.

Visit our [Learning Centre](#) to book a place on:

- Practical Introduction to Transfusion Science
- Specialist Transfusion Science Practice
- Essential Transfusion Medicine
- Intermediate Transfusion Medicine
- RCPATH Pre-Exam Revision

If you would like to apply for the NHS employee discounted rate or an Health Education England place, please ensure you review [this information](#) before making your booking.

To book on other courses, please go to our [Training section](#) on this website.

Melanie Harper - Educational Delivery Manager, Organisation and Workforce Development

Use Group A high titre (HT) negative plasma components for patients of unknown blood group to preserve the AB FFP and cryoprecipitate supply for known group AB patients

There has been a large increase in the amount of FFP used during major haemorrhage, especially trauma, due to trauma teams aiming to transfuse their patients with plasma in a ratio of 1:1 with RBCs in accordance with the [national major haemorrhage guidelines](#).

This has put an enormous strain on the supply of Group AB plasma components because Group AB donors make up only 4 % of the population.

Using HT negative Group A plasma components in patients with major haemorrhage with an unknown blood group:

- Is safe
- Ensures sufficient supply of plasma components for patients in an emergency situation
- Preserves the AB FFP and cryoprecipitate supply for known group AB patients
- Is in line with the [national guidelines on plasma components](#) that recommend use of high titre negative Group A plasma, if the same blood group is not available, for known Group B and AB patients.

Please review your current practice and ensure HT negative Group A plasma components are used for patients of unknown blood group in line with the guidelines.

If you have any questions, please get in touch with your Customer Service Manager or Patient Blood Management Practitioner.

Lise Estcourt - Consultant Haematologist & Acting Medical Director of Transfusion

Updated IBGRL Molecular Diagnostics user guide and referral form
Document references: INF1135, FRM4738

The Molecular Diagnostics department have updated their user guide, and the referral form now includes an extended genotyping for Haemoglobinopathy patients.

You may download these documents and accompanying guidance from this [web page](#), by going to the 'Additional information' section, 'Documents and forms'.

Erika Rutherford - Business Development Manager, IBGRL

2022 National Comparative Audit of Blood Sample Collection and Labelling
We're pleased to invite you to register now

Currently over 50% of Trusts have signed up, but if you haven't, go to your Trust or hospital homepage on nhsbtaudits.co.uk or email paul.davies@nhsbt.nhs.uk with details of up to four contacts.

The audit is a repeat of 2012's and has three stages, which are:

1. Organisational / scoping data collection

Many sites are now able to access the information we need electronically and we hope to identify Trusts which will not need to do manual data collection for the second stage.

2. Audit / data collection for rejecting mis-labelled samples (September 2022)

The data will be used to write a national report.

3. Improvement facilitation

We're aiming to facilitate a targeted improvement process at selected sites.

If you have any questions, please feel free to call 07385 387918 or email paul.davies@nhsbt.nhs.uk

Paul Davies - Senior Clinical Audit Facilitator, National Comparative Audit of Blood Transfusion

Transport boxes - maximum number of Phase Change Materials (PCM) and surplus to be finalised
Health and safety concern

The maximum number to use is four, this is to prevent injury to staff while handling the boxes.

If there are surplus PCMs in your labs, please ask your Customer Service Manager to organise a collection.

Helen Thom - Customer Service Manager, Colindale

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

NHSBT.customerservice@nhsbt.nhs.uk

0208 201 3107