East of England Regional Transfusion Committee

BLOOD TRANSFUSION SHARED CARE FORM: IRRADIATED / SPECIALIST BLOOD COMPONENTS & SPECIALIST TREATMENT COMMUNICATIONS DOCUMENT

Section A: To be completed by a Senior member of the Clinical Team and then sent to the Transfusion Laboratory for completion of the form.			
Affix addressograph here or complete the following details:	Referring hospital: Specialist treatment hospital:	**Transplant details:**	**Specialist requirements:**
Patient First and Family Name:	Other hospitals involved in patients care:	Donor Group:	Irradiated: Yes / No
Date of Birth:	Diagnosis:	Patient Group:	CMV Neg: Yes / No
NHS / Hospital Number:	Specialist Treatment required or received **(see overleaf*):**	Date of transplant:	Alert added to electronic patient record Yes / No
Address	Phenotype determined prior to treatment?* Yes/No	Allogeneic transplant ☐ Autologous transplant ☐	Patient Informed of Specialist Requirements? Yes / No
	Signed:..... Print Name:..... Date: / / Contact number / Bleep:.....		

Sections B & C are ONLY to be completed by the Transfusion Laboratories

Section B: Please document below the ABO and D (where applicable) group of the blood components that the patient currently requires		
Red cells:	Platelets:	Plasma products:
Special requirements		
Historical antibodies:	RBC phenotype:	HLA / HPA platelets required: Yes / No
Current antibodies:		Washed RBCs required: Yes / No
DAT:	Other:	Washed platelets required: Yes / No
Signed: ..... Print name: ..... Date: / /		
Section C: Please document below the audit trail for receipt & transfer of data		
I confirm all special requirements requested in section A have been entered on the LIMS as requested	**Copy of completed form to be sent by secure fax or scanned copy emailed by laboratory of identifying hospital to shared care hospital laboratory**	**Confirmation of receipt by shared care hospital laboratory.** To confirm receipt & action of this form please sign, print name, and date below and fax/email back after entering information on shared care hospital LIMS
Date entered on LIMS: / / Signed: ..... Print name:	Date Fax / email sent: / / Signed: ..... Print name: ..... Lab email:.....	Date entered on LIMS: / / Signed: ..... Print name: .....

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Irradiated blood components

Indication	Duration of requirement
Patients receiving transfusions from a first- or second-degree relative	For each transfusion episode
For intrauterine transfusions (IUT) and neonatal exchange blood transfusions (EBT) For neonatal top-up transfusions of red cells and platelets following IUT	Until 6 months post expected delivery date (40 weeks gestation)
Patients with known or suspected severe congenital T-lymphocyte immunodeficiency syndromes, such as DiGeorge or CHARGE syndrome	Once a diagnosis of severe T-lymphocyte immunodeficiency has been suspected, irradiated components should be given while further diagnostic tests are undertaken
Recipients of allogeneic haemopoietic stem cell transplantation (HSCT) If chronic GvHD is present or the patient is taking immunosuppressants	From the start of conditioning therapy until all the following criteria is met: 1. >6 months post-transplant, 2. Lymphocyte count is >1.0 x 10^9/l, 3. Patient is free of active chronic GvHD and 4. Patient is off all immunosuppression Indefinitely
BMT/PBSCT donors (for allogeneic transplantation)	For 7 days prior to and during the harvest
Recipients of autologous stem cell transplantation (ASCT)	For 7 days prior to and during the harvest From the start of conditioning therapy until 3 months post-transplant (6 months if total body irradiation was used in conditioning)
Patients with Hodgkin lymphoma, at any stage of the disease	Indefinitely
Patients receiving, or who have previously received, purine analogues (e.g. fludarabine, cladrabine, bendamustine and pentostatin)	Indefinitely
Patients with a haematological diagnosis receiving alemtuzumab Patients with aplastic anaemia receiving ATG or alemtuzumab Patients with rare types of immune dysfunction conditions receiving ATG	Indefinitely
CAR-T cell treatment including peripheral blood lymphocyte collection and infusion	For 7 days prior to and during the harvest and until 3 months post-infusion

Cytomegalovirus (CMV) negative blood components

Indication	Duration of requirement
IUT and neonates	Up to 28 days post expected delivery date
Elective transfusions during pregnancy	Where possible for duration of pregnancy (not during labour or delivery)

Notes on completion of form overleaf:

- Under 'Specialist treatment required or received' please give details of treatment resulting in need for special requirements
- Under 'Specialist requirements' please circle yes or no
- If a patient's requirements change, please complete another form

Information on irradiated products derived from BSH Guidelines on the use of irradiated blood components, 2020 . Information on CMV negative components from SaBTO.

***Monoclonal antibody therapy:**

Patients with relapsed or refractory multiple myeloma (MM), relapsed or refractory acute myloid leukaemia (AML) or myelodysplastic syndrome MDS) may be treated with monoclonal antibody therapies, currently **Daratumumab** (Darzalex), **Isatuximab** (both anti-CD38) and **CAMELLIA** (anti-CD47). However, these therapies have the potential to interfere with serological investigations and compatability testing in blood banks. Where possible, the patient's extended phenotype should be tested prior to the commencement of therapy and transfusion laboratories **must** be notified of patients receiving these treatments, including finish dates, as interference can last for up to 6 months after the last infusion.