Reset Form

Endorsed by: National Blood Transfusion Committee | SHOT Serious Hazards of Transfusion

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

Sections A: To be completed by the Clinical Team and sent to the Transfusion Lab Date:

Patient Details		Referring Hospital		Specialist Requirements		ABO/D Group & Transplant Details	
First Name		Shared Care Hospital		Irradiated:		Date of Transplant	
Last Name		Additional Site		CMV:		Patient Group	
DOB		Diagnosis		Washed RBCs:		• Non-Transplant patient ☐ • Autologous Transplant ☐ • Allogenetic Transplant ☐	
NHS Number (MRN)	( )	Sickle Cell Disease? ☐ Thalassemia? ☐		Washed platelets:			
Address		Specialist Treatment Required/Received:		Platelets: HLA ☐ HPA ☐		Donor Group 1	
Patient informed of Special Requirements?		Select treatment for 'Special Requirements' needed: Click Here for List Overleaf		Other:		Donor Group 2	
						D Selection:	
						RBC ABO Selection	
						Plasma ABO (*HT-)	

Completed by: (name)
Contact details:
Date:

Sections B: To be completed by the Referring Hospital Transfusion Laboratory: Ensure top section has been completed in full

ABO / D of last blood component transfused			Lab Results				Phenotype
Component type	ABO/D	Last transfused	Historical antibodies:				RhK:
Red Cells							
Plasma Products	HT- ☐		Current antibodies:		Last tested:		Additional results available on Sp-ICE:
Platelets			DAT:		Last tested:		
Anti D Ig			Additional Flags:				

I confirm all special requirements stated in Section A have been entered on the LIMS as requested	**Completed form to be sent by email to shared care hospital laboratory**	**Email:**
Date entered on LIMS:		Date email sent:

Section C: To be completed by Shared Care Hospital. Please document below the Confirmation of receipt & transfer of data

Date entered on LIMS:	Print name:	

Thank you: By encouraging as many transfusion laboratories to use this form and increase communication between labs, we aim to reduce IBCT's and improve patient safety

With thanks to the East of England RTC

Review date: September 2028

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Irradiated (IRR) blood components

	Indication (Select all that apply)	**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) or 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 and during the harvest
☐	Recipients of autologous stem cell transplantation (ASCT)	For 7 days prior 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 **Date commenced:**	For 7 days prior and during the harvest, and until 3 months post-infusion

Cytomegalovirus (CMV) negative blood components

	Indication (Select all that apply)	**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)

***Monoclonal antibody therapy**	**Date commenced:**	**Date finished:**

☐ anti-CD38 ☐ anti-CD47 ☐ anti-CD45 ☐	Patients with relapsed or refractory multiple myeloma (MM), acute myloid leukaemia (AML) or myelodysplastic syndrome MDS) may be treated with monoclonal antibody therapies, currently **Daratumumab** (Darzalex), **Isatuximab** (anti-CD38) and **CAMELLIA**; **MAGROLIMAB** (anti-CD47). These therapies have the potential to interfere with serological investigations and compatibility 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.

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

Notes on completion of form overleaf:

- Selection of any of the above Specialist Treatments will auto populate 'YES' Under 'Specialist requirements' Irradiated and/or CMV Neg
- For all other Special requirements, Select YES or NO. Or document under 'Other'
- If a patient's requirements change, please complete another form