



LB.34.5 The prospective donor's vaccinations checked against the current vaccination deferral list. Other vaccinations must be assessed by the blood bank physician.

LB.34.6 Prospective donor's arms are free of lesions suggestive of skin disease or parenteral drug abuse.

Standard Intent:

Prospective blood donors must feel healthy and well on the day of donation. The administered donor history questionnaire and physical examination is intended to ensure that the donor is in good general health and will tolerate the collection procedure, moreover, the collected blood will not harm the recipient.

LB.35 The blood bank develops acceptance criteria for platelets pheresis donors.

LB.35.1 The laboratory implements additional acceptance criteria for platelet pheresis donors. The criteria include:

LB.35.1.1 Donation Intervals meet the following conditions: eight weeks after whole blood donations, not more than once every forty-eight hours, not more than twice a week, not more than four times a month, not more than twenty-four times a year, and eight weeks after failure to return the donor red cells during apheresis procedure or the total RBC loss during apheresis procedure exceeds 200 ml.

LB.35.2 Use of medications that inhibit platelet function (such as Aspirin and Piroxicam) defers the platelet apheresis donation for seventy-two hours after the last dose.

LB.35.3 The prospective apheresis donor should have a qualifying platelet count of more than 150,000/ μ l.

LB.35.4 The acceptance criteria of blood donors outlined in this chapter apply.

Standard Intent:

Platelets collection by apheresis follows many of the same rules and guidelines that apply to whole blood donation. Except, Platelet pheresis donors may donate more frequently than whole blood donors. Additionally, prospective platelet pheresis donors must have platelet count be above 150,000/ μ L and should not have taken antiplatelet medications that irreversibly inhibit platelet function are deferred for specific intervals. Platelet pheresis donors must be given information so that their consent to donate is informed.

LB.36 The blood bank has a process for consenting blood donors.

LB.36.1 The laboratory implements a process for consenting blood donors to ensure:

LB.36.1.1 Receiving explanation of the donation procedure.

LB.36.1.2 Being informed about the risks of the procedure.

LB.36.1.3 Being informed about the tests performed and the risks of transmission of infectious diseases.

LB.36.1.4 Being informed about the donor confidentiality and the requirement to report test results to health authorities.



LB.36.1.5 Being informed that there are circumstances in which blood/blood components are released for transfusion before the completion of infectious disease testing.

LB.36.1.6 Having read and understood the information presented to him/her

LB.36.1.7 Having the opportunity to ask questions and having them answered.

Standard Intent:

At the time of each donation, the blood bank staff should explain the blood or blood component collection procedure to the donor in terms the donor understands, and document the donor consent process to indicate that the donor has read and understood all of the educational materials presented to him/her and has had an opportunity to ask questions.

LB.37 The blood bank develops a system for donor notification of significant findings detected during donor screening or after performing laboratory testing.

LB.37.1 A policy and procedure defines events requiring official donor notification.

LB.37.2 The policy and procedure mandates the provision of proper education, counseling, and referral for donors with significant findings.

LB.37.3 The policy and procedure mandates that acknowledgment of the notification is documented within eight weeks of donation.

Standard Intent:

Effective donor notification and counseling should achieve the following objectives:

- a. Protect the health of the donor, and in a number of cases, prevent secondary transmission of infectious diseases to sexual partners and offsprings;
- b. Protect the safety of the blood supply by conveying the message that the individual should refrain from future blood donations;
- c. Provide feedback about the effectiveness of donor selection procedures such as pre-donation education, medical history and confidential unit exclusion;
- d. Fulfill ethical requirements of disclosure.

Positive test results for Syphilis, HBsAg, HBcAb, HCV, HIV or HTLV should be communicated to the donors in writing. The letter of notification must convey several important messages, including:

- a. Name of the test/disease marker.
- b. Implication of the test on the donor's health and the need to seek medical attention.
- c. Instructing the donor not to attempt to donate in the future (or you may donate after a defined period).

DIRECTING THE DONOR TO THE SOURCE FOR ADDITIONAL INFORMATION