



Carter BloodCare

We save lives by making transfusion possible.

Date: October 26, 2016
To: Carter BloodCare Customers
From: Laurie J Sutor, M.D.
Vice President of Medical and Technical Services
Re: TRALI Mitigation Strategies – An Update

Here is a summary of the current TRALI mitigation strategies that Carter BloodCare is utilizing, for your records. We are in compliance with AABB Standard 5.4.1.3 of the most recent edition of Standards for Blood Banks and Transfusion Services for this process.

1. Plasma for transfusion will come from one of the following sources:
 - a. Male donors
 - b. Females who have never been pregnant
 - c. Females who have been tested for and are negative for HLA antibodies
2. Apheresis platelets for transfusion will come from one of the following sources:
 - a. Male donors
 - b. Females who have never been pregnant
 - c. Females who have been tested for and are negative for HLA antibodies
3. Use only whole blood for transfusion from female donors who have never been pregnant or male donors.
4. Emphasize recruitment and collection of male apheresis platelet donors. Continue HLA screening efforts for female donors already in our database to allow them the possibility of donation in the future, as well as screening new female donors who have been pregnant who are interested in platelet donation.
5. Use the Acrodose system to prepare pooled platelets, allowing use of a low plasma volume component from each donor
6. Continue to work with consignees to decrease inappropriate transfusions of all components



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7. Continue to investigate clinical reports of TRALI from our consignees and defer implicated donors found to have HLA or neutrophil antibodies
8. Monitor AABB Standards for change in platelet TRALI mitigation requirements

We appreciate your feedback on these efforts. If we can help you in any way to educate your physicians on appropriate blood usage, please let us know.