

## Specialized Blood Component Eligibility

Product Type	Eligible Patients
CMV negative products	<ul style="list-style-type: none"> <li>• Pediatric oncology patients</li> <li>• Neonates (&lt;4 months of age)</li> <li>• Solid organ transplant recipients (Physician to notify TM)</li> <li>• Pregnant women (Physician to notify TM)</li> <li>• Other clinical indications as approved by the Transfusion Medicine Physician</li> </ul>
Irradiated products	<ul style="list-style-type: none"> <li>• Pediatric oncology patients</li> <li>• Neonates (&lt;4 months of age)</li> <li>• Allogeneic Stem Cell/Bone Marrow Transplant Recipients (from the start of conditioning chemotherapy)</li> <li>• Autologous Stem Cell/Bone Marrow Transplant Recipients (from start of stem cell mobilization)</li> <li>• Allogeneic donors (1 day prior to collection and during the collection process)</li> <li>• Aplastic anemia</li> <li>• Diamond Blackfan anemia</li> <li>• Fanconi anemia</li> <li>• Hodgkin's Lymphoma (Physician to notify TM)</li> <li>• Patients receiving the following drugs:               <ul style="list-style-type: none"> <li>❖ ATG – anti-thymocyte globulin</li> <li>❖ Alemtuzumab</li> <li>❖ Bendamustine</li> <li>❖ Busulfan</li> <li>❖ Cladribine</li> <li>❖ Clofarabine</li> <li>❖ Cyclophosphamide – in high doses only</li> <li>❖ Deoxycoformicin</li> <li>❖ Fludarabine</li> <li>❖ Pentostatin</li> </ul> </li> </ul>
Fresh Red Cells (<7 days old) phenotype matched for Rh and Kell	<ul style="list-style-type: none"> <li>• Sickle cell anemia (phenotype matched for Kidd also)</li> <li>• Thalessemia</li> <li>• Aplastic anemia</li> <li>• Diamond Blackfan anemia</li> <li>• Fanconi anemia</li> <li>• Hereditary Spherocytosis</li> </ul>
Apheresis Platelets	<ul style="list-style-type: none"> <li>• Aplastic anemia</li> <li>• Diamond Blackfan anemia</li> <li>• Fanconi anemia</li> <li>• Pediatric patients requiring less than 200mL</li> <li>• Neonates</li> </ul>
HLA Matched Apheresis Platelets	<ul style="list-style-type: none"> <li>• Patients with HLA antibodies</li> <li>• Patients with anti-PLA1 antibodies</li> <li>• Patients refractory to pooled platelets (with TM physician approval)</li> </ul>

These Regional Guidelines were developed following discussions with clinical and scientific staff, as well as the review of current literature. They have been approved by the Calgary Zone Hematology/Oncology group and the Calgary Zone Transfusion Committee.