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M A Harris Esq.,
Department of Health & Social Security,
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Dr Smithies
Grateful for your advice.
Indeed you may feel it more appropriate
for a medical reply.
GRO-C
cc Dr Moore 28/4

21st April 1986

Dear Dr Harris,

RE: DA (86)1. HTLVIII TESTING OF BLOOD DONATIONS OUTSIDE THE NATIONAL BLOOD TRANSFUSION SERVICE (NBTS).

I have recently been shown a copy of this document which was sent to General Managers in January 1986. It raises a problem for me in that on about five occasions a year, fresh blood products are needed urgently for bone marrow transplant patients with life-threatening haemorrhage. These products are obtained by donation from volunteer family members and friends, using a cell separator.

Fresh platelets are not always available from the BTS, especially on Mondays, for instance, until late in the day because there are no donor sessions on Sundays.

The problem is that the patient's life could be jeopardised by waiting for volunteers to be screened. Our experience to date has been that would-be volunteers who believe they might be "high-risk" have shown enough sense of responsibility to suggest themselves that they should not donate. I realise that this is not fool-proof, but I am sure you appreciate our dilemma and I wonder if you would accept our relying on this? The donors could be screened retrospectively, following the procedures used by the BTS and would have to give their consent to this before donating.

I would appreciate your view on this proposal and any other comments you would care to make which might help us.

Yours sincerely,

GRO-C

R.L. Powles MD, BSc, FRCP,
Chairman, Division of Medicine,
Physician in Charge, Leukaemia Unit.

Physicians: R.L. Powles, T.J. McElwain. Paediatrician: S. Meller.
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