NATIONAL BLOOD TRANSFUSION SERVICE

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HHG/LB

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Dr. A.E. Robinson,
Director,
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Dear Angela,

ALT TESTING

It is the intention to use all apheresed plasma for the production of i.v. Ig so that the quantity produced can be at a maximum. ALT testing of this plasma is a complication which I would have preferred to avoid. Our policy in this country is not to use ALT as a non-specific test for NANBH carriers. The basis of our issue of all cellular products is on the agreed policy of donor selection and I think that it can be argued on a similar basis for the selection of donors for platelet obtained by apheresis.

The reason for performing the ALT test on the plasma is solely for BPL to fractionate this plasma according to the terms of a licence which they wish to acquire. Moreover, I do not think that the ALT level of 60 iu/l would be the chosen one if ALT testing was being used as a surrogate marker for NANBH transmission.

Whilst we retain our national policy of not using ALT testing then donors should be selected for plateletpheresis in accordance with the current guidelines as, indeed, they will be for whole blood donation with the possible preparation of platelet concentrates subsequently. If you have evidence that a donor is transmitting NANBH this would be investigated in the normal way.

To answer your second question, therefore, I consider that PRP platelets can be issued before the ALT result is known.

WTD/ 3608

When anti-HCV testing is agreed nationally, the situation will change and products positive for anti-HCV will not be issued.

I hope this agreement is helpful for you. I enclose a copy of a letter I have sent to David Donald at BPL concerning PRP from ultralite machines.

With kind regards.

Yours sincerely,

GRO - C

H.H. GUNSON,
National Director

Enc.

P.S. I am going to put this to Directors Scottish we can each adopt a national pricing GRO - C

WTD/ 3609