



UNIVERSITY HOSPITAL OF WALES

Tel: 0222-755944

Heath Park
Cardiff
CF4 4XW

(CARDIFF) HMC

DEPARTMENT OF HAEMATOLOGY

OUR REF ALB/EHF

YOUR REF

27th November, 1972.

Dr. W.d'A. Maycock,
Blood Products Laboratory,
Lister Institute of Preventive Medicine,
Dagger Lane,
Elstree, HERTS.

Dear Dr. Maycock,

Thank you very much for your letter of the 23rd November and I am returning the form. You may have noticed that we have not used much freeze-dried concentrate of AHF recently. This is not because we were ever unhappy with it but is mainly because the supply of cryoprecipitate produced locally is quite good. Another relevant point is the volume. It is difficult to administer more than 100 ml by intravenous injection rather than drip and since the dose needed in adults is usually over 500 units, use of your old routine concentrate usually means drip therapy in Outpatients, whereas cryoprecipitate can be given by simple injection. I note that you are changing over to a higher potency preparation and I would imagine that this would be easier to give by simple injection. For this reason on completing the form I have now assumed that we would optimally like to use freeze-dried concentrate if available. There are some cases where cryoprecipitate may still have a place. For instance, if a patient who has previously had an inhibitor but who does not have one now and one wishes to limit donor exposure. Because of possible requirements of this nature and for a stand by, in cases of emergency and supply problems, I have put down 500 donor units as cryoprecipitate. You may be interested to know also that our present donor usage for cryoprecipitate is about 8,000 donors per year.

With kind regards,

Yours sincerely,

GRO-C

A.L. Bloom,
Senior Lecturer in Haematology.

Enc.