

leucocyte depletion file

Stemmy GP.

## UNIVERSAL LEUCOCYTE DEPLETION - ISSUES TO CONSIDER (and by whom)

1. Availability of filters, how to evaluate, tendering process. Role of COBE LRS. -(NBS/SACBC)
2. What will be the specification - absolute numbers, subsets (later), minimum and maximum interval between collection and leucocyte depletion. (SACBC/SACTTI) — must be done pre freezing
3. Methodologies for plasma - for fractionation
  - for FFP (whole blood filtration/methylene blue etc) NBS/SACBC (Pull - 2 days old blood - best)
4. How to QC on a large scale, even with 1% QM? Nageotte/flow cytometry. Validation of methods  
Development of 'go/no-go' level for simplicity. Development of 'LEUQAS' exercises to monitor cell counting performance.  
SACBC/NBS
5. Development of research methods for absolute counting to low levels; subset analysis etc. NBS/SACBC
6. How best to monitor risk of bacterial contamination? SACBC/SACTTI
7. What to do re BCSH Guidelines on Leucocyte Depletion (in press!). (have spoken to Paul Kelsey - they will go ahead meantime, but we can update him at Task Force meeting next week).
8. Complete rewrite of all Red Book Component Specs! SACBC
9. Will we need to continue CMV testing? SACBC/SACTTI < FDA don't accept it is equivalent yet
10. What can we say about the risk of HTLV? SACBC/SACTTI (Further studies planned at Cambridge)
11. Can we organise a prospective study to compare rates of post-op infection over the next 6-12 months with those seen after leucocyte depletion? NBS/Clinical Directors (joint consultant task?)

Lorna Williamson

10/11/97

? Development of Zurich Diagnostic Test.  
? ELISA sandwich.

Hand  
hcoftho  
info