



Scottish National Blood Transfusion Service
Aberdeen & North East Scotland
Blood Transfusion Centre
Foresterhill Road
Foresterhill
Aberdeen AB25 2ZW



Telephone 01224 685685
0845 90 90 999 (Donor Enquiries)
Fax 01224 695351

www.snbt.org.uk (General Information)
www.scotblood.co.uk (Donor Information)

Date: 15 December, 2003
Your Ref:
Our Ref: HH/PA/mcclelland.151203.doc

Enquiries to: Henry Hambley
Extension: GRO-C
Direct Line: GRO-C (secretary)
Email: henry.hambley@ GRO-C
Email (PA): pamela.anderson@ GRO-C

Dr Brian McClelland
SNBTS
The Royal Infirmary of Edinburgh
at Little France
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Dear Brian

Re: William Stafford

Attached is the report on this man which I have gleaned from BTS files and from his case notes.

The only outstanding item relates to the confusion over the CMV test. I have written to Dr P Molyneaux, Consultant Virologist and await her reply.

Yours sincerely

GRO-C

DR HENRY HAMBLEY
Clinical Director



SNBTS Head Office
Ellen's Glen Road Edinburgh EH17 7QT
National Director Angus Macmillan Douglas
SNBTS is a Division of the Common Services Agency

Report on William Stafford

Date of Birth: GRO-C 1943

Address:

GRO-C

A) Request

In our file are copies of three requests relating to requests for crossmatched blood in December 1988, June 1991 and October 1991. I enclose copies of the copies. I will try to find originals.

From copies you can see that on no occasion was CMV negative blood requested. The clinical details are scanty: December 1988 request indicates high dose steroids and June 1991 request indicates "PAN on immunosuppression".

B) Donations

Donation numbers of the units are:-

December 1988

829702 9
827711 8
872554 3
829330 9
829370 8
829372 4

June 1991

104822 8 — 30/5/93
104836 8 — 25/5/94
104924 0 NT

October 1991

117460 6 — 2/1/95
121884 0 NT
117528 9 NT

C) CMV Status of Donations

None of the donations were tested at the time of donation. All tested subsequently.

DONATION NUMBER	CMV Ab	DATE TESTED
104822 8 <i>Dec 91</i>	Negative	30/05/1993
104 836 8 <i>Jan 91</i>	Negative	25/05/1994
104 924 0 <i>Jan 91</i>	Not tested	Not tested
117460 6 <i>Oct 91</i>	Negative	24/09/1995
117 528 9 <i>Oct 91</i>	Not tested	Not tested
121 884 0 <i>Oct 91</i>	Not tested	Not tested

There was also the question of HCV testing and all the donors were retested for HCV. It is not clear from our notes whether this was done on subsequent donations or whether archive samples were tested. At least one of the donations (104 924 0) had an archive sample tested for HCV and I guess there will be no remaining archive sample. This donor has not donated since June 1991.

Although the three results are done subsequently, it would be very unusual for antibody to CMV to "disappear". By chance, one would expect 3 out of 6 random donations to be CMV negative.

D) Need for CMV Negative Blood

Mr Stafford was on oral prednisolone (25mg od), oral cyclophosphamide (150 od) during 1991. While this is immunosuppressive, it is relatively mild. My own recollection from early 1990's was that CMV negative blood would be recommended in neonates <15400G and in CMV negative patients undergoing chemotherapy for acute leukaemia or bone marrow transplantation. However, there were no suggestions that patients such as this having relatively mild immunosuppressive therapy received CMV screened blood. I think the best sources will be Handbook of Transfusion Medicine 1st and 2nd editions. The AABB Technical Manual (10th and 11th edition published 1990 and 1993 respectively) only refer to need for CMV negative blood in low birth weight neonates.

E) CMV Testing of Mr Stafford

There is correspondence (copy) in SJU's notes that the initial anti-CMV test which was requested in October 1991 i.e. at the start of eye symptoms was reported as being negative. However a second test was done in March 1992 because of deteriorating vision and was positive. At this time, the original sample was repeated and found to be positive for anti-CMV. Following this, he was started on anti viral therapy with Acyclovir and Ganciclovir.

I have discussed with Dr P Molyneaux, Consultant Virologist, ARI who was not in post in 1992. The department have no records going back to that date. She is unaware of the techniques used for CMV screening in Aberdeen at that time and will try to confirm with MLSO 3. However, she thinks it is likely to have been either CMV latex or CMV complement fixation test both of which had high rates of false positive and false negative reactions.

My feeling is that:-

1. Clear evidence that CMV negative blood was not requested by the clinicians.
2. Clinical details on the request form would not have indicated to either MLSO or medical staff that CMV screened blood was appropriate.
3. The clinical condition and treatment while immunosuppressive was not one which either then (1991) or now would mandate the use of CMV negative blood.
4. If the October CMV test had been reported as positive, it may have (suggested) altered the management of the ophthalmologist to allow earlier use of anti-CMV therapy, i.e. Acyclovir Ganciclovir with better outcome.

REQUEST FOR GROUPING AND BLOOD FOR TRANSFUSION

Surname (Blocks)
First Names
Address
Unit No.

STAFFORD
MR WILLIAM A
GRO-C
GRO-C

GRO-C

GRO-C 1942

Maiden Name

Under care of

If private patient, please tick box ☐

WARD 33

HOSPITAL ARI

If the patient is a baby under 4 months of age a 5 ml. sample from the MOTHER is also necessary. Please give:

Mother's First Name

Date of Birth

BTS Ref. No. 179418

With this form should be sent a sample of at least 5 ml. of CLOTTED blood accurately labelled with the patient's SURNAME, FIRST NAME and DATE OF BIRTH. Unlabelled samples CANNOT be accepted. A fresh sample and request form must be sent for each separate transfusion.

REQUEST: Group and cross-match: Whole blood units. For (time) a.m./p.m. on (date)
Concentrated cells 3 units. For (time) 8 a.m./p.m. on (date) 10/7/92

Blood Group only

Other investigations (antiglobulin test, etc.)

PLEASE ANSWER THE QUESTIONS OVERLEAF

Patient's ABO Group	O	AB	Auto					
Anti-D No.	222	225	AB Serum Papain	Antibody Screen Sal. IAGT	INCUBATION			
Patient's Rh Group	Pos	Pos	N	1/3/91	230	330		
Date	7/1/92	Donation No.	152602(2)	Donor ABO and Rh Group	Matched by	Compatibility Tests Saline	IAGT	Follow-up
			148472(9)ice	Opos	PM	N	N	
			148562(8)ice			N	N	

IMPORTANT: Please give ALL the information requested.

Diagnosis and reason for transfusion

Haemoglobin Level and date tested

Is the patient's blood group known? (Give a reference number if possible)

Have any atypical blood group antibodies been reported?

Has the patient previously had a transfusion, or received any other injections of blood? (if so, please give details)

Did any reactions occur? (e.g. pyrexia, haemoglobinuria, urticaria, etc.)

For female patients, please state if pregnant Number of previous pregnancies

Other relevant information

Date

7/9/92

Time

Signature

GRO-C

For BTS use:

קניין ממשלתי

250 593 3

GRO-C

GRO-C

~~Maiden Name~~

Under care of

D. Eastman

WARD E 1m HOSPITAL CITY

2

Mother's First Name Date of Birth BTS Ref. No.

REQUEST: Group and cross-match: Whole blood units. For (time)..... a.m./p.m. on (date).....

Concentrated cells 3 units. For (time) 8 a.m. / p.m. on (date) 16/10/9

Blood Group only

Other investigations (antiglobulin test, etc.)

Follow-up

up _____

IMPORTANT: Please give ALL the information requested.

Diagnosis and reason for transfusion *Polycythaemia, Nephron Anemia*

Haemoglobin Level and date tested *8.5 15/10/91*

Is the patient's blood group known? *—* (Give a reference number if possible)

Have any atypical blood group antibodies been reported?

Has the patient previously had a transfusion or received any other injections of blood? (if so, please give details)

Did any reactions occur? (e.g. pyrexia, haemoglobinuria, urticaria, etc.)

For female patients, please state if pregnant Number of previous pregnancies

Other relevant information *Leuk, Makia - ? info*

Date *16/10/91*

Time *1300*

Signature

GRO-C

For BTS use:



179418

Maiden Name

Under care of

GRO-C

GRO-C

Date of Birth

GRO-C

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WARD

1

HOSPITAL

city

patient is a baby under 4 months of age a 5 ml. sample from the MOTHER is also necessary. Please give:

Mother's First Name

Date of Birth

BTS Ref. No. 179418

With this form should be sent a sample of at least 5 ml. of CLOTTED blood accurately labelled with the patient's SURNAME, FIRST NAME and DATE OF BIRTH. Unlabelled samples CANNOT be accepted. A fresh sample and request form must be sent for each separate transfusion.

REQUEST: Group and cross-match: Whole blood units. For (time) a.m./p.m. on (date)
 Concentrated cells 3 units. For (time) a.m./p.m. on (date) 21/6/91

Blood Group only

Other investigations (antiglobulin test, etc.)

PLEASE ANSWER THE QUESTIONS OVERLEAF

Patient's ABO Group	O	B	Auto	A ₂ Cells AB Serum				
Anti-D No.	198	222	AB Serum Papain	Enzyme Screen	INCUBATION			
Patient's Rh Group	Pos	Neg	Neg	SC1	Ny	8.45	9.35	
Date	19/6/91		Donor ABO and Rh Group	Matched by	Saline	Cross-matching Tests Enzyme	IAG	Follow-up
	104822	(8)	Pos Recs	pm	Neg		Ny	
	104836	(8)			Neg		Ny	
	104924	(0)			Neg		Ny	

IMPORTANT: Please give ALL the information requested.

Diagnosis and reason for transfusion Low Hb; PAN on immunosup

Haemoglobin Level and date tested

Is the patient's blood group known? (Give a reference number if possible)

Have any atypical blood group antibodies been reported?

Has the patient previously had a transfusion or received any other injections of blood? (if so, please give details)

Did any reactions occur? (e.g. pyrexia, haemoglobinuria, urticaria, etc.)

For female patients, please state if pregnant Number of previous pregnancies

Other relevant information

Date 18/6/91

Time 3.00 pm

Signature

GRO-C

(RHO)

For BTS use:

For BTS use only:

WILLIAM

GRO-C

GRO-C

Date of Birth

GRO-C

WARD

HOSPITAL

patient is a baby under 4 months of age a 5 ml. sample from the MOTHER is also necessary. Please give:
her's First Name _____

Other's First Name

Date of Birth

.BTS Ref. No

With this form should be sent a sample of at least 5 ml. of CLOTTED blood accurately labelled with the patient's SURNAME, FIRST NAME and DATE OF BIRTH. Unlabelled samples CANNOT be accepted. A fresh sample and request form must be sent for each separate transfusion.

REQUEST: Group and cross-match: Whole blood 3 units. For (time) 12 am on (date) 3/12/88
Concentrated cells 3 units. For (time) 12 am on (date) 3/12/88
Blood Group only

Blood Group only

Other investigations (antiglobulin test, etc.)

PLEASE ANSWER THE QUESTIONS OVERLEAF

WITN3530109 0010

IMPORTANT: Please give ALL the information requested.

Diagnosis and reason for transfusion *GI Perforation - Polycystitis nodosa*
on high dose steroids Haemoglobin Level and date tested *1/12/88 - Hb = 11.7*
Is the patient's blood group known? */* (Give a reference number if possible)

Have any atypical blood group antibodies been reported?

Has the patient previously had a transfusion or received any other injections of blood? (if so, please give details) */*

Did any reactions occur? (e.g. pyrexia, haemoglobinuria, urticaria, etc.)

For female patients, please state if pregnant Number of previous pregnancies

Other relevant information

Date *3/12/88* Time *9.30am*

Signature *GRO-C*

For BTS use: