

## Guidelines for the Blood Transfusion Services

### 7.7.12: Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted

<http://transfusionguidelines.org/red-book/chapter-7/7-7/7-7-12>

### 7.7.12: Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted

The component provides a source of concentrated FVIII, and von Willebrand factor, fibrinogen, FXIII and fibronectin. It is derived from a unit of Fresh Frozen Plasma for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted. The plasma from which this component is produced contains less than  $1 \times 10^6$  leucocytes per component.

#### 7.7.12.1: Technical information

- Section 7.7 provides general guidance on the requirements for components for use in neonates and infants under 1 year.
- Donations of whole blood where the bleed time exceeded 15 minutes are not suitable for the production of plasma components for direct clinical use.
- Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted is the cryoglobulin fraction of plasma obtained by thawing a single donation of Fresh Frozen Plasma, Neonatal Use, Methylene Blue Treated and Removed, Leucocyte Depleted (see section 7.7.10) at  $4 \pm 2^\circ\text{C}$ .
- The component should be free from clinically significant irregular blood group antibodies including high-titre antiA and anti-B. Testing for CMV antibodies is not required.
- Plasma should be selected from male donors or screening of female donors for HLA/HNA antibodies should be considered, as a TRALI risk reduction strategy.
- For storage, Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted should be rapidly frozen to a core temperature of  $-25^\circ\text{C}$  or below within 2 hours of preparation.
- Component samples collected for the quality monitoring assessment of FVIII should be from an equal mix of group O and non-O donations due to the difference in FVIII levels between ABO blood groups.
- Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted should be administered through a CE/UKCA/UKNI marked transfusion set.

#### 7.7.12.2: Labelling

For general guidelines, see section 6.6.

The following shall be included on the component label:

(\* = in eye-readable and UKBTS approved barcode format)

- Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted\* and volume
- the name of the pathogen inactivation (PI) system used
- the blood component producer's name\*
- the donation number\*
- the ABO group\*
- the RhD group stated as positive or negative\*
- the date of collection
- the expiry date of the frozen component\*
- the temperature of storage
- the blood pack lot number\*
- a warning that the component must be used within 4 hours of thawing
- the name, composition and volume of the anticoagulant or additive solution.

In addition, the following statements should be made:

#### **INSTRUCTION**

*Always check patient/component compatibility/identity*

*Inspect pack and contents for signs of deterioration or damage*

*Risk of adverse reaction/infection including vCJD and allergy to the compounds used for, or derived from, PI treatment*

#### **7.7.12.3: Storage**

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For general guidelines, see section 6.7.

- The component should be stored at a core temperature of  $-25^{\circ}\text{C}$  or below for a maximum of 36 months.
- Although a storage temperature below  $-25^{\circ}\text{C}$  improves the preservation of labile coagulation factors, lower temperatures increase the fragility of plastic. Particular care must be taken when handling such packs.
- The component should be thawed in a waterbath or other equipment designed for the purpose, within a vacuumsealed overwrap bag according to a validated procedure. The optimal temperature at which the component should be thawed is  $37^{\circ}\text{C}$ ; temperatures between  $33^{\circ}\text{C}$  and  $37^{\circ}\text{C}$  are acceptable.
- Protocols must be in place to ensure that the equipment is regularly cleaned and maintained to minimise the risk of bacterial contamination. After thawing, the content should be inspected to ensure that no insoluble precipitate is visible and that the container is intact.
- Once thawed, the component must not be refrozen and should be used immediately. If delay is unavoidable, the component should be stored at ambient temperature and used within 4 hours.

#### **7.7.12.4: Testing**

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In addition to the mandatory and other tests required for blood donations described in Chapter 9, and leucocyte counting (see sections 6.3 and 7.1.1), a minimum of 75% of those components tested for the parameters shown in Table 7.7.12 shall meet the specified values.

**Table 7.7.12 Cryoprecipitate for Neonates and Infants, Pathogen Reduced, Leucocyte Depleted – additional tests**

Parameter	Frequency of test	Specification
Volume	1% or as determined by statistical process control (if <=10 components produced per month then test every available component)	Within locally defined nominal range
Fibrinogen		>=140 mg/unit
FVIII		>=50 IU/unit
Leucocyte count <sup>1,2</sup>	As per sections 6.3 and 7.1.1	<1 × 10 <sup>6</sup> /unit
<sup>1</sup> Methods validated for counting low numbers of leucocytes must be used		
<sup>2</sup> Pre-freeze in starting component		

### 7.7.12.5: Transportation

For general guidelines, see section 6.11.

Every effort should be made to maintain the core storage temperature during transportation. Unless the component is to be thawed and used straightaway it should be transferred immediately to storage at the recommended temperature.