



## Rare Donor Program

Rare Donor Program		
Rare Donor Program	YES	
National Regional or Facility based	National	
Number of Rare Donors	6628	
Definition of Rare	Negative phenotype less than 1 in 1000; Negative for a high prevalence antigen; unusual combinations of common antigens	
Are the donors listed in the International Rare Donor Panel	NO	
Frozen Inventory	NO	
How are Rare Donors found	Selected donors by phenotyping and genotyping	
Number of Rare Donor Units used per year	< 10 units per year	
ISBT Rare Donor WP Blood Shipment form used	YES	
Outcome of incompatible transfusion form used	NO	
Most difficult types to find	Rh Null	
Phenotypes confirmed by molecular testing	Some rare donors identified have molecular testing performed	

Phenotype	<b>Total Active Donors</b>	Group O	O Positive	O Negative	Other ABO/Rh
GE:-2,-3	7	5	5	0	2
Jk(a-b-)	10	10	7	3	0
Ko	4	4	1	3	0
Kp(b-)	34	27	14	13	7
MkMk	NA	NA	NA	NA	NA
Rh:-34	4	4	0	4	0
U-	59	46	43	3	13
PP1Pk-	93	81	32	19	12
SC:-1	NA	NA	NA	NA	NA
En(a-)	NA	NA	NA	NA	NA
At(a-)	NA	NA	NA	NA	NA
Di(b-)	44	33	26	7	11
Jr(a-)	NA	NA	NA	NA	NA
Rh null	4	2	0	2	2
Vel(-)	1	NA	NA	NA	1
D	2	1	1	NA	1
Oh	3	3	2	1	

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# **Brazil How are your rare donors found?**

	Yes / No	Method	Comments
Extended phenotyping donors	Yes	Neo Galileu Immucor/ Erytra Grifols / IH500 BioRad Manual Gel testes / Tube tests	
Extended genotyping donors	Yes	Selected donors (10% donations) Immucor BeadChip HEA kit	In some cases the rare phenotype is confirmed by sequencing
Family studies	Rare cases	Recruitment of family (some cases)	
Antibody investigations	Yes	All donors are screened for red cell antibodies Neo Galileu Immucor/ Erytra Grifols / IH500 BioRad Manual Gel testes / Tube tests	
Other		NA	NA





## Red Cell Product Specifications

	<b>Donor Selection</b>	
Donation	Voluntary	
Age or Weight Restrictions	16 -69 years and 11 months; > 50 Kg	
Donation Interval	Female : 3 months ( maximum 3 times/year) ; Male: 2 months	ns ( maximum 4 times/year); age 60-69 years 6
Sexual Activity Precautions	Positive for HIV, Hepatitis B/C, or HTLV	Permanent deferral
	Male to male sex	More than 1 partner: 12 months deferral
_	Sex worker or contact with sex worker	12 months deferral
Travel Exclusions If donor has returned	Dengue	4 weeks deferral
from an area endemic for the listed infectious illnesses	Ebola	According to the relevant public health guidelines
_	Malaria	According to Brazilian Malaria annual incidence rate : 30 days or 12 months;
-	West Nile Virus	According to the relevant public health guidelines
Lifestyle	Acupuncture, piercing or tattoo	12 months deferral
_	Drug use (Non-prescribed injected)	Permanent deferral
-	Incarceration	12 months deferral
CJD restrictions		
ISBT  W <b>COVIND restrictions</b>	rs  November 2000VID19 vaccine administration	3 days deferral (RNA Vaccine ) 1 weak deferral viral vaccine
_	COVID infection	7 days deferral from last symptoms
	Household contact	According to the relevant public health guidelines

#### **Country/Region**

Mandatory Infectious Diseases Screening of Blood Products		
	Screening test	Risk of blood transfusion transmission
HIV	HIV-1/2 + O + P24 Ab (CMIA) & RNA by NAT	
нсу	HCV Ab (CMIA) & RNA by NAT	
нву	HBsAg (CMIA) & anti- HBc (CMIA) & HBV DNA by NAT	
Syphilis	Treponemal Ab ((CMIA)	
HTLV (1 & 2)	HTLV-1/2 Ab (CMIA)	
СМУ	Not routinely screened	
Zika Virus	NA	
West Nile Virus	NA	
Babesia	NA	
Trypanosoma cruzi (T. cruzi) Chagas Disease	T Cruzi Ab (CMIA)	

	Red Cell Blood Product
Description	Red blood Cell (RBC) component obtained by removing most of the plasma after centrifuging whole blood collected into CPDA1.  The RBC may be resuspended in additives solutions to prolong storage and some units are filtered to remove leucocytes
Anticoagulant	CPDA1
Additive Solution	SAG-M
Leukofiltration	Leucocyte reduced to 1X106/unit
Average volume	260 +/- 15mL
Storage Temperature	2 to 6° C
Transport Temperature	2 to 10 ° C
Storage Duration	35 or 42 days
Irradiation Policy	Gamma irradiation 25 Gy
Other	NA

## **Country/Region**

	Red Cell Blood Product
Description	
Anticoagulant	
Additive Solution	
Leukofiltration	
Average volume	
Storage Temperature	
Transport Temperature	
Storage Duration	
Irradiation Policy	
Other	





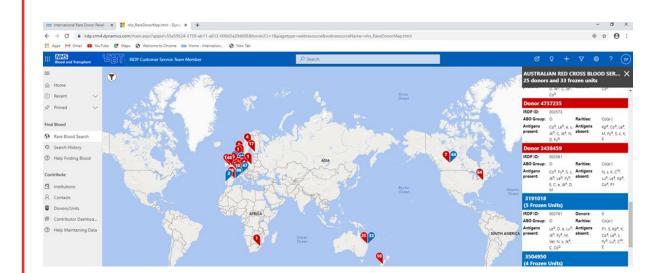
# Frozen Inventory

## **Country/Region: Brazil**

General Information		
Freezing Method	NA	
Frozen Expiry (years)	NA	
Storage Temperature	NA	
Can inventory be issued and sent frozen	NA	
Thawing Method	NA	
Thawed Expiry (days)	NA	
Additive Solution	NA	
Irradiation Policy	NA	
IUT and Neonate use	NA	
Supply out of date Policy	NA	

## **Country/Region:**

Product Specifications		
Volume	NA	
Supernatant Haemoglobin	NA NA	
Haematocrit	NA	
Haemoglobin	NA	
Osmolarity	NA	
Residual leucocyte content	NA	
Sterility	NA	
Other	NA	





# Ordering and Shipping

## **Country/Region: Brazil**

	Exporting
Request form available	YES
Government Requirements	National Blood Authority Approval to supply blood products to Organizations Overseas
Regulatory Requirements	According to the Brazilian Regulatory Agency (ANVISA)
Rare Donor Program Requirements	Completed request form
Other	NA

## **Country/Region: Brazil**

	Importing
Government Requirements	National Blood Authority Approval to supply blood products to Organizations Overseas
Regulatory Requirements	According to the Brazilian Regulatory Agency (ANVISA)
Rare Donor Program Requirements Completed request form	
Other	NA