

Summary of Indications for Irradiated Blood Components

Further Information Is Available By Contacting The Medical Director of the Transfusion Medicine Service: Zbigniew M. Szczepiorkowski, M.D. or the Blood Bank Medical Director, Nancy M. Dunbar M.D.

Blood components requiring irradiation for all recipients, regardless of age or clinical status

- HLA-matched or HLA-selected PLTs
- Granulocytes
- Directed donations of PLTs or RBCs

At-risk populations when irradiated RBCs and PLTs are indicated

- Allogeneic marrow and/or peripheral blood stem cell transplant recipients:
 - From the time of initiation of conditioning chemotherapy
- Autologous marrow and/or peripheral blood stem cell transplant recipients:
 - Any transfusions within 7 days of bone marrow/stem cell harvest
 - From the time of initiation of conditioning chemotherapy
- Patients with Hodgkin disease (any stage of disease)
- Patients with known or suspected congenital immunodeficiency affecting T lymphocytes
- Patients treated with purine analogues or purine antagonists; for example, fludarabine, cladribine, clofarabine, bendamustine, mercaptopurine pentostatin/deoxycoformycin, thioguanine
- Patients receiving bendamustine, alemtuzumab or anti-thymocyte globulin

At-risk pediatric populations when irradiated RBCs and PLTs are indicated:

- Fetus receiving an intrauterine transfusion
- Neonatal status (age<4 months), including neonatal exchange transfusions