

Annual Report 2004



Ireland's most **extraordinary** club

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MISSION STATEMENT



The IBTS is committed to excellence in meeting patients' needs through the professionalism of our staff and the generosity of our donors.



Maura J McGrath
Chairperson

The Irish Blood Transfusion Service has moved steadily forward over the past year and continues to effectively manage all the key challenges, which have to be dealt with by a national blood service.

Significant progress has taken place at an organisational and management level including the introduction of a five year Strategic Plan by the Chief Executive Andrew Kelly and his management team. This will help shape the behaviour and activity of staff, medical, clinical, laboratory and administrative and particularly those in a leadership role. It will guide the achievement of a set of agreed critical goals into the future.

Our Medical Director, Dr. William Murphy and his team in conjunction with the Department of Health and Children have maintained the highest international standards in the application of the most rigorous procedures in the processing of blood in a constantly changing environment.

The over-riding priority of the IBTS is to provide sufficient quantities of the highest quality blood components to our hospitals. In the year ended 2004, blood stocks were successfully maintained at the levels required to meet the needs of our health service. This was very satisfying for all concerned and we are extremely grateful to our donors for their unique contribution.

However, due to the rigorous application of donor screening, maintaining bloodstocks has proved to be a very difficult challenge in 2005. To ensure that blood products were available for emergencies we

had to ask hospitals to postpone elective surgery for a three-day period in June. This is most regrettable and I apologise unreservedly to any patient inconvenienced at this time. The Board of the IBTS is most anxious that we will not have to make requests of this nature in the future. However in order to ensure that we have sufficient quantities of the highest quality blood components we need to maintain our present donor numbers and attract new donors. Donors are our lifeline. Theirs is a unique generosity. The contribution, which Irish donors make to the health services in this country, is incalculable. I wish to acknowledge this generosity and thank them.

My message this year as Chairperson of IBTS is simple but heartfelt. We need more donors. We need more donations. We need them on a continuous basis to ensure that patients in need of essential blood products can receive essential treatment.

The Board will continue to work closely with management to explore new and innovative methods to get this simple but critical message to the Irish public. Just 3% of our population are donors and yet 3,000 units are required each week.

However with the cooperation of our current donors, an increase in new donors and the good will of so many voluntary organisers around the country who

work tirelessly to organise clinics I feel confident that we will meet the needs of those who depend on us to provide for them 'the gift of life'.

This year saw the publication of the 'Kubaneck Report', which deals with the delay in notification of donors between 1991 and 1994. This report provides clarity and confirmation on the events of this period. The Board is committed to ensuring that the recommendations contained in this report are fully and comprehensively complied with. This report is a very important step in helping to bring closure to these most regrettable events of the past.

Discussions with the Department of Health and Children continue regarding the funding for a new centre in Cork and we are confident that approval will be given in the near future for the appointment of a design team. We are also in the very early stages of discussion with UCC on a joint programme of research and development in transfusion medicine, which will herald a major and strategic development in this country.

I wish to acknowledge the support of my Board members who give so generously of their time. I would like to welcome two new Board members Dr. Mary Cahill and Ms. Jane O'Brien and look forward to their contribution.

To the commitment and loyalty of IBTS staff in Ardee, Carlow, Cork, Dublin, Tuam and Limerick, I wish to express the appreciation of the Board for your continued efforts as you provide this most important service – Thank You.

Maura J. McGrath

Chairperson



Andrew Kelly
Chief Executive

It is with great pleasure that I present the 2004 Annual Report of the Irish Blood Transfusion Service (IBTS). This has been a challenging and rewarding year for the IBTS. However, our highest priority is maintaining a consistent and safe blood supply.

Supply

In 2004 we introduced further deferrals to minimise the risk of transmission of vCJD through blood transfusion. These additional measures were introduced following the probable transmission of vCJD by blood transfusion in December 2003 and July 2004 in the UK. On 1st May 2004 we decided to defer any person who spent three years or more in the UK between 1980-1996 and who had received a transfusion in Ireland since 1980. We established a task force to ensure that we could introduce an exclusion period of 1 year or more for residency in the UK at the earliest possible opportunity. We introduced the 1year deferral on 1st November 2004 and continued to meet hospital demands. These deferrals resulted in a donor loss of approximately 10% but through our increased advertising campaign and improved communication with our donors we increased donations in 2004 by 5% over 2003. We value the generosity of the donors and respect them for their continued loyalty to patient care.

Quality

Our two manufacturing sites and many of the other Centres were inspected by the Irish Medicines Board (IMB) during 2004. These inspections by the IMB

carried out to ensure that blood and blood components are processed, stored, tested and controlled to the standards of Good Manufacturing Practice (GMP).

In the latter part of the year we were involved with the Department of Health and Children and the IMB in preparing for the implementation of the EU Directive on Blood which came into force on 8th February 2005. The IBTS is well placed to comply with the terms of this Directive.

We must continue to be ever vigilant in maintaining the status of compliance that we have achieved and to meet the challenges that will be presented by the EU Directive on Blood and the EU Directive on Tissue and Cells which will be introduced in 2006.

Relationship with our Donors

In March 2004 we commissioned qualitative research on the attitude of members of the Irish public, donors, lapsed donors, and non-donors to the IBTS. This research provided us with the necessary qualitative data to frame our promotion and advertising strategy for the foreseeable future. This enables us to target specific groups of potential donors more accurately so that we can optimise the collection process.

Through our qualitative research it was clear that we needed to build a better and more direct relationship with our donors. With the ever-increasing exclusions necessary for the continued safety of the blood supply it is imperative that we provide the conditions at our clinics necessary to ensure that donors return to donate. A Task Force has been established to review all of our donor collection processes with the view to streamlining and simplifying the procedure through which donors donate without compromising safety at any point of the donation process. These improvements can be achieved through the co-operation and commitment of all staff on the clinic.

Strategy and Structure

During 2004 we continued the development of our Strategic Plan for 2005 – 2009. This was an invigorating exercise which has involved many staff throughout the organisation. The Plan was presented to the Board in November 2004 and is due to be published in early 2005. In tandem with the development of the Strategic Plan it was necessary to review the management functions within the IBTS to ensure that we had the capacity to deliver the Strategic Plan for the organisation. The re-structuring proposals saw the creation of an Operations Director with responsibility for the supply chain and the merging of Finance and IT into a Finance and Business Planning Unit. Other significant changes took place in the organisation of the laboratory functions and the manner in which these are to be managed into the future. By the end of 2004 these structures were in the process of being implemented and will be completed in early 2005. These revised structures also require significant organisational development and there will be a number of key training and development initiatives to underpin the change in structures and the adoption of a more business like approach to the management of the organisation.

Key Strategic Developments

In 2004 we developed an interim building solution at our centre in Cork to provide essential additional accommodation and refurbishment. This development cost €3 million and provides very necessary accommodation and a more conducive working environment for the staff at our centre in Cork. Also in 2004 we commenced NAT testing at the National Blood Centre in Dublin. The Scottish National Blood Transfusions Service (SNBTS) has been

NAT testing for IBTS since late 1999 and they provided an exceptional service during this five-year period. The implementation of NAT testing in Dublin was carried out and realised through the commitment and hard work of the project team. The IMB inspected the testing facility prior to 'go live' and were very impressed with the level of validation and performance of the system.

Staff

In 2004 we continued to develop the partnership model of conducting our business. The Partnership Steering Group are currently working on devising a values statement for the IBTS, a staff suggestion scheme, and the design of a national uniform for staff who deal with the public. Partnership was involved in developing an action plan arising from the recommendations of the focus groups to deal with issues raised in the employee climate survey. The sub-group of the BRG with partnership members will review the action plan regularly to ensure that the deadlines are being met and that any deviation is corrected as soon as possible.

Services to hospitals / clinicians

During 2004 the National Haemovigilance Office again conducted a number of workshops dealing with issues of relevance to hospital blood banks, clinicians and Transfusion Surveillance Officers. This is part of the IBTS policy of building relationships with our hospital colleagues to ensure that we optimise the donors' gift and that blood is used appropriately throughout the hospital system. In addition, our senior technical staff visited a number of hospitals to advise on stock management and the optimum use of donations, a programme which was welcomed by the hospitals concerned and which we will continue.

The IBTS will continue to meet the challenges of providing a safe and consistent blood supply in the future. I have no doubt that with the loyalty of our donors and dedication of our staff that we can achieve this aim and make a valuable contribution to the healthcare system in Ireland.

Andrew Kelly

Chief Executive



Dr William Murphy
National Medical Director

An adequate supply of safe and effective blood components will always be the prime goal of a blood transfusion service. In 2004, safety was once again dominated by concerns over variant Creutzfeldt Jakob Disease (vCJD). Worries over the fact that blood transfusion could transmit this disease from one person to another led to further deferrals of loyal and committed blood donors, and in turn put extra pressure on the ability of the IBTS to provide adequate stocks to hospitals.

At the end of 2003 the UK Secretary of State for Health announced that a patient had developed vCJD several years after receiving a blood transfusion from a donor who had himself gone on to develop the disease a year after giving the implicated donation. While the chance that this had been a random association, without a cause-and-effect relationship, was remote, a second transmission reported in August of 2004 put the matter beyond any residual doubt.

We had previously assumed that vCJD represented a real threat to blood safety and had taken a set of measures to try to diminish any chance of vCJD transmission from transfusion in Ireland. These measures included removing the white blood cells from every blood donation, barring people from donating who had spent significant periods of time in the UK, and importing all plasma for therapeutic use from unpaid community blood donors in the USA. In 2004 we became the third country in the world, after France and Britain, to refuse blood donations from people who themselves had received a blood

transfusion in the past. This step was taken with great regret: several thousand loyal blood donors were struck off the donor panel, often after dozens of blood donations and years of regular attendance at donor clinics. The theory behind this measure is that it may break the chain of onward transmission of a disease with a long incubation period, in circumstances where there is no way of detecting disease during the incubation period, and where there is no effective method of eradicating it from the donated blood.

In July 2004 the NAT (Nucleic Acid Testing) laboratory at the Dublin Centre took over the HIV and HCV NAT testing of Irish blood donations from the Scottish Blood Transfusion Service, who had provided the testing for us for the previous five years. This ended a remarkable collaboration that had served us very well in sometimes demanding circumstances. Considerable commitment and dedication on both sides had ensured that the service had never once failed to deliver a world-class level of safety for Irish blood for transfusion. Our debt of gratitude to our Scottish

colleagues is considerable – this could not have been done without their goodwill, professionalism, and can-do approach to the relationship. Bringing the technology into the IBTS was always our ultimate goal, to provide us with greater flexibility in introducing new testing strategies as they evolve in the future. Nevertheless we have a continuing contract with the Scots for contingency testing, and we look forward to continuing collaboration with them in the future.

This year also saw the introduction in the IBTS of testing of platelet components for the presence of bacterial contamination prior to release. Like NAT, this is difficult to do on a large scale and with very rapid turnaround in a production environment. The practice has been in place in a number of small hospital blood banks in Scandinavia for a number of years, and in the Flemish region of Belgium since 1999. The Welsh Service started in 2003, and the larger services in the USA began in 2004. However only the Netherlands Blood Transfusion Services had adopted this on a national level before the IBTS. The IBTS has stated for some time that its intention is to maintain state-of-the-art safety levels in the blood and blood components it supplies for Irish hospitals – the introduction of this technology underlines our commitment to meeting that goal.

During the year the working group on a national strategy for optimum blood use in hospitals, chaired by Dr Orlaith O'Reilly from the South-Eastern Health Board, completed its work and presented its report. This document outlines a comprehensive programme for ensuring that blood transfusion practices throughout Ireland are as safe as possible, so as to maximise the benefits derived by patients from the donors' gift, while at the same time preventing them from being exposed unnecessarily to any risk from blood. We look forward to participating in the implementation of these proposals in the near future.

While 2004 saw significant developments in blood safety in Ireland, maximising safety while ensuring an adequate supply remains as demanding as ever. Transmission of diseases from blood donations from returning travellers - West Nile Virus (Israel, USA, Canada, Mexico, Cuba, Portugal's Algarve), trypanosomiasis (rural Central and South America), malaria (many tropical regions), and kala-azar (Afghanistan and Iraq) all have to be avoided, and add to the difficulties posed by domestic infectious

threats and other reasons for deferring donors, in ensuring enough blood is collected to meet the continuing requirements of hospitals.

Blood transfusion remains as essential as ever for treatment of blood loss in surgery and trauma, and for the survival of patients with blood diseases or those undergoing chemotherapy for cancer. We can be sure that 2005 will be another challenging year, and we look forward to the continuing commitment of everybody: donors, staff at the IBTS and staff elsewhere in the health services, in making sure that patients in Irish hospitals are never short of this essential resource.

Dr William Murphy

National Medical Director
M.D., FRCPEdin, FRCPath

01

Donor Services Activity



04. DONOR SERVICES NATIONAL ACTIVITY



Donor Services is responsible for blood collection through a network of fixed clinics and regional centres throughout the country. Regional Centres are responsible for the organisation of mobile clinics in their area and cover the south east, north east, south and west. The North West and greater Dublin area is served by a mobile unit operating from Dublin. Fixed clinics are located in Dublin at D'Olier Street, the National Blood Centre and Stillorgan and in Cork at St Finbarr's Hospital.

Blood For Life Week

The fourth annual Blood for Life Week ran from the 19th to the 25th of September. The main aim of the campaign was to increase public awareness about blood donation and encourage people to become regular donors. Celebrities such as Westlife, Members of the Irish Soccer Squad, Sharon Ni Bheolain, DJs from Today FM, TV3 Presenters, DJ Carey, Mountaineer Dr Claire O'Leary and John Maughan all supported this year's campaign, so it proved to be the most successful to date. Westlife now feature in our 2004/2005 poster and leaflet campaign.

Also high profile companies such as Today FM, TV3 and Vodafone were partners in this year's campaign and have given us their support throughout the campaign and also throughout the year. A Thank You ceremony, which is a new initiative, was also launched during this Blood for Life Week. Many of our active ferrying organisations and Local Voluntary Organisers were invited to attend the National Blood Centre to be presented with Plaques / Certificates of Appreciation from the Chief Executive Andrew Kelly.

Organisations and Local Voluntary Organisers are invaluable to the Irish Blood Transfusion Service by their work promoting blood donation in their local communities and in their workplaces.

Promotions

The marketing team held numerous awareness promotions throughout Ireland to promote the IBTS and clinics in nearby areas. Presence in exhibitions, general public and in organisations is an essential marketing strategy for the IBTS. Information stands were held at two of Ireland's largest exhibitions this year - the Esat BT Young Scientist Exhibition (the IBTS sponsored an award at this exhibition) and the Ploughing Championships, along with other exhibitions throughout the year.

Awareness programme

The marketing team have devised and developed an awareness programme which is aimed at schools and colleges. The key objective of the programme is to educate and inform potential donors of the need for and importance of blood donation. This programme is accompanied by an education video that was commissioned in 2004. During the year, over 3,000 students were shown this presentation.

The Ferry Programme

The IBTS is grateful for the continued support of community groups and businesses. This support is through the Ferrying Programme. Employers give staff the opportunity to donate blood as a group during work time. Transport is provided by the IBTS to and from the clinic. Prior to the ferry, information stands and presentations can be provided to the company to promote awareness in the workplace.

Apheresis Centre

Recruitment of platelet donors for the Apheresis clinic at the NBC continued with the panel reaching 1,390 by year end. In December 2003 we started to take triple dose platelet donations which increased the total number of donations taken in 2004.

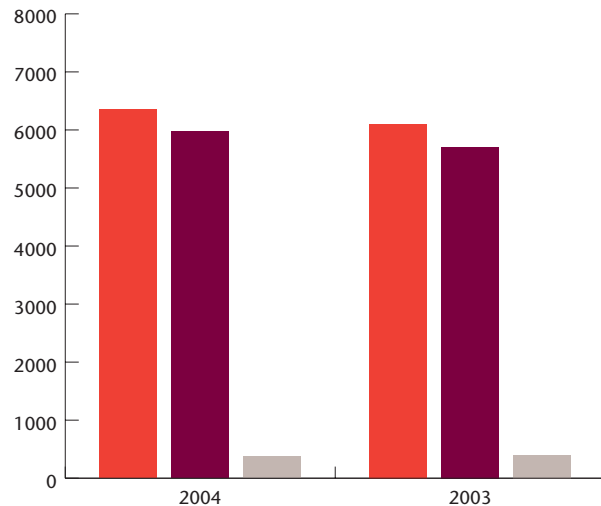
We also looked at the inconsistency within the blood groups of the donors recruited to our panel. To rectify this we targeted donors with the specific blood groups required and aimed to recruit them to our panel. This has resulted in a more balanced platelet panel incorporating all the blood groups. The recruitment process in 2004 has been very successful resulting in an increase of the platelet panel and the number of units collected.

Text messaging service

Throughout 2004 donor were notified, by text, of the venues and times of the mobile collections clinics in their area. This initiative has been very favourably received by donors and has contributed to the strong increase in the attendance figures at the blood collection centres during 2004. Under its Corporate Social Responsibility programme, Vodafone has enabled the IBTS to communicate in a most direct manner with donors, at no cost to IBTS.

PLATELET DONATIONS

	2004	2003
■ Attended	6349	6104
■ Procured	5970	5706
■ Deferred	379	398
■ Deferral Rate	5.97%	6.52%



Award ceremonies

Three award ceremonies, to recognise and honour donors who had given 50 units and 100 units were held in Dublin and for the first time an awards ceremony was held in Sligo for donors in the North West region. Over 500 donors received special recognition, in the form of a Gold Drop Award for 50 times donors and a porcelain pelican to donors who donated 100 times.

Donor relationship staff training

As part of our commitment to enhance the service to donors, a staff development programme was put in place during the year and delivered by Professional Development Ltd. The objective of this training is to enhance the inter-personal skills of front line staff that deliver services directly to donors.

Modernisation of the IBTS transport fleet

With capital assistance from the Department of Health and Children, the IBTS purchased fourteen new vehicles during 2004, six vans (with temperature controlled chambers used for the transport of blood and blood products), six mini-coaches (used for the transportation of blood collection teams) and two

trucks (blood collection equipment). Older vehicles were decommissioned and disposed at public auction.

Neonatal collections

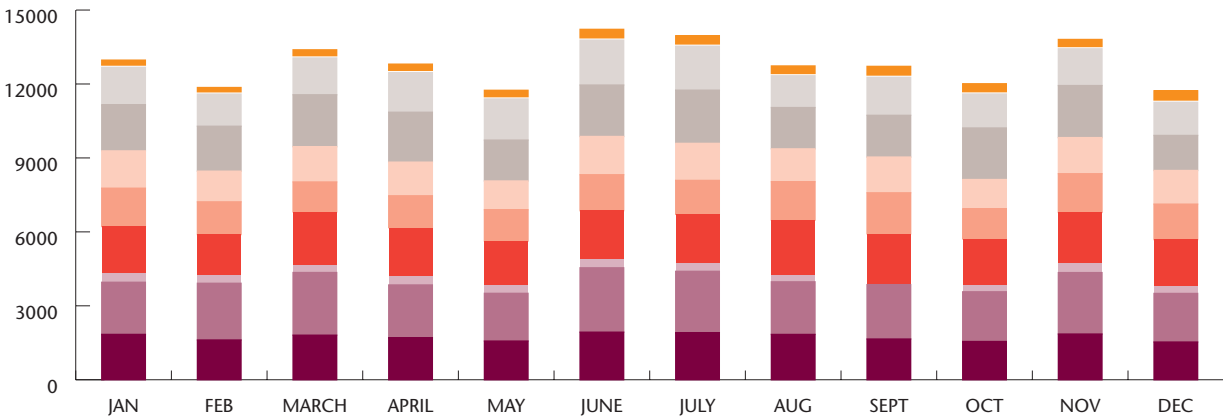
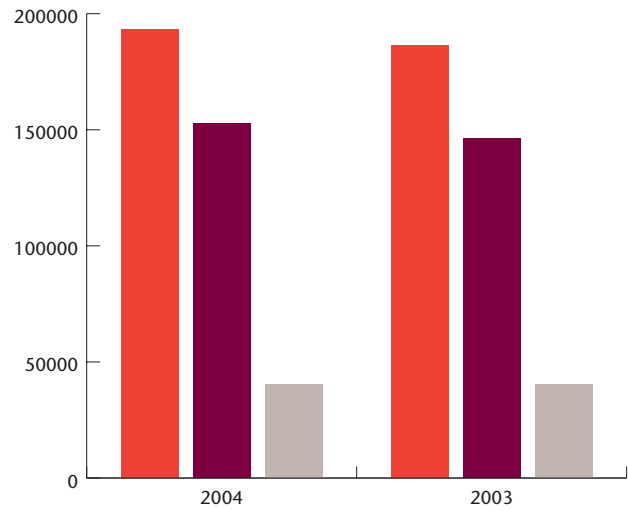
Only a small proportion of people are suitable to donate blood for unborn and new born babies and the collection of blood for this group has always been a very high priority for the IBTS. The shelf life of blood for neonates is just 5 days, so we have to collect it on a daily basis.

We are continually improving our working practices to ensure that we make even better use of this limited supply. We now make neonatal appointments for these donors and where possible, they donate every three months. In this way we can ensure that we meet hospital demand. The response from this special group of donors has been very positive and many will now phone in and ask to be booked in for a neonatal donation. We have also found that by targeting donors in advance we have a much higher success rate, with more than 77% of targeted donors attending when requested.

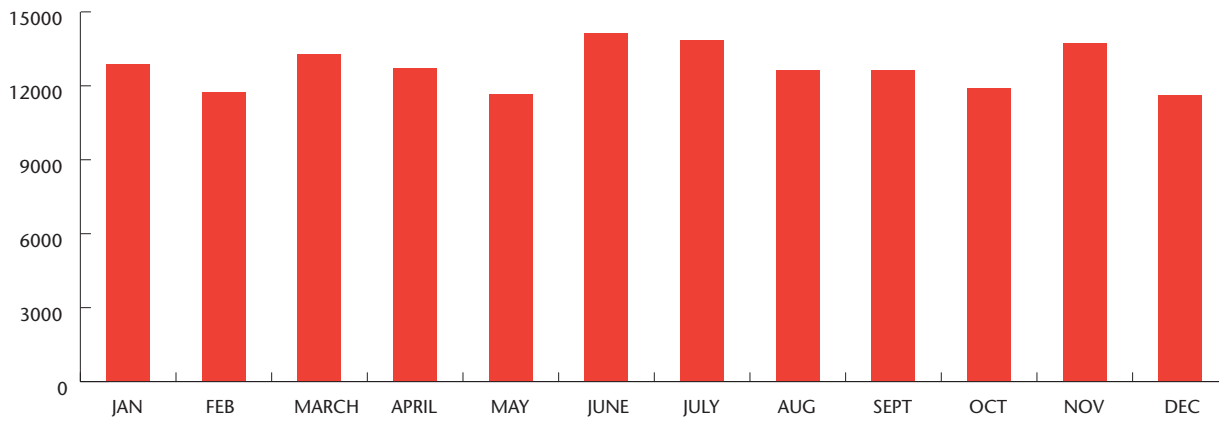


05. DONOR STATISTICS

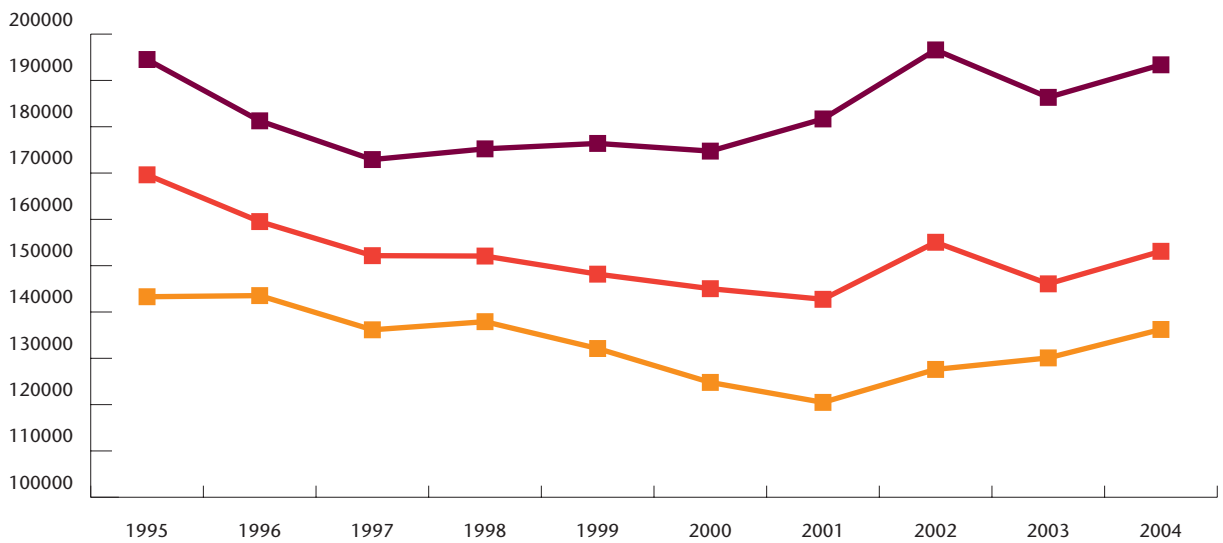
NATIONAL WHOLE BLOOD DONATIONS		
	2004	2003
Attended	193371	186453
Procured	152810	146078
Deferred	40561	40375
Deferral Rate	20.98%	21.65%



MONTHLY DONATIONS PROCURED PER CENTRE												
Location	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Ardee	1840	1613	1808	1707	1569	1930	1911	1839	1652	1552	1854	1530
Carlow	2115	2301	2543	2139	1937	2612	2488	2134	2207	2017	2494	1972
Cork Fixed Centre	378	309	291	345	342	362	318	274	0	267	386	314
Cork Mobile	1884	1668	2168	1982	1779	1955	1993	2228	2064	1879	2055	1869
Limerick	1554	1327	1214	1291	1270	1459	1378	1558	1662	1219	1570	1440
Tuam	1515	1244	1432	1365	1168	1553	1503	1335	1450	1190	1466	1366
Mobile One	1869	1823	2106	2024	1657	2085	2158	1675	1693	2090	2111	1421
D'Olier Street	1520	1305	1493	1607	1670	1824	1783	1290	1543	1380	1491	1345
Stillorgan	200	174	239	252	259	344	334	306	351	323	287	375
Total 2004	12875	11764	13294	12712	11651	14124	13866	12639	12622	11917	13714	11632
Total 2003	14113	11883	12089	12813	11227	11096	13922	10744	12720	11677	11490	12304



MONTHLY WHOLE BLOOD DONATIONS PROCURED 2004												
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Total	12875	11764	13294	12712	11651	14124	13866	12639	12622	11917	13714	11632



DONATION TRENDS 1995 - 2004										
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Attended	194516	181274	172913	175225	176396	174738	181684	196587	186345	193371
Procured	169618	159521	152163	152078	148172	145033	142740	155056	146078	153104
Red Cell Products issued	143295	143540	136155	137912	132115	124797	120482	127601	130088	136230
Deferral Percentage	12.8%	12.0%	12.0%	13.2%	16.0%	17.0%	21.4%	21.1%	21.7%	20.8%
Increase								5.9%	1.9%	4.7%



Carlow Centre

The Carlow Centre organises and operates mobile blood donations clinics in the Southeast region covering counties Carlow, Kilkenny, Waterford, Wexford, Wicklow, Kildare, Laois and Offaly. The centre had its best year yet, collecting a total of 26,959 donations out of an attendance of 32,504.

Donor awards ceremony

The donor awards ceremony in the Southeast region was held on Sunday 30th May 2004 in the Seven Oaks Hotel, Carlow. There were one hundred and five 50 time and two 100 time donors presented with their awards by IBTS Chairperson, Ms. Maura McGrath. Also presented with an award was the Retiring Local Voluntary Organiser for the Garda Training College, Garda Dan Gearrahe, who had contributed many years of hard work and support to the service.

Guest speaker on the night was Sean O’Sullivan, father of Eoghan, a little boy who was one of the IBTS ambassadors for Blood for Life Week in 2003. Eoghan received multiple donations when he underwent life saving surgery as a baby.

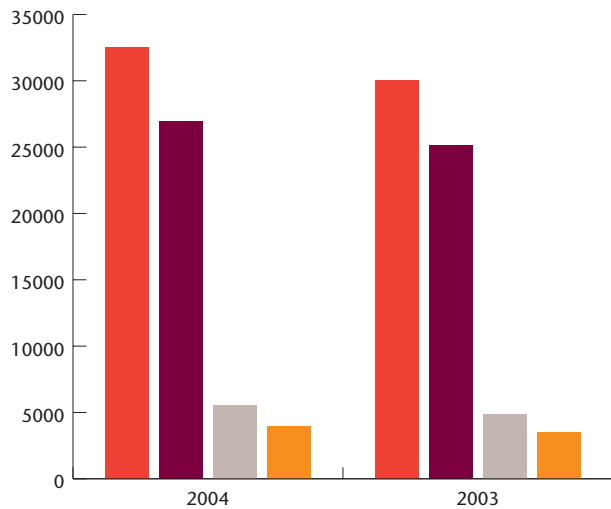
Blood for Life Week 2004

A number of initiatives were held in Carlow for Blood for Life Week. Well-known hurling star DJ Carey supported the week by recording a special radio advert for the Southeast region. He also met donors at the Thomastown clinic.

One hundred thousandth donor

The IBTS reached its 100,000th donor since the centre decentralised to the Southeast. The 100,000th donor Mr. Eamon Donohoe from Clondaw, Ferns gave blood in the Riverside Park Hotel in Enniscorthy, and received his Silver Pin for donating his 10th pint and received a small gift from the IBTS to mark the occasion.

CARLOW CENTRE		
	2004	2003
■ Attended	32504	30026
■ Procured	26959	25145
■ Deferred	5545	4833
■ New Donors	3926	3493



Ardee Centre

The IBTS Centre in Ardee organises mobile blood donation clinics in the Northeast, including Louth, Meath, Monaghan, Cavan and parts of Westmeath. The Ardee Centre collected 20,805 donations out of an attendance of 26,658.

Donor awards ceremony

The donor awards ceremony in the North East was held on Sunday 16th May in the Headfort Arms Hotel, Kells, Co. Meath. There were eighty-two 50 time and three 100 time donors presented with their awards by Mr. Charlie Chawke, who was the recipient of multiple units of blood when he was shot during an armed robbery at his business premises.

The Ardee centre has at every opportunity continued to raise donor awareness, to recruit new, inform current and former donors of the need to donate blood regularly. Text messaging has proved to be a very effective additional method of reminding current eligible donors of the details of their local clinic. Many thanks must be extended to our many local voluntary organisers for their continued work and support. They play a key role in the success of local clinics throughout the Northeast region.

Tuam Centre

The IBTS Centre in Tuam, organises and operates mobile donation clinics in Galway, Mayo, Sligo, Leitrim, Longford, Roscommon and Westmeath. The Tuam centre collected 16,587 out of an attendance of 21,865.

Donor awards ceremony

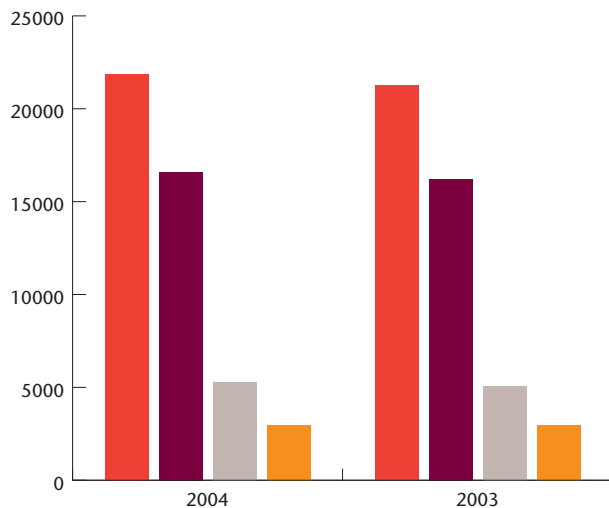
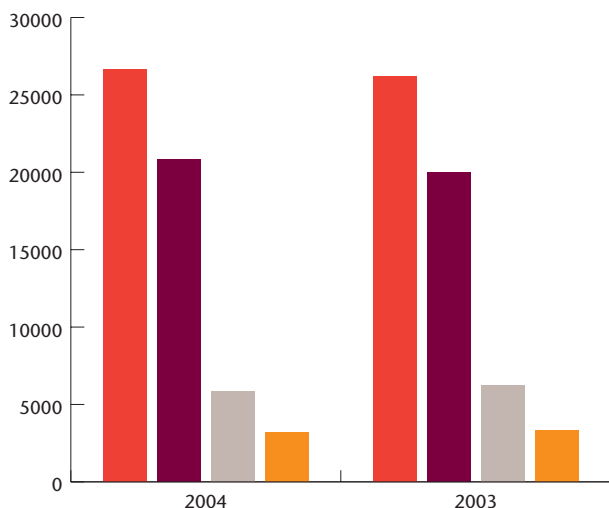
The donor awards ceremony was held on Sunday 10th October 2004 in the Ardilaun House Hotel, Galway. There were eighty two 50 time and two 100 time donors presented with their awards by the IBTS Chairperson, Ms. Maura McGrath.

Blood for Life Week

The Blood for Life Week clinic was held in the Welcome Inn, Castlebar. John Maughan, manager of the Mayo Senior Football Team took time from his busy schedule to advertise our Clinic three weeks before his team played in the All Ireland Final in Croke Park. In 2004, the Centre surpassed targets set for the collection of blood in the region, thanks to the team, the Local Voluntary Organisers and of course the donors.

ARDEE CENTRE		
	2004	2003
■ Attended	26658	26226
■ Procured	20805	20007
■ Deferred	5853	6219
■ New Donors	3178	3357

TUAM CENTRE		
	2004	2003
■ Attended	21865	21253
■ Procured	16587	16221
■ Deferred	5278	5080
■ New Donors	2970	2984



Cork Centre

The Cork Centre has a fixed clinic located at St. Finbarr’s Hospital and also organises mobile clinics in Cork, Kerry, South Tipperary and west Waterford. Cork (fixed centre) and Mobile 1 together collected 27,110 donations out of an attendance of 33,331. The Donor Organising Department was relocated to new premises Block C on 3rd September.

A number of new clinics were set up during the year to include St. Finbarr’s Hurling & Football Club, Neenan Park, Cork City, Castletownbere, GE Healthcare, Carrigtwohill, and Boston Scientific, Model Farm Road, Cork.

Blood for Life Week

The Cork Centre received support during Blood for Life Week from 103 FM – Street Fleet including interviews with staff and donors and distribution of IBTS promotional material for two days. Kerry Radio also gave its support through the outside broadcast unit at the Kenmare clinic. Red FM also supported the IBTS during the year. As the fixed clinic in St Finbarr’s was closed for refurbishment in September during Blood for Life Week, this support was availed of in the pre-Christmas period.

Donor awards ceremony

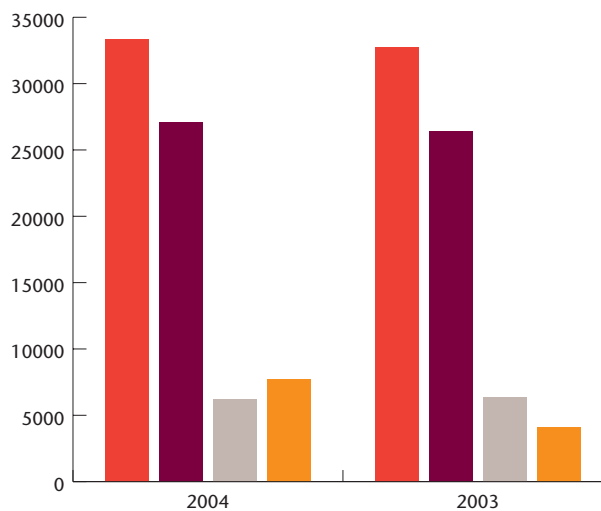
The donor awards ceremony took place in Munster on Sunday 19th September. Five donors each received 100 time awards and one hundred and thirty one donors were presented with their 50 time awards.

D’Olier Street/Mobile One

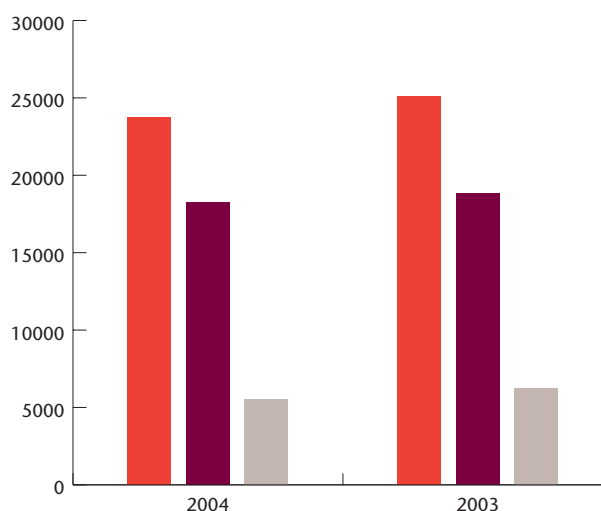
The D’Olier Street Blood Donation Clinic consists of the clinic in D’Olier Street and a mobile clinic, which covers the greater Dublin area and the Northwest of the country. Staffing in clinics consists of a multidisciplinary team of medical, nursing, donor attendants, clerical, driver clerks and support staff. Medical, nursing and donor attendants rotate to the mobile clinics also. The D’Olier Street Clinic operates five days a week Monday to Thursday 9.30-8.00pm. On Friday the clinic is open from 9.30- 5.00pm. The Mobile unit operates five days a week from Monday to Friday.

The D’Olier Street clinic collected 18,251 out of an attendance of 23,766, and the mobile clinic collected 22,712 out of an attendance of 28,957.

CORK CENTRE		
	2004	2003
Attended	33331	32719
Procured	27110	26381
Deferred	6221	6338
New Donors	7715	4085



D’OLIER STREET		
	2004	2003
Attended	23766	25087
Procured	18251	18853
Deferred	5515	6234



Limerick Centre

The Limerick Centre moved to new premises in Carrig House, Raheen Business Park in October. This new premises provides additional space to allow the Centre to continue to develop and serve the people of the Mid West. Transfusion Recipient Charlie Chawke officially opened the new centre on the 10th December, also in attendance were Minister of State at the Department of Health and Children Tim O'Malley TD, Munster MEP Cathy Sinnott, Cllr Eddie Wade, Cathaoirleach Limerick County Council and Cllr Diarmuid Scully, Deputy Lord Mayor of Limerick.

Clinics

The Limerick team held 202 clinics in various venues throughout Limerick, Clare, North Tipperary and North Kerry.

New clinics

Our Lady of Lourdes Community Centre, Childers Road Limerick was a new clinic held in November. This clinic was run with the support of the Limerick City Community Forum who organised the venue and helped promoted the clinic locally. Other new clinics included Dunraven Hotel, Adare, Co Limerick in July and the University of Limerick in October.

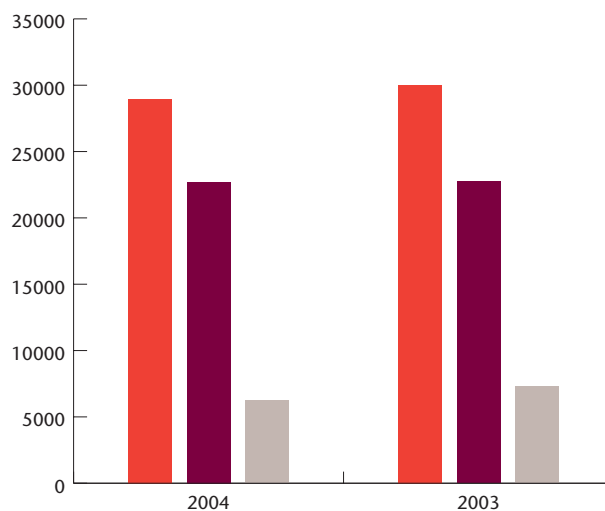
Blood For Life Week

The donor awards ceremony was held during blood for life week, 82 donors received the gold drop for 50 donations and 3 donors received the porcelain pelican for 100 donations. Local radio stations helped to promote blood for life week.

Limerick's Live 95 FM road crew attended St John's Pavilion Clinic in Mulgrave Street and interviewed staff and donors and distributed IBTS promotional material.

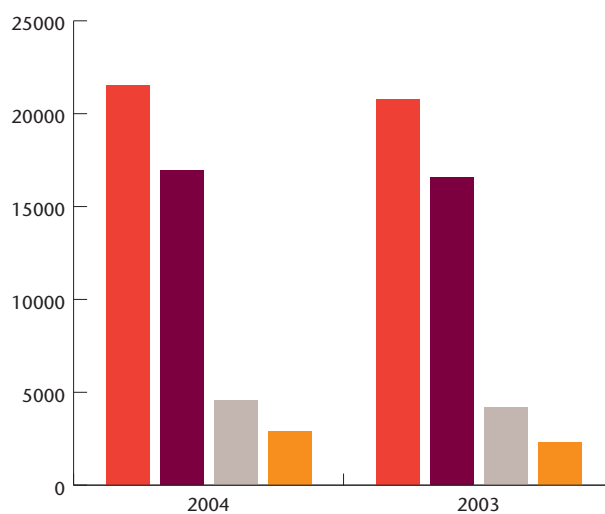
MOBILE ONE

	2004	2003
Attended	28957	30009
Procured	22712	22729
Deferred	6245	7280



LIMERICK CENTRE

	2004	2003
Attended	21511	20760
Procured	16942	16569
Deferred	4569	4191
New Donors	2893	2327



Stillorgan Clinic

The Stillorgan Clinic first opened in December 2003 as part of the IBTS objective of providing a service to the southside of Dublin. Since then, almost 5,000 donors have attended in Stillorgan. 1,030 or 21% of these are first time donors. Our regular donor base has increased from 37% in January 2004 to 65% in December 2004.

Donor survey

After 12 months in operation, the Stillorgan Clinic surveyed donors to evaluate the service.

Total Number Surveyed	60
Donated previously	76%
New donors	24%

How did you hear about the clinic?

Media radio/TV	16%
Friend	34%
Work	6%
Passing by	4%
Promotions (supermarkets/churches)	20%

Did you make an appointment

Yes	90%
No	10%

Day and time most suitable

Most people did not specify a particular day but 66% preferred the evening time and 34% the mornings.

Staff Rating

We asked the donors to rate us on a scale of 1-5, one being very poor and five being excellent under a number of headings:

Welcome on arrival

Staff friendly and helpful

Facilities clean and comfortable

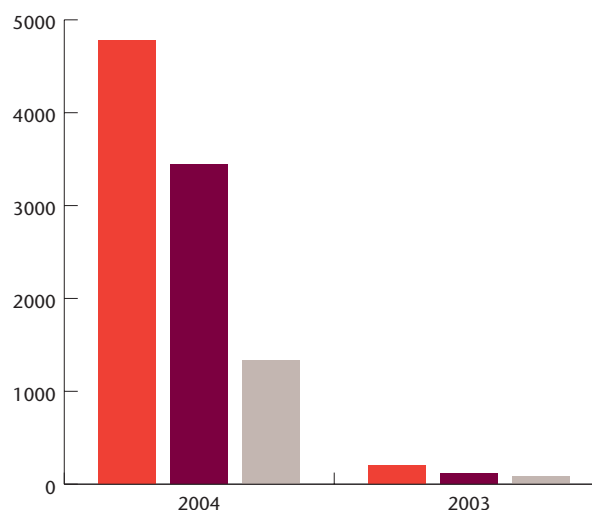
Time taken for blood donation

Overall experience

Overall 85% of respondents gave 5/5 on all counts, 12% gave a 4/5 and the remaining 3% gave a 3/5.

STILLORGAN

	2004	2003
Attended	4479	200
Procured	3444	116
Deferred	1335	84



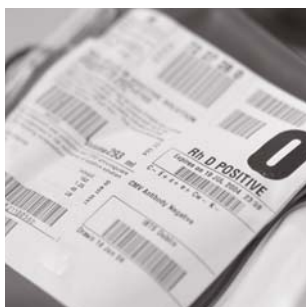


02

Sectoral Reports



07. PROCESSING AND TESTING



Blood has a limited lifespan outside the body therefore it is important that it be available to hospitals for transfusion as soon as possible after collection. The procedures operated by the IBTS ensure that donations can be issued to hospitals within 48 hours of collection.

Red cells are stored at 4°C and have a shelf life of 35 days and platelets are stored at 22°C and have a shelf life of 5 days.

When a person donates blood, a number of small blood samples are collected for testing purposes. The blood donation itself (470mls) is processed in the components laboratory and red cells, platelets and plasma are prepared for therapeutic use.

Tests are performed using automated equipment and tracked by the unique barcode assigned to each donation. IBTS uses the latest technology and testing processes to ensure the safety of all products issued. On the completion of testing and processing, each component unit undergoes visual inspection. The barcode on the unit is scanned and if all the tests are complete and satisfactory results obtained, the unit is then labelled and cleared for issue.

Laboratories

Virology

The virology laboratory receives a clotted sample from each donor taken at the time of donation. This sample is identified with a unique bar code identifier at the time of donation. The sample is tested for the presence of specific viral markers that may be

transmitted by transfusion.

These tests are performed using automated GMP (Good Manufacturing Practice) compliant equipment. The results are electronically transmitted to the mainframe computer. The donation barcode is scanned and the unit is cleared and labelled for issue if all tests are complete and satisfactory results are obtained. The following serology tests are performed in the virology laboratory and are mandatory for all donations:

- Hepatitis B including Hepatitis B surface Antigen and B core Antibodies
- Human Immunodeficiency Virus
- Hepatitis C Virus
- Human T Lymphotropic Virus
- Syphilis

A serum sample is also stored frozen on each donation. Selected donations are tested for CMV in order to have a supply of CMV negative donations for patients who require them. Following extensive validation, a new CMV EIA assay and testing systems were introduced in July.

Diagnostics

The diagnostics laboratory at the NBC provides red cell immunohaematology and antenatal services for hospitals nationwide. Services provided by the diagnostics laboratory include:

- Provision of phenotyped blood
- Provision of crossmatched blood for difficult cases and for hospitals without blood transfusion laboratories
- Investigation of antibody problems
- Investigation of haemolytic transfusion reactions
- ABO/Rh typing, including typing problems
- Investigation of positive Direct Antiglobulin tests (patients and donors)
- Investigation of Autoimmune Haemolytic Anaemia
- Investigation of Haemolytic Disease of the Newborn (HDN)
- Routine antenatal screening for at risk pregnancies (includes the quantitation of Anti-D and titration of clinically significant antibodies)
- Provision of suitable blood at delivery for at risk pregnancies
- Scientific advice to hospital colleagues
- Extended phenotyping for transfusion dependent patients

In addition to the above reference services, the Diagnostics laboratory also controls the issue of all platelet products (including CMV negative, irradiated orders, neonate suitable products) and the issue of special provision red cell products, (including CMV negative irradiated and neonate suitable).

In total, over 2,100 samples were referred for diagnostic services in 2004.

Components

The components laboratory at the NBC is responsible for processing all blood donations collected in Dublin, Carlow, Ardee and Tuam. Each donation is filtered to remove the leucocytes and processed to produce red cell concentrates, buffy coats for pooled platelet production and some plasma for pooled cryoprecipitate production. A limited contingency

stock of fresh frozen plasma is also maintained. A number of specialised products suitable for neonatal use are produced on a made to order basis.

During the year, 100,600 red cell concentrates were produced. In addition, 2,100 whole blood units and 1,900 red cell units suitable for neonatal use were produced. A total of 10,200 units of pooled platelets and 1,200 units of pooled cryoprecipitate were produced. The specialised neonatal products produced include 933 red cell concentrates, each split into 5 packs, 780 plasma reduced whole blood units and 200 plasma reduced whole blood units each split into four packs.

Automated Donor Grouping

The Automated Donor Grouping (ADG) laboratory in response to new regulations/policies and customer demand is continuing to add to the numbers of antigen types routinely tested. All red cells are now Kell typed and over half of the units issued are now fully Rh phenotyped. 2004 saw the introduction of S and Fya typing, which facilitates phenotyped units requested for patients with multiple antibodies to be issued straight from stock, further reducing response time. In addition, the ADG laboratory in 2004 began its participation in the United Kingdom External Quality Assessment Scheme, this ensures both the staff and the techniques employed are compliant with international testing standards.

During the last year, several cases of patients with rare antibodies were encountered. Selecting compatible units in these cases is problematic as the frequency of antigen negative blood is very low, that is less than 1:10,000. This highlighted the need to keep a stock of these rarer antigen negative units.

Nucleic Acid Testing laboratory

After extensive validation from November 2003 to June 2004, the Nucleic Acid Testing laboratory at the NBC commenced molecular testing of all IBTS donations for HIV-1 and HCV, using the Chiron Procleix Assay. Between July and December, 72,059 donations were tested. Until this laboratory at the NBC went live, molecular testing was performed by the Scottish National Blood Transfusion Service.

National Tissue Typing Reference laboratory

There were significant increases in HPA genotyping and high resolution HLA typing. There was a slight

drop in the overall number of tests provided largely due to the discontinuation of the H+1 service for solid organ transplantation and a decision to cease referring samples on behalf of hospitals to the IBGRL Bristol, for neutrophil serology testing.

NTTRL prepared for and renewed EFI accreditation in July. The laboratory also co-organised the BSHI AGM in Dublin Castle in October and had 12 abstracts approved for publication. The NTTRL organised a one day H+1 workshop for MSc students in May at the NBC and also scored 100% for NEQAS high resolution class I+II typing in 2004.



The hospital services department is the vital link in the distribution chain that ensures blood reaches the patients who need it under controlled conditions. The main function of Hospital Services is to provide safe and secure distribution of all products released for issue to hospitals. This involves critical product management and the maintenance of accurate and comprehensive records of both received and issued blood, blood components and derivatives.

BLOOD & BLOOD PRODUCTS ISSUED		
Product	2004	2003
Red Cells & Whole Blood	136,230	130,088
Platelets - Therapeutic Doses	17,598	16,521
Frozen Plasma	2,089	1,813
Octaplas	24,848	21,757
Cryoprecipitate	1,258	908
Factor VIIA (xIU)	405,280	284,340
Protein C (x IU)	9,500	87,500
Anti Thrombin III (x IU)	5,000	14,500
Factor VIII Recombinant (x IU)	20,805,066	18,731,228
Von Willebrand Factor (x IU)	592,500	417,000
Factor IX Recombinant (xIU)	10,559,228	10,198,390
Prothromplex (x IU)	541,200	620,400
Factor XIII	5,100	7,250

Tissue banking

The Tissue Bank at the NBC consists of the Irish Eye Bank, The Irish Homograft Heart Valve Bank and the Irish Directed Cord Blood Bank. All processing takes place in a purpose built GMP clean room facility at the NBC. A quality management system is in place and the bank conforms to the standards of the European Eye Bank Association and the British Association of Tissue Banks.

Eye Bank

Due to concerns regarding vCJD, the Irish Eye Bank stopped accepting corneas from Irish donors with effect from the 21st of January 2004. The situation is under constant review and the decision may be reversed as and when the risk of vCJD in Ireland and in particular with regard to ocular tissue can be determined. To facilitate corneal transplantation in Ireland, all corneas are now imported from the Rocky Mountain Lions Eye Bank, (RMLEB) based in Denver, Colorado. The RMLEB also provides scleral shells for eyelid reconstruction, enucleations and the implant of valves to treat glaucoma. The eye bank also imports and issues pericardium patches and amnion tissue, both used in ocular surgery to ophthalmic surgeons. The Ophthalmic Director of the eye bank is Mr. P. Condon, M.Ch. FRCS FRCOphth and the Medical Director is Dr. William G. Murphy, MD, FRCPEdin, FRCPath. A Medical Advisory Group consisting of the corneal surgeons who receive tissue from the bank and a representative from the Irish College of Ophthalmologists meet on an annual basis to review the standards of the bank and advise on any proposed changes.

During 2004, 118 corneal grafts, 21 scleral patches, 11 pieces of amnion tissue and 2 pericardium patches were issued to surgeons throughout Ireland.

Homograft Heart Valve Bank

The Homograft Heart Valve Bank processes and cryopreserves human cardiovascular tissue donated for transplantation purposes. A Cardiothoracic advisory group under the chair of the Cardiothoracic Director, Mr. A.E. Wood meets on a regular basis to review the activities of the bank and ensure that it maintains and complies with international best practice. During the year, 38 valves donated by both Irish donors and heart transplant recipients were issued, with the majority been issued for children undergoing repair of congenital heart defects. As

demand outstrips supply, an additional 14 valves were imported from tissue banks in the UK.

Irish Directed Cord Blood Bank

The Irish Directed Cord Blood Bank facilitates the collection and cryopreservation of directed umbilical cord blood donations. The donation must be requested by a transplant physician. The cord blood must be intended for a named sibling of the newborn, who has a condition for which a bone marrow transplant may be a curative treatment. During 2004, 6 such cord blood donations were processed.



In keeping with the development and implementation of the IBTS Strategic Plan, the QA focus during the year remained on achieving and maintaining regulatory compliance.

An ambitious programme for redevelopment of the MRTC was planned early in 2004 and completed by year-end. This included the addition of an interim building, refurbishment of existing premises and reroofing of premises. This was achieved while continuing to maintain operations.

The appointment of a permanent Quality Assurance Officer in the MRTC greatly enhanced the QA Department. The expansion of the Validation Manager's role to encompass national responsibility allowed experience gained in the NBC to be applied to validation in MRTC.

A major achievement during the year was the design and implementation of a Bacterial Screening Programme for the IBTS. The Quality Assurance Officer NBC in conjunction with the National Medical Director led the project and applied innovative solutions to ensure roll out of a robust system.

In line with the coming into force of EU Blood Directive (2002/98/EC) in February 2005, the IBTS is engaged in ensuring all elements of its operations will be in compliance. During the year, the Irish Medicines Board (IMB) carried out 10 GMP (Good Manufacturing Practice) inspections of the NBC, MRTC and Regional Centres. Compliance was satisfactory for all centres.

A specific IMB inspection of the Apheresis Clinic was performed at Our Lady's Hospital for Sick Children in September 2004. Both Stillorgan and Carlow (relocated premises) were inspected by the IMB at an early stage.

A high level of validation activity was maintained during 2004, with a total of (101) projects initiated nationally. Of these, 60% related specifically to MRTC activities. The introduction of the ETI - Manufacturing System for CMV testing was successfully rolled out nationally in 2004. This was a highly successful project delivered by the technical groups in both NBC and MRTC.

Monthly quality meetings in both centres reported on the Quality Management System Metrics during 2004 covering non-conformances, complaints, recalls and change controls.

A culture of continuous improvement is encouraged within IBTS, ensuring that all areas of activity are constantly updated. It is the responsibility of Quality Assurance to ensure that changes are controlled and evaluated for significance of impact on existing operations and that implementation of change is done in an optimal manner.

10. MUNSTER REGIONAL TRANSFUSION CENTRE



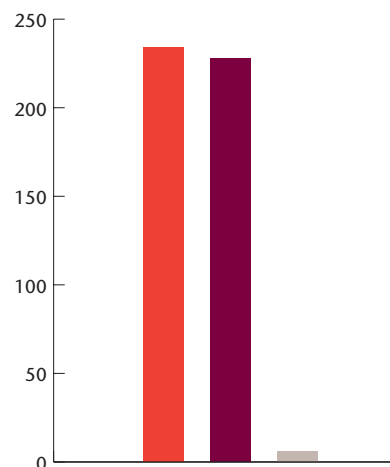
The Munster Regional Transfusion Centre (MRTC) is one of the two fixed sites of the IBTS which in addition to procuring donations, undertakes donation testing, component preparation and modification, distribution / despatch to hospitals and provides a 24/7 medical and scientific consultation for professional users.

Donation procurement

The Centre is based in Cork where there is a fixed donor centre and a Munster Mobile I clinic team, supported by the Limerick Centre from which the Munster Mobile II clinic team operates. Platelets are also collected by Apheresis.

PLATELET APHERESIS

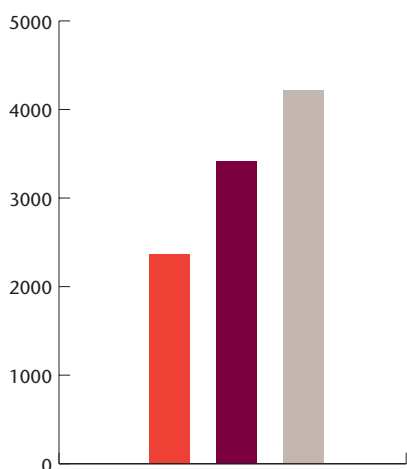
■ Attended	234
■ Procured	228
■ Deferred	6



Components issued from MRTC

MRTC provides transfusion support by way of blood components as stock to hospitals throughout Munster and special services by way of modification and extended typing, where this is required, for specific patients.

COMPONENTS ISSUED FROM MRTC	
■ Platelets	2361
■ Plasma 3420	
■ Irradiated Blood Components (RCP + Plts)	4216



Inventory management

The stock of transfusion support (red cell preparation) available to hospital users is actively managed by balancing procurement targets and hospital demand. A minimum banking level is defined for each blood group and monitored on an ongoing basis.

Management of O RhD Negative Red Cell stock was highlighted at Hospital Transfusion Committee meetings throughout 2004 with minimum banking levels achieved 90% of year (88% - 2003).

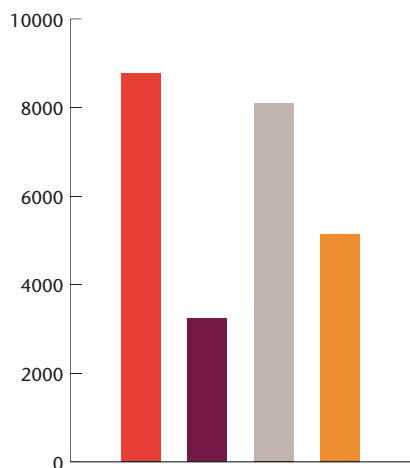
Diagnostic services

Crossmatch Department

The Crossmatch department provides a routine serology service for Cork City hospitals and a reference service for hospitals in the Munster region. Crossmatch department undertakes component irradiation. The Crossmatch Department also undertakes donation screening out of hours for patients with specific blood group needs.

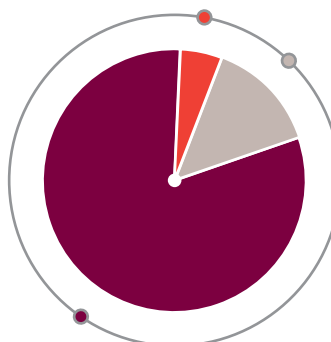
MRTC CROSSMATCH DEPARTMENT 2004

■ Patients Group + Antibody Screen	8670
■ Patients Crossmatched	3233
■ Red Cell Units Crossmatched	8087
■ Donations Screened	5130



CROSSMATCH LABORATORY REQUESTS

■ Routine Requests	7113
■ Emergency Out of Hours	1218
■ Emergency Routine Day	448

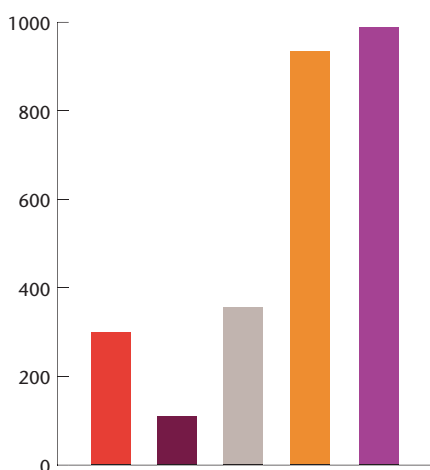


Ante-natal Department

The Ante-natal Department provides routine and reference ante-natal screening services. 2,391 specimens were tested during 2004.

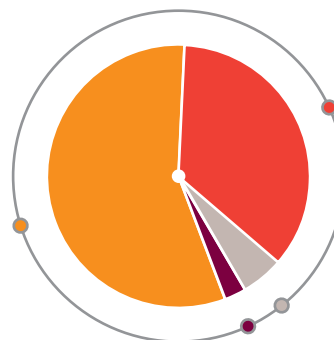
Patients with antibodies detected were monitored through their pregnancy to assist management of the foetus and blood was made available for the mother and baby at delivery, as appropriate. Samples referred to IBGRL, Bristol including antibody investigation and foetal red cell Rh D typing from maternal peripheral blood sample, by PCR. In addition amniotic fluid analysis and Kleihauer testing was undertaken.

ANTE-NATAL DEPARTMENT	
■ Antibody Panels	301
■ Titrations	110
■ DCT	357
■ Extended ag. Grouping	934
■ Rh D confirmation	988



CONFIRMED ANTIBODIES BY TYPE

■ Immune ab. - ABO/Rh/other	107
■ Auto ab.	16
■ Cold ab.	8
■ Other	170



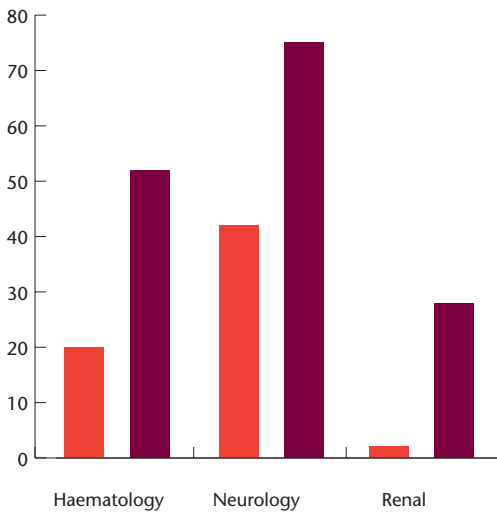
Unusual antibodies

These included rare antibodies such as anti-G. Given the maternal/paternal phenotype, there was a 1.4% chance of the baby being affected if C+. A further patient with an anti-Colton (anti-Coa) antibody required contingency arrangement with rare blood bank panels in Switzerland and Mainz. Coa negative donors, incidence 0.2% were identified in Munster following screening.

Therapeutic apheresis

MRTC supports patient services in Cork city hospitals by providing therapeutic plasma exchange for specified clinical conditions. See table for activity levels during 2004 by patient group.

THERAPEUTIC APHERESIS 2004			
	Haematology	Neurology	Renal
■ Patients	20	42	2
■ Procedures	52	75	28



Buildings

The Board approved the development brief for the new Cork Centre in March 2003 and accepted as preferred site the SHB offered site on the campus of Cork University Hospital. This was then submitted to the Department of Health & Children for funding.

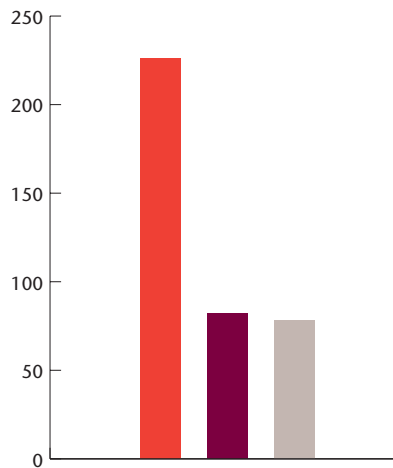
Board approval was granted for interim remedial works at the MRTC building at St. Finbarr's Hospital. This project involved the placing of a temporary modular laboratory building (Block C/900 m²) and remedial works to original Blocks A & B. This allowed for the placement of the new technology in the Donor Grouping Laboratory and included a laboratory for Nucleic Acid Testing (NAT) and Platelet Bacteriology Testing.

The Centre put extensive plans in place to ensure continuity of service during the building works, which were completed on time by end year.

Tissue banking

The Munster Musculoskeletal Tissue Bank was established in 1994 and accredited to the ISO Standard in 1998. The EU Directive on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissue and cells passed in March 2004 must be transposed into law in each member state by April 2006.

TISSUE BANK ACTIVITY	
■ Donors Interviewed	226
■ Donors selected	82
■ Retrieved in theatre	78



Allograft was clinically applied to 26 recipients with 26 allograft cards returned, 100% traceability documented.

PATIENTS	GROUND BONE	FEMORAL SLICES	HALF FEMORAL HEADS
26	410 grms	8	2

vCJD risk reduction measures were introduced in line with blood donor selection. Only tissue in compliance with 1 year UK residency was retained in stock. UK Department of Health EOR unit presented their risk assessment. This was considered by a working group to the Committee on Microbiological Safety of Blood and Tissue (MSBT) in September. The Medical Advisory Committee decided not to undertake further pooled processing. All in date pooled product was withdrawn.

The IBTS will consider single femoral head processing in the future.

Processing developments supported included single femoral head processing (previously undertaken in pool of 17) and prion inactivation.

11. NATIONAL HAEMOVIGILANCE OFFICE



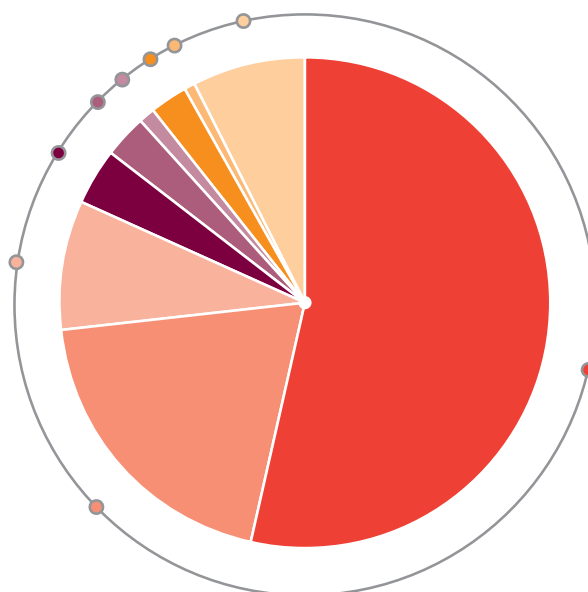
The NHO scheme has been fully operational since January 2000, and has published annual reports for each year since that date. 2003 represents the fourth full year of reporting and within this four year period approximately 693,818 blood components were issued with 564 adverse transfusion reactions/events being reported to the NHO during that time. The number of incidents fulfilling the criteria for a haemovigilance event reported in any one year to the NHO has doubled from 85 in 2000 to 180 in 2003.

BREAKDOWN OF NHO INCIDENTS (2000-2003) (N=564)

YEAR	IBCT	AA	TACO	DHTR	TTI	TRALI	PAD	Unusual	AHOSTR	TOTAL
2000	31	22	8	2	7	-	-	1	14	85
2001	69	35	16	1	2	3	3	3	12	144
2002	87	31	10	9	3	2	5	-	8	156
2003	115	23	14	9	4	1	6	-	8	180
TOTAL	302	111	48	21	16	6	14	4	42	564
	54%	20%	8%	4%	3%	1%	2%	1%	7%	100%

BREAKDOWN OF NHO INCIDENTS (2000-2003) (N=564)

■ IBCT	Incorrect Blood Component Transfused	302	54%
■ AA	Anaphylaxis/Anaphylactoid	111	20%
■ TACO	Transfusion Associated Circulatory Overload	48	8%
■ DHTR	Delayed Haemolytic Transfusion Reaction	21	4%
■ TTI	Suspected Transfusion Transmitted Infection	16	3%
■ TRALI	Transfusion Related Acute Lung Injury	6	1%
■ PAD	Pre-deposit Autologous Donation	14	2%
■ Unusual	Unusual Transfusion Reaction	4	1%
■ AHOSTR	Acute Haemolytic or other Severe Transfusion Reaction	42	7%



Incorrect Blood Component Transfused (IBCT)

This category captured 302 of the 564 incidents and in keeping with other haemovigilance schemes collecting similar data, is the largest category reported. It also includes errors and omissions relating to blood products such as anti-D (and factor concentrates) as these also allow evaluation of the quality of systems in place for transfusion practice.

Since 2001, IBCT incidents have been divided into levels of severity as follows:

- Level 1 incidents are defined as those with the potential for permanent injury or are life threatening, and include wrong blood for wrong patient and the transfusion of blood components/products, which were not required. During the three-year period 2001-2003, 140 (52%) of all IBCT incidents reported were stratified as level 1 incidents.

- Level 2 incidents were classified as unlikely to cause permanent harm. Between 2001- 2003, 86 (31%) of all IBCT were captured in this group.
- Level 3 incidents pose no risk to patients but indicate defects in the quality of service delivered. Between 2001-2003, 45 such incidents (17%) were reported.

During the four-year period 2000-2003, 18 reports were received of incorrect ABO group red cells transfused. In 12 of these cases, the red cells were ABO incompatible. The total number of red cells and whole blood issued for this period was 502,968. Therefore, the risk of receiving a wrong ABO red cell transfusion is about 1:27,942 units issued and of receiving an ABO incompatible red cell transfusion is of the order of 1:41,914 units issued.

Current participation

The number of incidents submitted to the NHO has continued to rise. The success of the scheme to date can be directly attributed to the work and enthusiasm of the hospital based Haemovigilance Officers (HVOs), and the support they receive from transfusion medical scientists and consultant haematologists. However, in order to encourage reporting and ensure the recommendations from the reports are adopted, further work is required.

HOSPITAL PARTICIPATION (2000–2003)

Year	2000	2001	2002	2003
Submitted incident	37%	50%	49%	58%
Nil to Report	31%	27%	44%	42%
Participation	68%	77%	93%	100%

The Near Miss Project

A three-year research project looking at Near Miss Events in transfusion commenced in November 2002. Following a year focused on setting up the project and carrying out training in all of the ten sites involved, the first fully trained site commenced 'live' reporting in May 2003, with seven sites joining on a site-by-site basis between May and December 2003. The remaining two sites completed training and went 'live' with reporting from January 2004.

The events are being processed and analysed using the Medical Event Reporting System for Transfusion Medicine (MERS-TM). This is based on a root cause analysis process. The reporting is anonymised and confidential with each site contributing data under unique hospital codes.

The following data analysis is based on a relatively small number of events as the project is still in its infancy. However, there are some areas where trends are already significant and should be monitored carefully.

The following is aggregate data for 2003 from the sites that have contributed to the project to date. Each site is given individual feedback on their data analysis by the project co-ordinator as definite trends or high-risk events/areas emerge.

A total of 130 Near Miss Events were reported between May and December 2003. A further ten reports were received but could not be processed due

to either insufficient information provided on the form, or the event did not fit the criteria for a Near Miss Event according to the NHO definition. There were 84 low risk events, 31 medium risk events and 15 high-risk events reported in 2003.

Education

Eight guest speakers from a variety of different backgrounds gave presentations at the fourth NHO Annual Conference this year held in October, at the Killashee House Hotel, Naas, Co Kildare.

The theme for the day was 'Haemovigilance – From Concept to Reality'. The topics presented spanned a range of aspects of haemovigilance and related subjects including appropriate blood usage (Neonates), and haemovigilance issues in hospital and laboratory settings.

Over 240 delegates from all over Ireland attended, with an excellent representation from a number of different transfusion related disciplines. Guest speaker, Dr. Paul Ness, Director of Transfusion Medicine Division, Johns Hopkins Hospital, Maryland, USA, presented on their haemovigilance programme with reference to DHTR, incorrectly labelled samples and septic platelet transfusion reactions.

Audit of scheme

Two audits to evaluate the effectiveness of the NHO scheme were carried out in 2004. The first audit measured the level of satisfaction amongst hospital

based HVOs with the support offered by the NHO. The second aimed to obtain a clear picture of requirements for effective hospital-based haemovigilance. The results of these audits will enable the development of comprehensive guidelines for standard delivery of haemovigilance.



The Irish Unrelated Bone Marrow Registry (IUBMR) was set up in 1989 to provide a panel of volunteer donors for Irish and international patients requiring bone marrow transplantation as a curative therapy for some acquired malignant conditions and for inherited metabolic disorders. The vast majority of Irish patients (94%) who do not have a sibling donor will find suitably matched donors either on an Irish or international panel.

The panel currently consists of 18,436 donors. The donors anonymised tissue types are submitted on a monthly basis to the Bone Marrow Donors Worldwide (BMDW), a central database of over 9 million donors which can be searched by registries worldwide on behalf of patients requiring transplantation.

Registry activities

To date the IUBMR has facilitated 145 transplants. Of the 145 transplants 120 were for Irish and 25 for international patients.

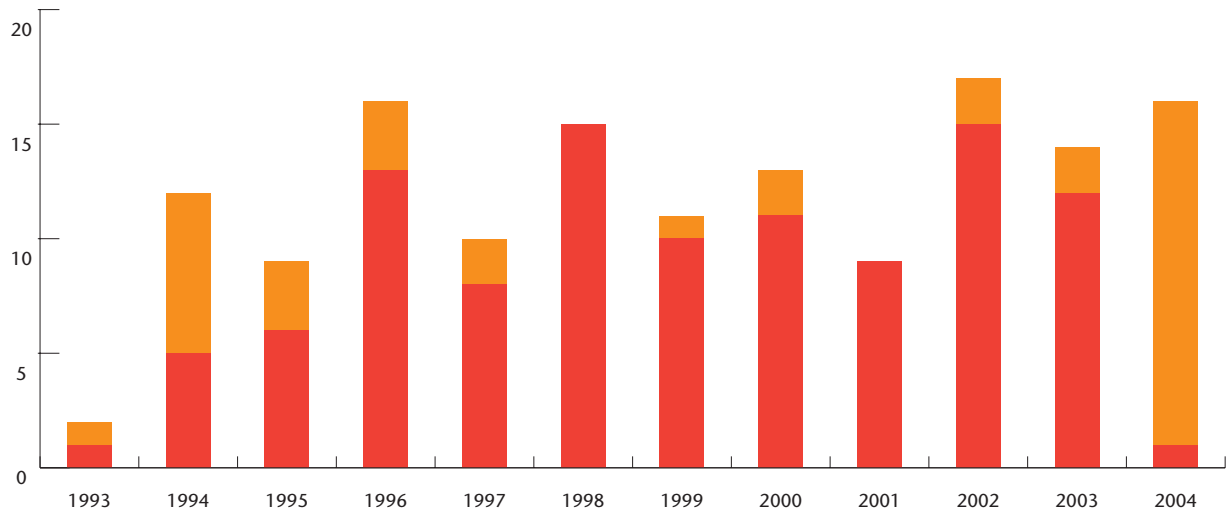
In 2004 the registry facilitated 16 transplants on behalf of Irish (15) and international (1) patients. The origin of the donors were Ireland (6), Germany (4), USA (4), Italy (1), Holland (1). Of the 16 transplants 12 were bone marrow, 3 were peripheral blood stem cell transplants and one was an umbilical cord blood transplant.

Registry accreditation

Since 1991 the IUBMR has been affiliated to the World Marrow Donor Association (WMDA), an organisation which sets operational standards for bone marrow registries. The IUBMR currently submits data for the WMDA Annual Report. The WMDA have developed criteria for registry accreditation and in 2005 the IUBMR will be submitting an application for accreditation.

Computerisation

In 2004 a new messaging system was developed which will link the IUBMR through our database 'Solar' directly with international registries. The European Marrow Donor Information System (EMDIS) will enable the IUBMR to search and identify donors directly within participating registries. Testing will commence early in 2005 with go live later on in 2005.



IUBMR TRANSPLANTS FACILITATED 1993-2004

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
■ Irish	1	5	6	13	8	15	10	11	9	15	12	1
■ International	1	7	3	3	2	0	1	2	0	2	2	15

13. THERAPEUTIC APHERESIS SERVICE



The NBC Therapeutic Apheresis Service performs therapeutic apheresis procedures for patients in Dublin hospitals. The procedures that are performed include plasma exchange/leucoreduction red cell exchange and red cell depletion. The team which is led by an IBTS Consultant, includes nurses trained in therapeutic apheresis procedures. The procedures are performed using mobile apheresis equipment. Continuous flow technology is mainly employed.

Activity analysis

In 2004, 401 therapeutic procedures were performed. This represents a significant increase in activity. The majority (395) of these involved plasma exchange. Approximately 50% of these were classified as emergency. Fifty-three cases (12.9%) were carried out at weekends. This increase in emergency type procedures was largely due to requirements of 3 patients with Thrombotic Thrombocytopenic Purpura (TTP) and reflects increased awareness of the condition and recently introduced practice guidelines for its management.

This year there were also 3 successful leukoreduction procedures performed for patients with hyperleukocytic syndromes. One red cell exchange and 2 red cell depletions were also performed.

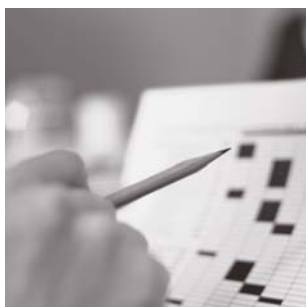
Education and service development

All staff were fully trained on the continuous flow apheresis system. Three members of staff attended the 'Successions' study days organized by Gambro in

May and October. There was also an in-house study day on the use of the Cobe Spectra which was attended by all therapeutic staff. Presentations were given by IBTS nursing and medical staff at the Irish Apheresis Nurses Study Day (IANA) in October. The Clinical Nurse Specialist (CNS) for therapeutic apheresis delivered lectures in apheresis to nurses studying post graduate Diplomas in Renal and Haematology Nursing in Trinity College and University College, Dublin.

Two new grades of staff were created and staff appointed to Clinical Nurse Manager (CNM) I and II positions. Recruitment for a further 2 staff nurses was also initiated. A second continuous flow cell separator was put into use in December 2004.

14. THE RECIPIENT TRACING UNIT



The Recipient Tracing Unit traces and offers testing to recipients of Anti D between the risk years of 1977-79 and 1991-94 as part of the follow up to the Anti D HCV Screening Programme established in 1994.

Additionally it manages the Anti D Reassurance programme which offers re-testing to all recipients who have tested negative, but who were exposed to an infectious or potentially infectious batch of Anti D, through the individual's GP. This programme was set up by the Expert Group, a multi-disciplinary Group appointed by the Minister for Health & Children. To date 9,684 recipients have tested under the Reassurance Programme. Included in this figure are a number of women who tested under the Reassurance Programme but we have since learned were recipients of non-infectious batches or where batch details are unknown.

A further aspect of the programme offers HCV testing to transfusion recipients who received blood prior to the introduction of HCV testing for blood donations, introduced in October 1991. It also investigates suspected transfusion transmitted infections reported by health professionals to the National Haemovigilance Office in the IBTS.

Though over 68,000 individuals have been tested under the Anti D Screening Programme, not all the individuals who were exposed have been tested and the Recipient Tracing Unit is continuing to trace, in co-operation with the hospitals the individuals who may not realise they have received Anti D during the

risk periods. To date 1,020 recipients who received potentially infectious batches of Anti D within the risk years have screened Eliza positive for Hepatitis C. The remainder have screened Eliza negative.



The IT team provides a critical support function within the IBTS. The objective is to have an IT system that provides an efficient and effective service to the organisation, which supports the maximum safety of our donors and quality of our products.

Progesa

The Progesa system was supported throughout the year by a dedicated team of five super users from IT. The system has proven to be very robust and successfully met the requirements of the organisation.

Laboratory Automate Interfaces

A number of developments in this area have taken place in 2004; whereby results from various laboratories testing equipment are passed to Progesa.

Galileo Grouping System: a new grouping instrument was commissioned for the MRTC which required the development of scripts to integrate the results into Progesa.

NBC NAT Continued development of the NAT system took place with go-live in 2004. A fully validated archiving system was also implemented.

CMV testing integration: A change in technology for CMV testing in both the NBC and MRTC virology laboratories was facilitated by the use of internally developed integration scripts.

eProgesa

A decision was made by the Management Team to implement the new version of Progesa which gives

- A fully relational database,
- New advanced technology,
- Daily update of information available on our mobile clinics and
- The possibility of extracting more detailed and useful management reports.

The eProgesa project was started in the fourth quarter 2004. The IT team provided a full project definition for the project, and this includes time, cost and quality modules. Phase one, to identify the validation requirement for the project was commenced in late 2004. The tendering process for the hardware requirements was also started in late 2004. A test box was setup with eProgesa software and Progesa data installed in December.

BacT Alert Integration

The implementation in the NBC of the BacT alert system, for analysing bacterial growth within platelets, was supported by the IT department.

Bone Marrow

Ever changing scientific developments requires continuous updating and development of the Bone Marrow Database in the IBTS.

Platelets Matching

The platelet matching database is similar to bone marrow and again significant development took place in 2004. The platelets database is a fully GMP compliant application.

Haemovigilance

No system could be found internationally to provide the level of functionality the IBTS required. Therefore the IT team developed the system in-house. A fully developed and validated system by IT was delivered to the users towards the end of 2004. Other blood banking authorities have shown an interest in this system as a guideline for their own needs.

EMDIS

Ireland joined nine other EU countries in the EMDIS Bone Marrow communications system during the year, which allows these countries search each other's systems for possible matches. A full development of the communications protocols took place in 2004 with the vast majority of technology in place by year end.

Organisational Methodology Set

The first project methodology set for the organisation was developed in 2004. This document will form the basis of all future project developments in the IBTS. The methodology set is a subset of the PRINCE 2 methodologies and was used for the project definition document for the eProgesa project.

Network Infrastructure

A number of changes have been made to the IBTS infrastructure, which have resulted in amendments to our Wide Area Network, these amendments were as follows:

Cork Interim Building: The installation of the network infrastructure for the Cork interim building, which is an extension to the MRTC LAN providing better facilities for the MRTC.

NBC LAN Upgrade: The upgrade of the NBC LAN core switch allows for faster data access, greater expandability and development of the network environment. It also provides a more reliable and secure infrastructure.

Limerick Centre Move: The relocation of the Limerick centre to a new office, which better facilitated the needs of the centre.

New Crumlin Platelet Clinic: The installation of new solutions with IT allowed the operation of Progesa functionality at the new Crumlin Platelet Clinic to be reliably and securely provided.

External Mail Protection

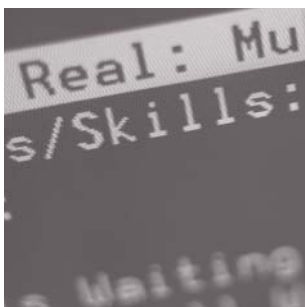
A more reliable and secure service was implemented to handle threats to the IBTS infrastructure, from external emails. This was done to help improve the services with the IBTS and protect the organisation from the ever expanding risk of SPAM mail and viruses.

Virus Detection and Prevention

The implementation of a centrally managed workstation virus solution was deployed to protect the network from the increased risk of viruses. The solution provides a better-automated delivery of virus protection ensuring the organisation's virus protection is up to date.

IT Personnel

The current IT team consists of 16 personnel and some contractors from time to time to support not only the developments mentioned above but also to provide IT support to over 600 personnel, which are based in eight permanent sites, with 6 mobile units on the road most days. There are in excess of 350 PCs in use throughout the organisation running various applications, with varying degrees of complexity and requirements under Good Manufacturing Practice (GMP) protocols.



The past year has been one of great development for the HR function. The recruitment of an Environmental, Health and Safety Manager at the National Blood Centre and Human Resources Generalist based in the Munster Regional Transfusion Centre, has further enhanced the strategic role of HR within the IBTS.

Employee Relations

Partnership Steering Group

Partnership is a means of providing for two-way communication flow between management and staff and is a forum for joint problem solving. It also paves a way for the easier implementation of change. The IBTS Partnership Steering Group (PSG) was established through nominations from the Chief Executive for management representatives and trade unions for staff representatives. The Health Services National Partnership Forum (HSNPF) provides a facilitator to the Steering Group bringing the total membership to twenty. Members undertook extensive training to ensure that a shared understanding of the partnership process was achieved. The group meets once a month in Dublin or Cork, every third meeting being held in Cork. The members of the PSG act as leaders and facilitators to encourage and develop a culture of partnership in the organisation.

The Partnership Steering Group is committed to working as a team through consensus and collective responsibility:

- to identify shared objectives
- to effect improvements and change in the IBTS

- to build better working relationships for all
- to resolve organisational issues on a national level.

Representatives from the Steering Group visited nationwide centres to promote and foster the partnership process. Key organisation development projects that commenced in 2004 through the partnership process include the D'Olier Street Blood Donation Clinic Review and the Organisational Values Initiative.

Sustaining Progress and Benchmarking

The third phase of the Performance Verification Process was completed in October 2004. This process requires that heads of organisations within the health sector prepare and submit progress reports on the attainment of objectives set out in the action plan template agreed for the sector by the National Partnership Forum and approved by the Performance Verification Group. Significant progress has been achieved on our objectives to date and was clearly reflected in our last progress report. This process is viewed by the IBTS as an opportunity to effect real change in our organisation over the lifetime of this agreement.

Training and Development

A training and development policy was put in place using organisational competencies as a framework. The organisational competencies for the IBTS were developed in line with the comprehensive work undertaken by the Office for Health Management. This led to the development of a training and development policy and plan for 2004 in line with best practice standards. In conjunction with ongoing training to address technical skills development, operating procedures implementation, quality standards application, and HR policy awareness, additional key organisation-wide training initiatives undertaken in 2004 included;

- 'Service Begins With Me' training for over 100 staff members, addressing frontline donor/customer service issues
- European Computer Driving License (ECDL) training and testing, to establish a higher standard of computer literacy and skills within the IBTS
- Dignity at Work Policy training for all staff

Environmental Health & Safety

The IBTS Parent Safety Statement was launched during the summer. The EH&S Manager, working with the National Quality Assurance Manager, Facilities Manager and Training and Development Manager ensures that legislative standards and regulatory best practice for environmental health and safety is implemented throughout the IBTS.

HR Projects

Human Resources Staff Manual

In April, the IBTS launched the IBTS HR Staff Manual. This followed an external review of the HR function in 2002, HR Strategy as devised by the HR Director in 2003 and the HR department's mission to develop and implement best HR practices for all stakeholders in the IBTS.

The manual serves to assist all staff in working towards:

- A greater understanding of HR policies and practices
- The implementation of HR policies and practices with consistency and fairness

■ The Excellence Through People Award

Many of the policies are informed by legislation and are considered best HR practices. They have been endorsed by trade unions at national level with the Health Services Employers Agency. As a living document, it is updated on an on-going basis to reflect best HR practice and meet legislative requirements.

Human Resources Information System

The HR/Payroll Information System (HRIS) was introduced to streamline and co-ordinate HR and payroll functions. This was a fully project-managed initiative and was completed on time and within budget.

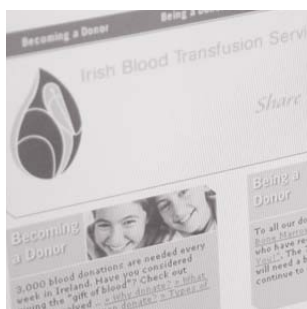
Employee Climate Survey

An Employee Climate Survey was undertaken in late Autumn 2004. This is the first time such an initiative was undertaken in the IBTS. A 69% response rate was achieved using online and paper questionnaire options, and participation in the survey was facilitated regionally and centrally. The responses were collated and feedback to the staff was completed in December 2004, resulting in an Action Plan devised for implementation in 2005.

The total staff headcount on 31st December 2004 was 632 nationwide, broken down as below:

National Blood Centre	311
D'Olier Donor Clinic	56
Ardee	32
Carlow	33
Cork	129
Limerick	34
Tuam	26
Stillorgan	11

(Turnover of permanent staff was 6.8%)



www.ibts.ie was nominated and shortlisted for the Irish eGovernment Awards. Our general email address info@ibts.ie continues to be popular with the general public, with 912 valid queries in 2004. This is a drop of 25% to this email address over the previous year. The website now contains multiple contact points and this drop in activity to the general email address has been exceeded in volume by the increased level of activity at contactus@ibts.ie, clinics@ibts.ie and bonemarrow@ibts.ie.

Queries cover a wide range of subjects, from students doing research for projects, to donors changing personal details and seeking information on the implications of vaccinations, medication and travel abroad for people's eligibility to donate.

The site also offers donors the facility to make appointments directly with the donation clinic in Stillorgan, through stillorgan@ibts.ie.

Publications

The IBTS published issue 7 of Donor Digest in 2004. Donor Digest is a four page information newsletter for donors, which is available at clinics throughout the country.

The 2003 Annual Report was published in July. The Executive Summary of the National Haemovigilance Office Report was published in September and the full report was available in December. The redesign and updating of donor information leaflets was also completed in 2004.

All of our publications are available at www.ibts.ie.

Freedom of Information

The IBTS received 11 requests under the Freedom of Information Act in 2004. The IBTS posts the board minutes on the website, subsequent to ratification by the Board and subject to FOI.

Internal Communications

There were two main internal communications strategy initiatives in 2004, the implementation of a structured staff briefing process, which became operative in March and the development of an intranet as a resource for staff. This site went live in April 2004.

The implementation Group produced 4 issues of Staff Update, a quarterly newsletter for all IBTS staff. The group also produced a 2005 staff yearbook and diary.

18. FINANCE



	2004 €'000	2003 €'000
Income		
Recurring income	97,346	99,244
Non-recurring income	291	79

Total Income	97,637	99,323
Expenditure		
Total expenditure	96,549	94,055

Surplus for year	1,088	5,268
Accumulated reserve at 1st January	14,677	9,409

Accumulated reserve at 31st December	15,765	14,677

Income

The Board's total income for 2004 of €97.6 million (2003 €99.3 million) is analysed into recurring income and non-recurring income.

Recurring income consists of revenue generated from products and services provided to hospitals of €97.3 million (2002 €99.2 million). The Board mainly generates income by charging hospitals for the product and services, which it supplies. The Board increased the price charged to hospitals for blood and blood components by 8%. However the price charged for recombinant blood products reduced due to a switch of products following a tender competition and the change in the VAT status of these products, which has resulted in the elimination of vat from the sales figure. Also included is direct funding of €0.5 million (2003 €1.3 million) received from the Department of Health and Children in relation to expenditure incurred on the Hepatitis C programme.

Non-recurring income during 2004 includes interest earned on bank deposits and proceeds from the sale of fixed assets.

Expenditure

Expenditure for 2004 amounted to €96.5 million, which is an increase of €2.5 million on 2003. Increased expenditure in the year mainly related to implementing national pay agreements within the organisation, the introduction of NAT testing in the National Blood Centre and the introduction of bacterial screening of platelets. Purchase of Blood Products for resale cost €5.4 million less during 2004 due to a switch of products following a tender competition and the change in the VAT status of these products which has resulted in the elimination of VAT from the expenses figure.

Capital expenditure

Expenditure of €6.4 million was invested in capital projects during 2004. The main investments were in premises with over €3m expended on refurbishing the Cork centre including additional temporary accommodation and transferring our Limerick premises to a new site. Equipment purchased during the year included a new Donor Grouping machine in Cork and new CMV testing machines for the Virology laboratories in both Dublin and Cork. There was also significant investment in equipment during 2004 to enable the development and launch of the Bacterial

Screening of Platelets project along with a major investment in renewing our motor fleet of vans and coaches and also a continued investment policy in information technology systems.

Significant changes

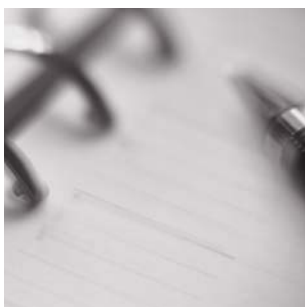
The planning of an integrated human resources management and payroll system throughout the organisation commenced during 2003. Following extensive consultation and participation with all departments and across all locations of the organisation a detailed user requirement specification was developed. The 'Core' integrated system was selected following a competitive tender and the payroll, human resources and recruitment modules went live during 2004. The system has already been used to calculate retrospective payment to employees and has enhanced the quality of payroll data loaded into the financial system. When all modules are operational the system will assist managers with human resource planning and control.

During the year a risk management process was undertaken by the organisation. Following extensive consultation with a wide range of employees a draft risk register was compiled. At year end it was still a work in progress with a number of action items yet to be finalised to address certain risks, in addition some timeframes had yet to be agreed and the organisation was assigning responsibility for the action items required. The process was fully reviewed by the Board's Audit Committee and it is expected that this process will be refined during 2005. It is envisaged that the risk register will form a significant management aid in addressing the risks facing the organisation and a critical document to address known risks.

Prompt payment legislation

The Board complies with the requirements of prompt payment legislation except where noted below. The Board's standard credit taken, unless otherwise specified in specific contractual arrangements, are 30 days from the date of invoice or confirmation of acceptance of the goods or services which are subject to payment. It is the Board's policy to ensure that all accounts are paid promptly. During the year ended 31 December 2004, under the terms of applicable legislation, a total of 214 invoices to the value of €3,102,496 were late, by an average of 44 days. These invoices constituted 1.88% by number and

5.51% by value of all payments to suppliers for goods and services during the year. Total interest paid in respect of all late payments amounted to €8,489. The Board continuously reviews its administrative procedures in order to assist in minimising the time taken for invoice query and resolution.



The Board's policy is to maintain the highest standards of corporate governance, in line with generally accepted policies and practices. The Board is accountable to the Minister for Health and Children.

Compliance with the Code of Practice for the Governance of State Bodies

The Board is committed to complying with the relevant provisions of the Code of Practice for the Governance of State Bodies, published by the Department of Finance in 2001.

The IBTS during the year, received reports on internal control and going concern issues. The Board regularly reviews the reports of the Irish Medicines Board on operational and compliance controls and risk management. The Board will continue to review these reports and to work closely with the IMB to ensure the highest international standards.

Workings of the Board

The Board is comprised of twelve members including a non-executive Chairman appointed by the Minister for Health and Children.

The Board meets monthly. All members receive appropriate and timely information, to enable the Board to discharge its duties. The Board takes appropriate independent, professional advice as necessary.

The Board has activated a committee structure to assist in the effective discharge of its responsibilities.

Medical Advisory Committee

The Medical Advisory Committee is comprised of the medically qualified members of the Board and the medical consulting staff and meets on a monthly basis. Its function is to monitor developments relevant to the field of transfusion medicine and related fields, to inform the Board of any such developments and to advise the Board on appropriate action.

Finance Committee

The Finance Committee met seven times during the year and is comprised of three members of the Board. It is also attended by the Chief Executive, National Medical Director, Director of Finance and Management Accountant. The Committee may review any matters relating to the financial affairs of the Board. It reviews the annual capital and operating budgets, management accounts, insurance, procurement, treasury policy and banking and financing arrangements. The Committee reports to the Board on management and financial reports and advises on relevant decision-making. The Finance Committee operates under formal terms of reference.

Audit Committee

The Audit Committee met four times during the year and is comprised of three members of the Board. It is also attended by the Chief Executive, the National

Medical Director, the Director of Finance, the HR Director, the Management Accountant and the Internal Auditor. The Committee may review any matters relating to the financial affairs of the Board. It reviews the annual financial statements, reports of the Internal Auditor, the accounting policies, compliance with accounting standards and the accounting implications of major transactions. The external auditors meet with the Committee to review the results of the annual audit of the Board's financial statements. The Audit Committee operates under formal terms of reference.

Going Concern

After making reasonable inquiries, the directors have a reasonable expectation that the IBTS has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing financial statements.

Internal Control

The Board members are responsible for internal control in the IBTS and for reviewing its effectiveness. The Board's system of internal financial control comprises those controls established in order to provide reasonable assurance of:

- The safeguarding of assets against unauthorised use or disposition; and
- The maintenance of proper accounting records and reliable financial information used within the organisation.

The key elements of the Board's system of internal financial control are as follows:

- A comprehensive system of financial reporting, accounting, treasury management and project appraisal;
- Clearly defined limits and procedures for financial expenditure including procurement and capital expenditure;
- Annual budgets for the Board with costs centres assigned to budget managers
- Monitoring of performance against budgets on a monthly basis and reporting thereon to the Board;
- A clearly defined organisation structure with appropriate segregation of duties and limits of authority;

- An internal audit function which reviews key financial systems and controls and general operations in the organisation; and
- An Audit Committee which approves audit plans and deals with significant control issues raised by internal or external audit and which approved the year-end financial statements before submission to the full Board.

The Board are aware that the system of internal control is designed to manage rather than eliminate the risk of failure to achieve business objectives. Internal control can only provide reasonable and not absolute assurance against material mis-statement or loss.

Statement of Board Members' Responsibilities

The Board is required by the Blood Transfusion Service Board (Establishment) Order 1965, to prepare financial statements for each financial year which, in accordance with applicable Irish law and accounting standards, give a true and fair view of the state of affairs of the Irish Blood Transfusion Service and of its income and expenditure for that year. In preparing those financial statements, the Board is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Disclose and explain any material departure from applicable accounting standards;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Irish Blood Transfusion Service will continue in business.

The Board is responsible for keeping proper books of account, which disclose with reasonable accuracy at any time, the financial position of the Irish Blood Transfusion Service and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the Irish Blood Transfusion Service and hence taking reasonable steps for the prevention and the detection of fraud and other irregularities.

Members of the Board

Ms M McGrath, Chairperson

Dr G Crotty (term of appointment expired 31/08/04)

Dr H Enright (term of appointment expired 31/08/04)

Dr M Horgan

Dr L Keane

Mr D Keenan

Mr D Lowe

Ms V Mannix

Mr T McNamara

Dr C Van Der Poel

Mr S Wyse

Ms Jane O'Brien (appointed 01/11/04)

Dr Mary Cahill (appointed 01/11/04)

Auditors

Comptroller and Auditor General

Treasury Building

Lower Castle Yard

Dublin Castle

Dublin 2

Solicitors

McCann Fitzgerald Solicitors

2 Harbourmaster Place

Customs House Dock

Dublin 1

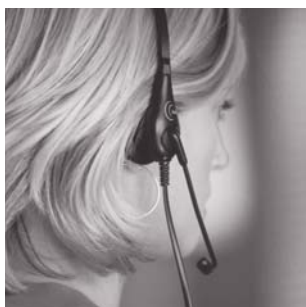
Bankers

Allied Irish Bank

Dame Street

Dublin 2

20. CONTACT DETAILS



Irish Blood Transfusion Service

National Blood Centre

James's Street, Dublin 8

t: 01 4322800

f: 01 4322930

e: info@ibts.ie

www.ibts.ie aertel p691 Donor infoline 1850731137

Ardee Centre

John Street

Ardee

Co Louth

t: 041 6859994

f: 041 6859996

Munster Regional Transfusion Centre

St Finbarr's Hospital

Douglas Road

Cork

t: 021 4807400

f: 021 4313014

Carlow Centre

Kernanstown Industrial Estate

Hackettstown Road

Carlow

t: 059 9132125

f: 059 9132163

Dublin Blood Donor Clinic

2-5 D'Olier Street

Dublin 2

t: 01 6703366

Limerick Centre

Carrig House

Cloghkeating Ave

Raheen Business Park

Limerick

t: 061 306980

f: 061 306981

Stillorgan Blood Donation Clinic

6 Old Dublin Road

Stillorgan

Co Dublin

t: 1850 808 808

Tuam Centre

Unit 49

N17 Business Park

Tuam

Co Galway

t: 093 70832

f: 093 70587



National Blood Centre
James's Street
Dublin 8

Telephone 01 4322800
Fax 01 4322930
Email info@ibts.ie

Web www.ibts.ie
Aertel p691
Donor Infoline 1850 73 11 37