Annual Report 2007

Irish Blood Transfusion Service
Seirbhís Fuilaistriúcháin na hÉireann

OUR MISSION STATEMENT

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

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Our Values

Excellence in service
We will achieve excellence in delivering a quality service to our patients and our donors

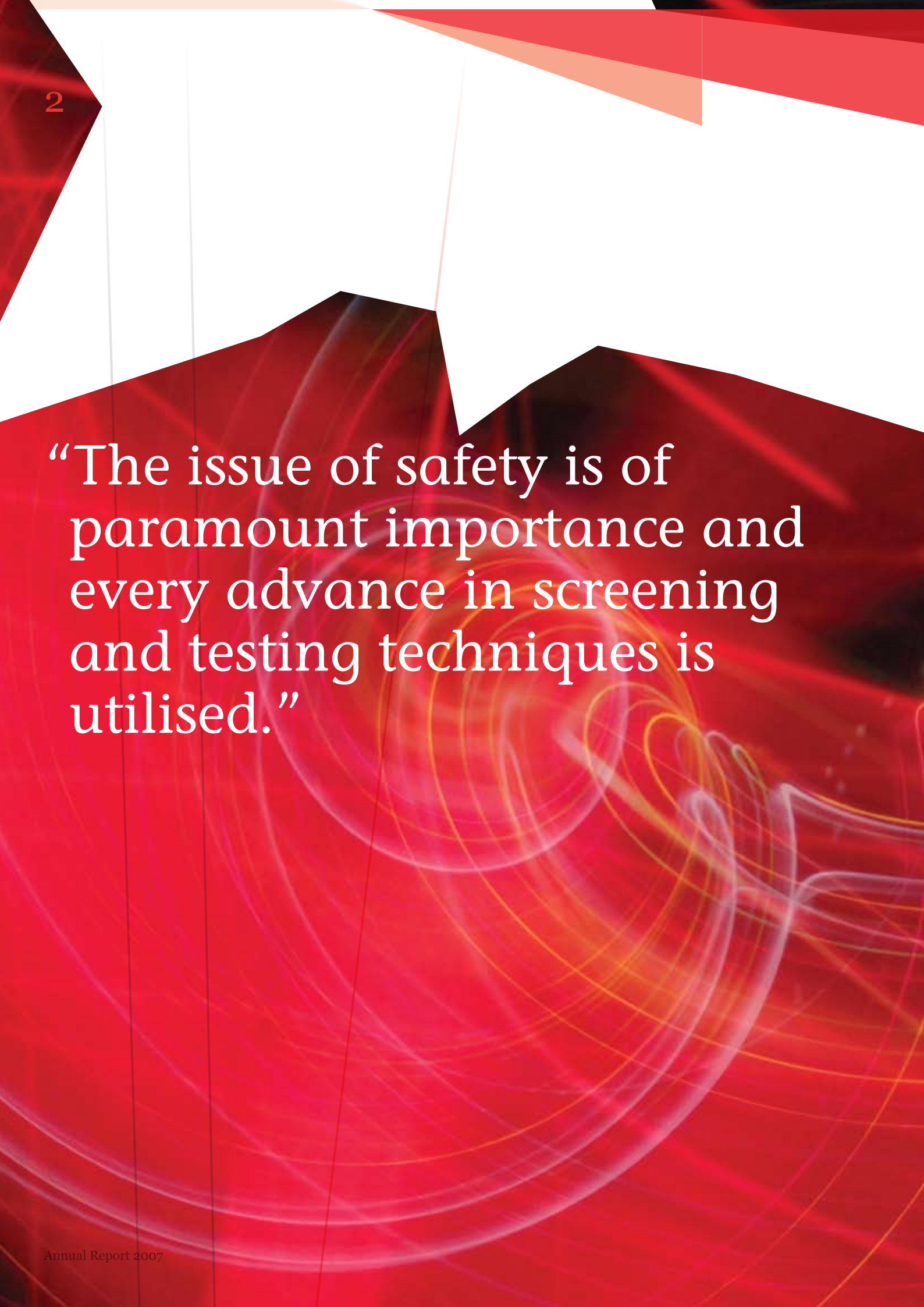
Respect
We will treat our donors, patients, colleagues and all others with whom we interact with consideration and respect

Honesty
We commit to honesty and openness in all our dealings.

Learning
We are committed to ongoing organisational learning, professional and personal development and research

Accountability
We will hold ourselves accountable to the highest professional, personal and public standards

Team work
We commit to working together in a positive and constructive manner



"The issue of safety is of paramount importance and every advance in screening and testing techniques is utilised."

Chairperson's Message

The primary reason why the IBTS exists is to provide world-class safe blood components in sufficient quantities as required by clinicians in our hospitals. We achieved this objective in 2007.

I wish to express my appreciation to the dedication and effort of the staff of IBTS throughout the year in the delivery of this most important national service.

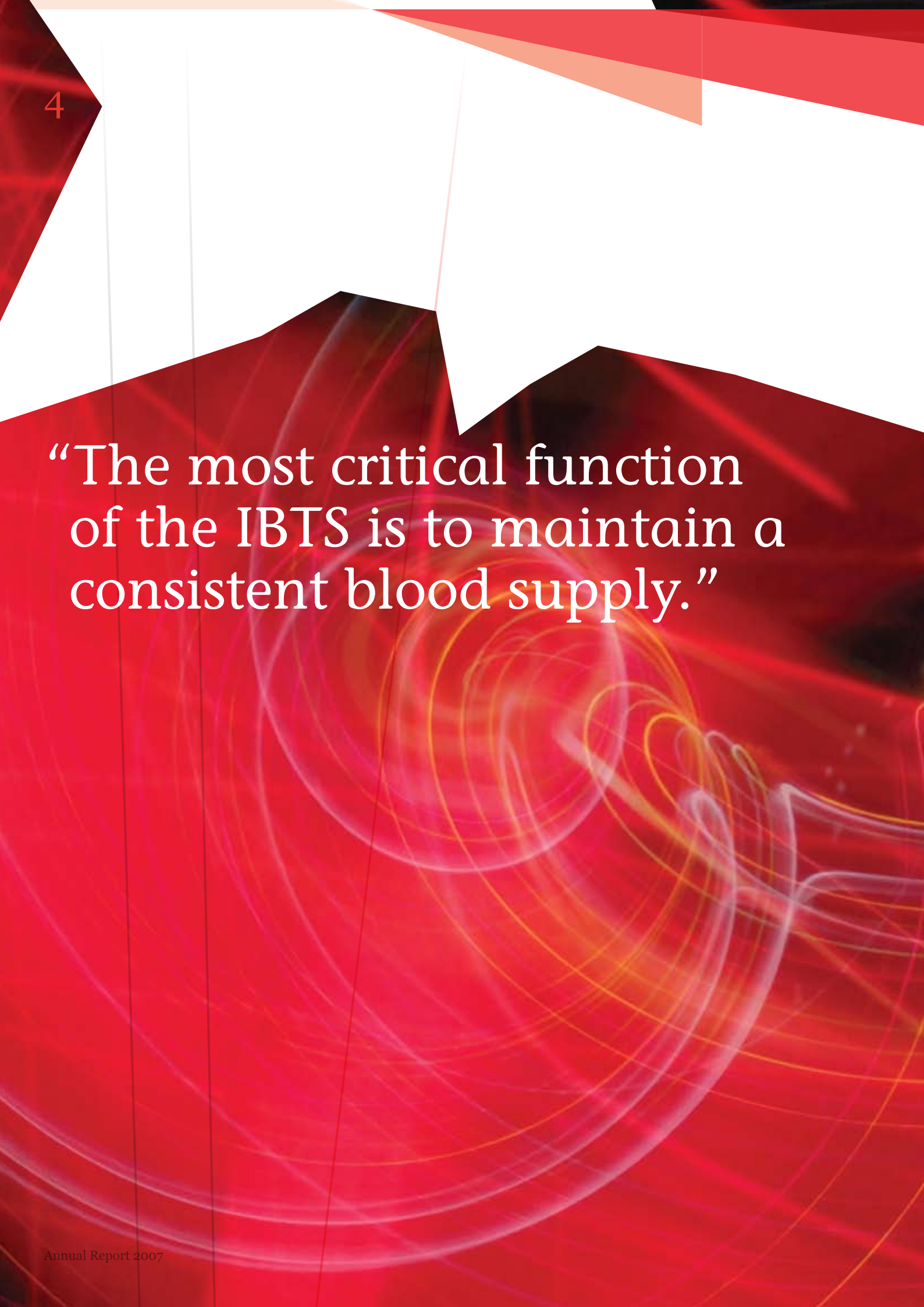
The issue of safety is of paramount importance and every advance in screening and testing techniques is utilised. However, the stringent application of ever advancing safety measures places ongoing pressure on donor supplies.

The voluntary contribution of donors must not be taken for granted. Only 3% of our population are regular donors and this base must be expanded to ensure adequate supplies. We as a Board are committed to increasing public awareness of the importance and the magnificence of their contribution to the Irish health services.

The manner in which we profile the IBTS will become a major consideration for the Board in the months ahead. The unique generosity of our donors is acknowledged and deeply appreciated.

The development of a new centre in Cork remains a priority for the Board and we await a decision from the Minster for Health and Children in this regard. I also wish to acknowledge the contribution and support of Board members during the past year.

Maura McGrath
Chairperson



"The most critical function of the IBTS is to maintain a consistent blood supply."

Chief Executive's Report

I have pleasure in presenting the Annual Report for the IBTS for 2007.

The most critical function of the IBTS is to maintain a consistent blood supply. This is achieved through the generosity of our donors who give the gift of life to those who are ill, require elective surgery and suffer major trauma. For this we are eternally grateful.

Like any other organisation the IBTS is not immune to changes in society both from the social perspective and the economic environment. The forecast for the Irish economy is uncertain and could influence people's willingness to donate. In these circumstances it is incumbent on the IBTS to examine how we conduct our affairs to ensure that we are dealing with the most relevant issues, that we are cognisant of what is happening within our business across the globe and that we do this in the most effective and efficient manner.

Blood Supply

The IBTS were able to meet hospital requirements during 2007. This was achieved despite an increase of 1.16% in the use of red cells and an 8.7% increase in the use of platelets. We have seen a 60% increase in the use of platelets over the past 5 years. In order to forecast future demand the IBTS will have to review the projected number of new cancer cases expected to arise in Ireland over the next decade and devise a strategy to deal with the resulting demand in platelets. It is clear that the current configuration of our platelets service will not be able to meet the expected treatment needs of patients.

A Big Thank You to our selfless and committed donors and their families.

Developments – Science and Technology

There were a number of significant developments during the year which will enhance the service we provide to patients.

The most important of these were:

- Haemochromatosis Programme
- Validation of single donor NAT on TIGRIS
- Introduction of Orbisac for platelet production using Platelet Additive Solution rather than plasma
- BOSS – just commenced at year end. This will provide much needed management information from Progesa in a timely manner

It was planned that eProgesa would be live during 2007 but unfortunately due to a number of persistent difficulties the project was discontinued in March. This

necessitated re-visiting the current version of Progesa and in particular the hardware it was operating on. It was decided to stabilise the current version on new hardware. This project had commenced by year end with a scheduled completion date of March/April 2008.

Quality

One of the hallmarks of quality management systems is lots of paper moving around an organisation. In 2007 we commenced the implementation of the Pilgrim Document Management System. This is a very significant project and will take approximately three years to implement fully. The first phase SmartDoc went live in October 2007 and will certainly make raising change orders and developing/amending SOPs much easier and have a positive affect on the forests.

Organisation Development

The biggest challenge facing the IBTS over the immediate to medium term is implementing major change programmes affecting core areas of our business. This will involve consultation and negotiation with different trade unions. Fundamentally, there will also be a requirement to initiate cultural change so that a new order can be effected which will be conducive to implementing change.

Significant change programmes are underway in the laboratories and donation clinics. When implemented successfully, these changes will improve the level of service to our donors and patients. Some progress has been achieved in 2007 but there will have to be significant progress made in 2008 if real change is to be realised.

One important piece of work completed during 2007 was agreement on a set of values for the IBTS. These are Excellence in Service, Respect, Honesty, Teamwork, Learning and Accountability. The true worth of these will only be seen over time and real adherence will only happen if all staff practice these values in the course of their work. These must be embedded into the workings of the organisation and then must be measured to see how we are living them. This will be done through a survey over the next eighteen months.

The IBTS has been organising training courses over the past number of years but these have been predominately focused on meeting technical requirements rather than on the personal development of staff. We have tendered for a major training and development programme which will reach

across all sections of the organisation and is designed to delivering appropriate management development necessary to implement the significant challenges facing the IBTS.

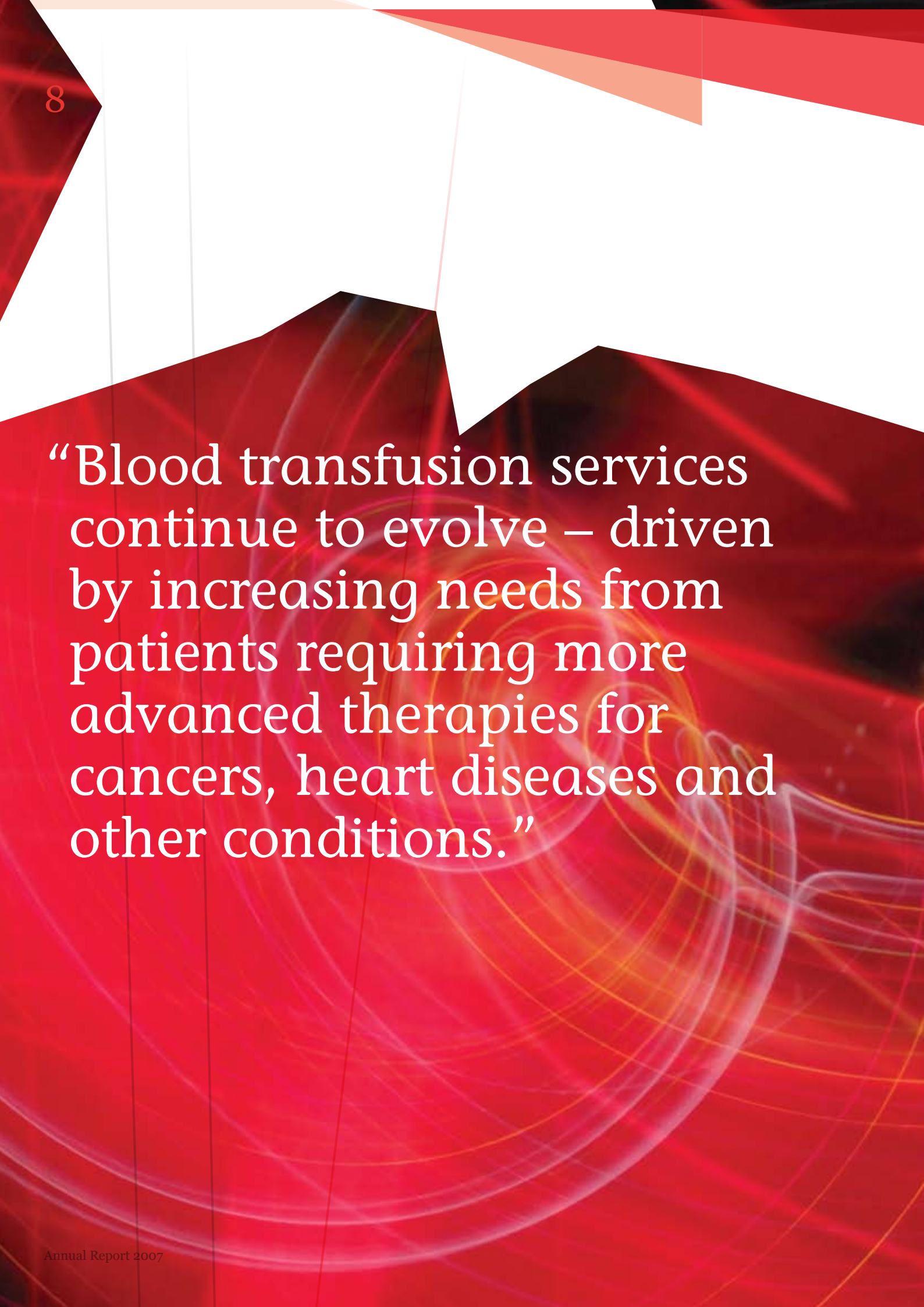
Stakeholder Management

We must continue to work closely with clinicians, hospitals, the health services and all other groups who play an integral part in delivering the highest standard of transfusion service to patients in Ireland.

Finally

I would like to express sincere appreciation to all staff for their commitment and dedication in delivering services to patients and donors. We must continue to strive to be the best we can be and thereby hold the respect of our donors and the trust of patients.

Andrew Kelly
Chief Executive



"Blood transfusion services continue to evolve – driven by increasing needs from patients requiring more advanced therapies for cancers, heart diseases and other conditions."

National Medical Director's Report

Blood transfusion services continue to evolve – driven by increasing needs from patients requiring more advanced therapies for cancers, heart diseases and other conditions, by the aging of the population and the increasing availability of comprehensive health care. No substitutes for transfusions have emerged to date, and none is likely to appear for many years. Concerns about safety will persist as climate change and demographic change alter the patterns of infectious diseases in the world. Concerns about supply will remain, and supply will continue to be met by the extraordinary ordinary people who give of their time in the most meaningful expression of altruism to give blood. Concerns about efficacy, how to make sure that blood and blood components have a consistent and optimised biological activity in the patients who receive them, are beginning to define the directions of the next wave of developments.

Early Developments

In its infancy in the early twentieth century, blood transfusion was performed as a sort of minor operation: the donor, usually a large male, was attached directly to the recipient via a large rubber tube and blood flowed directly from one vein to the other. It wasn't lightly done, and often it was performed as a last ditch attempt to save the life of a bleeding or anaemic patient. Blood loss after childbirth was one of the commonest reasons for doing it. Everything: needles, tubing, scalpels for opening the veins, glassware, were sterilised and reused. The donor was often reused too, and in some cities small lists of volunteers were maintained who could be called upon to come in to the hospitals at short notice to be hooked up to a seriously ill or dying patient. The physicians or surgeons would phone the organiser who would then muster, and often drive around and collect, the donor, and take him – in the early panels it always was a him – to the hospital. It's not clear how the donor eventually got home – but they must have been well cared for, since many of these services ran reasonably successfully for years. There was precious little donor assessment – if you were well nourished, in good health, free of TB and syphilis, and willing to be got out of your bed at any time of the night to have a very large needle inserted in your arm for half an hour or more, that was enough. And blood group O. It saved having to fuss very much about cross-matching or compatibility testing or blood grouping if the donors were all group O.

In time these services evolved into the large blood services that exist today, aided at first by the simple technologies of cold storage and citrate salts to prevent the blood clotting so it could be stored for days, and eventually weeks. The second world war accelerated the development of transfusion services and the science needed to conduct it on a large scale. This evolution continued after the war, and a transfusion service today is a very different thing from ones of the 1940s or 1950s. In the 1970s manufacture and supply of medicines made from donor plasma were the main drivers of change in blood transfusion services – mainly meeting the need for clotting factors and immunoglobulins, often in the presence of a desire for national self-sufficiency that was seen by some as a goal of immense importance. Infectious

diseases took over as the major engine of change in the 1980s, and remain so until the present day, though regulatory changes and product efficacy are beginning to predominate in recent years.

Emerging threats

In 2007 considerable effort was expended in addressing the continually changing threat of infectious disease contamination in blood for transfusion. Crimea-Congo Fever in Turkey, Dengue in many parts of the world, Leishmaniasis in the south of France, testing for South American Trypanosomiasis in blood donors in the USA and Spain, the appearance of Chikungunya virus in Europe near Ravenna in north-eastern Italy, the changing geography of malaria, and concerns about human herpes virus 8 all had to be addressed. A fourth transmission of vCJD through blood transfusion was also reported from the UK at the start of the year, again raising concerns around this disease, and emphasising the need for effective strategies to prevent it being spread by transfusions in the future. Earlier, in 2005 and 2006 we had conducted a trial with University College Hospital Galway with a filter that was designed to remove infectious prions, the agent of vCJD, from blood transfusions. The trial was stopped when additional information showed that the filter was not as efficacious as planned, but in 2007 we were able to begin work with a new prion filter in conjunction with Cork University Hospital. The IBTS remains the only blood service in the world to have progressed to field trials of prion filters.

Haemochromatosis

After a lot of planning, in June 2007 the IBTS was able to welcome people with haemochromatosis as blood donors at the blood centre in Stillorgan, Dublin. Haemochromatosis is a common genetic condition in Ireland – commoner here than anywhere else in the world. People who don't have the gene can turn off the absorption of iron from the diet when the body senses that there's enough on board for the time being. People with the gene don't have that capability. They go on accumulating iron in their body tissues even though they have plenty already; if this accumulation goes too far the iron causes tissue damage leading to liver damage, heart disease, diabetes and more. The Irish inherited the gene from the Vikings to begin with, and it may have been a good thing to have during the mediaeval period and beyond, when diet was low in iron. Then, anyone who could better hold onto whatever iron appeared in the diet could have been at an advantage over the rest. Haemochromatosis is treated, once it's recognised, by regular blood-letting. This is one of only two conditions where this once almost universal medical "treatment" actually works.

People with haemochromatosis can therefore make excellent blood donors, provided that they meet the stringent requirements that all donors have to face. Blood donation makes a lot of people feel good: about themselves, their health, their commitment to community; for people with haemochromatosis that applies too, but with a little bit extra. The clinic for haemochromatosis donors ran well

throughout the year and will be continued as a permanent feature. The IBTS will extend it in the coming years: the idea is that everyone who is diagnosed with the condition can become blood donors if they wish, again providing that they are otherwise eligible. Because some of the mechanics around the donation are different from standard donations (for example we have to keep treatment records for the referring hospital or doctor to ensure that the donors are comprehensively followed up through the years), we will keep these clinics separate for the time being.

This adds to the cost of the service, but this is more than offset by the act that outpatient treatment time is freed up at the referring hospitals, the donors have their phlebotomy in pleasant, out-of-hospital surroundings, and the donated blood goes for essential clinical use. By the time this programme has been extended throughout the country in the years to come, we estimate that around 6,000 people with haemochromatosis will be regular donors at the IBTS, providing around 20% of the national need between them for blood for transfusion in hospitals.

Dr William Murphy
National Medical Director
MD, FRCPEdin, FRCPath


"The IBTS needs 3,000 donations a week, every week, to maintain supply to Irish hospitals."

Optimising use of the donor's precious gift

The IBTS needs 3,000 donations a week, every week, to maintain supply to Irish hospitals. Donor Services is charged with the responsibility of organising clinics and ensuring that sufficient numbers of people attend those clinics to meet that target.

Town on Call

The Town on Call campaign was a project designed to increase attendance throughout a selection of mobile clinics around the country. Ballina, Carrigaline, Dundalk, Newcastlewest, Wexford and Malahide all took on the challenge to increase attendance at clinics by 20%. The campaign involved creating a local committee which would advocate the scheme and promote the clinic. Posters, brochures, door drops and local advertising were used to publicise the special clinics. Town on Call tapped into the sense of community spirit shown in other events such as the Special Olympics and the Tidy Towns competitions. Thanks to the hard work and commitment of the Town On Call committees and the clinic staff the campaign was a great success with an average increase in attendance of 32%.

Bloodmobile

2007 marked the launch of the Bloodmobile, the IBTS's newest and most innovative mobile clinic to date. The Bloodmobile is a custom fitted truck that facilitates blood donation aboard. It visits workplaces in the greater Dublin area and allows people to donate during working hours. The Bloodmobile was launched in September of 2007 during Blood for Life Week and has already proved a great success visiting over 80 companies to date. Not only does the Bloodmobile provide a convenient venue for people to give blood, it also helps companies to fulfil their corporate responsibility.

Donor Awards

Every year, the IBTS organises a number of awards ceremonies around the country to recognise the precious gift donors make when they give blood. These ceremonies are marked by the presentation of a gold drop for 50 time donors or a porcelain pelican for 100 time donors.

Recipients of blood and blood products are often invited to speak, to tell their story about what the donor's gift means to them and their families.

Awards ceremonies were held in Dublin, Cork, the South East, North East and the Mid West. In total 661 donors were presented with a gold drop for fifty donations and 86 donors were presented with a porcelain pelican for 100 donations.

Research

During the year the marketing team carried out research to find out how our donors felt about the donation process. The results showed an overwhelming satisfaction rate with 71% of donors deeming the professionalism and friendliness of the staff as excellent. 79% of donors said that "blood donation is very important to me". And 66% of donors felt that they were valued and appreciated for their vital contribution.

The research provides us with a valuable insight into our relationship with donors, identifying areas for improvement in the way we interact with and serve our donors.

Schools Programme

As part of our continuing endeavours to raise awareness of blood donation among young people, the marketing team has implemented a schools programme. This involves visiting senior cycle classes in secondary schools and showing them a presentation and DVD about giving blood. In 2007 we visited 47 schools and spoke to over 2,800 students from all over the country. The schools programme is an effective method of educating and informing young people about the importance of giving blood.

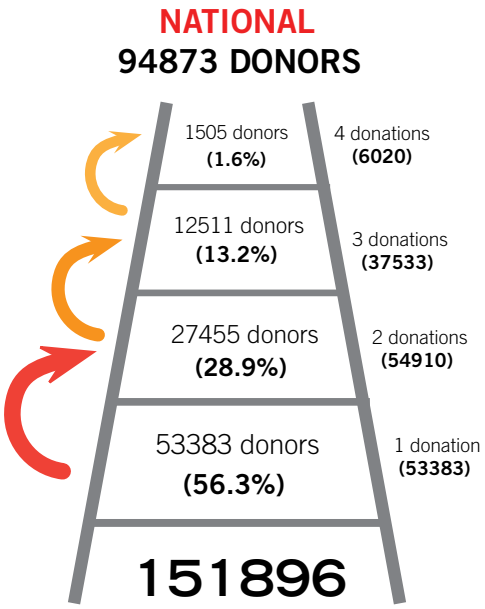
Corporate Partners

The IBTS is proud to have Vodafone Ireland as our main corporate partner. In 2007 Vodafone provided the IBTS with one million free texts to communicate with our donors. The text messages Vodafone provide are instrumental in motivating donors to attend clinics. Vodafone also supported the launch of the Bloodmobile during 2007.

11890 also provided support to the IBTS by promoting blood donation in the thousands of text messages they send out every day. The corporate sponsorship the IBTS receives from Vodafone Ireland and 11890 is invaluable in assisting us in accessing and communicating with donors and non donors.

Loyalty Ladder

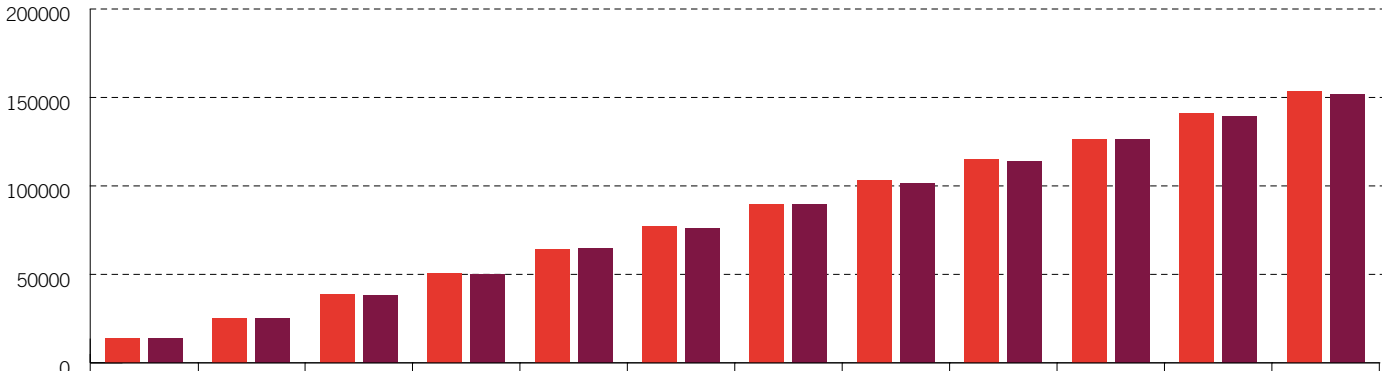
The loyalty ladder is a method of identifying how many donors attend and how many times they attend a year. In 2007 there were 151,896 donations from 94,873 donors. Over 55% of donors donated once in 2007 with only 1.6% of donors donating the maximum of 4 times. The average amount of donations per donor is 1.6 times. This illustrates the need to turn one time donors into regular donors in order to maximise the potential in our existing donor base.



WHOLE BLOOD DONATIONS
1 JAN '07 - 31 DEC '07

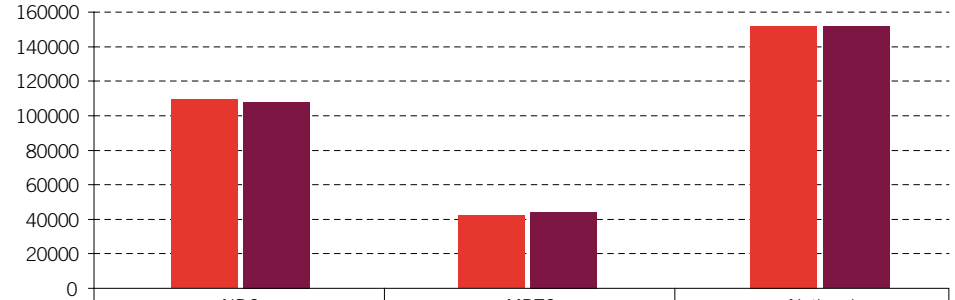
1.6 times approx

NATIONAL 2007 VS 2006 CUMULATIVE DONATIONS



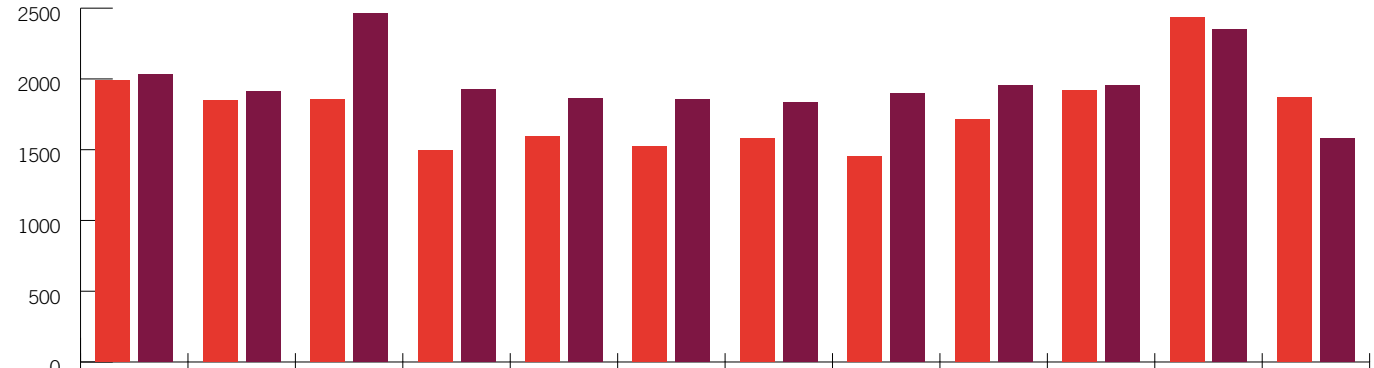
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007	13835	25302	37978	50126	64619	76218	89403	101740	114153	126509	139337	151896
2006	13647	25199	38575	50637	63983	77022	89342	102963	115051	126355	140828	151728

2007 VS 2006 CUMULATIVE DONATIONS



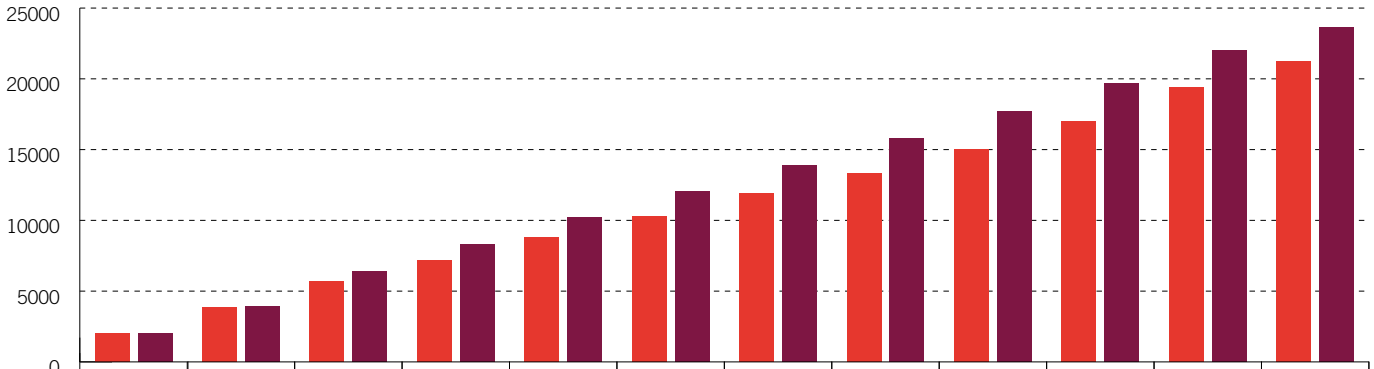
	NBC	MRTC	National
2007	109553	42343	151896
2006	107758	43970	151728

NEW DONORS NATIONAL COMPARISON 2007 VS 2006



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007	1986	1848	1855	1493	1595	1522	1582	1449	1712	1919	2431	1866
2006	2034	1914	2462	1926	1860	1853	1833	1898	1954	1955	2350	1581

NEW DONORS NATIONAL 2007 VS 2006 CUMULATIVE



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007	1986	3834	5689	7182	8777	10299	11881	13330	15042	16961	19392	21258
2006	2034	3948	6410	8336	10196	12049	13882	15780	17734	19689	22039	23620

Hospital Services

Hospital Services provide the essential link in the chain between the hospitals and the IBTS. This department is responsible for the safe and secure distribution of all products released for treating patients.

Blood and Blood Products Issued

Product	2007	2006	2005
Red Cells & Whole Blood	140,089	138,540	139,314
Platelets - Therapeutic Doses	22,123	20,355	19,777
Frozen Plasma	639	707	455
Octaplas	22,478	25,425	24,880
Cryo Depleted Plasma	-	1,143	291
Cryoprecipitate	2,429	1,984	1,765
Factor VIIA (xIU)	526,260	519,600	424,080
Anti Thrombin III (x IU)	2,500	48,376	79,850
Factor VIII Recombinant (x IU)	25,491,000	22,641,750	21,031,000
Von Willebrand Factor (x IU)	1,303,000	478,500	543,000
Factor IX Recombinant (xIU)	9,198,800	8,570,370	10,970,280
Prothromplex (x IU)	520,200	537,600	459,600
Factor XIII	6,000	7,500	9,750

"The IBTS processing and testing laboratories operate to the highest standards, taking the donor's gift and turning those donations into blood components and products ready for transfusion."

Operating in an environment of continuous change

The IBTS processing and testing laboratories operate to the highest standards, taking the donor's gift and turning those donations into blood components and products ready for transfusion.

Components

During the year a new automated system for the production of pooled platelet concentrates from donations was introduced. The system known as Orbisac, allows for the automated pooling of platelets from four donations in a closed environment. The platelets are suspended in an additive solution known as PAS (platelet additive solution). This helps to preserve the platelets and ensure their viability in a reduced plasma environment.

Automated Donor Grouping Laboratory

The ADG laboratory continually strives to introduce the most up to date testing techniques and expand the number of red cell antigens that can be routinely typed. These tests improve not only the safety of red cell products, but also increase the efficiency of providing red cells of rare or complex phenotypes in response to specific requests from hospitals.

Over the last year red cell units have been made available for several cases, where the frequency of that particular cell type in the donor population would be less than 1 in 1000. In real terms this means that if every donation was typed, only 3 donations per week would be suitable for such cases. Whereas, with selective typing and good stock management, in most cases units can be provided out of current stock for emergency issue.

During the year, screening for the haemoglobin S trait (HbS/A), the haemoglobin associated with sickle cell disease was introduced. All red cell units for transfusion to neonates and sickle cell patients are now tested for the haemoglobin S trait and issued with negative red cell units. This screening is important not only for the recipient, but also from a donor care perspective and allows the early identification of donors, who may be unaware that they carry the sickle cell trait. Up to date information and advice is then made available to these donors, so they are aware of all aspects and implications of the sickle cell condition.

Virology

The virology laboratories receive a clotted serum 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 the latest cGMP (good manufacturing practice) compliant equipment. When all tests are complete and if satisfactory results are obtained, the unit is cleared and labelled for issue provided it is also negative for Nucleic Acid testing.

The quality of the testing system is ensured by using standards from the 'National Institute of Biological Standards and Controls', as 'go/no go' controls on all testing runs. This ensures that equipment is functioning to the highest standard. The laboratory participates in a

monitoring programme which allows IBTS to compare results to Blood Centres in the UK. The laboratories also participate in the surveillance programme run by National Blood Service/Health Protection Agency. The reactive rates for testing kits and confirmatory results using various lot numbers of reagents with the National Blood Authority are monitored. A notifying report is generated which details assay performance and trends in reactive rates.

The virology laboratories participate in two proficiency programmes, one circulated by the National Institute for Biological Standards and Control in the UK and the second by VQC-Acrometrix in association with National Serology Reference Laboratory (NRL, Australia).

The following serology tests are carried out in the virology laboratories and are mandatory for all donations.

- Hepatitis B surface antigen (HBsAg) and antibody to Hepatitis B core
- antibody to Human Immunodeficiency Virus 1/2
- antibody to Hepatitis C virus
- antibody to Human T-Lymphotropic Virus I & II
- antibody to Cytomegalovirus
- antibody to Treponema Pallidum the causative agent of Syphilis

Selected donations are tested for Cytomegalovirus (CMV) in order to have a supply of Cytomegalovirus negative donations for those patients who need it e.g. immunocompromised patients. A serum sample (archive sample) is also stored frozen from each donation. The laboratories perform screening tests for viral markers for various departments within the IBTS, including bone marrow donors, stem cell donors, heart valve donors and samples from recipient tracing testing programmes.

Diagnostics/Crossmatch laboratories

The Diagnostics/Crossmatch laboratories at the NBC and the Cork Centre provide red cell immunohaematology and antenatal services for hospitals nationwide.

The 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).
- Prevention of HDN by 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, neonate suitable). In total, over 15,000 samples were referred for diagnostics/crossmatch services to these laboratories in 2007.

The NBC diagnostics laboratory imported 62 units from Rare Donor Programmes in the UK, Sweden and the USA, to cover transfusion requirements, where suitable blood was not available from Irish donors.

National Histocompatibility and Immunogenetics Reference Laboratory (NHIRL)

This national reference laboratory provides a comprehensive range of clinical testing services designed to support the allogeneic haematopoietic stem cell transplantation (HSCT) programmes at St. James's Hospital and Our Lady's Hospital for Sick Children, Crumlin. The laboratory HLA types all patients and donors prior to transplantation to aid donor selection. The laboratory uses exclusively molecular methods such as PCR-SSO and PCR –SSP to define the genes that encode the HLA molecules. This technology gives a high level of resolution and improved HLA allele definition. The laboratory provides an immunogenetics support service for the Irish Unrelated Bone Marrow and Platelet Registry (IUBMR) and for the laboratory investigation of alloimmune thrombocytopenias.

The laboratory has performed several studies with Irish hospitals to demonstrate the role of HLA genes in disease susceptibility and provides a routine disease association HLA typing service. In addition, a platelet immunology service for the serological investigation of neonatal alloimmune thrombocytopenia (NAITP), post transfusion purpura (PTP), platelet refractoriness, alloimmune thrombocytopenias and adverse transfusion reactions is also provided. The laboratory conducts statistical analysis and publishes Irish population frequency data.

The laboratory also has an extensive quality assurance programme including participation in both internal and external proficiency testing programmes for HLA typing, HPA genotyping and HLA/HPA antibody investigations. The NHIRL was first accredited by the European Federation for Immunogenetics (EFI) in 2001. The laboratory was inspected by EFI in November 2007 and successfully renewed its accreditation status for HSCT (both related and unrelated transplants), disease association studies, transfusion, DNA typing and HLA antibody testing.

The number of samples referred to the NHIRL for testing has increased by 61% since 1999. By far the most significant trend was the record number of unrelated transplants performed for Irish patients in 2007 (33), a 250% increase on 2006. In addition, there was also a 25% increase in the number of high resolution HLA typings performed when compared to 2006. There was a 41% increase in the number of samples tested for disease association studies. This can be largely attributed to the testing of HIV positive patients for carriage of the B*5701 allele which is

associated with a hypersensitivity reaction to a drug therapy.

The NHIRL now routinely performs HLA Matchmaker algorithm searches to aid the identification of suitably HLA–A, B matched platelets for patients with alloimmune platelet refractoriness. The laboratory has now completed HPA phenotyping all the current NBC plateletpheresis panel and has HLA-A, B typed the active donors for the provision of matched platelets. Two new HLA alleles were identified in the laboratory in 2007 – B*1826 and B*3578.

NAT Laboratory

The Nucleic Acid Testing (NAT) laboratory located at the NBC brings cutting edge technology to current blood screening practices by combining advanced Nucleic Acid testing technology within a unique, single-tube system. Current available screening technologies are designed to detect antibodies to a virus or surface antigens. However these infection indicators leave a small residual risk for disease transmission. NAT detects very low levels of viral RNA that may not be detectable through current approved serological assays during the very early stages of an infection.

The NAT laboratory tests all donations using the Chiron Procleix HIV-1/HCV Assay. This assay is a qualitative in-vitro nucleic acid testing assay system for the detection of human immunodeficiency virus type 1 and/or hepatitis C virus RNA in human plasma. This assay is highly sensitive and specific for viral nucleic acids and is capable of detecting infection earlier than other screening methods, thus narrowing the window period. An archive sample is retained on all donations.

Prevention of cross-contamination within the laboratory itself and also between processed samples is critical to the success of NAT testing.

Every donation collected in 2007 was tested in the laboratory and there was no requirement to invoke the contingency testing plan which the IBTS has with the Scottish National Blood Transfusion Service. The NAT laboratory participates in two proficiency programmes, one circulated by the National Institute for Biological Standards and Control in the UK and the second by the National Serological Reference Laboratory, (NRL Australia)

The NAT laboratory also participates in a QA programme (EDC.net) provided by the NRL, Australia, which is regarded as a world leader. The NRL is a WHO Collaborating Centre and its Quality Control programmes provide a mechanism for laboratories to monitor the day to day quality of their testing processes.

The NAT laboratory runs an Internal Competency Scheme where the competency of each operator to perform the Procleix HIV-1/HCV assay is assessed each quarter and a statistical process monitoring programme is in place.

An evaluation of the Chiron Procleix Ultrio Assay and Tigris testing system at the NBC NAT Laboratory was completed in 2007. The Ultrio assay is a qualitative NAT assay for the simultaneous detection of HIV-1

RNA, HCV RNA and HBV DNA in human plasma. It is a modified version of the Chiron Procleix HIV-1/HCV assay, which is currently in use at the IBTS. The assay was modified to include the amplification and detection of HBV DNA. The inclusion of HBV DNA detection in the assay provides the blood supply with an additional margin of safety.

"In a highly regulated environment, the challenge for all IBTS staff is to respond to the ever more demanding regulations, while meeting those exacting standards."

In pursuit of excellence

Quality Assurance

Safety and Quality are at the centre of our activities. In a highly regulated environment, the challenge for all IBTS staff is to respond to the ever more demanding regulations, while meeting those exacting standards.

Continued compliance with regulations was a priority for IBTS Blood Establishment activities during 2007. The second annual report in compliance with SI 360 of 2005 to the Irish Medicines Board was prepared and filed at year end on the diverse IBTS activities covering donations collected, donations not used, quantity of products issued and recalled.

The licensing of the IBTS as a Tissue Establishment was progressed during 2007. The first inspection by the IMB of the IBTS as a Tissue Establishment took place in June. As a result of satisfactory close out of inspection findings a Tissue Establishment license was issued. The license (#TE 012) issued by the IMB for tissue activities covers ocular tissue, cardiovascular tissue and cord blood.

There were 5 inspections of the IBTS Blood Establishment activities carried out by the IMB at the National Blood Centre, the Cork Centre, D'Olier Street fixed clinic and some Mobile units. In general, compliance was found satisfactory with the exception of 2 major issues raised during the Cork Centre inspection which highlighted major shortfalls in relation to product traceability and personnel/organisation.

As part of the drive to integrate ICT into all areas of business, QA championed the introduction of an Electronic Quality Management System (EQMS) with the first electronic signature of change orders in October. This initiative of converting all SOPs into electronic format will continue with other documents and thus ensure a more user friendly, accessible, transparent system of documentation. There are future plans to introduce further electronic modules as part of EQMS that will convert current manual based training systems and CAPA systems into electronic format.

With the advent of SI 360 of 2005 (Regulations on Quality and Safety of Human Cells and Tissues), the IBTS as a Blood Establishment has instigated a haemovigilance reporting system, reporting on SARs and SAEs to the NHO. During the year, there were 12 SARs reported by the IBTS to the NHO from the Cork Centre and 18 SARs and 2 SAEs reported by the NBC to the NHO. The NHO evaluates these reports for imputability and reports onwards to the IMB.

As part of the change process, the Quality Management System (QMS) operates a change control/change order system which captures process, product, equipment and related changes that may have an impact on product safety or service provided by the IBTS. During the year, there were 354 such changes raised nationally. These changes include the introduction of major/significant changes such as pathogen inactivation technologies, EQMS and new blood bag systems.

The capturing of non-conformances within the IBTS is a very active system covering non-adherence to the documented processes and procedures. The main thrust is that through proper root cause

analysis, appropriate preventative and corrective action is identified and effectively implemented to prevent reoccurrence. The regular monthly quality meetings in both the Cork Centre and NBC ensure the major non-conformances are reviewed and communicated with a view to effecting system improvements.

There were 1137 non-conformances raised in the NBC during 2007, approx. 10% were considered as major.

The Cork Centre raised 612 non-conformances, with 19% classified as major. Close out of non-conformances is a QMS metric within IBTS, monitored through monthly meetings.

The IBTS product recall system is operated in the main on receiving post donation information from donors, and also to ensure that product which has flagged positive on the bacterial screening test is rapidly recalled.

There were 270 product recalls instigated by the NBC, with 74% due to post donation information received or suspected bacterial screening test positive during the year. Similarly with the Cork Centre, there were 97 product recalls, with 78% due to post donation information received or suspected bacterial screening test positive.

There is a formal documented customer complaint system within the QMS, which captures external customer complaints concerning products and service. During the year, there were 966 product complaints received by the NBC including 270 product recalls, 70% of which comprised of DAT positive products returned, post donation information and suspected bacterial screening test positive. For the Cork Centre, there were 177 product and service complaints, with 67% comprised of transfusion reactions, defective product and donor grievance complaints.

Eighty validation plans were raised covering the introduction of major changes like Orbisac technology and 150 change control plans dealing with control of ongoing change to equipment, software, hardware and processes. Through a training and development programme the IBTS assures currency of knowledge, skill and GMP compliance.

There was extensive training carried out for advanced and basic users of the EQMS system to allow transfer to the electronic system. A number of additional QA personnel also completed Internal Auditor (QS) training.

The internal audit programme covered a total of 41 individual audits. Activities covered mobile clinics, production and testing. There were a total of 9 external vendor audits conducted by quality during the year, covering suppliers of tissue, blood bags and critical consumables.

Supporting best practice in patient care

The IBTS is home to a number of other services that work directly with hospitals and have a major impact on the development of patient care, in terms of education and best practice. These are the National Haemovigilance Office, the Irish Unrelated Bone Marrow Registry and the Therapeutic Apheresis Service.

National Haemovigilance Office

In the seven years of its operation, (2000 - 2006) a total of 1,348 serious adverse transfusion reactions/events have been reported to the National Haemovigilance Office (NHO).

Serious Adverse Events (SAEs) and Incorrect Blood Component Transfused (IBCT)

The NHO collects SAEs relating to the quality and safety of the blood which are mandatory under the EU Blood Directive 2002/98/EC and non mandatory SAEs termed Incorrect Blood Component Transfused (IBCT) which relate to errors in the clinical areas and are reportable under professional responsibility. The total number of IBCT/SAEs reported in 2006 was 187 representing 61% of all incidents (187 of 304). Thirty two of these events (17%) were mandatory SAE.

Serious Adverse Reactions (SARs)

In 2006, 117 SARs were accepted by the NHO. The majority of these were in the categories of Acute Allergic, Anaphylactic Transfusion Reactions and Febrile Non-Haemolytic Transfusion Reactions.

Eight cases of Suspected Transfusion Transmitted Infection (STTI) were reported and investigated. Transfusion transmitted infection was excluded or considered unlikely in seven cases but possible in one case of bacterial contamination associated with platelets.

European Haemovigilance Seminar – Dublin

The 9th European Haemovigilance Seminar was held in Dublin Castle on the 27th and 28th February hosted by the NHO and IBTS.

The Seminar was the first held following full implementation of EU Directives 2002/98/EC and 2005/67/EC. The main themes of the seminar reflected how the requirements of the EU Directives were being implemented in different European countries and the implementation of Haemovigilance internationally. In addition, it focused on education initiatives and appropriate blood usage, especially in view of the risks posed by emerging threats such as variant Creutzfeld Jakob Disease (vCJD). The seminar was open to everyone with an interest in haemovigilance and blood transfusion safety. The conference was very successful with over 240 delegates from 29 countries attending the event to hear speakers from Ireland, UK, Europe, Japan and the USA.

Review of Haemovigilance in Ireland

Following his review of haemovigilance in Ireland during a three day visit in 2006, Dr. Paul Strengers, past-president of the European Haemovigilance Network (EHN), presented his report to the Department of Health and Children (DOHC) in January, 2007. He found that compared to other EU Member States, the haemovigilance system in Ireland was well developed.

The Haemovigilance Handbook

The Haemovigilance Handbook; Requirements for reporting Serious Adverse reactions and events to the National Haemovigilance Office was compiled by the NHO to assist hospital based haemovigilance staff to report adverse transfusion reactions and events to NHO, and assist in compliance with the mandatory reporting requirements of Directives 2002/98/EC and 2005/61/EC. The handbook remains in draft format available on the IBTS website until definitions have been agreed at EU level. The draft handbook was presented at a workshop in the National College of Ireland as part of a series of information meetings relating to the EU Blood Directive.

eLearning

An elearning programme was developed by the Effective Use of Blood Group of the Scottish National Blood Transfusion Service designed to assist practitioners involved in the transfusion process to provide high standards of care to the patient. The Irish Blood Transfusion Service purchased the rights to use this e-learning programme in Ireland. Three training days were organised by the NHO and the pilot project commenced in September. Based on the findings of this pilot, guidelines will be developed to assist roll out for Irish hospitals for implementing the elearning system.

DCU Modules

The education initiative with Dublin City University DCU for health care workers interested in haemovigilance practice continued with both professional development modules “Understanding and Management of Blood Transfusion in a Haemovigilance context” and “Haemovigilance Blood Transfusion Nursing” fully subscribed.

Publications

In 2007, Vox Sanguinis published an article based on the results of the Near Miss Project 2003–2005 entitled “Seven Hundred and Fifty Nine (759) Chances to learn: a 3-year pilot to analyse transfusion-related near-miss events in the Republic of Ireland” ref: 2007 92 233-241. This article compiled and analysed data collected under a three year research project into Near Miss events in a number of Irish hospitals and was sponsored by an IBTS grant.

Tissue Bank

The Tissue Bank at the NBC consists of an Eye Bank, a Homograft Heart Valve Bank and a Directed / Sibling Cord Blood Bank. All processing takes place in a purpose built GMP clean room facility at the National Blood Centre.

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 to ophthalmic surgeons. The ophthalmic director of the Eye Bank is Mr. W. J Power M.C.h, MRCPI. F.R.C.S. (Glasg) F.R.C. Ophth and the medical director is Dr. William G. Murphy, MD, FRCPEdin, FRCPath.

The Heart Valve Bank processes and cryopreserves human cardiovascular tissue on behalf of the MMUH. The Cardiothoracic Director of the bank is Mr. A.E. Wood.

Therapeutic Apheresis

The IBTS provides a demand led therapeutic apheresis service on location at major hospitals in Dublin and Cork.

The respective teams are led by an IBTS consultant haematologist and treatments are managed and administered by specially trained therapeutic apheresis nurses. The procedures are carried out at the patient's bedside using mobile apheresis equipment.

The procedures performed are,

- Plasma Exchange
- Red Cell Exchange
- Leukoreduction
- Red Cell Depletion
- Platelet Depletion

Case Load

The following table shows the total procedures carried out in 2007, the majority being plasma exchange (96%).

Procedure Type	Procedures 2007	Procedures 2006
Plasma Exchange	416	578
Platelet Depletion	4	1
Red Cell Exchange	4	2
Leukodepletion	3	2
Red Cell Depletion	0	0
Total	**427**	**583**

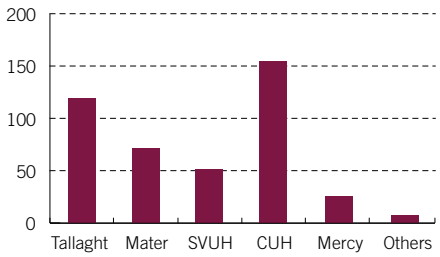
Procedures by Hospital

Requests for treatment are received from hospital Consultant/ Registrar.

Each case is assessed by IBTS Registrar.

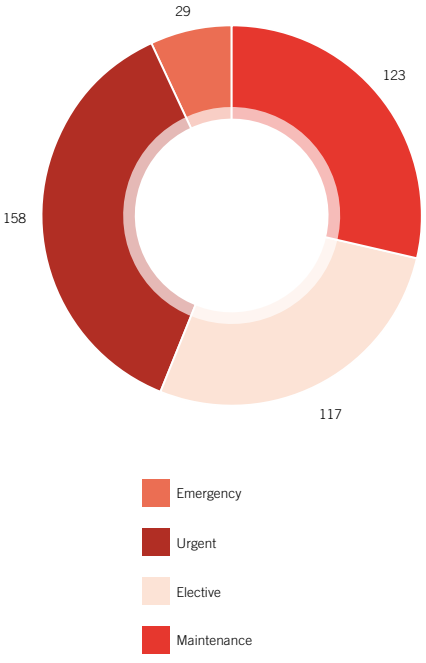
Hospital	Quantity	Percent
Tallaght	119	28%
Mater	71	16.50%
SVUH	51	12%
CUH	154	36%
Mercy	25	6%
Others	7	1.50%
Total	**427**	**100%**

PROCEDURES BY HOSPITAL



Classification of procedures

There are four classifications of procedure; Emergency, Urgent, Elective or Maintenance. The graph below illustrates the number of cases treated under each category.



Activity Analysis

In 2007 the total amount of emergency/ urgent cases carried out on weekends and bank holidays accounted for 44% (n=187) of all cases performed.

Irish Unrelated Bone Marrow Registry

The Irish Unrelated Bone Marrow Registry (IUBMR) was established in 1989 to provide a panel of volunteer donors for Irish and International patients requiring stem cell transplantation as a curative therapy for some malignant haematological conditions such as leukaemia and for some inherited metabolic disorders. The vast majority of Irish patients who do not have a sibling donor will find suitably matched donors either on the Irish or international bone marrow/stem cell donor panels.

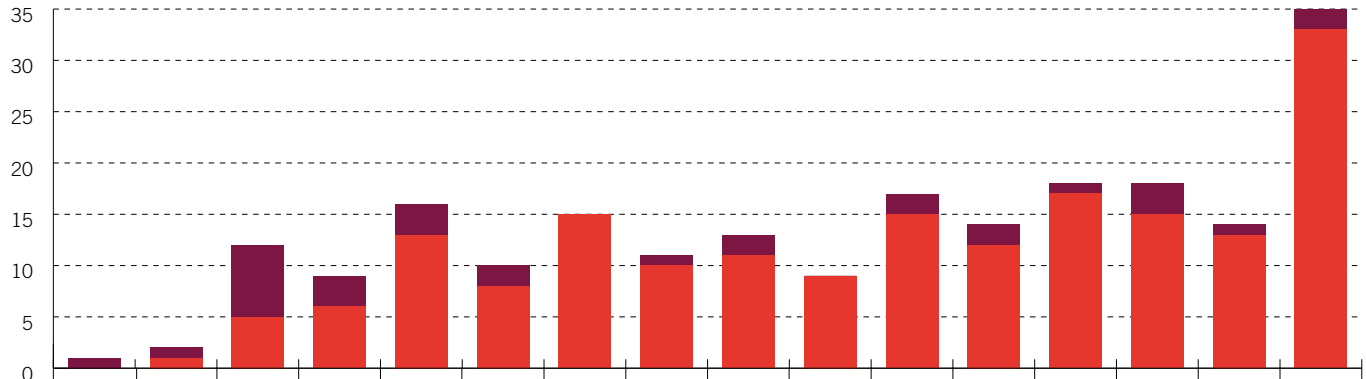
To date the IUBMR has facilitated 217 transplants. Of the 217 transplants, 186 were for Irish patients and 31 for international patients. During the year, the registry facilitated 35 transplants on behalf of Irish (33) and International (2) patients.

Registry activities

In March the registry achieved accreditation by the World Marrow Donor Association (WMDA). The WMDA sets international guidelines and operational standards for bone marrow registries for the collection and transfer of haemopoietic stem cells. The IUBMR was only the 8th Registry to achieve accreditation out of 60 stem cell registries worldwide.

Because of the increasing success of unrelated stem cell transplantation due to highly sensitive DNA methods of tissue typing and changes in conditioning therapy, more adult patients are being considered suitable for transplantation. This led to a marked increase in the number of patient and donor samples processed by the National Histocompatibility and Inmmunogenetics Laboratory and a 250% (13 in 2006 to 33 in 2007) increase in transplants in Irish patients facilitated by the IUBMR. Thirty

IUBMR TRANSPLANTS FACILITATED FROM IRISH AND INTERNATIONAL DONORS 1992-2007



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
NAT	0	1	7	3	3	3	0	1	2	0	2	2	1	3	1	2
I'NAT	1	1	5	6	13	8	15	10	11	9	15	12	17	15	13	33

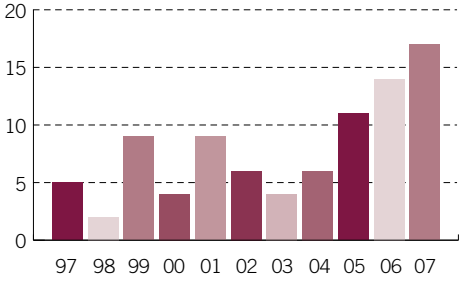
donors were from international registries, there were 5 Irish donors during the year, 3 of the donors were for Irish patients and 2 for international patients.

Directed Cord Bank

The IBTS runs a small related cord bank which facilitates the collection and cryopreservation of cord donations for a sibling of the newborn that has a condition for which a stem cell transplant may provide a cure. 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.

The collection of the cord blood unit must be requested by a bone marrow transplant physician. The number of collections has continued to rise yearly since 2004 and during 2007, 17 cord units were collected and processed. The IMB inspected the cord bank as part of the IBTS Tissue Licence inspection in June.

HPC-C COLLECTED 1997-2007



Implementing change and delivering efficiencies

The Human Resources function has continued its focus on realigning the IBTS internal working arrangements with the needs of our donors and patients throughout the year.

This realignment of services has been informed by the following:

- IBTS Business Strategy 2005-09
- Market research on international best practice
- Surveys carried out with our donors

The key projects under this realignment process are our Laboratory Review, Donation Process Review, Transport Review and the review of services in D'Olier Street.

The focus of these projects is the development and enhancement of service delivery to our patients and donors. We wish to ensure that these services are delivered in an efficient and effective manner, while preserving the special relationship we have with our donors who are critical to the service we provide.

A further focus of this realignment is the development of an organisation that fosters a culture of continuous change, where a proactive, timely approach to delivering a quality service is central to our ethos.

Central to this process is the link between our mission and our strategy, which is our commitment to excellence in meeting patient's needs through the professionalism of our staff and the generosity of our donors by the provision of a safe, efficient and effective service.

We have continued with an extensive communications programme to staff, which has been delivered through our partnership forum, team briefings, newsletters and finally through our industrial relations process. Important work has been carried out on roles and responsibilities within our clinic teams with the aim of developing cross functional multi-disciplinary teams.

Our progress in delivering this change, however, is slow. A significant contributory factor to this is our heavy reliance on engagement and negotiations which are complex and lengthy. We are pursuing a collective agreement with the aim of addressing this issue. In the interim, we will continue to actively pursue the changes we require through the existing industrial relations machinery.

As part of our learning and development strategy we have developed a Learning and Development Plan which spans across the entire organisation. This strategy is intended to support the realignment of services and to develop a culture of best practice management. A tender process will be completed in early 2008.

The development of the human resources management information system has been a priority in 2007, with the roll out of the time and attendance module. It is intended to commence this system in the NBC in Dublin. This will automate attendance records and will, in time, lead to automated payroll returns.

The launch of our corporate values in the autumn of 2007 was a significant milestone. The six values are, Excellence in Service, Teamwork, Respect, Honesty, Learning and Accountability. These values provide a key foundation stone, upon which our professionalism is built and will be a helpful guide to the professionalism required in all our dealings and a clear source of direction in our decision making process. Further work in embedding these values will be carried out in 2008.

Finance

Finance	2007	2006
	€'000	€'000
Income		
Recurring income	110,634	101,790
Non-recurring income	557	390
Total Income	111,191	102,180
Expenditure		
Total expenditure	107,190	99,955
Surplus for year	4001	2,225
Actuarial gain / (loss) on pension scheme	(144)	314
Transfer to Research Reserve	216	(752)
Accumulated reserve at 1st January	3,953	2,166
Accumulated reserve at 31st December	8,026	3,953

Income

The Board's total income for 2007 of €111.1 million (2006 €102.1 million) is analysed into recurring income and non-recurring income.

Recurring income consists of revenue generated from products and services provided to hospitals of €110.6 million (2006 €101.8 million). The Board did not increase its prices for 2006 from 2005 levels; accordingly all increases are due to increased activity. No direct funding was received, during 2006, from the Department of Health and Children in relation to expenditure incurred on the Hepatitis C programme.

Non-recurring income during 2006 includes interest earned on bank deposits and proceeds from the sale of fixed assets.

Expenditure

Expenditure for 2006 amounted to €107.1 million, which is an increase of €7.2 million on 2006. Increased expenditure in the year mainly related to implementing national pay agreements within the organisation and additional depreciation costs due to increased investment in assets over the last number of years.

Financial reporting standard 17 'Retirement Benefits' (FRS 17) was introduced in November 2000. However the Irish Blood transfusion service, elected to continue to account for its pension obligations under SSAP 24 Accounting for

Pension Costs and to disclose the impact of FRS 17 in the notes to the financial statements. FRS 17 was fully implemented for the financial year ended 31 December 2005, the Board now accounts for pensions in accordance with FRS 17.

During 2006 the Board decided to set up a research reserve and transferred €752,000 to this fund. €216,000 was expended from this fund for the year ended 31st December 2007. The Board also has a Capital reserve fund for the development of new facilities in Cork. €5 million was transferred to this fund for the year ended 31st December 2005.

Capital Expenditure

The Board invested €2.8m in capital projects and equipment during 2007. The main investments during the year included the purchase of our first Bloodmobile, an extension to our property in Ardee, further investment in the IBTS electronic document management system and the commencement of a data extraction project from our blood management system Progesa. Further expenditure on IT infrastructure continued and investment in medical equipment replacement and new technology.

Financial Systems

During the year an electronic document management system, called Rondo, was implemented throughout the organisation, to assist in the processing of suppliers invoices. This was a significant development in the continued improvement in processes and controls within the finance department.

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 2007, under the terms of applicable legislation, a total of 347 invoices to the value of €1,792,161 were late, by an average of 63 days. These invoices constituted 2.22% by number and 1.19% 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 €13,225. The Board continuously reviews its administrative procedures in order to assist in minimising the time taken for invoice query and resolution.

"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."

Corporate Governance

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 Board reviewed reports on internal controls during the year along with regular reviews of 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 Chairperson 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 five 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, capital expenditure, costing exercises 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 and one independent external member. 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 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.

Risk Register

The risk register identifies strategic, clinical, financial and operational risks to the organisation and the existing controls and further actions necessary to minimise the impact on the organisation, in the event of the risk occurring.

The risk register is reviewed and updated regularly by the Business Review Group to ensure that the identified risks and controls are current and that new and emerging risks are identified and controlling measures put in place.

Going Concern

After making reasonable enquiries, 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
- Annual Budget prepared and presented to both the Finance Committee and the board and monthly monitoring of performance against budgets
- Clearly defined finance structure
- Appropriate segregation of duties
- Clear authorisation limits for capital and recurring expenditure approved by the Finance Committee
- Key financial processes are fully documented in written procedures
- Monthly stock takes carried out by staff independent of stores staff
- Payment verification of supplier invoices by senior staff independent of accounts payable staff
- Financial system possesses verification checks and password controls
- Regular monitoring of credit control function
- All despatch dockets for issues of products are matched to their relevant invoices to ensure all the board's activities are fully billed
- All purchase orders signed by purchasing officer
- Stock items are requisitioned by means of automatic ordering
- All non stock invoices signed and coded by budget managers
- All stock invoices independently matched with stores GRN

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 Maura McGrath
Mr David Keenan
Mr David Lowe
Mr Sean Wyse Reappointed 7th April 2007
Ms Jane O'Brien Reappointed 1st November 2007
Dr Mary Cahill Reappointed 1st November 2007
Dr Cees van der Poel
Dr Rob Landers
Dr Margaret Murray
Ms Margaret Mullett
Mr Gerry O'Dwyer
Mr Mark Moran

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Treasury Building
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Dublin Castle
Dublin 2

Solicitors

McCann Fitzgerald Solicitors
Riverside One
Sir John Rogerson's Quay
Dublin 2

Bankers

Allied Irish Bank
Dame Street
Dublin 2

Contact Details

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f: 01 4322930
e: info@ibts.ie
www.giveblood.ie
Donor infoline 1850 731 137

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St Finbarr's Hospital
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Cork
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f: 021 4313014

DUBLIN BLOOD DONOR CLINIC
2-5 D'Olier Street
Dublin 2
t: 01 4745000

STILLORGAN BLOOD DONATION CLINIC
6 Old Dublin Road
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Ardee
Co Louth
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f: 041 6859996

CARLOW CENTRE
Kernanstown Industrial Estate
Hackettstown Road
Carlow
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f: 059 9132163

LIMERICK CENTRE
Carrig House
Cloghkeating Ave
Raheen Business Park
Limerick
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f: 061 306981

TUAM CENTRE
Unit 49
N17 Business Park
Tuam
Co Galway
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f: 093 70587

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f: 01 4322930
e: info@ibts.ie
www.giveblood.ie
aertel p691
Donor infoline 1850 731 137

Irish Blood Transfusion Service
Seirbhís Fuilaistriúcháin na hÉireann