2007–2008 ANNUAL REPORT

HÉMA-QUÉBEC

Blood Products
Stem Cells
Human Tissues

OUR VISION

Héma-Québec is driven by the commitment, support and recognition of its employees as well as the trust of its partners to remain the standard of quality and innovation with respect to the safe procurement of blood products, human tissues and stem cells.

OUR MISSION

Héma-Québec's mission is to efficiently provide adequate quantities of safe, optimal blood components, substitutes, human tissues and cord blood to meet the needs of all Quebecers; provide and develop expertise along with specialized and innovative services and products in the fields of transfusion medicine and human tissue transplantation.

OUR VALUES

Authenticity and transparency
Solving problems at the source
Getting it right the first time
Always thinking "service"

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Message from the Chair of the Board of Directors and the President and Chief Executive Officer

Cheryl Campbell Steer, C.A.
Chair of the Board of Directors

Dr. Francine Décary, M.D., P
President and Chief Executive Officer

Héma-Québec owes its success to the numerous people and organizations that have dedicated themselves to its cause and, through their commitment, advance that cause every day. First and foremost, we would like to salute all of the field staff and volunteers who make such a big contribution to holding blood drives throughout Québec. Also, we would like to acknowledge the substantial effort being made by the Association of Blood Donation Volunteers (ABDV) to build and encourage the next generation of donors. Last but not least, we honour the gift of life offered by all Quebecers who made a blood donation.

Our success depends on the commitment of Héma-Quebec's staff to its Mission and Vision. Management believes in the importance of its human resources management policy and sees the results of this policy increasingly reflected in the success of all business units. Management is proud of the achievements of all staff, whether big or small, and applauds each person's "kudos." You will find many examples of these achievements throughout the pages of this annual report.

Héma-Québec's strategic plan takes into account the many different risks this organization, like any other, must deal with. As part of its three-year plan, specific objectives were set for 2007–2008 and thereafter. This annual report sets out the principal actions undertaken this year with regard to each of the company's eight strategic objectives. The importance assigned to the first two reflects the value the organization places on them.

Among this year's achievements, the PROMINI project and the completion of modified business plans for the two newest business units deserve special recognition. Upgrading the blood management software package required the work of many Héma-Québec staff members. The sheer scope and complexity of the PROMINI upgrade project are a significant source of pride in and of themselves. Thanks to this project, Héma-Québec has not only acquired the new functionalities featured in the latest version of the software, but it has also upgraded IT infrastructure, adopted the ISBT 128 standard and optimized business processes. Quebecers are now reaping the benefits of these service improvements.

The business plan for the Human Tissues unit was updated and sent to the Ministère de la Santé et des Services sociaux. This sector is now providing more tissue for transplantation and enjoys a larger network of referring hospitals. As for Québec's public Cord Blood Bank, a formal business plan has been developed and submitted to the Ministère. Significant effort has been invested in developing this sector. This results in the addition of more partner hospitals encouraging the recruitment of more expectant mothers.

Although sustainable development was not specifically identified as a strategic objective, it is still a constant concern that influences all that we do. Our main achievements are highlighted within other strategic issues being addressed.

The federal act instituting National Blood Donor Week was adopted this year. Héma-Québec is delighted with this initiative. Donors and volunteers will be the first to benefit from the greater visibility the national event will bring to the importance of donating blood.

Lastly, we would like to thank all Board, Management and Advisory committee members for their sustained efforts, the skills they bring to Héma-Québec and the time they have devoted. Special thanks are extended to Mr. André Roch and Mr. Réal Lemieux, both Vice-Presidents, who left the organization this year. Mr. Roch begins a well-earned retirement, while Mr. Lemieux is pursuing new personal objectives.

We are proud to have once again succeeded in fulfilling our mission: serving Québec's population.

Our thanks to everyone.

STRATEGIC PLAN:

REVIEW OF 2007–2008 ACTIVITIES

FIRST GOAL

The safety and sufficiency of the supply of **blood**, **blood products**, **human tissues**, **cord blood** and **stem cells**.

Mylène Poulin
Mobile blood drive nurse

LABILE BLOOD PRODUCTS

1. Maintain a high level of product safety

1.1 MEASURES TO ENSURE A HIGH LEVEL OF SAFETY

1.1.1 Transfusion-Related Acute Lung Injury (TRALI)

In March, 2008, new measures were taken to prevent a rare but serious complication resulting from blood transfusion, TRALI (Transfusion-Related Acute Lung Injury). This complication probably arises in some patients due to the transfusion of blood components that contain substances called anti-HLA antibodies. These antibodies are found in plasma, which is why products that contain a lot of this liquid part of the blood (fresh frozen plasma and platelets by apheresis) present the highest risk. The presence of anti-HLA antibodies is related to the number of pregnancies.

Only women who have never been pregnant and men are now eligible to donate platelets by apheresis. As of 2008, hospitals are only getting plasma and platelets by apheresis prepared using this donor group.

These new safety measures have called for the collaboration of many different people to ensure their smooth implementation. An organization committee has been entrusted with the task of implementing these safety measures.

1.1.2 Transition to the ISBT 128 standard

ISBT 128 is an international safety standard governing the nomenclature of donation numbers, codes and labelling for labile blood products, tissue and stem cells. Implementing this measure standardizes all of the information needed to identify and trace products.

Héma-Québec is among the first North American blood establishments to implement the ISBT 128 standard. Héma-Québec's labile products have been labelled in conformity with this standard since November 2007.

One of the features of ISBT 128 is the format of the donation number, which has gone from 7 to 16 characters, giving each product a unique number.

A number of features of the ISBT 128 standard enhance product safety. These are its key features:

- Provides global standardization for product codes, donation number nomenclature and terminology, making it easier for organizations to exchange products.
- Standardizes labelling information.
- Important information is encoded and can be read using an optical reader.
- Assigns a unique donation number that is valid for 100 years.

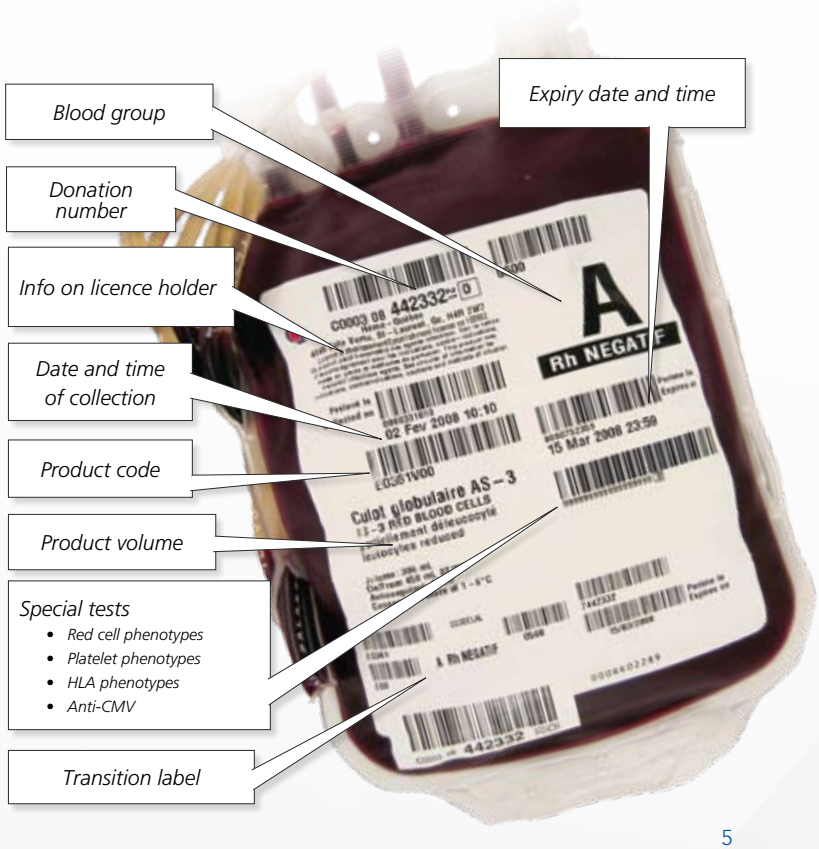
In the years to come, Héma-Québec plans to extend application of ISBT 128 to other product lines, including human tissue and cord blood.

There is a transitional label at the bottom of the ISBT 128 label. This label includes bar codes that are equivalent to the bar codes on the old labels that hospitals used. These codes are used by hospital blood banks that have not yet implemented a TraceLine-compatible version of the software for inputting all products into their computer system's inventory. Hospitals use the bar codes on the top of the ISBT 128 label as soon as the software is upgraded.

1.1.3 Changes to donor selection criteria

Variant Creutzfeldt-Jakob disease

The appearance of a first case of a Creutzefeldt-Jakob disease variant in Saudi Arabia and a second case in a U.S. resident who had lived in Saudi Arabia has led to a change in the criterion. In November of 2007, Saudi Arabia was added to the list of countries excluded if the donor lived there for six months or more between 1980 and 1996 in order to reduce the risk of a donor infected in Saudi Arabia contaminating the blood supply.



Chikungunya Virus

Last year, a temporary 21-day exclusion applied to donors who had travelled to Reunion Island or the Seychelles, where there was a Chikungunya virus epidemic. This exclusion was lifted in June 2007, as the epidemic had declined in these regions.

Proportion of donations that were positive for each virological marker

The prevalence of infections in donors has remained stable over the years. Fluctuations observed are not statistically significant. Since 2005–2006, annual rates have included thrombopheresis and plasmapheresis donations, while in preceding years these rates only considered donations of whole blood. For HIV, the virus was only found in one donation, and the corresponding product was destroyed immediately.

Markers	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
HIV	0.0004%	0.002%	0.000%	0.001%	0.0004%
HCV	0.017%	0.011%	0.005%	0.007%	0.007%
HBV	0.011%	0.015%	0.010%	0.007%	0.006%
HTLV	0.003%	0.001%	0.001%	0.002%	0.001%
Syphilis	0.006%	0.010%	0.009%	0.009%	0.006%
TOTAL NUMBER OF DONATIONS TESTED	256,518	242,720	269,939	258,973	251,203

1.2 STUDIES

1.2.1 Study on pathogen reduction

In April, 2007, the Consensus Conference on Pathogen Reduction sponsored by Héma-Québec and Canadian Blood Services (CBS) made recommendations on implementing such technology. The organization initiated its decision-making process by meeting with a number of potential suppliers for this type of technology, and a first economic analysis of implementation was done.
The decision-making process will continue in 2008–2009.

KUDOS

Dr. Gilles Delage's contribution to the consensus conference on pathogen reduction. This event is now considered a world reference.

1.2.2 Study on the presence of lead in blood

A study of lead levels begun the previous year shows that 15.5% of donors have lead levels that exceed those considered safe for transfusion in newborns and young children according to a risk analysis done by Québec's Institut national de santé publique at Héma-Québec's request. The percentage is much lower among young donors (2.6% among donors under the age of 30). A working group was set up to find a practical way to mitigate the theoretical risk associated with transfusing packed red blood cells from donors with high levels of lead in their blood.

1.3 REVIEW OF SELECTION CRITERIA

1.3.1 Donor Selection Criteria Manual

The revised version of the *Donor Selection Criteria Manual (DSCM)*, to be used as of November 2008, features a more user-friendly format. Overhauling a regulated document is a complex and lengthy task that demands close collaboration among various departments.

1.4 QUALITY CONTROL

A variety of quality control tests are done to ensure that the labile blood products produced are safe and meet current standards. Héma-Québec always complies with the highest standards.

Quality control of labile blood products

Product type	Tests performed	Number of products tested	Percentage of compliance	Acceptable values	Acceptable percentage of tested bags
Packed red cell AS-3	Residual leukocytes	2,345	100%	$< 5.0 \times 10^6$ / bag	100%
	Sterility	3,148	100%	No contamination	100%
Washed packed red blood cells	% of hemolysis	54	100%	< 0.8%	100%
	Sterility	54	100%	No contamination	100%
Deglycerolized packed red blood cells	% of recovery	28	89.4% [1]	≥ 80%	100%
	Sterility	27	100%	No contamination	100%
Platelet concentrate	Residual leukocytes	686	99.8% [2]	$\leq 8.3 \times 10^5$ / bag	100%
	Platelet count	687	90.6%	$\geq 5.5 \times 10^{10}$ / bag	75%
	pH	957	100%	≥ 6.2	100%
	Sterility	959	100%	No contamination	100%
Apheresis platelet	Residual leukocytes	380	100%	$< 5.0 \times 10^6$ / bag	100%
	Platelet count	12,685	93.1%	$\geq 3.0\text{-}5.1 \times 10^{11}$ / bag	90%
	pH	291	100%	≥ 6.2	100%
	Sterility	299	99.6% [3]	No contamination	100%
Granulopheresis	White cell count	206	91.6%	$\geq 1.0 \times 10^{10}$ / bag	75%
	Sterility	206	100%	No contamination	100%
Cryoprecipitate	Fibrinogen	148	100%	≥ 150 mg / bag	100%
Frozen plasma	Factor VIII	501	98.7%	≥ 0.52 UI / mL	75%
Fresh frozen plasma by apheresis	Factor VIII	144	98%	≥ 0.70 UI / mL	75%
	Sterility	160	100%	No contamination	100%

[1] *Problem related to the weighing of products*
[2] *Two non-compliant platelet concentrates, cause unknown*
[3] *One non-compliant platelet by apheresis, cause unknown*

To ensure that the products meet current standards and are safe, various quality control analyses are performed on labile blood products. The tests verify the quality and compliance of the processing methods. This year, it is interesting to note that the factor VIII test is no longer done on cryoprecipitates, as they are now only prepared as fibrinogen concentrates. It should also be noted that Héma-Québec no longer includes fresh frozen plasma from whole blood in its product line.

1.5 BACTERIAL CULTURE

This year, six positive cultures were found among the 64,403 tests done. The contamination rate remains very low, i.e., one out of 10,000 cultures. This is comparable to the rate seen last year, and reflects the effectiveness of the preventive measures that have been instituted in the last few years. It should be noted that once again in 2007–2008, no adverse reactions stemming from platelet product contamination was reported.

Bacterial culture from platelets

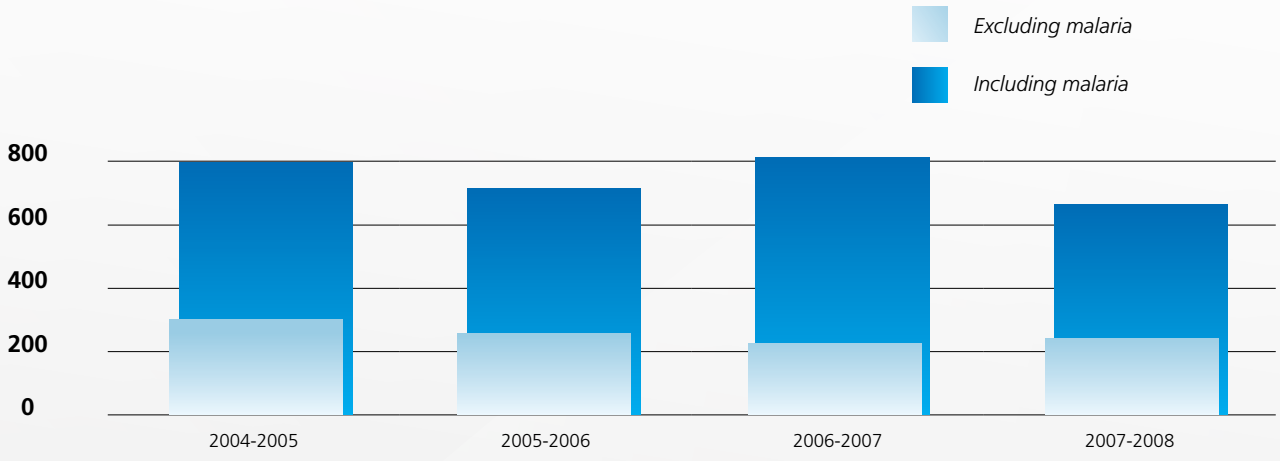
Platelet type	Total	Number of cultures	Cultures tested positive
Apheresis platelets	24,698	18,630	2
Platelets from whole blood	45,773	45,773	4
TOTAL	70,471	64,403	6

Previously, platelets were prepared from whole blood. This method required five whole blood donations. Since donation by apheresis was instituted, it only takes a single donation. This new collection method requires fewer tests and thus fewer bacterial cultures, despite an increase in shipments. However, this has no impact on product safety. Please note that for apheresis platelets, there are fewer cultures than donations as only one culture is done for double platelet donations. A double donation requires just one test, compared to ten tests for an equivalent amount of whole blood platelets.

1.6 POST-DONATION INFORMATION REPORT

In a quality assurance framework, the information a donor provides after making a donation is critical. Information regarding such things as infections, unacceptable medications, or high-risk activities that could compromise the safety of blood products lead to these products being taken out of inventory.

Number of product removals resulting from post-donation information

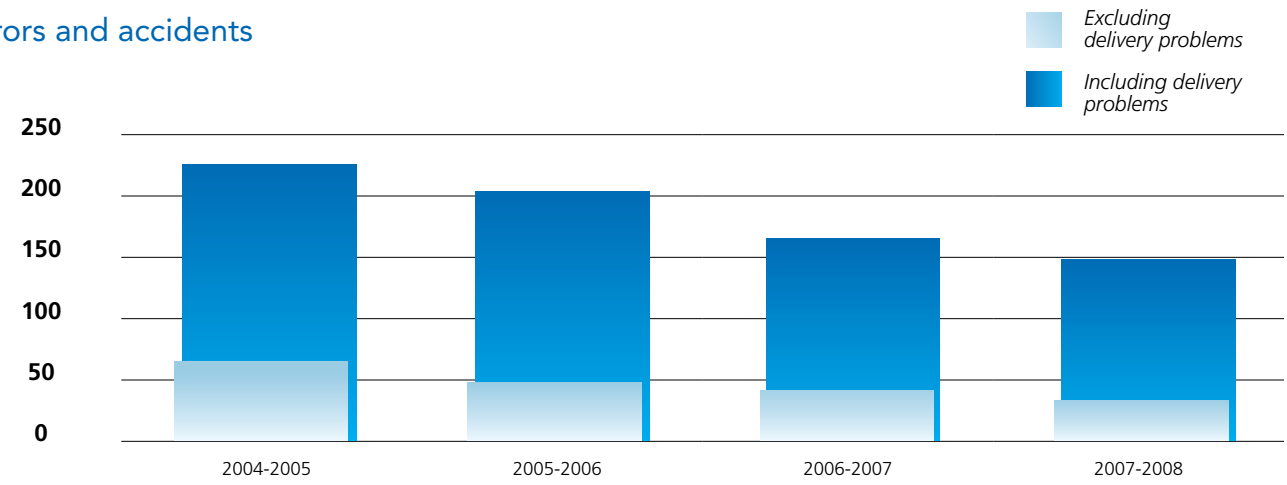


Over the last four years, the number of post-donation information reports regarding travel to areas where malaria is endemic have remained steady. The 2007–2008 year shows a decrease of 18% due to an improvement in the verification process prior to removing the product. Post-donation information reports excluding malaria show an increase of 7%. This is due to an increase in reports of "high-risk activities," "medications or vaccines taken," and an increase in donor identification of "non-infection post-donation illness."

1.7 ERROR AND ACCIDENT REPORT

Unexpected deviations from procedures and standards that are due to human error or a problem are identified and analyzed to assess their potential for compromising product safety or effectiveness. If they do, the products are immediately removed from inventory and destroyed. Accidents are situations that could occur at any point in the process, even though all procedures are followed.

Errors and accidents



A total of 150 errors and accidents, including shipping problems, were reported in 2007–2008 for all labile blood products shipped by Héma-Québec, a decrease of 11%. The outcome for errors and accidents excluding shipping problems shows a decline of 20%. The working group instituted a series of measures, which seem to have had a direct impact on the ongoing decline in both types of errors and accidents.

1.8 AUDITS

The Audit Department contributes to the safety of the supply of blood products, human tissues and cord blood by verifying the compliance of the organization's various sectors of activity through internal audits. The qualification program (audit) for suppliers of critical materials and services also helps meet this goal.

Over the course of the year, the Audit department conducted 56 internal audits and five supplier audits; the suppliers all received or maintained their approved supplier status.

Influenza pandemic

The pandemic alert remains at level 3 as there has not yet been any human-to-human transmission. There is still a risk of an influenza pandemic, although less media attention was focused on the possibility this year.

During the year, a study was done on procuring critical supplies in the event of a pandemic. All of these suppliers were approached to present their pandemic contingency plan. For stable products, an exercise was carried out to see whether there was a need to increase the inventory of some stable blood products. After consulting with hospitals, this was deemed unnecessary.

Quality and Standards assessed the impacts on reassigning human resources and training. The baseline training needed for reassignment was established, taking into account each person's skills. A specific training program will be set up. For its part, Human Resources drafted a directive on managing human resources in the event of influenza and the triage procedure (employee and donor triage stations).

The organization is doing everything it can on the equipment, organizational and human levels to be ready to deal with a crisis.

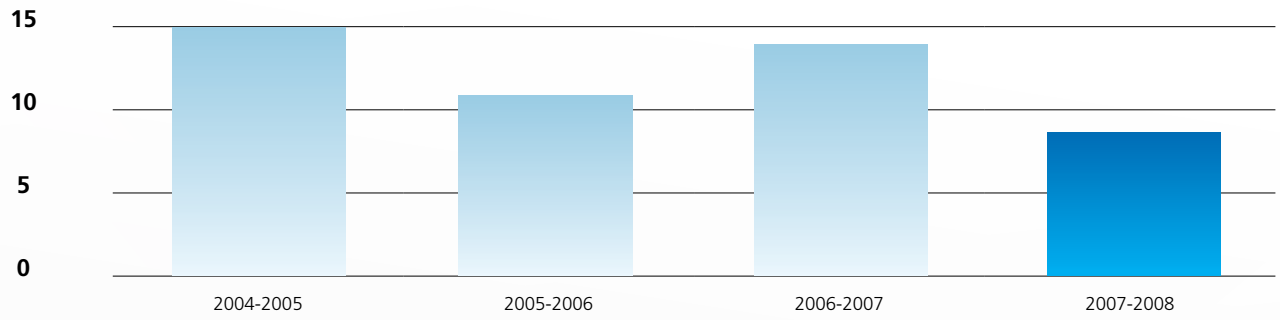
1.9 OBSERVATIONS BY HEALTH CANADA INSPECTORS

Héma-Québec's establishments were audited by Health Canada's Health Products and Food Branch Inspectorate as scheduled, in January and March of 2008 for Montréal and Québec City respectively.

During their visit, Health Canada inspectors acknowledged the work accomplished over the last few years. They emphasized the quality of the work done in the various departments as well as the professionalism of the staff. Note that no observation was noted for the Côte-Vertu GLOBULE Blood Donor Centre.

Since April of 2006, the Inspectorate has implemented a guide (Guide-0061) to categorize the observations noted during inspections of blood establishments according to the severity of the risk. This guide helps the Inspectorate's compliance specialists assign an objective risk rating to each observation noted. The observations are rated as risk 1 (critical), risk 2 (major) or risk 3 (other).

Observations made by Health Canada over the last four years



Compiling the number of observations made by Health Canada inspectors reveals that the number of observations has been about the same for the last four years. Note that all of the observations made are a risk 3 which have little impact on the safety of the blood supply.

1.10 INSPECTION BY THE AABB (ADVANCING TRANSFUSION AND CELLULAR THERAPIES WORLDWIDE)

For the first time in its history, this October, Héma-Québec was subject to an unscheduled inspection by the AABB. A substantial part of its operations was examined, from blood-taking to shipping, including the quality processes, information systems, investigation files and training. Following the audit, the inspectors had just one observation, which had no impact on product quality and safety, and recommended certification be renewed.

We should stress that the success of this "surprise" audit demonstrates the degree to which staff have made the "culture of quality" a daily reality and highlights the expertise of Héma-Québec and its staff.

2. Supply blood products in quantities that meet hospital needs

2.1 IMPLEMENTATION OF AN ACTION PLAN RELATED TO THE SUPPLY STRATEGY

2.1.1 Modelling of parameters for the demand for packed red blood cells

We use a forecasting model that incorporates the factors that affect Québec demand for packed red blood cells. This model, which complements the forecasting techniques used to date, has helped generate better estimates of future demand.

Based on the growth in demand, we assessed the network of existing and future GLOBULE Blood Donor Centres. Specific actions have been identified to meet the coming needs. As a result, the Côte-Vertu GLOBULE Blood Donor Centre will be moved to Laval in the near future.

2.1.2 Inventory levels

The Inventory Management Committee, an Operations committee, keeps a close watch on the inventory of labile blood products on a day-to-day basis. Héma-Québec has succeeded in maintaining an inventory of red blood cells of over eight days; a rare accomplishment in North America. There were no shortages this year.

2.1.3 Review of optimal blood product levels

Every year on April 1, the optimal levels of blood products are revised based on their consumption and use. The goal is to draw a more accurate portrait of each blood group so as to better handle demand.

Parallel to this, Héma-Québec has instituted a planning tool for the supply of platelets by apheresis and whole blood platelets. This tool is based on shipments to hospitals and plans the quantities to be taken every day for each product type and blood group.

For 2007–2008, this was an important achievement, as the expiry and rejection rate for platelet equivalents fell by 16.6%.

Packed red blood cell inventory

2.2 METHODS OF COLLECTION

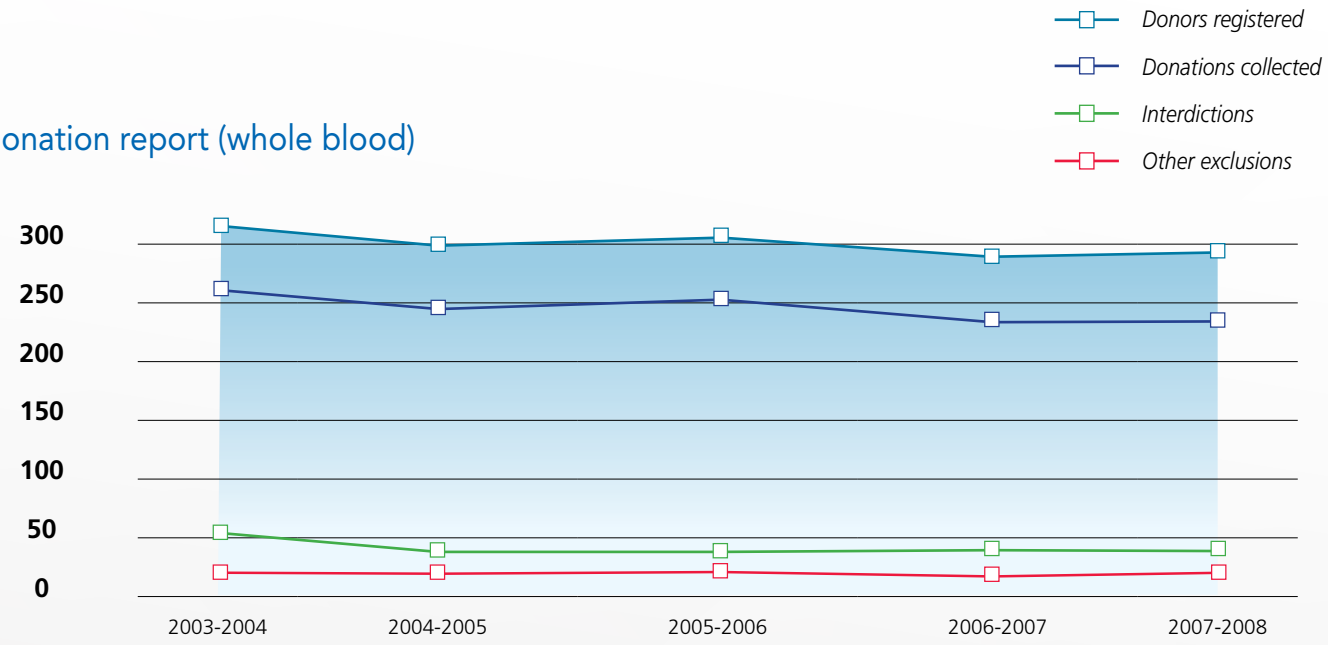
To meet the needs of clients (hospitals or donors), Supply Planning based its recruitment strategy on a variety of approaches:

a) Drives for needed groups
These drives are designed to meet specific needs that arise each week, for instance, for Rh negative donors. Almost 2,000 donations were collected during 124 days of this type of drive.

b) Donation by appointment
Donation by appointment is an approach that some groups of donors really like. There were 493 donation by appointment drives, reaching 35,540 donors.

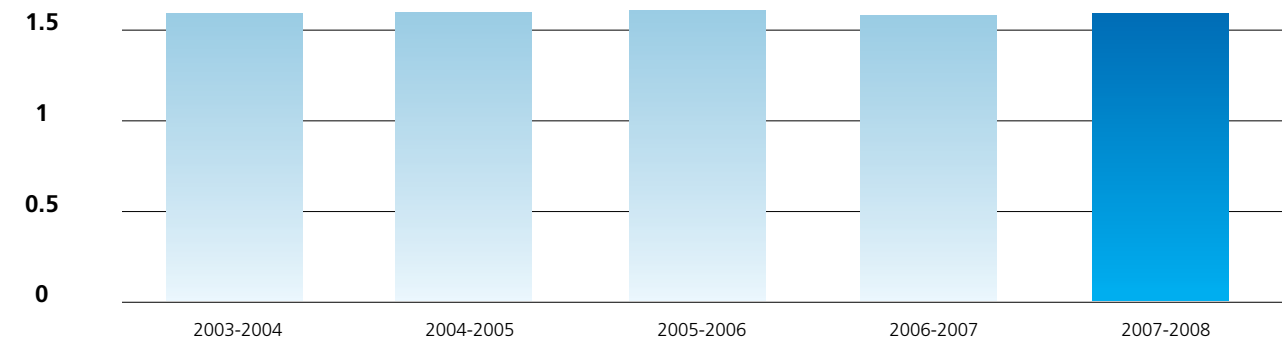
c) Mobile blood donation unit
The organization owns a vehicle that is a perfect combination of a GLOBULE Blood Donor Centre and a mobile drive. The mobile unit handled 173 days of company blood drives. This type of drive reached over 5,000 donors. Moreover, two two-or-three day tours targeted donors from specific blood groups (targeted drives). More donations were taken by the mobile unit than last year.

Donation report (whole blood)



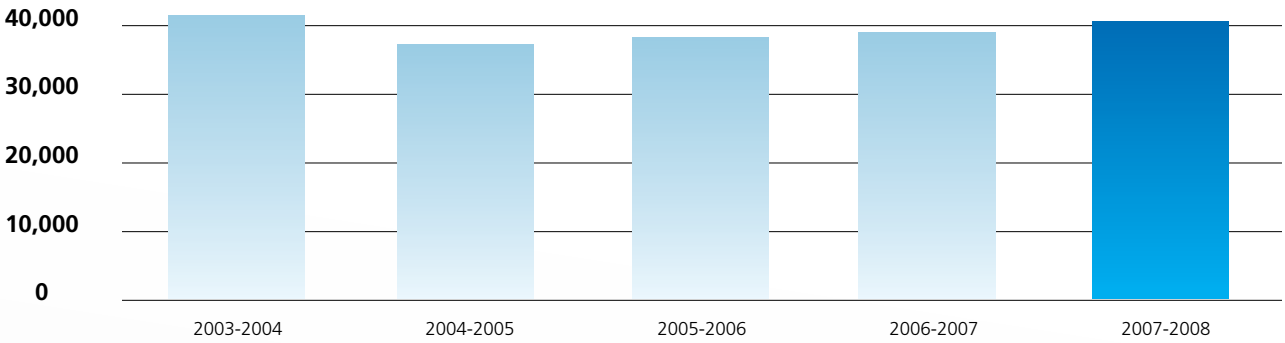
The number of donations rose 3.5% to 242,670, outstripping the results for last year. The number of registered donors rose to 296,500 from 287,200, reflecting a clear improvement in the rate of registration in comparison with drive targets. The rate was 91.5% compared to the previous 87.1%.

Average number of donations per blood donor

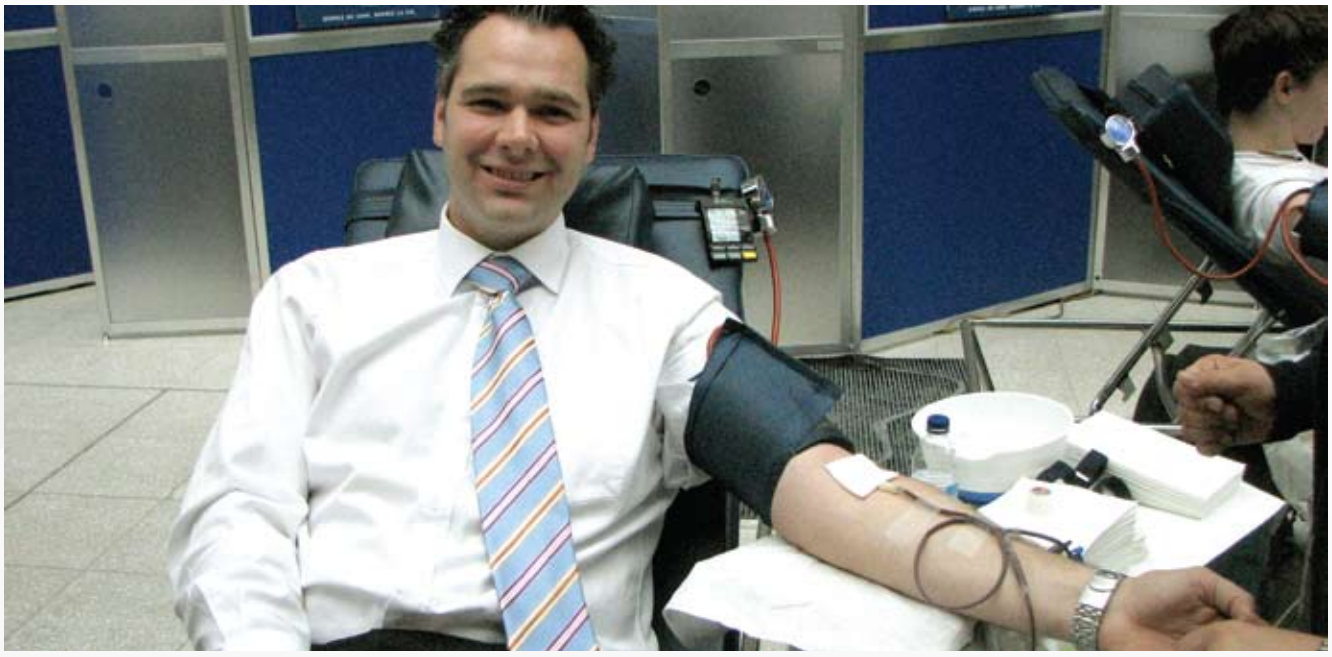


The number of donations per donor was steady again this year, at 1.59. The changes are so slight that they are not statistically significant.

Number of new whole blood donors registered



After implementing our new production information system (PROGESA), we had to change how we calculated new donors. The new method slightly increases the estimated number of new donors in comparison with prior years. The verifications done have confirmed that the new calculation method is more reliable.



Every year, Héma-Québec welcomes hundreds of thousands of donors, who graciously share the priceless gift of good health. In this photo, Sébastien Nadeau is making his 9th donation.

2.3 IMPLEMENTATION OF PROCEDURES AND EQUIPMENT TO OPTIMIZE COLLECTION METHODS

2.3.1 Platelet count

Equipment that makes it possible to get a more accurate measurement of apheresis donors' platelet counts was also put into commission. This helped to identify and draw on more donors with the required traits.

2.3.2 Collection methods for platelets and plasma by apheresis

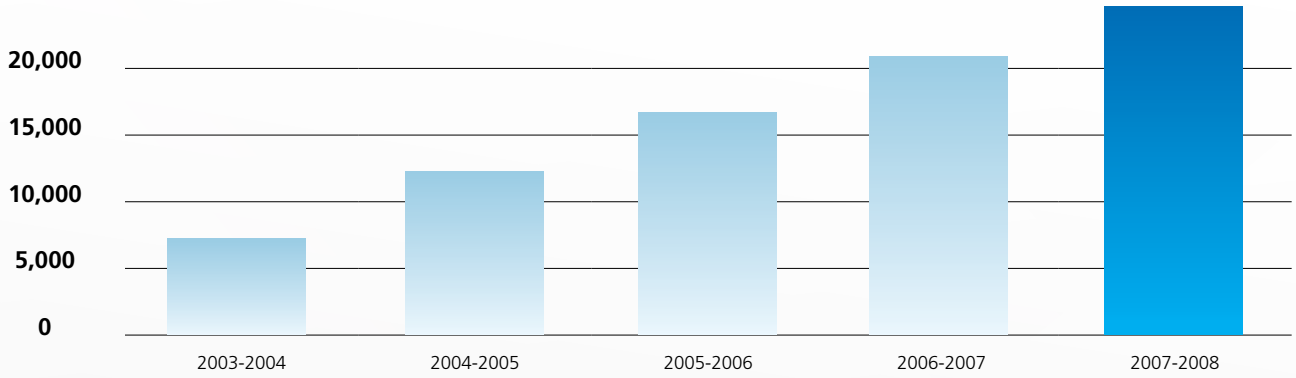
Héma-Québec has chosen apheresis technology as a platelet product supply strategy. The purpose of this avenue is to give recipients a safer product by collecting the equivalent of five platelets from a single donor. With this method, it is also possible to optimize collection costs; we have shown that this technology is less expensive than preparing platelets from whole blood.

At year's end, over 80% of platelet needs were met using platelets collected by apheresis. The goal set four years ago has been reached. Apheresis technology is also used for plasma.

2.3.3 Double platelets

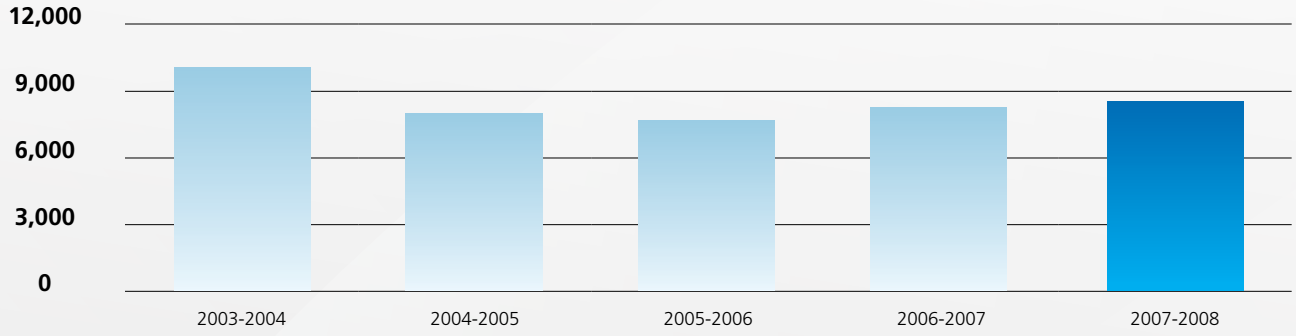
To meet the increased demand for platelets, we have started to collect double donations. There has been an 80% increase in this type of donation.

Number of platelets collected by apheresis



The number of platelets collected by apheresis is up 18% from last year. This increase stems from a rise in the number of double donations from the same donor. There were 39% more double donations this year.

Number of plasma samples collected by apheresis



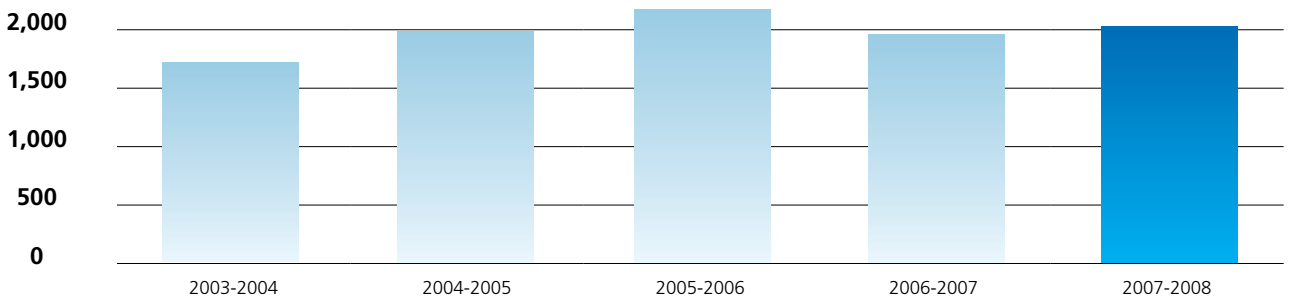
The number of collections went up by 261 products this year over last year. In the last four years, the number of plasma samples collected by apheresis has remained essentially steady. The number of donations is up by just over 3%.

2.4 PERFORMANCE

2.4.1 Mobile blood drive yield

Yield for 2007–2008 stood at 91.5%, compared to 87% last year. Yield is a measure of the number of donors registered vs. the number of donors planned. Better workforce planning is directly associated with this measurement's accuracy.

Number of days of mobile blood drives*



Greater demand from hospitals made it necessary to increase the number of drive days. In all, 2,089 blood drive days were organized, collecting 8,300 additional donations.
**The total of one-day events equals the number of collection days.*

GREEN ACTION

For the territory served by the Québec City facility, the recycling of paper, cardboard and plastic was fully implemented on mobile drives by the end of 2007.

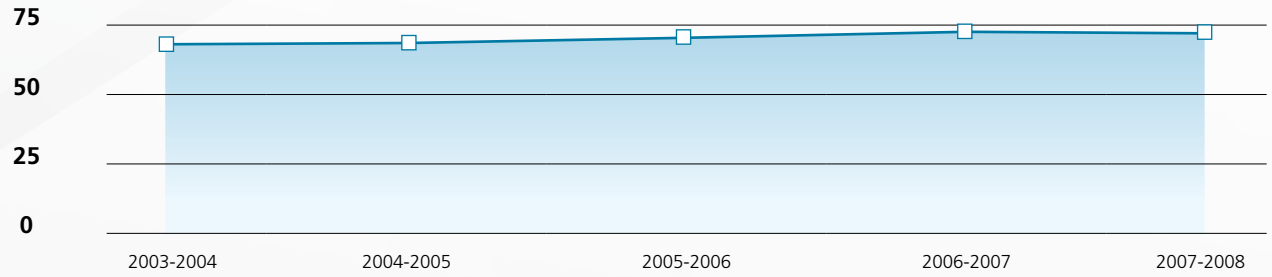
KUDOS

The commitment of the Québec City Operations team for its support for blood drive staff stranded in Matane for 36 hours following a snowstorm.

2.4.2 Process yield

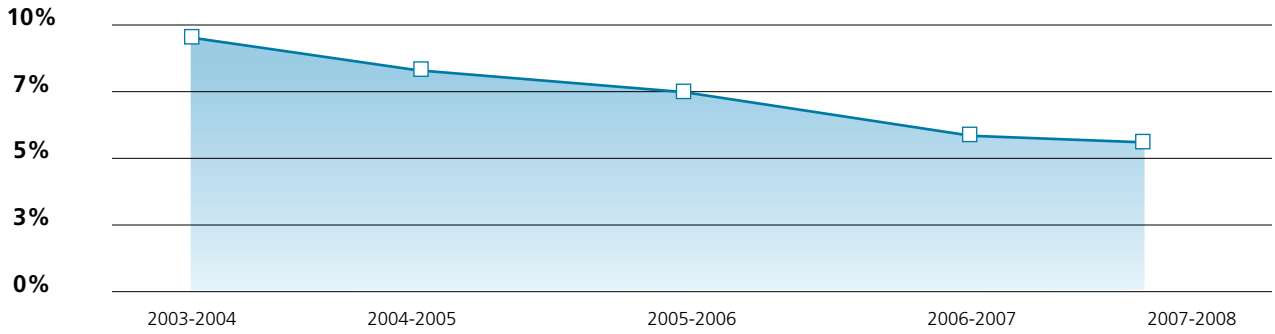
Process yield is the best indicator of the efficiency of supply processes. It helps assess drive workforce planning, the achievement of donor recruitment goals, impact of donor exclusions, effect of various rejections on product availability, and the effect of the expiry rate on products collected. The table below shows the efficiency gains achieved over the last five years.

Process yield rate (%)



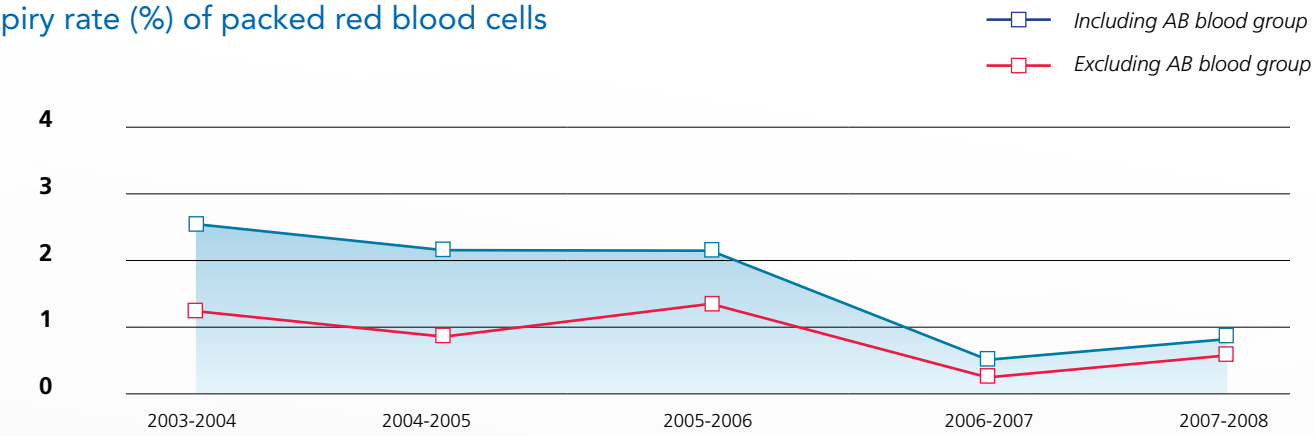
Yields went from 70.84% in 2003–2004 to 76.94% in 2007–2008. This 6.10% improvement generates substantial savings each year. This solid performance is due to respective improvements in the rejection, exclusion and expiry rates. The improvement in the rate of efficiency indicates that more efforts are being put forth to control the outcome of the process. In the long run, this improvement leads to a decrease in the number of drives to be organized and, consequently, less operational pressure on recruitment.

Loss rate (%) for packed red blood cells during production



Under the working procedure improvement program, the packed red blood cell loss rate fell from 5.59% to 5.32%. The loss rate has been cut almost in half since 2003–2004, when it was over 9%.

Expiry rate (%) of packed red blood cells



The outstanding results recorded in 2006–2007 continued this year, with the expiry rate steady at less than 1% (0.69%). This performance is due to the continuation of the good inventory management practices implemented in 2006–2007.

Blood products during the processing stage, when plasma is separated from red blood cells.

2.4.3 Shipments to hospitals

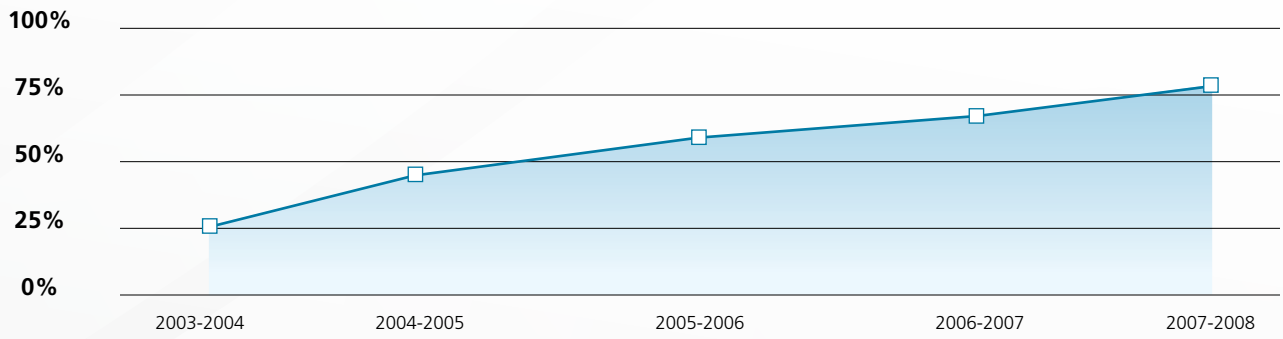
Shipments of blood products to hospitals are up slightly this year; packed red blood cell shipments are up 2.0%, while platelets are up 1.8%.

Labile blood products delivered to hospitals

Products	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Packed red cells	223,723	220,215	221,256	223,100	227,581
Platelets from whole blood	98,114	71,284	55,295	46,776	31,631
Equivalent-platelets by apheresis	33,875	58,950	80,945	100,390	118,180
Total platelets	131,989	130,234	136,240	147,166	149,811
Plasma from whole blood	46,090	46,999	45,535	47,457	51,045
Equivalent-plasma by apheresis	16,462	14,340	14,998	15,454	15,166
Total plasma	62,552	61,339	60,533	62,911	66,211
Cryoprecipitate	12,888	11,568	13,451	15,793	15,824
Cryoprecipitate supernatants	10,866	8,768	8,910	7,792	7,546
Granulopheresis	48	36	90	60	205
TOTAL	442,066	432,160	440,480	456,822	467,178

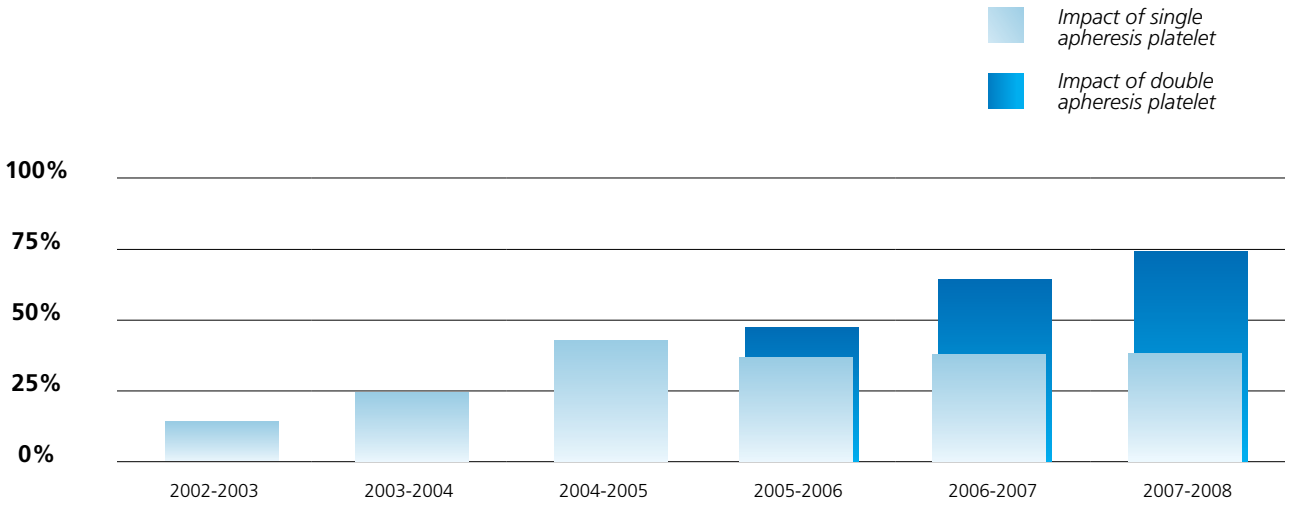
More products were delivered to hospitals. This translated into a slight 2.2% rise in shipments, for an increase of 10,200 products from last year. Almost half of the increase stems from packed red blood cells. The other half is divided between shipments of plasma and platelet products.

Proportion (%) of shipments of platelets by apheresis



78% of the platelets shipped to hospitals come from donation by apheresis. This performance meets Héma-Québec's target. The goal of the supply strategy is to increase the safety of transfused products for donors.

Impact of platelets collected by apheresis on shipment of platelet products



Shipments of platelet products are up over 16% since last year. Over the last six years, the increase is even more remarkable: apheresis products only represented 16.4% of total platelet products in 2002 and now constitute over 78% of total platelet products. Note that introducing double donations of platelets by apheresis has been a success: they immediately constituted 20.5% of products shipped when introduced in 2005 and now account for almost 40% of shipments. Single apheresis donations have remained steady since 2005. Double platelet by apheresis donation involves collecting a double platelet donation.

2.5 BUILDING DONOR AND VOLUNTEER LOYALTY

2.5.1 A campaign that is bearing fruit!

This is the second year for the ad campaign that features one long and one short sleeve. An omnibus survey shows that 92% of those who saw it had a positive opinion of it. Moreover, the intention to give blood is higher among those the campaign reached. Thanks to the campaign, not only was 63% of the population over the age of 18 reached, but also 77% of those aged 18 to 34. Ad impact on the intention to give blood is up. The campaign's emphasis took into account the recommendations of the broad study on blood donor motivation done by Université Laval Professor Gaston Godin, Ph.D.

2.5.2 Donor recognition

Upgrades to IT applications have helped enhance information on donor recognition levels. Starting in January 2008, new pins are being handed out at drives to honour donors after every five donations.

Evening events to honour donors are organized every year for the 1,600 donors who reached the 100+ donation level. Over 400 donors accepted the invitation and participated in one of four events.

2.5.3 Volunteers

The training that began last year continued to be offered to all volunteers until December, 2007. In all, about forty training sessions were organized in 18 different municipalities for about 1,000 volunteers.

The main purpose of the training was to introduce volunteers to waiting period management concepts and familiarize them with three features of good customer service: Approachable, pleasant and fast.

2.5.4 Volunteer recognition

The volunteer recognition program was revised this year. Selective, merit-based recognition has given way to systematic recognition according to years of service.

Recognition events were held in four municipalities to express thanks and honour over 900 permanent volunteers. Héma-Québec also acknowledges the invaluable contributions made by its many volunteers during National Volunteer Week and, in particular, through personal actions day after day.

KUDOS

Congratulations to the Operations, Public Affairs and Marketing teams for excellence in organizing donor and volunteer appreciation evenings in spring 2007.

2.5.5 2007 Regional Public Meetings

Regional Public Meetings help to sound out the blood drive organizing committees through discussions with them. Héma-Québec also presents them with a report on its activities and an overview of future projects. 97% of participants said that the workshop met their expectations. 95% also said they would like to participate in this type of event again.

The Regional Public Meetings involved ten visits throughout Québec, making it possible to meet with almost 1,000 participants. The events also drew attention from various media.

2.5.6 World Blood Donor Day

On June 14, 2007, Canada hosted World Blood Donor Day. The theme of the fourth edition of this annual event, launched by the World Health Organization (WHO) and celebrated in over 80 countries, was "Safe Blood for Safe Motherhood." Héma-Québec participated in the event to thank blood donors in collaboration with Health Canada, Canadian Blood Services and the WHO. Official festivities surrounding World Blood Donor Day were held in Ottawa.

Thi Tao Nguyen and Corinne Néron, volunteers from the Globule Côte-Vertu donor centre in Montréal.

World Blood Donor Day in Ottawa

In Québec, a poster campaign was specially designed for the occasion. On various panels, two well-known spokespeople, Hélène Bourgeois-Leclerc and Charles Lafortune, thanked donors. The short- and long-sleeve shirt was in the spotlight again this year. It appeared on a clothesline in an advertising banner published in most of the major dailies.

2.5.7 National Blood Donor Week

On February 14, 2008, the *Act respecting a National Blood Donor Week* was passed by the Senate of Canada. Note that it was the Public Affairs and Marketing division that instituted proceedings with Parliament to bring this project to fruition.

KUDOS

Several Héma-Québec staff members and volunteers, as well as recipients, took part in World Blood Donor Day in Ottawa on June 14, 2007.

2.6 SECURING THE NEXT GENERATION OF DONORS AND VOLUNTEERS

2.6.1 Diagnostic study of the next generation of donors

A collaborative effort was initiated with the Institut national de recherche en santé (INRS-Urbanisation, Culture et Société (UCS)), more specifically with the team of INRS-UCS head and researcher Johanne Charbonneau, Ph.D., to conduct studies on the social aspects of giving blood.

2.6.2 ABDV's role in recruitment

Since it was created, Héma-Québec has been able to rely on the support of the Association of Blood Donation Volunteers (ABDV), a group that represents blood donors and volunteers throughout Québec, with branches in 12 regions. The ABDV fully assumes its role as liaison between the regions and Héma-Québec, and promoter of blood donation and the need to focus on recruiting new donors.

KUDOS

ABDV's contribution helped significantly increase the number of new donors at blood drives at colleges and universities.

The number of drives organized in Cegeps and universities is on the rise. For the entire territory, there were 122 drives that registered 20,043 new donors, a 14% increase from the previous year.

Héma-Québec pays special attention to young donors. It is committed to accomodating these clients so that it can count them among regular donors.

2.6.3 School-based drives

In a number of elementary schools, the students are very involved in organizing blood drives. The students do the recruiting, host drives, act as assistants and create posters.

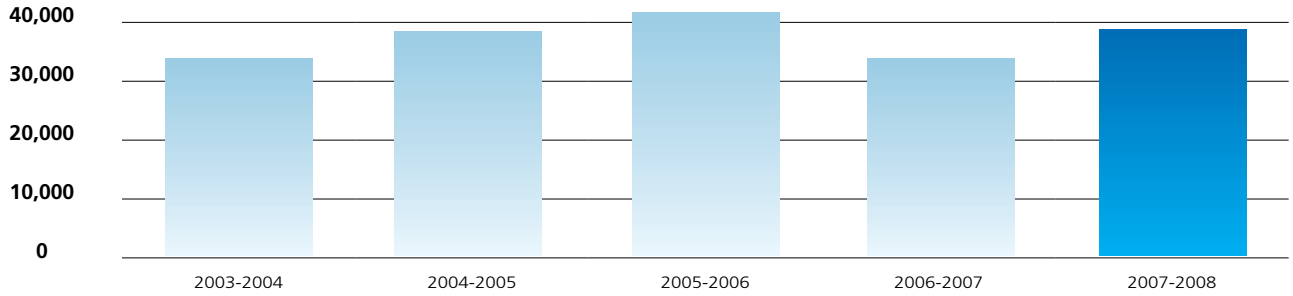
2.6.4 Educational and promotional kits

As part of its long-term supply strategy, Héma-Québec must not only provide for the next generation of donors, but increase the number of donors. It is therefore essential to raise awareness among future donors from a young age. This is why the Héma-Québec Foundation partnered with Desjardins Financial Security to sponsor an educational kit for elementary and high schools, and a promotional kit for the Cegep and university levels.

3. Stable products

Subsequent to a request for proposals launched in January of 2007, in partnership with Canadian Blood Services, supply agreements were signed with eight stable product suppliers; the agreements are for five years, with an option to extend. The agreements came into force on April 1, 2008. They cover safety, supply and adequacy. These new contracts have resulted in better purchasing terms, optimized inventory management and reduced logistical costs. The Stable Products department instituted a program for measuring supplier performance, enabling strict inventory management.

Litres of plasma shipped for fractionation

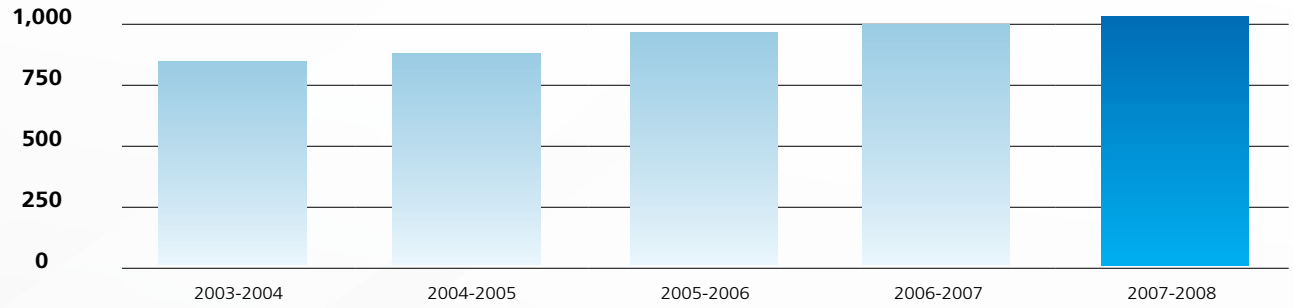


In 2007–2008, 38,108 litres of plasma was sent to Talecris Biotherapeutics to be fractionated and transformed into albumin and immunoglobulins. This is up 5.72% compared to last year.

3.1 SHIPMENTS OF STABLE PRODUCTS TO HOSPITALS

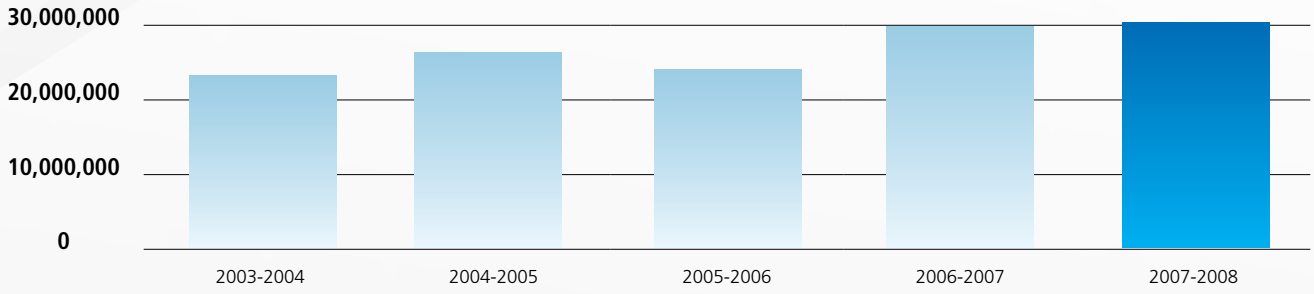
In 2007–2008, distributions of stable products to Québec hospitals totalled 143.4 million Canadian dollars.

Shipments (in kilograms) of intravenous and subcutaneous immunoglobulin



In 2007–2008, the demand for intravenous and subcutaneous immunoglobulin was 1,097 kilograms, up 9.7% from last year.

Shipments (in IU) of recombinant antihemophilic factor VIII



In 2007–2008, the demand for FVIIIr totalled 30,662,134 IU (international units), an increase of 2.4% from the previous year. Demand for FVIIIr seems to have stabilized.

HUMAN TISSUES

1. Provide safe products in accordance with hospitals' needs

1.1 MAINTAINING CERTIFICATIONS

American Association of Tissue Banks (AATB)

In February 2008, the Human Tissues sector received AATB inspectors for the renewal of its certification. The certification, which dates back to 2005, had been renewed every year following a written submission. Every three years, a renewal audit is conducted that includes a full submission and a two-day inspection.

AATB certification covers all activities involved in the collection, processing and distribution of human tissues (musculoskeletal, cutaneous and cardiovascular).

Accreditation was renewed with no observations. This is a noteworthy accomplishment that speaks to the staff's commitment to quality.

ISO 13485

ISO 13485 certification is needed to obtain the right to collect, process and distribute cardiac valves. This certification is a prerequisite for licensing by Health Canada. A renewal visit took place in December 2007. There were no observations issued and certification was renewed.

1.2 QUALITY CONTROL FOR HUMAN TISSUES

Sterility tests are conducted to make sure that the human tissues Héma-Québec prepares are safe and meet current standards. Samples taken during harvesting are subjected to certain tests. The tests verify the quality and compliance of processing and tissue disinfection methods.

2. Provide adequate quantities of products

2.1 ACTIONS TO OBTAIN ENOUGH REFERRALS FROM HOSPITALS

Dedicated line

A pilot project was conducted in collaboration with the eye banks in Montréal and Québec City: a toll-free line was set up in the fall of 2007 in some hospitals to facilitate donor referral. This dedicated line makes it possible to recommend organ, tissue and cornea donors at all times.

2.2 A BOOMING SECTOR

The increase in the number of referrals and collections, the additional staff and the diversification of the range of products are all indications of the expansion of the Human Tissue division. The services of an outside firm that specializes in marketing medical products have been retained to support deployment.

2.3 NOVELTIES

Héma-Québec began to distribute skin grafts and tendons in 2007–2008.

2.4 SOLE DISTRIBUTOR FOR EXTERNAL TISSUES

For highly specialized products that Héma-Québec cannot prepare, agreements are being concluded with outside suppliers to supply Québec. The Quality and Standards division is making sure that the outside suppliers provide quality products and services, and comply with Health Canada requirements. The products Héma-Québec obtains are distributed to hospitals through a one-stop service. A pilot project conducted in the fall of 2007 tested the model in a major Montréal hospital. Héma-Québec distributed a total of 1,416 grafts obtained from an outside supplier, including 131 freeze-dried bones and 15 tendinous tissue samples.

KUDOS

Excellent team work by Human Tissues on the sole human tissue distributor pilot project.

2.5 SUPPLY OF OCULAR TISSUE

Steps have been taken with Québec's eye bank at Hôpital Maisonneuve-Rosemont to conclude an agreement. The partnership's framework and procedural upgrades have been defined.

Montréal area hospitals have been made aware of the toll-free line, particularly for ocular tissue donations.

KUDOS

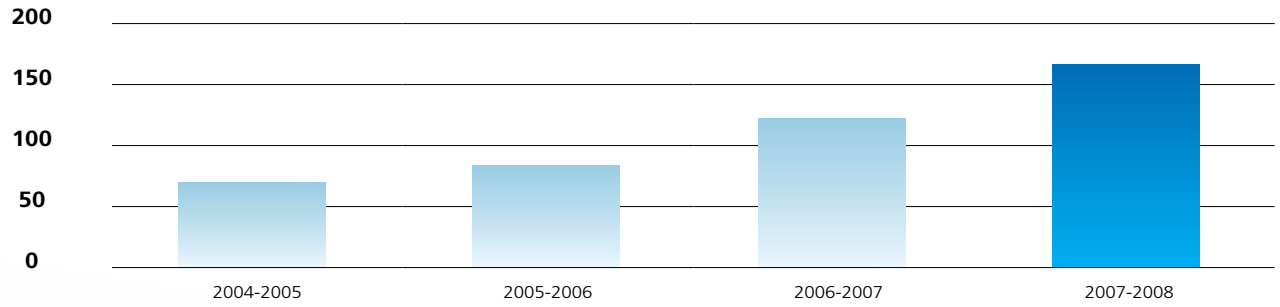
Remarkable work by the Quality and Standards team in transmitting best manufacturing practices to the team at Québec's eye bank at Hôpital Maisonneuve-Rosemont.

2.6 FREEZE-DRIED BONE

A collaboration was initiated with the Centre de recherche sur les biotechnologies marines (CRBM) in Rimouski to develop the freeze-drying procedure.

The procedure involves freeze-drying the bone by quickly freezing it and removing the humidity via sublimation. The dehydrated bone can then be stored at room temperature. This innovation is very practical for hospitals, which no longer have to have validated, secured freezers to keep this type of bone on hand.

Number of donors from whom tissues were procured



In 2007–2008, the number of donors from whom tissues were procured increased 33%.

Distributions of grafts produced by Héma-Québec

	2004-2005	2005-2006	2006-2007	2007-2008
Heart valves*	–	–	13	33
Morselized bone	–	128	249	245
Femoral heads	24	55	35	36
Other bone grafts	43	60	67	78
Skin tissues	–	–	–	337
Tendon tissues **	–	–	–	1
TOTAL	67	243	364	730

* *Previously, valves were collected, but these were distributed by the Halifax centre.*
** *Distribution of tendinous tissue began in March 2008.*

CORD BLOOD AND STEM CELLS

1. Provide adequate quantities of safe products

1.1 SUFFICIENCY OF PRODUCTS

1.1.1 Cord blood supply strategy

The number of hospitals that are participating in recruitment went from two last year to five this year. Along with St. Mary's Hospital and Centre hospitalier universitaire mère-enfant Sainte-Justine, the Royal Victoria Hospital of the McGill University Health Centre, Laval's Cité de la Santé and the Centre mère-enfant du Centre hospitalier universitaire de Québec (CHUQ) are now participating.

This should not only help reach the target of banking 1,000 cords a year, but also enhance the ethnic diversity of cord blood.

The volume collected criterion has been changed, which is why almost one out of two cords is now being collected. 45% of cords collected are now getting past the qualification phase, compared to 25% last year.

Activities of the Public Cord Blood Bank

	2007-2008
Registrations	1,524
Qualification by medical questionnaire	1,271
Bags collected	870
Bags in inventory	362

Since the Bank was started, a total of 765 bags have been put into inventory on April 1, 2008. Royal Victoria Hospital of the McGill University Health Centre, Laval's Cité de la Santé and the Centre mère-enfant du Centre hospitalier universitaire de Québec (CHUQ) became partners in October 2007, December 2007 and February 2008, respectively.

KUDOS

Congratulations to the stem cell team for rising to the challenge of adding three new hospital centres as partners of Quebec's Public Cord Blood Bank.

Cord blood quality control

Product type	Tests performed	Number of products	Percentage of compliance	Acceptable values	Acceptable percentage of tested bags
Cord blood (pre-processing)	Sterility	398	98.2% [1]	No contamination	100%
Cord blood (post-processing)	Sterility	398	98.2% [1]	No contamination	100%

[1] *One donation found to be positive during pre- and post-processing*

Héma-Québec's Quality Control team tests all cord blood for sterility during pre- and post-processing. The tests verify the quality and compliance of the processing methods.

1.1.2 Unrelated Stem Cell Donor Registry

On March 31, 2008, 36,014 donors were registered in Québec. In Canada, 233,273 donors are listed in the registry. In Québec, 2,067 new donors were registered following two media appeals from patients who were seeking unrelated donors. In the course of the year, twelve Québecers donated stem cells. 120 donor search requests were launched on requests from Québec stem cell transplant centres. 1,443 donors were removed from the registry, mainly because they had reached the age limit, 60 years.

1.2 RECOGNITION OF STEM CELL DONORS

The stem cell donor recognition evening, organized around the theme of a plane trip around the world, was held as a way to thank them. The event is also designed to honour staff in this sector, who are invited to meet donors and recipients. Seven Québecers who donated stem cells in 2007 were honoured at this event.

Young Lucas DiTecco, a cord blood recipient, and his family: Mr. Don DiTecco, Delphine DiTecco and Marie-France Langlet.

SECOND GOAL

The need to lead employees while promoting their **commitment**, **support** and **recognition** so as to increase their **mobilization**.

Olivier Pelletier, CRHP
Human Resources Technician

1. Develop a management style that is focused on commitment, support and recognition

1.1 TOOLS FOR ASSESSING THE ORGANIZATIONAL CLIMATE

A number of tools are used to assess a firm's organizational climate.

Key management indicators have been identified and a computerized infrastructure to gather indicator data has been put in place.

Another organizational climate assessment tool is the workforce survey. It was done in May 2007.

1.2 SURVEY

The polling firm CROP was mandated to compile the survey's results. The study showed that the situation has improved since 2003.

Overall, employees say that they are reflected in the organization's mission and values, but would like to see some improvement in terms of staff management. Three avenues have been identified and made priorities:

- Pay particular attention to managing scheduling
- Pay particular attention to work-life balance
- Continue to integrate the Vision 2010 management approach and the human resources management policy: commitment, support and recognition.

In addition to the organization's overall results, the results were also broken down by division. A comparison of the two types of results reveals differences from sector to sector. As a result, a sector-based approach has been chosen, rather than an overall approach that is consistent throughout the entire organization. At the end of the fiscal year, a method for tracking the effects of the survey was instituted.

Each division presented the results of the survey to its staff. Most of the time, immediate supervisors presented the results to their teams. Due to its size, Operations had to hold several meetings to present the results and action plan to all of its employees. At the end of the fiscal year, 90% of the planned meetings had been held and over 115 actions had been instituted. The actions were designed to:

- improve communications and the dissemination of information within and between divisions;
- revise tasks and responsibilities so as to balance workloads;
- recommend and set up recognition activities;
- get front-line employees involved in daily operations and problem-solving;
- make employees accountable for managing the inventory of blood products;
- improve working conditions; and
- design workplaces to make them more user-friendly.

Several Héma-Québec staff members met up for World Blood Donor Day.

1.3 PROMOTE THE "*MISER SUR LES PERSONNES*" POLICY

The wording of the "Miser sur les personnes" (focus on people) human resources management policy encourages a management philosophy that is focused on COMMITMENT, SUPPORT and RECOGNITION of staff on a day-to-day basis. It is closely tied to the Vision and is becoming increasingly evident within Héma-Québec, especially in terms of:

- the content of training given to managers and staff;
- holding recognition activities, such as the program recognizing employee years of service or events honouring employee contributions to the completion of projects;
- manager recognition of people and groups that achieved actions called "kudos";
- the desire to bring employee "kudos" to the attention of the management committee;
- encouraging employees to participate in activities that allow them to present their work and achievements.

KUDOS

Excellent work by the staff from Legal Affairs department on the Héma-Québec Foundation's Celebration of Life 2007, held on September 6.

1.4 TRAINING AND DEVELOPMENT OF MANAGEMENT PERSONNEL

1.4.1 2007–2010 management personnel training and development plan

Developing managers is a real business challenge for Héma-Québec's management. The 2007–2010 training and development plan, devised based on the organization's strategic orientations, allows management personnel to contribute to achieving Vision 2010 by creating a stimulating working environment that values their team on a day-to-day basis.

1.4.2 Changes to the individual contribution assessment form

In October of 2007, as an avenue for improvement following the 2007 survey, management opted to focus on revising the assessment form for the individual contribution of management staff in 2008–2009. The form is now in line with Vision 2010 and better reflects the organization's philosophy for people management.

1.4.3 Mandatory development course for new management staff

In order to engage, support and recognize members of his or her team, a new manager joining the organization or a promoted employee must fully understand and adhere to the people management philosophy that Héma-Québec advocates. The mandatory management staff development course is made up of training activities and essential meetings to which new managers are regularly invited during the first few months after they take up their duties.

1.5 EMPLOYEE CODE OF ETHICS

Héma-Québec has instituted a code of ethics for its staff. The code contains a number of existing corporate practices and administrative directives and sets out the official guidelines for conduct. It was distributed to staff in June 2007, preceded by a promotional campaign entitled "L'éthique… au quotidien." (ethics… everyday). All new employees now read and sign the code.

One of its sections deals with reporting financial irregularities. To ensure confidentiality, the task of receiving such reports has been entrusted to an outside firm, KPMG. At the end of the fiscal year, no such irregularities had been reported.

KUDOS

Congratulations to the Internal Communications team for the poster campaign, which put the employee code of ethics in plain terms.

1.6 PROGRAM TO RECOGNIZE YEARS OF STAFF SERVICE

As part of the years of staff service recognition program, two events were held in Montréal and Québec City, to which 175 staff members were invited. This activity, highly popular with staff, has been put on for several years now, and is part of the human resources management policy.

Recognition of years of staff service

Years of service	Montréal	Québec City	TOTAL
40	1	0	1
35	1	0	1
30	7	3	10
25	3	3	6
20	8	2	10
15	6	4	10
10	36	20	56
5	66	15	81
TOTAL	128	47	175

Some of those honoured at a ceremony in Montréal for their more than 30 years of service: Johanne Martzinuk, Dr. Francine Décary, Diane Noiseux, Françoise Caisse and Lucette Thibodeau.

Celebrating 30 years of service are Dr. Francine Décary, Michelle Bégin and Pauline Lachance with Roger Carpentier, Vice-President, Human Resources, at a ceremony held in Québec City.

KUDOS

The ceremonies recognizing employee years of service, organized by Human Resources, were a great success.

2. Foster a productive, well-balanced work environment

A number of actions were instituted this year to encourage a productive, well-balanced work environment.

2.1 WORK-LIFE BALANCE

The Management Committee adopted the policy on work-life balance for employees with set schedules in May of 2007. This policy allows employees with set schedules to allocate their work time according to predetermined standards. About one hundred people took advantage of the policy in 2007–2008.

A pilot project to allocate one set day off per week to mobile drive staff (technical assistants, drivers, nurses and registration clerks) was launched in September 2007. The project is an important step toward better work-life balance for this group of employees, whose schedules always fluctuate.

Another management decision has led to a major change in work habits at Héma-Québec. In the laboratories, major work has been done in the regulatory testing sector to eliminate night shift schedules, resulting in staff being transferred to day and evening positions. This step is in line with one of the three priority avenues arising from the staff survey, i.e., paying particular attention to managing work schedules.

2.2 SINGLE POINT OF ACCESS TO HR ADMINISTRATIVE SERVICES

Human Resources Administrative Services has revised its methods so as to provide service that better meets staff's needs and respond to certain requests expressed in the survey. Employees have been given a personal advisor and can now access the administrative information that relates to them more easily.

Implementation began in February 2008, and employees have made several positive comments.

2.3 PAY EQUITY

The work of the Héma-Québec pay equity committees was interrupted in 2004 following a complaint and dispute filed with the Commission d'équité salariale. Decisions were rendered on these matters in 2007. However, Héma-Québec and its committees were only able to get back to work in March 2008, as per a process approved by the Commission.

2.4 COLLECTIVE AGREEMENTS

Starting in the fall, Héma-Québec undertook major work to prepare for negotiations to renew five collective agreements that were expiring in 2008, representing some 600 unionized employees based in Montréal. Negotiation and advisory committees were put together. Meetings with union representatives began in January to kick off negotiations.

2.5 EMPLOYEE WELL-BEING

New vehicles

As mobile drives are the main supply method, they are held throughout the province. Having appropriate, comfortable equipment is thus essential for carrying out the organization's mission.

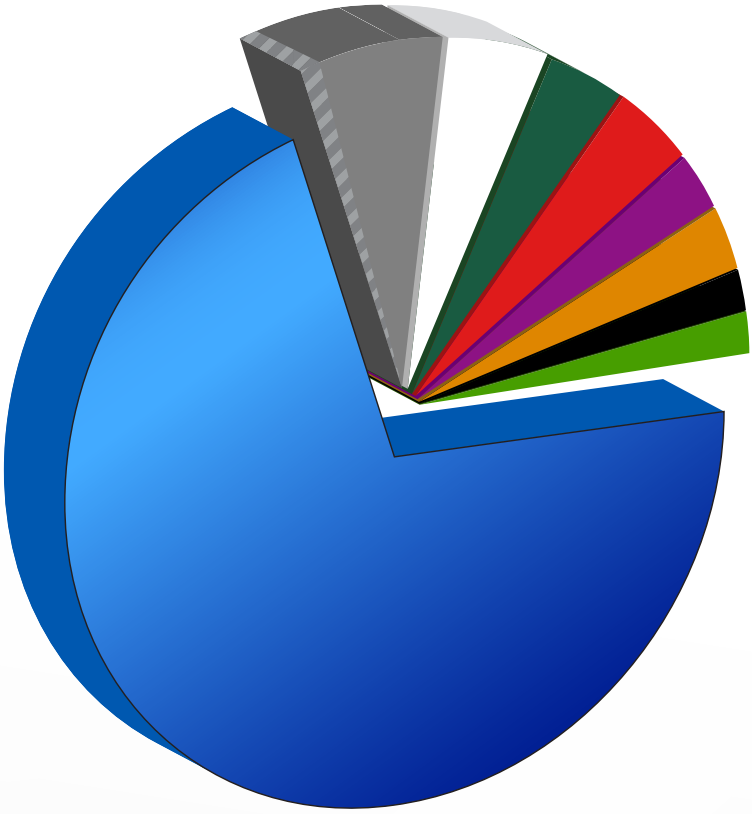
In terms of fleet renewal, new minibuses that can carry up to 10 passengers have made their debut. They are specifically used for drives that involve substantial travel.

The new vehicles are part of the ongoing motor vehicle fleet renewal plan. One of the plan's main objectives is to enhance the comfort of mobile drive staff. The more spacious Sprinter minibuses also feature more storage room. Moreover, in terms of sustainable development, the vehicles consume less energy.

GREEN ACTION

Replacement of Econoline minibuses with Sprinter minibuses equipped with a diesel motor that consumes less energy.

Breakdown of employees by division as at March 31, 2008



Operations	70 %
Medical Affairs (Stem Cells 1%)	7 %
Quality and Standards	5 %
Information Technology	4 %
Finance and Administration	4 %
Human Resources	3 %
Research and Development	3 %
General Management Legal Affairs Public Affairs and Marketing	2 %
Human Tissues	2 %

Héma-Québec employs 1,294 people. Of these, 70% are in Operations, responsible primarily for supply planning, organizing drives with the community, qualifying blood donations taken, processing labile blood products, technical services (material resources and biomedical equipment) and distributing labile and stable products.

THIRD GOAL

Developing and preserving our **credibility**, as well as the **trust** and **satisfaction** of our clients and partners.

Louise Roy
Volunteer

BLOOD PRODUCTS

1. Keeping hospital satisfaction levels high

1.1 HANDLING THE ISBT 128 TRANSITION

1.1.1 Meetings with users

Meetings with user committees focused a great deal on the transition to the ISBT 128 standard. A pocket tool and poster explaining the ISBT 128 label were created. The tool was very successful, and was even used by blood centers in the United States. Four meetings were held in Montréal as well as in Québec City. Through their presence, 224 participants demonstrated the interest in these meetings, which promote direct interaction with clients.

1.2 ONGOING MONITORING OF HOSPITAL SATISFACTION

1.2.1 Survey subsequent to ISBT 128 implementation

Following implementation of ISBT 128, Operations conducted a survey among those in charge of blood banks and hospital safety. In all, 64 responses were received from 52 hospital centres, out of a maximum of 99 centres. Overall, the responses indicate that implementation went very well, especially within blood bank laboratories and among transfusion nursing staff.

1.3 DEVELOPING CLOSENESS WITH HOSPITALS

In an ongoing effort to maintain high levels of client satisfaction, Operations has instituted an organizational structure designed to meet clients' needs.

1.3.1 Transfusion Safety Week

Héma-Québec was a sponsor for the very first Transfusion Safety Week organized in several hospitals by Québec's Association professionnelle des chargés de sécurité transfusionnelle. The event, held the same week as World Blood Donor Day (June 14), involved activities to raise awareness about the importance of the various participants in the transfusion chain.

HUMAN TISSUES

1. Developing our credibility in human tissues

1.1 WITH THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

1.1.1 Updating the business plan

The plan explains the development of Human Tissue operations, including corneas, up until 2011–2012. In the plan, Héma-Québec identifies development issues and challenges in this new activity sector. The plan is aimed at being self-financed by 2012–2013.

1.2 WITH CLIENTS

1.2.1 Promoting products and services

Steps have been taken to increase the visibility of Héma-Québec's human tissues among user hospitals. A private firm has been retained to promote Héma-Québec's line of tissue products. This partner has a network of representatives that are well-connected in Québec hospitals.

CORD BLOOD AND STEM CELLS

1. Developing our credibility in cord blood and stem cells

To make our clients' work easier, Information Technology will soon begin developing a tool to search for specific cords that are compatible with a patient.

KUDOS

Héma-Québec can take pride in the fact that, on the whole, the organization still enjoys a positive public image. An omnibus poll revealed that 93% of respondents who are familiar with Héma-Québec have a good opinion of the organization. In addition, 94% have confidence in Québec's blood drive and blood distribution system and 83% believe that Héma-Québec is doing a very good job of managing Québec's blood reserves.

RELATIONS WITH RECIPIENTS

1. Maintaining good relations with recipients

1.1 RETHINKING THE LIAISON COMMITTEE FORMULA

The Liaison Committee formula was revised this year. It is now called the Recipient Representatives Advisory Committee. The Committee also welcomed new members to represent new recipient associations (see the Administration section).

1.2 BILL ON NO-FAULT COMPENSATION

Once again, in December 2007, the Ministère de la Santé et des Services sociaux tabled a bill instituting a no-fault compensation program for people who may receive contaminated blood. The bill that had initially been tabled in 2006 had to be retabled following the latest provincial elections. Héma-Québec, which was closely involved in presenting the bill, supports the principle of universal access to justice that the bill institutes.

REFERENCE AND STEM CELL LABORATORY

1. Maintaining client satisfaction levels

1.1 RESPONSE TIME FOR HOSPITALS

The need to improve response time on test results for hospitals led to an in-depth restructuring of Hospital Services, which is now called the Reference and Stem Cell Laboratory. As of January 1, the reference laboratory's activities were also overhauled and recategorized under two different divisions: Science and Operations.

Number of specialized tests done

Tests	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Red cell serology	1,177	1,350	1,405	1,229	1,519
Platelet serology	199	226	215	236	267
Red cell genotyping	359	948	1,150	1,237	1,324

Red blood cell immunology and platelet immunology tests as well as red blood cell genotyping are done at the request of clinicians, based on the number of patients requiring the tests and the complexity of the cases.

ABC HLA typing	1,812	1,193	1,875	3,169	3,955
HLA DR and DQ typing	574	482	786	2,747	3,055

The substantial increase in HLA typing stems from the more intense effort being deployed to recruit for the Unrelated Stem Cell Donor Registry. HLA typing analyses for locus A, B and C are up 44%, while those for HLA DR and DQ are up 14%. The increase is also due to efforts made by Québec's Public Cord Blood Bank; the number of tests increased 40% for both types. The number of HLA typing for locus A, B and C is also up due to a 27% increase in thrombapheresis.

FOURTH GOAL

The need to update our **systems** and **technologies.**

Jean-François Girard
Production software support technician

1. Project to upgrade the PROGESA software package (PROMINI)

Without a doubt, PROMINI was the year's main organizational project. It mobilized a substantial number of employees from several divisions.

The upgrade had four main goals:

- Implement the current version (4.4g) of PROGESA, for which the provider, MAK-SYSTEM, offers end-to-end services in the development of software functionalities.
- Upgrade the technology infrastructure (mainly the servers) used with PROGESA according to current industry standards so as to make operations more secure and productive.
- Implement ISBT 128 coding for labile blood products replacing the existing bar code system and introduce a labelling system recognized as an international standard. ISBT 128 enables better traceability for each blood donation, resulting in increased supply safety.
- Optimize the business processes associated with PROGESA.

Overall, implementing the software made it possible to review and enhance some methods. Here are some examples:

- Better recording of donations thanks to a shared Montréal-Québec City database, and thus improved management of donor recognition programs.
- Better management of donor cards, with new information being added, such as language of correspondence and number of donations.
- New registration procedure making it possible to better assess processing time during a drive and adjust the work as needed.
- Documentation entered directly into the database, reducing manual operations. This makes more information available in the donor's file.

1.1 PLANNED QUALIFICATION LABORATORY INFORMATION SYSTEM (SILQ)

One of the major changes resulting from the upgrading of PROGESA is the pooling of the databases, particularly donor databases. This change radically transforms the method for qualifying donations.

For this mandate, a laboratory information system that is widely used in North America was chosen: SURROUND.

Given how integrated the software packages are, the two projects had to be synchronized and commissioned at the same time.

The following table provides some information showing the scope of the PROMINI and SILQ projects.

1.1.1 Training

The PROGESA upgrade mobilized the entire Regulatory Training team this year, especially from July until the system was put into production in November 2007. The team prepared the different training sessions in conjunction with procedures and reference documents, and planned schedules with various collaborators.

Scope of PROMINI and SILQ projects

		PROMINI	SILQ
Modified business processes		82	8
Stakeholders involved (business processes)		180	40
Risks detected	User-specific risks	215	45
	Function-specific risks	566	130
	Technology-specific risks	55	43
Drafting	Validation specifications	131	30
Scenarios • Unitary phase • Functional phase • Integration phase • System phase	Testing scenarios	303	256
Buy-in phase (simulation)		910 staff-days of effort (duration: 9 days of execution)	40 staff-days of effort (duration: 2 days of execution)
Problems uncovered		272	69

Mr. Richard Lalande, a laboratory technician in Labelling, introduces one of the first labels produced after PROMINI was implemented.

More than 800 people were trained over a period of 39 days. This is quite an achievement given the magnitude of the changes.

In terms of implementing the PROMINI-SILQ project, all managers took part in a one-day training session to be better equipped to manage the transition.

Moreover, in collaboration with Regulatory Training, Human Resources created a 45-minute training module on the human aspect of change. It was offered to staff to help them thoroughly grasp the steps involved in any change.

KUDOS

The organization commends the implementation of PROGESA 4.4g, SURROUND and the ISBT 128 standard.

1.1.2 Transition

A transition committee was created, made up of nine members from various parts and levels of the organization. The PROMINI-SILQ transition committee drafted a variety of recommendations throughout the project. Its work involved communications, training and information, documentation, support and recognition.

PROGESA 4.4g, SURROUND and the ISBT 128 standard were all implemented successfully. Since Monday, November 5 at 6 p.m., all of Héma-Québec's operations have been carried out in this new IT environment, using the new processes defined within the framework of the PROMINI and SILQ projects.

1.2 THE INFORMATION TECHNOLOGY QUALITY SYSTEM (SQTI)

Introducing technological changes in regulated systems is a complex matter that allows for limited flexibility. From the design to going live, it must be shown that all risks associated with the change have been identified, analyzed and controlled. This demonstration must not only cover the solution's functioning and use in operations, but also the technology itself, and how the system is configured. To develop the SQTI, Héma-Québec drew on industry best practices and benchmarks, i.e., Good Automated Manufacturing Practice (GAMP®4), International Standards Organization (ISO), International Society for Blood Transfusion (ISBT-SITS) and the Food and Drug Administration (FDA).

The internally set up team of specialists had two goals:

- Draft a formal quality policy using an integrated system that meets Health Canada's regulatory requirements.
- Transform the procedure to maintain and enhance system security using a consistent approach that is easy to reproduce. This approach makes it possible to manage risks associated with change in an integrated manner, and to prioritize the projects that are the most beneficial to Héma-Québec.

The initiative resulted in an innovative methodology that is tailored to the needs and issues that are specific to the blood supply industry. Among other things, the initiative helped to:

- Clearly define and establish the process for development, operational change, and software and hardware validation.
- Accurately assess an information system's risks and consequences on the activities of staff, suppliers, hospital blood banks and, in particular, donors and recipients.
- Efficiently and accurately pinpoint quality problems in the life cycle of information systems.
- Formalize how quality is incorporated throughout a project management process.
- Provide data on quality control to allow for implementation of effective corrective actions in a timely matter.
- Clearly demonstrate that the information systems put in place comply with requirements and regulations.

SQTI's creation and implementation have been very successful. Two of Héma-Québec's major strategic projects—PROMINI and SILQ—applied this methodology directly, enabling them to move into production successfully without any pitfalls. They met all of their goals with Health Canada's approval, which emphasizes the benefits of this innovative approach.

KUDOS

Information Technologies won the Computerworld Award for IT's contribution to community service for the SIGRHQ (Système intégré de gestion des ressources humaines d'Héma-Québec) project.

FIFTH GOAL

The ongoing pursuit of
greater efficiency.

Marie-Gina Lacroix
Senior purchaser

1. Maintaining competitive costs for products and services

1.1 CONTINUATION OF DÉFI-ÉTAPES

The organization consolidated its gains of recent years while maintaining the savings included in the financial results. The actions identified at the end of last year in the review of activities were instituted early this year. Among other things, we adapted how internal mail was distributed, restructured work at the Store, and issued a directive on mandatory use of the electronic calendar for time and schedule management.

1.1.1 Optimization and centralization of services to hospital clients: one-stop service

To optimize operations, the Operations division brought together Hospital Service activities, which had previously been split between the Montréal and Québec City establishments, under a single roof. All calls regarding labile and stable product orders as well as requests for information from hospitals throughout the province are now routed to a one-stop service location.

1.1.2 Preventive maintenance information system

A computerized maintenance system is being developed to keep up with the maintenance on the imposing amount of equipment used for collection, testing and processing of blood products as well as mechanical building systems. The system will help to properly plan, control and document every action performed on equipment. Over 8,000 pieces of equipment, not including mechanical cooling systems, must be controlled at set intervals.

1.1.3 Management style performance indicators

In conjunction with several divisions, including Human Resources, Administration and Finance has coordinated efforts to publish the first preliminary version of the balanced scorecard. These efforts have continued to be put forth in the last year in order to define and publish strategic performance indicators and tracking indicators for the Vision 2005–2010.

1.2 INTERNAL STUDIES

1.2.1 SIGRHQ monitoring

A study of the benefits of implementing the HR modules introduced in February 2006 confirms that the targeted financial objectives for recurring yearly cost reductions have been achieved.

KUDOS

Hats off to the Finance and Administration team for having brought the strategic plan performance indicator project to fruition, in conjunction with a number of departments.

1.3 COMPARATIVE STUDIES

1.3.1 Monitoring with ABC to maintain competitive prices

Each year, Héma-Québec works with America's Blood Centers (ABC) by filling out a questionnaire containing a range of financial information on the organization (financial performance, assets, inventory, etc.). ABC's goal is to benchmark blood product suppliers and produce comparative statistical data, which it then provides to the members that participated in the survey.

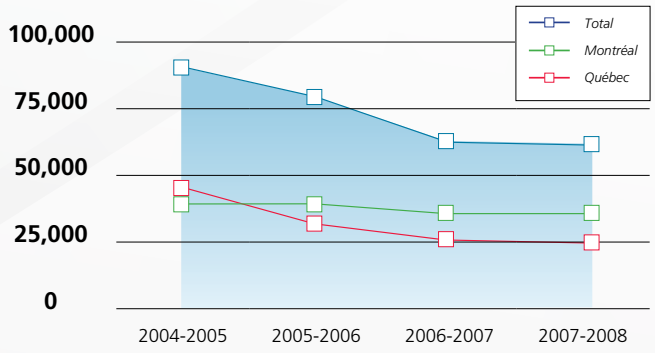
1.3.2 Monitoring with CBS

Representatives from Canadian Blood Services' and Héma-Québec's Finance departments continued to discuss their respective accounting and management practices, as well as the kind of performance indicators used at each organization. The meetings help to better grasp and, if necessary, adjust certain calculation methods. This benchmarking and the resulting synergy help achieve greater efficiency.

GREEN ACTION

Maintaining the program to reduce building energy consumption helped decrease energy consumption compared to the reference year by a value equal to the rise in the cost of energy.

Total energy consumption (GJ)



The chart represents actual energy consumption. Overall demand for heating and air conditioning increased by 6% since last year.
Despite this increase, energy consumption still decreased slightly.

SIXTH GOAL

The sustainability
and **transfer**
of the organization's
knowledge
and **expertise**.

Caroline Masse
Training specialist

1. Workforce: the next generation

1.1 TARGETED RETENTION STRATEGY

1.1.1 Nursing staff

Héma-Québec has used a targeted approach with nursing staff, meeting with them at career fairs and other events. The organization has also developed a specific strategy to attract this group, which has been deemed critical, by offering competitive employment conditions.

1.1.2 Laboratory technical staff

The night shift for blood product qualification has been eliminated. This was done to improve working conditions for this group of employees, as well as provide better employee attraction and retention.

1.2 MANAGEMENT SUCCESSION PLAN

Last year, Héma-Québec launched a process to ensure it has a qualified staff that subscribes to the organization's values to fill key positions that will become vacant in the years to come. Following an earlier study of senior management, a second exercise was conducted this year particularly to identify emerging professionals to fill management positions. This helped to clearly identify the issues Héma-Québec will have to face over the next few years. Measures have already been instituted to foster the development of certain resources and help them advance within Héma-Québec. These measures offer, among other things, career advancement opportunities to staff who could otherwise be tempted to look for new challenges outside of the organization.

1.3 HIRING PEOPLE WHO ARE MORE REPRESENTATIVE OF QUÉBEC'S CULTURAL DIVERSITY

Héma-Québec has made advances among members of cultural communities and carried out recruiting activities.

This has also helped Héma-Québec further comply with the *Employment Equity Act* and government policies on this matter.

Mr. Jean-François Giguère, cellular engineering intern.

2. Ensuring knowledge transfer

2.1 TRAINING ACTIVITIES

Every year, Héma-Québec makes a substantial investment in employee training to ensure that knowledge is transferred and sustained for all job categories.

In 2007, the total amount devoted to training and development activities stood at 5.28% of the organization's payroll. Of this amount, 78% went to regulatory training.

2.1.1 Regulatory training

To ensure optimal product quality, staff knowledge and skills must constantly be upgraded. Since its activities were centralized at the end of the previous year, Regulatory Training has been channelling the various requests so as to achieve better planning and meet the different needs. Efficiency has been improved by implementing a communications and collaboration process with requesting departments.

902 employees were trained as part of orientation, updating and recertification efforts, for a total of 72,546 hours.

Nellie Dumont, technical specialist in cellular engineering.

2.1.2 Training and development activities

Other training activities were also held in which 293 employees participated for a total of 8,407 hours.

The activities dealt with such topics as communications, management approaches and tools, managing teams and people, and personal and relationship skills.

2.1.3 Developing the next generation

Héma-Québec plays an active role in educating master's and doctoral students, as well as training hematology residents.

A few scientists from Research and Development provided training to biochemistry and microbiology undergraduates at Université Laval. They also participated in applied training activities at blood banks. These courses, which were offered on a few occasions throughout the year, were intended for both Héma-Québec technicians and external clients at hospitals.

Students or interns by sector of activity

Sector of activity	Categories	Total
Research and Development	Master's students (M.Sc.)	8
	Doctorate students (Ph.D.)	5
	Postdoctoral intern	1
	Other interns	12
Human tissues	Doctorate students (Ph.D.)	1
Hematology	Residents in hematology	5

SEVENTH GOAL

The need to pursue
innovative initiatives.

Maryse St-Louis, Ph.D.
Scientist, Operational Research

1. Innovation in research and development

1.1 SCIENTIFIC AND MEDICAL ADVISORY COMMITTEE (SMAC)

On October 25, 2007, following an audit of research work in the Cellular Engineering division, the recommendations were implemented. The research that is being carried out in this division is now more in line with the organization's current priorities. The SMAC said it was very pleased with the progress made since the research and development program was overhauled. It also noted the greater number of publications. It did not deem any recommendations necessary this year.

2. Research programs

Research and Development plays a fundamental role in the organization's innovation initiatives. 2007–2008 saw the strengthening of new strategic directions, and ongoing work to assess and optimize new technologies. The launch of the major genotyping project for frequent donors, in which several corporate divisions are participating, is clearly one of the highlights of the year.

2.1 IVIg

In 2007, on recommendations issued by the SMAC in the fall of 2006, Cellular Engineering completed its transition toward new research priorities. The first year of implementation resulted specifically in greater importance being placed on research into the action mechanisms of intravenous immunoglobulins (IVIg), while maintaining the focus on in vitro preparation of IVig substitutes. These activities led to the publication of three scientific articles, the presentation of ten posters at scientific conferences, as well as the submission of three master's theses and a doctoral dissertation. The year was also marked by two research grants being awarded by the Bayer–Talecris–CBS–Héma-Québec Partnership Fund. This financial support has helped further intensify efforts in research on IVIg mechanisms in autoimmune diseases as well as the in vitro culture of human B lymphocytes to produce antibodies.

The research program on platelet production in the laboratory was substantially revised in 2007. The new short-term goals put forward in 2006 were met, to the SMAC's great satisfaction, after the program's results were presented. The work that has been ongoing in this program for several years also led to the publication of a scientific article in 2007, the presentation of posters at scientific conferences, and the submission of a master's thesis.

Output of cellular engineering work

Program	Publications in scientific journals	Presentations at scientific conferences	Graduating students
Immunoglobulins	3	10	1 (Ph.D.) 3 (M.Sc.)
Platelets	1	10	1 (M.Sc.)

Genotyping: An innovation in finding compatible blood

Last December, in conjunction with Génome Québec, Héma-Québec announced, in the presence of Ms. Priscille Sanon, Dr. Michael Phillips, Dr. Francine Décary, Mr. Paul L'Archevêque, Dr. Nancy Robitaille and Mr. Réal Lemieux, the creation of a registry of 22,000 genotyped donors for several blood groups. This new registry makes it easier to find compatible blood for certain patients who need a specific blood profile for their transfusion. Working with Génome Québec substantially accelerated development of the technology due to access to its extensive expertise in high-throughput automated genotyping and the necessary equipment. This important project was launched in October 2007.

2.2 OPERATIONAL RESEARCH

The Operational Research team's mission consists in supporting the activities of operational divisions to optimize the safety and availability of blood products and human tissues. This year, the Bioproduction team joined the teams from the Operational Testing Group (OTG) and the Screening Group.

2.2.1 OTG

This year, the Operational Testing Group (OTG) moved ahead with work on extending preprocessing storage for blood bags to up to 24 hours at room temperature by demonstrating the limitations of current collection devices and studying the impact of blood cooling on blood product quality. The OTG team also worked with staff from Human Tissues to develop an effective freeze-drying procedure for cancellous bone in order to facilitate transportation and storage at room temperature. It also launched an optimization study for valve graft disinfection. The OTG also initiated a collaboration with researchers from CHU Sainte-Justine to study the generation of bradykinin in blood products, and the role it may play in the incidence of sometimes serious hypotensive transfusion reactions in patients.

KUDOS

Announcement of the creation of a registry of 22,000 genotyped regular donors to facilitate screening of compatible blood during a joint Héma-Québec—Génome Québec press conference on December 18, 2007.

KUDOS

Research and Development's team work made it possible to send the first unit of genotyped packed red blood cells to a hospital centre.

2.2.2 Screening Group

This year, the Screening Group was primarily focused on two issues: MAIPA and FCR. MAIPA (Monoclonal Antibody Immobilization of Platelet) is a test that the Reference and Stem Cell Laboratory uses to detect platelet antibodies. To reduce the time it takes to carry out this technique from 18 hours to 6 hours and increase its robustness, a new protocol was developed, and the results are promising. The second project involves a new, very fast way to conduct molecular tests on blood groups, without resorting to amplification: FCR (Fluorescent Chain Reaction). This innovative approach will be examined in collaboration with researchers from Université Laval. The Natural Sciences and Engineering Research Council of Canada has awarded a three-year grant to continue the work.

2.3 BIOPRODUCTION

This year, the Bioproduction team completed the technological shift to a new test strip format for genotyping at the Reference and Stem Cell Laboratory. The new test strips are easier to use and facilitate technicians' work. Over the summer, thanks to an in-house test kit, the team ran an express West Nile Virus confirmatory test service for the Regulatory Testing Laboratory. Lastly, the team also used a test kit developed by Research and Development to screen 13,049 blood donors, helping to register ten new IgA-deficient donors in Héma-Québec's registry. The blood products made from the blood of these rare donors are needed to keep an optimal inventory of IgA-deficient blood products, which are used to treat certain patients.

Recognition of donors for research

This year, the very first recognition event for research donors was held in Québec. The event honoured all those who participated in the various research projects that are underway (in vitro culture of blood cells, evaluation of new non-invasive devices, pulse-taking, etc.). A total of 127 research donors were honoured at the event.

EIGHTH GOAL

The pursuit
of opportunities
for **partnership**
development.

Sylvie Daigneault
Director of Marketing and International Affairs

1. Broadening Héma-Québec's reach

1.1 CONSOLIDATING THE PARTNERSHIP WITH HEMOMINAS

As part of a partnership with Québec's Ministère des Relations internationales and Ministère de la Santé et des Services sociaux, a team of three HemoMinas representatives visited Québec City facilities over the course of a week in May of 2007. HemoMinas is Héma-Québec's counterpart in the province of Minas Gerais, Brazil. This agency has developed a human tissue bank. The visitors from Brazil were primarily interested in the architectural and functional features of Human Tissues facilities (clean room plans, workflow plan, etc.).

KUDOS

Jessica Constanzo-Yanez's valuable work as an interpreter during the HemoMinas delegation's visit from Brazil.

1.2 DEVELOPING A PARTNERSHIP WITH THE ÉTABLISSEMENT FRANÇAIS DU SANG (EFS)

EFS president Jacques Hardy visited Héma-Québec. The Information Technology division also held several teleconferences to exchange information and procedures for transferring documentation on the technological infrastructure of mobile blood drives.

1.3 PARTICIPATING IN THE INTERNATIONAL MAK USERS GROUP (IMUG)

The International Mak Users Group is a group of representatives from blood establishments around the world that all use PROGESA. Héma-Québec has been an active member of IMUG for several years now. Members from such places as Australia, New Zealand, Canada, the United States, Scotland, Ireland, Finland, the Netherlands and Switzerland meet several times a year.

These discussions allow the organizations to benefit from each other's experience. Héma-Québec, for example, drew on the international network to solve a specific problem in using the software package. Simply emailing a request for information to IMUG members led to Héma-Québec receiving a range of suggested solutions from organizations that had dealt with a similar problem within a few hours. The organization has found this international collaboration highly useful.

Innovations developed at Héma-Québec have been adopted by other organizations that belong to IMUG. The most noteworthy example is the adoption of the ISBT 128 label by a number of primarily North American organizations.

Mr. Alfonso De Phillipo, Dr. Francine Décary, Mrs. Gláucia Amorim, Mrs. Vera Caldeira, Mrs. Jessica Constanzo-Yanez and Mr. André Roch during the HemoMinas delegation's visit to Québec.

1.4 "SAFE BLOOD FOR AFRICA" PROJECT

In Lesotho, Africa, the director of Marketing and International Affairs, Sylvie Daigneault, participated as a co-designer and facilitator in the very first follow-up training workshop on the development of a blood donor recruitment program sponsored by the World Health Organization, the International Federation of Red Cross and Red Crescent Societies, and Safe Blood for Africa. This was the first follow-up meeting for the group of participants who had previously met in Botswana.

She also participated as a trainer in the first international train-the-trainer workshop, the WHO Workshop for Training of Global Core Facilitators on Developing a Voluntary Blood Donor Programme, held in Sharjah, in the United Arab Emirates.

1.5 PRESENTATIONS IN SCHOOLS

Héma-Québec's Accounting director participated in the Jeunes Entreprises du Québec's (Junior Achievement) introduction to business program as a volunteer consultant. In May 2007, she met with 65 Grade 6 students to give them their first introduction to a company's structure and how it works.

Héma-Québec was used as an example of a manufacturing company. The experience helped make the young people aware of how important it is to give blood, while introducing them to all of the organization's activities.

As an associate member, Héma-Québec provides financial support to Jeunes Entreprises.

1.6 FACILITY TOURS

Ten students from Collège François-Xavier-Garneau toured the Québec City facilities as part of their course. Officers from the Security Operations Centre explained how the security systems worked, generating a lot of interest from visitors. A few also looked into the possibility of doing internships when they finish their program.

This same group of students also visited the Human Tissues division and learned about the importance of tissue donation. These visitors were unanimous in their enthusiasm toward the experience.

2. Dissemination tools

2.1 SCIENTIFIC PUBLICATIONS

Boyer L, **Robert A**, **Proulx C**, **Pineault N.** (2008) Increased production of megakaryocytes near purity from cord blood CD34+ cells using a short two-phase culture system. Journal of Immunological Methods 332 (1–2): 82–91.

Chevrier M-C, **St-Louis M**, **Perreault J**, **Caron B**, **Castilloux C**, **Laroche J**, **Delage G.** (2007) Detection and characterization of hepatitis B virus of anti-hepatitis B core antigen-reactive blood donors in Quebec with an in-house nucleic acid testing assay. Transfusion 47 (10): 1794–1802.

Delage G, **Goldman M**, **Heddle N**, **McCombie N**, **Robillard P**, for the Public Health Agency of Canada. (2008) Guideline for investigation of suspected transfusion transmitted bacterial contamination. Canada Communicable Diseases Report 34S1: 1–9.

Dussault N, **Simard C**, **Néron S**, **Côté S.** (2007) Human B lymphocytes and non-Hodgkin's lymphoma cells become polyploid in response to the protein kinase inhibitor SU6656. Blood Cells, Molecules, and Disease 39 (1): 130–134.

Germain M, **Glynn AS**, **Schreiber BG**, **Gélinas S**, **King M, Jones M, Bethel J, Tu Y.** (2007) Determinants of return behavior: A comparison of current and lpsed donors. Transfusion 47: 1862–1870.

Godin G, Conner M, Sheeran P, Bélanger-Gravel A, Germain M. (2007) Determinants of repeated blood donation among new and experienced blood donors. Transfusion 47: 1607–1615.

Godin G, Sheeran P, Conner M, Germain M. (2008) Asking questions changes behavior: Mere measurement effects on frequency of blood donation. Health Psychol. 27 (2): 179–84.

Néron S, Thibault L, Dussault N, Côté G, Ducas É, Pineault N, Roy A. (2007) Characterization of mononuclear cells remaining in the leukoreduction system chambers of apheresis instruments after routine platelet collection: A new source of viable human blood cells. Transfusion 47 (06): 1042–1049.

Reid ME, Westhoff C, Denomme G, Castilho L, on behalf of the CBGG Committee. (2007) Consortium for Blood Group Genes (CBGG): 2007 report. Immunohematology 23 (4): 165–168.

Thibault L, Beauséjour A, Jacques A, de Grandmont MJ, Lemieux R, Grégoire Y, Ducas É, Boucher G. (2008) Improved leucoreduction of red blood cell units prepared after a 24-h hold with the platelet-rich plasma method using newly developed filters. Vox Sanguinis 94 (4): 286–291.

Tremblay T, Aubin É, Lemieux R, Bazin R. (2007) Picogram doses of lipopolysaccharide exacerbate antibody-mediated thrombocytopenia and reduce the therapeutic efficacy of intravenous immunoglobulin in mice. Br J Haematol 139 (2): 297–302.

2.2 INSTITUTIONAL AND SCIENTIFIC PRESENTATIONS (CHRONOLOGICAL ORDER)

National Blood Foundation (NBF) Leadership Forum, San Francisco, California, United States, April 23, 2007

Oral presentation
Décary F. "Héma-Québec's Strategic Plan."

Synerma breakfast: Case component, Ordre des CMA du Québec, Montréal chapter, Montréal, Québec, Canada, April 18, 2007

Oral presentation
Décelles M. "Gestion par activités et tableau de bord de gestion."

Forum public du comité d'hémovigilance, Montréal, Québec, Canada, April 27, 2007

Oral presentation
Germain M. "Tissus humains au Québec: Traçabilité et réactions adverses."

Health Canada, Ottawa, Ontario, Canada, May 2007

Oral presentation
Décary F. "Héma-Québec: 2007–2010 strategic plan."

Joint conference of the Canadian Society for Transfusion Medicine (CSTM), Canadian Blood Services (CBS) and Héma-Québec, Calgary, Alberta, Canada, May 3 to 6, 2007

Oral presentations

Boyer L, Cortin V, Pineault N. "Optimization of a cytokine cocktail for the expansion of cord blood (CB) CD34+ cells into megakaryocyte (MK) progenitors."

Delage G. "Draft protocol for investigation of suspected bacterial contamination of blood products."

Delage G. "Pandemic planning at Héma-Québec."

Delage G. "TRALI: Measures planned at Héma-Québec."

Germain M. "Understanding blood donation behaviour: More than just a research agenda."

O'Brien SF, Fan W, Morris EB, Yi Q, Goldman M, Fearon MA, Infante-Rivard C, Chiavetta JA, Willems B, Pi D, Fast M, Delage G. "Why do hepatitis C rates continue to decrease in first-time donors?"

Saxon B, Delage G, Hume H. "Severity of hemolysis following IVIg infusions in Canada."

Thibault L, Beauséjour A, Jacques A, Boucher G, de Grandmont MJ. "Effect of cooling rate to 20–24°C on whole blood intended for component preparation."

Tremblay T, Aubin É, Lemieux R, Bazin R. "Picogram doses of LPS, as observed in patients with non-lethal septicaemia, exacerbate antibody-mediated thrombocytopenia and reduce the therapeutic efficacy of IVIg in mice."

Posters

Boucher J-F, Cayer M-P, Boyer L, Palmqvist L, Lemieux R, Proulx C, Pineault N. "Transient and early culture of CD34+ cord blood cells under mild hyperthermia is sufficient to accelerate and increase megakaryocytic differentiation."

Cayer M-P, Sea S-P, Drouin M, Forest A, Côté S, Simard C, Boyer L, Jacques A, Pineault N, Jung D.
"Optimization of chimeric adenoviral vector Ad5/F35 for efficient gene transfer into normal human B lymphocytes and haematopoietic progenitors: Comparison of promoter activities."

Chevrier M-C, Blais C, Caron B, Castilloux C, Constanzo-Yanez J, Guérin M, Nolin MÈ, Perreault J.
"Convenient pre-loaded strips format for blood group genotyping."

Perreault J, Richard M, St-Louis M. "Blood group genotyping of red blood cell panel donors."

Richard M, Perreault J, St-Louis M. "The KNOPS: CR1 exon 29 sequencing."

St-Louis M, Long A, Richard L. "Analysis of demands for blood group genotyping at Héma-Québec."

Ste-Marie A, Simard C, Côté S. "Megakaryocytic cells expressing MTPG-24, a peptide derived from a protein regulating the actin cytoskeleton, undergo giant cell formation."

Thibault L, Beauséjour A, Jacques A, Boucher G, de Grandmont MJ. "Leukoreduction filter limits storage of whole blood to 16 hours before processing by the PRP method."

Thibault L, Beauséjour A, Jacques A, Massicotte M, Boucher G, Rabusseau I. "Evaluation of the Beckman Coulter AcT 5 diff CP hematology analyzer in a thrombapheresis center setting."

Traore AN, Delage G, Goldman M, McCombie N, Robillard P, Heddle N. "Microbiological laboratory investigations of suspected transfusion-transmitted bacterial infection: A Canadian survey."

Traore AN, Delage G, Goldman M, McCombie N, Robillard P, Heddle NM, Hyson C. "Clinical and laboratory practices in investigation of suspected transfusion-transmitted bacterial infection (TTBI): A survey of Canadian hospitals."

Advisory Committee on Blood Safety and Availability (ACBSA) Meeting, Washington, D.C., United States, May 10–11, 2007

Oral presentation

Germain M. "Status of transfusion and transplantation safety: Canadian experience."

Financial Executives International (FEI) Annual Conference–Québec, Montréal, Québec, Canada, May 17, 2007

Oral presentation

Décelles M, Lafrenière G. "Gestion par activités et tableau de bord de gestion. L'expérience d'Héma-Québec."

Participation and presentation at the 2nd International Operational Excellence Working Group Meeting, London, U.K., May 17–18, 2007

Oral presentation

Daigneault S. "Approach to waiting time."

7th annual symposium of the Centre de recherche sur la fonction, la structure et l'ingénierie des protéines (CREFSIP), Université Laval, Québec, Québec, Canada, May 24, 2007

Posters

Aubin É, Roberge C, Trépanier P, Lemieux R, Bazin R. "Diminution de l'activité de présentation antigénique du machophage par les immunoglobulines thérapeutiques (IVIg)."

Leysi-Derilou Y, Pineault N, Boucher J-F, Duchesne C, Garnier A. "Modèle 3D de la mégacaryopoïèse."

Paquin-Proulx D, Lemieux R, Bazin R. "Activité biologique d'un substitut potentiel aux immunoglobulines thérapeutiques (IVIg) sur les lymphocytes B."

Ste-Marie A, Côté S. "MTPG-24: un outil moléculaire pouvant potentiellement favoriser l'augmentation de la taille du mégacaryocyte."

ProjectWorld & BusinessWorld Canada 2007 Symposium, Montréal, Québec, Canada, May 28–31, 2007

Oral presentation

Champenois C, Tran X-H. "L'art de la validation: la puissance des processus d'affaires."

9th annual Ontario–Québec biotechnology meeting of the Canadian Society for Chemical Engineering (CSChE), Toronto, Ontario, Canada, June 7–8, 2007

Oral presentation

Leysi-Derilou Y, Duchesne C, Pineault N, Boucher J-F, Garnier A. "Insights into the ex vivo megakaryopoiesis process from the parameter sensitivity analysis of a 3D differentiation model."

Annual meeting of Hemophilia Clinic Directors, Drummondville, Québec, Canada, June 8, 2007

Oral presentation

Lapierre J. "Introduction du Helixate (facteur VIII recombinant) par Héma-Québec."

XVIIth Regional Congress of the ISBT, Madrid, Spain, June 23–27, 2007

Oral presentations

Delage G, Dubuc S. "Comparison of return rates of temporarily deferred donors with those of undeferred donors."

O'Brien SF, Fan W, Morris EB, Yi Q, Goldman M, Fearon MA, Infante-Rivard C, Chiavetta JA, Willems B, Pi D, Fast M, Delage G. "Why do hepatitis C rates continue to decrease in first-time donors?"

XXIIIe Conférence de la Société française de transfusion sanguine, Tours, France, July 3–5, 2007

Guest speaker

Daigneault S. "Le marketing dans l'univers du don de sang."

Oral presentation

Lemieux R, Richard L, St-Louis M, Delage G, Gendron F, Décelles M, Côté R, Phillips M, Smith A. "Utilisation efficiente du génotypage automatisé des groupes sanguins mineurs pour la recherche de sang compatible en ciblant les donneurs fréquents."

2nd Annual Canadian Society for Life Science Research (CSLSR) Meeting, Montréal, Québec, Canada, July 13–14, 2007

Oral presentations

Paquin-Proulx D, Lemieux R, Bazin R. "Biological activity of cross-linked intravenous immunoglobulins (IVIg) on human B cells."

Ste-Marie A, Simard C, Côté S. "Megakaryocytic cells expressing a peptide derived from a protein regulating the actin cytoskeleton, MTPG-24, exhibit an increased cell size."

Posters

Dumont N, Paquin-Proulx D, Aubin É, Lemieux R, Bazin R. "Protective secondary immune response to gram-negative bacteria: A role for TLRs?"

Aubin É, Paquin-Proulx D, Lemieux R, Bazin R. "Decrease of IFN-dependent anti-gen presentation in macrophages by therapeutic intravenous immunoglobulins (IVIg)."

Gordon Research Conference on Human Genetics and Genomics, Newport, Rhode Island, United States, July 22–27, 2007

Poster

St-Louis M. "The complexity of the two Rh blood group genes for transfusion medicine."

234th American Chemical Society (ACS) National Meeting, Boston, Massachusetts, United States, August 19–23, 2007

Oral presentation

Leysi-Derilou Y, Pineault N, Duchesne C, Boucher J-F, Garnier A. "3D differentiation model of ex vivo megakaryopoiesis."

Annual meeting of the Canadian Immunodeficiency Patient Organisation (CIPO), CHU mère-enfant Sainte-Justine, Montréal, Québec, Canada, September 15, 2007

Guest speaker

Lapierre J. "Héma-Québec et la gestion entourant l'approvisionnement en immunoglobulines intraveineuses."

36th Annual Scientific Meeting of the International Society for Experimental Hematology, Hamburg, Germany, September 27–30, 2007

Poster

Branch DR, Cayer M-P, Proulx M, Ma X-Z, Sakac D, Giguère J-F, Drouin M, Néron S, Jung D. "Effects of c-Src overexpression in CD40-activated human B lymphocytes."

Americas' SAP Users' Group (ASUG) Meeting, Calgary, Alberta, Canada, October 3, 2007

Oral presentation

Huot S. "How Héma-Québec Uses Shift Planning."

Transplant Atlantic — Tissue Symposium, Halifax, Nova Scotia, Canada, October 11, 2007

Oral presentation

Germain M. "Traceability and Surveillance of human tissues: Current status and future directions."

2007 edition of the Canadian Cardiovascular Congress, Québec, Québec, Canada, October 20–24, 2007

Abstract published

Tremblay J, Germain M, Maltais F, Cyr S, Paquet J-P. "Cryoprotectant residues in heart valve allografts."

60th AABB Annual Meeting and TXPO, Anaheim, California, United States, October 20–23, 2007

Oral presentations

O'Brien SF, Fan W, Morris EB, Yi Q, Goldman M, Fearon MA, Infante-Rivard C, Chiavetta JA, Willems B, Pi D, Delage G. "Why do hepatitis C rates continue to decrease in first-time donors?"

Robitaille N, Delage G, Long A, Thibault L, Robillard P. "Allergic transfusion reactions from blood products donated by IgA-deficient donors with and without anti-IgA: A comparative study."

Posters

Chevrier M, Long A, Delage G, Châteauneuf I, Anctil J, Laliberté I. "Topical treatment of ligneous conjunctivitis with fresh frozen plasma for a patient with plasminogen deficiency."

Lemieux R, Richard L, St-Louis M, Delage G, Gendron F, Décelles M, Côté R, Phillips M, Smith A. "Cost efficient use of automated genotyping for primary screening of antigen-negative red blood cell units by targeting frequent donors."

Long A, St-Louis M, Côté M, Éthier C. "Two cases of weak type 42 in patients of European ancestry."

Sarappa C, Taboubi S, Rémillard B. "Factors that affect the demand for packed red cells in Québec."

Thibault L, Beauséjour A, Jacques A, Boucher G, de Grandmont M. "Effect of cooling rate to ambient temperature on the quality of whole blood stored for up to 24 hours before component preparation."

Thibault L, Beauséjour A, Jacques A, Massicotte M, Boucher G, Rabusseau I. "Evaluation of the Beckman Coulter AcT 5 diff CP hematology analyzer for the selection of thrombapheresis donors."

Traore AN, Delage G, Goldman M, McCombie N, Robillard P, Heddle NM, Hyson C. "Clinical and laboratory practices in investigation of suspected transfusion-transmitted bacterial infection: A survey of Canadian hospitals."

3rd International Plasma Fractionation Association (IPFA), Anaheim, California, United States, October 24, 2007

Oral presentation

Lapierre J. "Héma-Québec et la gestion des produits stables."

57th Canadian Chemical Engineering Conference, Edmonton, Alberta, Canada, October 28–31, 2007

Oral presentation

Leysi-Derilou Y, Duchesne C, Pineault N, Boucher J-F, Garnier A. "Insights into the effect of temperature on platelet production provided by the dynamic mathematical modeling of megakaryopoiesis."

International Society of Blood Transfusion (ISBT) Regional Congress Asia, Hanoi, Vietnam, November 12, 2007

Oral presentations

Décary F. "Report of the Canadian Consensus Conference of Pathogen Inactivation."

Décary F. "Information and traceability in transfusion medicine."

Synerma breakfast: Case component, Ordre des CMA du Québec, Outaouais chapter, Gatineau, Québec, Canada, November 7, 2007

Oral presentation

Décelles M. "Gestion par activités et tableau de bord de gestion."

ProjectWorld & The World Congress for Business Analysts, Anaheim, California, United States, November 13–16, 2007

Guest speaker

Champenois C. "Integrating the roles of the PM & the BA: The success story behind an ERP project."

Americas' SAP Users' Group (ASUG) of FI/CO financial modules, Longueuil, Québec, Canada, November 16, 2007

Oral presentation

Leclerc J-M, Perron G. "Le processus budgétaire de Héma-Québec."

Urgence Santé, Montréal, Québec, Canada, December 3, 2007

Oral presentation

Germain M. "Les tissus humains destinés à la greffe: utilisations cliniques."

49th Annual Meeting of the American Society of Hematology, Atlanta, Georgia, United States, December 8–11, 2007

Abstracts published

Jung D, Cayer M-P, Proulx M, Ma X-Z, Sakac D, Giguère J-F, Drouin M, Néron S, Branch DR. "Effects of c-Src overexpressioin in CD40-activated human B lymphocytes."

Ducas É, Dussault N, Racine C, Jacques A, Paré I, Côté S, Néron S. "Intravenous immunoglobulins regulation of human B cells is mediated through extracellular signal-regulated kinase 1 and 2."

Boyer L, Cortin V, Robert A, Pineault N. "Optimization of a cytokine cocktail for the expansion of cord blood CD34+ cells into megakaryocytes progenitors."

1er Forum de l'Industrie de la santé du Québec, Québec, Québec, Canada, December 10, 2007

Oral presentation

Lafrenière G, Deschênes JF. "Faire affaires avec Héma-Québec."

Laboratoire de santé publique du Québec (LSPQ), Montréal, Québec, Canada, December 13, 2007

Oral presentation

Germain M. "Les allogreffes de tissus humains: rôle et services offerts par Héma-Québec."

Health Canada, Ottawa, Ontario, Canada, January 8, 2008

Oral presentation

Décary F. "Planification de la suffisance en plasma pour les IvIG."

11th International Colloquium on the Recruitment of Voluntary, Non-Remunerated Blood Donors, Cairo, Egypt, January 12–18, 2008

Guest speaker

Daigneault S. "Humanitarian Partnership."

Département de pédiatrie du CHUQ (pavillon CHUL), Québec, Québec, Canada, January 25, 2008

Oral presentation

Germain M. "Les allogreffes de tissus: rôle et services offerts par Héma-Québec."

CEN Workshop, Brussels, Belgium, February 2008

Oral presentation

Décary F. "ISBT 128: One world, one standard."

2.3 MASTER'S THESES AND DOCTORAL DISSERTATIONS

Boucher, J.-F. "Étude des effets de l'hyperthermie légère sur la prolifération et la différenciation des cellules hématopoïétiques CD34+ issues de sang de cordon ombilical." Thesis submitted to the Faculté des études supérieures of Université Laval in the master's program in microbiology for the Master of Science degree (M.Sc.). Faculté des sciences et de génie, Université Laval, Québec, December 2007.

Douville, F. "Identification des déterminants liés à l'intention de consentir au don de tissus humains d'un proche décédé." Thesis submitted to the Faculté des ciences infirmières of Université Laval as part of the Nursing master's program for the Master of Science degree (M.Sc.). Université Laval, Québec, November 23, 2007.

Ducas, É. "Étude de la signalisation intracellulaire suite à la variation du niveau d'interaction CD40-CD154 chez les lymphocytes B humains." Thesis presented to the Faculté des études supérieures of Université Laval as part of the Biochemistry master's program for the Master in Science degree (M.Sc.). Faculté des sciences et de génie, Université Laval, Québec, October 2007.

Dumont, N. "Production d'anticorps spécifiques in vitro par culture de lymphocytes B humains." Thesis submitted to the Faculté des études supérieures of Université Laval as part of the Microbiology master's program to obtain the Master of Science degree (M.Sc.). Faculté des sciences et de génie, Université Laval, Québec, February 2008.

Fecteau, J.-F. "Étude comparative de la réponse des lymphocytes B humains naïfs et mémoires in vitro." Dissertation submitted to the Faculté des études supérieures of Université Laval as part of the Microbiology doctorate program for the Doctor of Philosophy degree (Ph.D.). Faculté des sciences et de génie, Université Laval, Québec, April 2007.

Forest, A. "Surexpression d'XBP1S dans les lymphocytes B, et différenciation plasmocytaire." Thesis submitted to the Faculté des études supérieures of Université Laval as part of the Biochemistry master's program for the Master of Science degree (M.Sc.). Faculté des sciences et de génie, Université Laval, Québec, September 2007.

2.4 AWARDS AND DISTINCTIONS

Computerworld Honors Program

SAP supported Héma-Québec's nomination for this prestigious competition to highlight the HR module implementation as part of the SIGRHQ project. The organization won a medal and was selected as a finalist in the non-profit organization category. It was one of the top five among 17 finalists in this category. Medal ceremony and gala in Washington D.C. on June 4, 2007.

OCTAS 2008

Héma-Québec was one of three finalists for the Fédération de l'informatique du Québec (FiQ) 2008 OCTAS awards, in the changing organizational processes category, for businesses with up to 1,500 employees. The Information Technology division had submitted "Le SQTI: une transformation vers une gestion intégrée du risque," which introduces the SQTI (information technology quality system) using the PROMINI and SILQ projects as an example. The gala took place in Montréal on April 2, 2008.

International Mak Users Group (IMUG)

The "New ISBT 128 label" tool received some attention in the United States. Following the IMU meeting in Washington, representatives from Florida Blood Services asked for permission to produce a plasticized pocket card based on ours.

The pocket card and poster explaining the ISBT 128 label are now being shown as models on the Web site of the International Council for Commonality in Blood Blank Automation (ICCBBA), the organization in charge of managing and developing the ISBT 128 standard.

Canadian Society for Life Science Research (CSLSR)

The third prize for oral presentations at the 2nd annual CSLSR conference went to Dominic Paquin-Proulx, a doctoral student supervised by Renée Bazin. The prize includes a $250 bursary.

Centre de recherche sur la fonction, la structure et l'ingénierie des protéines (CREFSIP)

The second prize for posters presented at the 7th annual CREFSIP symposium was awarded to Dominic Paquin-Proulx, doctoral student supervised by Renée Bazin. The prize includes a $100 bursary.

2.5 PARTICIPATION IN EXTERNAL COMMITTEES

Advancing Transfusion and Cellular Therapies Worldwide (AABB)

Dr. Marc Germain, Vice-President, Human Tissues, Reviewer

Suzanne Rémy, Vice-President, Quality and Standards, Accreditation Program Committee

Public Health Agency of Canada (PHAC)

Dr. Gilles Delage, Vice-President, Medical Affairs in Microbiology, member of the working group in charge of developing guidelines for investigation of suspected transfusion transmitted bacterial contamination (June 2006–October 2007)

Dr. Jacqueline Lemenu, Montréal Medical Director, Medical Affairs, member of the National Transfusion Transmitted Injuries Surveillance System Working Group (October 2007)

Dr. Jacqueline Lemenu, Montréal Medical Director, Medical Affairs, member of the National TACO-TRALI Working Group (February 2008)

America's Blood Centers (ABC)

Dr. Francine Décary, President and Chief Executive Officer, member of the Board of Directors (renewed for a second term) (February 24, 2008)

Daniel Vinet, Director, Supply Planning, member of the Donor Recruitment Committee

Canadian Standards Association (CSA)

Dr. Francine Décary, President and Chief Executive Officer, member of the CSA Strategic Steering Committee on Health Care Technology (October 19, 2007)

Dr. Gilles Delage, Vice-President, Medical Affairs in Microbiology, chair of the CSA technical committee on blood and blood components (2001–)

Dr. Marc Germain, Vice-President, Human Tissues, chair of the CSA technical committee for the standard on cells, tissues and organs

Suzanne Rémy, Vice-President, Quality and Standards, industry representative (2002–)

Mario Tremblay, Director, Processing and Shipping, Montréal, industry representative (2006–)

Committee for the Protection of Animals at Université Laval (CPAUL)

Éric Aubin, doctoral student in the Cellular Engineering division, member (2006–)

Conférence luso-francophone de la santé (COLUFRAS)

Dr. Francine Décary, President and Chief Executive Officer, member of the Board of Directors (CAIP) (July 14, 2007)

Natural Sciences and Engineering Research Council of Canada (NSERC)

Daniel Jung, scientist in the Cellular Engineering division, external reviewer for NSERC's Discovery Grants program (2007–)

Consortium for Blood Group Genes (CBGG)

Maryse St-Louis, scientist in the Operational Research division, belongs to this group of international specialists in the genotyping of red blood cell, platelet, and neutrophil antigens (2005–)

Fonds de la recherche en santé du Québec (FRSQ)

Renée Bazin, Director, Cellular Engineering, member of the Evaluation Committee for post-doctoral grants, basic science category (2005–)

Daniel Jung, scientist in Cellular Engineering, member of the Evaluation Committee for doctoral grant applications (2007–2009)

Sonia Néron, scientist in Cellular Engineering, member of the Evaluation Committee for masters grant applications (2005–)

Bayer–Talecris–CBS–Héma-Québec Partnership Fund

Renée Bazin, Director, Cellular Engineering, member of the Grant Application Review Committee (2007–)

International Operational Excellence Working Group

Sylvie Daigneault, Director, Marketing and International Affairs, member (September 2006)

International Plasma Fractionation Association (IPFA)

Jean Lapierre, Director, Stable Products, member of the Board of Directors

itSMF Canada (IT Service Management Forum)

Claude Gagnon, IT systems quality control specialists, member of the Board of Directors

Xuan-Hoa Tran, PROMINI quality control specialist, Vice-President, educational development

Xuan-Hoa Tran, PROMINI quality control specialist, member of the Board of Directors

Ordre professionnel des technologistes médicaux du Québec (OPTMQ)

Daniel Boutin, Director, Training, trustee

Réseau de l'Université de Sherbrooke

Dr. Francine Décary, President and Chief Executive Officer, Chair of the Board of Directors (April 1, 2007–February 2008)

Revue Blood Transfusion

Dr. Francine Décary, President and Chief Executive Officer, member of the International Board, Italy (April 10, 2007)

Canadian Blood Services (CBS)

Dr. Jacqueline Lemenu, Montréal Medical Director, Medical Affairs, co-chair of the joint Canadian Blood Services–Héma-Québec Donor Selection Criteria Working Group Committee (November 2006–)

Réal Lemieux, Vice-President, Research and Development, member of the Scientific and Research Advisory Committee (1999–)

Réal Lemieux, Vice-President, Research and Development, member of the Research and Development Internal Grant committee (2007–)

International Society for Blood Transfusion (ISBT-SITS)

Sylvie Daigneault, Director, Marketing and International Affairs, member of the new working committee, the Donors and Donation Working Party (June 2007)

Jean-François Leblanc, Scientific Information Advisor, Research and Development, member, editorial board, *Transfusion Today*, the ISBT bulletin (2007–)

2.6 OTHER ACTIVITIES

Christian Champenois teaches the "Project Management" course at McGill University.

Sylvie Daigneault participated in the Board meeting as a liaison officer at the ADRP conference in Baltimore, United States, May 2–5, 2007.

Sylvie Daigneault delivered a presentation entitled "Le marketing dans l'univers du don de sang" as part of the "Introduction à la publicité sociale" course for first-year students in the Bachelor of Public Communications program at Université Laval, in November 2007.

Sylvie Daigneault was the guest co-designer and facilitator in the first follow-up training workshop on the development of a blood donor recruitment program, organized in collaboration with the World Health Organization, the International Federation of Red Cross and Red Crescent Societies, as well as Safe Blood for Africa, and held in In Lesotho, Africa, from July 16 to 20, 2007.

Sylvie Daigneault was a guest trainer at the first international train-the-trainer workshop, WHO Workshop for Training of Global Core Facilitators on Developing a Voluntary Blood Donor Programme, held in Sharjah, United Arab Emirates, from October 29 to November 1, 2007.

Sylvie Daigneault led a training workshop on humanitarian partnerships at the 11th International Colloquium on the Recruitment of Voluntary, Non-Remunerated Blood Donors, from January 12 to 18, 2008, in Cairo, Egypt.

Sylvie Daigneault participated in the 2nd meeting of ISBT Donors and Donation Working Party, ISBT Regional Conference held in Madrid in June 2007.

Claude Gagnon was communications assistant for the itSMF (IT Services Management Forum) annual conference, November 2007.

Sylvain Leclerc is the instructor of "Conception de bases de données," at HEC Montréal.

Suzanne Rémy participated in the Grands prix québécois de la qualité 2007 as a reviewer.

Xuan-Hoa Tran is an instructor of "Analyse d'affaires et assurance qualité logiciel" at HEC Montréal.

2.7 GRANTS RECEIVED

Bayer–Talecris–Canadian Blood Services (CBS)–Héma-Québec Partnership Fund

CA$200,000 grant to Daniel Jung, Ph.D. (principal investigator), Renée Bazin, Ph.D. (co-investigator) and Sonia Néron, Ph.D. (co-investigator), to fund the study "Production of Ag-specific human polyclonal IgG using adenovirus transduced human normal B lymphocytes. A new source of immunoglobulins for therapeutic use?"

Bayer–Talecris–Canadian Blood Services (CBS)–Héma-Québec Partnership Fund

CA$197,300 over two years granted to Sonia Néron, Ph.D. (principal investigator), Serge Côté, Ph.D. (co-investigator) and André Darveau, Ph.D. (co-investigator) to fund the project "Studies on the mechanisms of action of intravenous immunoglobulins on human B lymphocytes from healthy individuals and patients with autoimmune diseases."

Natural Sciences and Engineering Research Council of Canada (NSERC)

CA$241,200 strategic project funding over three years granted to Denis Boudreau, Ph.D. (principal investigator), Mario Leclerck, Ph.D. (co-investigator) and Maryse St-Louis, Ph.D. (co-investigator), to fund the study "Direct molecular detection of DNA for blood genotyping."

Natural Sciences and Engineering Research Council of Canada (NSERC) and the Fonds québécois de la recherche sur la nature et les technologies (FQRNT)

Industrial Innovation Scholarship (IIS) awarded to Dominic Paquin-Proulx, doctoral student supervised by Renée Bazin.

Natural Sciences and Engineering Research Council of Canada (NSERC)

Graduate studies (GS) grant to Maryse Proulx, master's student supervised by Daniel Jung.

Natural Sciences and Engineering Research Council of Canada (NSERC)

Postdoctoral Industrial R&D Fellowship (IRDF) to Amélie Robert, Ph.D., postdoctoral fellow supervised by Nicolas Pineault.

2.8 GRANTS AWARDED

Third $18,000 instalment of the grant awarded by Héma-Québec to France Gauvin, Ph.D., researcher at CHU Sainte-Justine, for the study "Surveillance active du TRALI pédiatrique," as part of the Canadian Paediatric Surveillance Program, February 2008.

ADMINISTRATION

1. Board of Directors

1.1 STRUCTURE

The Board is made up of 12 members and one observer. Directors represent all phases of the transfusion chain, from donor to recipient.

A number of changes took place within the Board in the last year. First, the Board would like to thank Mr. Christian Gendron, who completed his mandate last fall. He sat on the Board from 2003 to 2007. The directors would like to emphasize his important contributions to the Board of Directors, Audit Committee, Executive Committee, and as an observer on the Recipient Representatives Advisory Committee. Dr. Lucie Poitras also completed her term. The Board would like to thank Dr. Poitras, who sat on the board from 2002 to 2007, acting as Vice-Chair as of 2005.

Ms. Martine Carré, Chair of the Leucan Board and Mr. René Carignan, Chief Financial, Administrative and Clinical Support Officer, McGill University Health Centre, have taken over. The Board welcomes them and acknowledges the contributions they are already making to the Board and its committees.

The Board would also like to thank the members of Héma-Québec's Senior Management, who have supported its activities throughout the year.

This year also saw the end of Ms. Cheryl Campbell Steer's mandate as Chair of the Board. Her mandate will come to an end when she signs the 2007–2008 financial statements. Ms. Campbell Steer has been on the Board since 1999. She has acted as Chair of the Audit Committee, Chair of the Governance Committee, Vice-Chair of the Board of Directors and, lastly, as Chair of the Board of Directors since December of 2005. She will be succeeded by Mr. Jean-Pierre Allaire, who has been on the Board since 2005. He was Chair of the Audit Committee and Vice-Chair of the Board. He has been elected Chair for a two-year term.

1.2 THE BOARD'S MANDATE

The Board of Directors adopts the strategic plan, budget and financial statements. It also oversees the implementation of effective control and risk management systems.

The Board is supported by a Governance Committee, an Audit Committee, and a Compensation and Human Resources Committee.

1.3 STRATEGIC PLANNING

This year, the Board participated in revising the 2007–2010 strategic plan and subsequently adopted it. Several directors took part in the long-term planning session with senior management.

1.4 FINANCIAL RESULTS, INTERNAL CONTROL AND MANAGEMENT SYSTEM

During every meeting, the Board reviews the financial results and management statistics. The Audit Committee oversees the implementation of internal control mechanisms.

1.5 RISK MANAGEMENT AND SAFETY

The Board approved the implementation of several safety measures to reduce the risks associated with TRALI, vCJD and Chagas.

1.6 GOVERNANCE

The conclusions of the Board self-evaluation exercise show that its biggest accomplishment in the last two years is the creation of a solid governance structure. Although Héma-Québec is not subject to the *Act respecting the governance of state-owned enterprises*, the Board has decided to comply with its main principles and declarations.

The Board has also approved the mandate of the Compensation and Human Resources Committee, and the revised mandate of the Governance Committee. Board members were offered training on the roles and responsibilities of directors this year.

Board of Directors as at March 31, 2008

Field represented	Members
Business community	Chair Ms. Cheryl Campbell Steer President Campbell Steer & Associates Vice-Chair Mr. Jean-Pierre Allaire Retired partner KPMG
Héma-Québec	Secretary Dr. Francine Décary President and Chief Executive Officer Héma-Québec
Hospitals	Mr. René Carignan Chief Financial Administrative and Clinical Support Officer McGill University Health Centre Ms. Carole Deschambault Chief Executive Officer Maisonneuve-Rosemont Hospital
Recipients	Ms. Martine Carré Chair, Board of Directors Leucan
Transfusion medicine	Dr. Martin Champagne Director of the Hematopoeitic Transplantation Program CHU Sainte-Justine Dr. William K. Li Pi Shan Anaesthesiologist Royal Victoria Hospital, McGill University Health Centre
Donors	Ms. Hélène Darby Provincial President Association of Blood Donation Volunteers
Public health	Dr. Marc Dionne Scientific Director Institut national de la santé publique
Academia	Dr. Serge Montplaisir Professor, Department of Microbiology, Université de Montréal and CHU Sainte-Justine Dr. Pierre Ouellet Oncohematologist Centre hospitalier universitaire de Québec (CHUQ) Hôtel-Dieu
Haemovigilance Committee observer	Mr. Wilson Sanon Chair Québec Sickle Cell Association

1.7 COMMITTEES OF THE BOARD OF DIRECTORS

The committees of the Board of Directors are formed by the Board and made up of directors. They are the Executive Committee, Governance Committee, Audit Committee and Compensation and Human Resources Committee.

1.7.1 Executive Committee

If necessary, the Committee meets between regular Board meetings to make decisions that are in the Board's purview. It held one meeting this year.

Executive Committee as at March 31, 2008

Members
Ms. Cheryl Campbell Steer, Chair of the Board
Mr. Jean-Pierre Allaire, Vice-Chair of the Board
Dr. Francine Décary, Secretary of the Board
Ms. Hélène Darby, Director

1.7.2 Governance Committee

The Governance Committee makes recommendations to the Board regarding principles of governance and codes of ethics for directors and employees. The Governance Committee ensures directors are properly trained and evaluated. Every two years, it submits an evaluation of how the Board operates. This evaluation was performed, and it confirmed that directors are satisfied with how the board runs and, in particular, with its accomplishments in the matter of governance. Lastly, the Committee oversees member attendance at Board and Committee meetings.

Governance Committee as at March 31, 2008

Members
Ms. Hélène Darby, Chair
Ms. Cheryl Campbell Steer
Dr. Martin Champagne
Mr. Wilson Sanon, observer

1.7.3 Audit Committee

The Audit Committee monitors the organization's financial management, internal controls and risk management. It examines the budget and pricing for products, and recommends approval to the Board. It also supervises the external audit and drafting of financial statements.

This year, the Audit Committee focused largely on management of operational risks and compliance with legislation. It also ensured that the policy on reporting financial irregularities was modified so that reports are made to an outside firm rather than internally.

Audit Committee as at March 31, 2008

Members
Mr. Jean-Pierre Allaire, Chair
Mr. René Carignan
Ms. Carole Deschambault
Dr. Serge Montplaisir

1.7.4 Compensation and Human Resources Committee

The Committee examines directions and strategies in the management of human resources. It recommends evaluation criteria for the President and Chief Executive Officer, evaluates the latter, and makes recommendations to the Board on this matter, as well as on the President and CEO's compensation. It also examines the succession plan for Vice-Presidents, as well as their evaluation and compensation. The Committee was created at the end of the year. As soon as it was created, it adopted the President and CEO's recommendation to hire a Vice-President of Research and Development to replace Réal Lemieux, who left the organization last year.

Compensation and Human Resources Committee as at March 31, 2008

Members
Ms. Carole Deschambault, Chair
Mr. Jean-Pierre Allaire
Mr. René Carignan
Dr. Serge Montplaisir

1.7.5 Advisory Committees

Advisory committees are put together by the Board. They include the Recipient Representatives Advisory Committee, the Safety Advisory Committee, the Scientific and Medical Advisory Committee, and the Research Ethics Committee.

1.7.5.1 Recipient Representatives Advisory Committee

The mandate of the Recipient Representatives Advisory Committee is to develop effective communications between Héma-Québec and the various groups that represent product recipients, and to ensure that their specific interests are brought to the Board's attention. It looks at the recommendations of the Safety Advisory Committee before they are brought before the Board.

This Committee was previously called the Liaison Committee and changed its name in 2007. It is now called the "Recipient Representatives Advisory Committee."

It also approved the implementation of a number of safety measures to reduce the risk associated with TRALI, variant Creutzfeldt-Jakob disease and Chagas.

Recipient Representatives Advisory Committee as at March 31, 2008

Field represented	Members
Coalition des organismes communautaires québécois de lutte contre le sida	Mr. Michel Morin, Chair
Canadian Immunodeficiencies Patient Organization, Québec chapter	Ms. Martine Allard
	Mr. Jacques Dagnault
Canadian Hemophilia Society, Québec chapter	Mr. Marius Foltea
	Mr. Pascal Mireault
Association des grands brûlés	Mr. Jean-Pierre Juneau
Transplant recipients	Mr. Gaston Martin
Québec Sickle Cell Association	Ms. Marika Mouscardy
	Mr. Wilson Sanon
Leucan	Ms. Claudette Pitre-Robin
Québec Society of Thalassemia	Ms. Sophie Tuyssuzian
Observer from the Board of Directors	Ms. Hélène Darby
	Vacant

1.7.5.2 Safety Advisory Committee

The mandate of the Safety Advisory Committee is to provide the Board with a reasonable opinion on product safety and assist the Board in assessing risks. The Committee monitors all existing and emerging pathogens.

It also approved the implementation of a number of safety measures to reduce the risk associated with TRALI, variant Creutzfeldt-Jakob disease and Chagas.

Safety Advisory Committee as at March 31, 2008

Field represented	Members
Public health	Chair Dr. Bryce Larke Medical Health Officer Yukon Health and Social Services
Infectious diseases	Dr. Susan Stramer Executive Scientific Officer National Confirmatory Testing Laboratory American Red Cross
Epidemiology	Dr. Steven Kleinman Biomedical Consultant, Canada
Transfusion medicine and practice	Dr. Luiz Amorim Consultant HEMOBRAS, Brazil Dr. James P. Aubuchon Medical Director, Blood Bank and Transfusion Services Dartmouth-Hitchcock Medical Center, United States Dr. Paul Holland Consultant, United States Mr. Christopher Verrall Prowse Research Director Scottish National Blood Transfusion Service National Science Laboratory, Scotland Dr. Henk W. Reesink Associate Professor Sanquin Blood Bank North-West Region and Sanquin Diagnostic Services, The Netherlands Dr. Georges Andreu Official representative of the Director General Institut national de la transfusion sanguine, France
Ethics	Vacant
Canadian Blood Services	Dr. Margaret Fearon Executive Medical Director, Medical Microbiology Canadian Blood Services, Canada
Representative from the Recipient Representatives Advisory Committee	Mr. Marius Foltea Canadian Hemophilia Society, Québec chapter, Canada
Public representative	Mr. David Page Executive Director Canadian Hemophilia Society, Canada
Observer from the Board of Directors	Dr. Marc Dionne Scientific Director Institut national de la santé publique, Canada

1.7.5.3 Scientific and Medical Advisory Committee

The Scientific and Medical Advisory Committee (SMAC) is mandated to advise the Board of Directors regarding the scientific relevance of research and development programs, scientific and medical advances that could have an impact on product supply. Last year, the Committee redefined research and development directions to focus on research into IVIg. This year, the Committee reported on the implementation of its recommendation as well as on the progress that has been made in this regard.

Scientific and Medical Advisory Committee as at March 31, 2008

Field represented	Members
Immunology	Chair Dr. Yves St-Pierre Professor Institut national de la recherche scientifique, Institut Armand-Frappier, Canada
Molecular biology	Dr. Jean-Pierre Cartron Scientific Director Institut national de la transfusion sanguine, France
Plasma derivatives	Dr. Dana Devine Professor of Pathology, Department of Pathology and Laboratory Medicine University of British Columbia, Canada
Diagnostic technologies	Vacant
Transfusion medicine	Dr. Jean-François Hardy Full Professor, Anaesthesiology Department Université de Montréal, Canada Holder, ABDV–Héma-Québec–Bayer Chair in Transfusion Medicine Université de Montréal, Canada Head, Anaesthesiology Department (CHUM), Notre-Dame Hospital Centre hospitalier de l'Université de Montréal, Canada
Biotechnology	Dr. Bernard Massie Group Leader, Animal Cell Engineering, National Research Council Canada Biotechnology Research Institute, Canada
Industrial research	Dr. Denis Riendeau Director of Biochemistry and Molecular Biology Merck Frosst, Centre for Therapeutic Research, Canada
Blood component and tissue manufacturing	Dr. Locksley Earl McGann Professor, Department of Laboratory Medicine and Pathology University of Alberta, Canada
Transfusion medicine	Dr. Glen Michael Fitzpatrick President and Director, Clinical Research and Development Cellphire Inc., United States
Haematopoiesis	Dr. Julie Audet Assistant Professor, Institute of Biomaterials and Biomedical Engineering University of Toronto, Canada
Representative from the Recipient Representatives Advisory Committee	Mr. Marius Foltea Canadian Hemophilia Society, Québec chapter, Canada
Observers from Héma-Québec's Board of Directors	Dr. Serge Montplaisir Full Professor, Department of Microbiology Université de Montréal, Department of Microbiology CHU Sainte-Justine, Canada
	Dr. Pierre Ouellet Oncohematologist Centre hospitalier universitaire de Québec, Hôtel-Dieu de Québec, Canada

1.7.5.4 Research Ethics Committee

The mandate of the Research Ethics Committee (REC) is to assess the compliance of research projects with ethical regulations, monitor ethics and see to the protection of the rights, safety and well-being of all subjects involved in research. This year, the Committee approved five new studies and renewed fourteen studies.

Research Ethics Committee as at March 31, 2008

Field represented	Members
Law	Me Suzanne Courchesne, Chair
Research area specialists	Dr. Clermont Dionne
	Dr. Michel Vincent
	Dr. Jacques J. Tremblay
Blood donors	Mr. Pierre McDuff
Recipient Representatives Advisory Committee, substitute ethicist	Mr. Michel Morin
Ethics	Me Johane de Champlain

2. Governance framework and director code of ethics

PREAMBLE

Héma-Québec's mission is to efficiently provide adequate quantities of safe, optimal blood components and substitutes, human tissues, and cord blood to meet the needs of all Quebecers as well as to provide and develop expertise along with specialized and innovative services and products in the fields of transfusion medicine and human tissue transplantation. This mandate is pursuant to the *Act respecting Héma-Québec and the Haemovigilance Committee* and to the recommendations of the Commission of Inquiry into the Blood System in Canada, headed by the Honourable Horace Krever.

As public administrators in the meaning of the *Act respecting the Ministère du Conseil exécutif* (R.S.Q. M-30), Héma-Québec's directors are held to the highest ethical and professional standards, fostering and preserving public trust and transparency in the management of Québec's blood system.

GOVERNANCE FRAMEWORK

In making decisions and setting policies, Héma-Québec privileges the following principles and values:

1. Safety of the blood supply

Supply safety involves finding a balance between product safety and sufficiency. An inadequate supply could also have consequences for recipients. Decisions are primarily based on safety, but an adequate supply also factors into the method used to apply decisions.

2. Transparency

The success of a blood supply system depends on its credibility, and the trust and commitment it inspires. Transparency is the underlying attitude. Transparency calls for authenticity and an accessible decision-making process.

3. Giving blood is a privilege

Giving blood is a uniquely selfless act that must remain free. Blood donation is not a right and must not be used for other purposes.

4. Respect for donors and volunteers

Donors are the starting point of all Héma-Québec's operations. As donation is a selfless act, Héma-Québec must show donors respect and not undermine their integrity and dignity. Volunteers are also an essential part of Héma-Québec's mission. Volunteers must be treated with respect.

5. Efficiency

When appropriate, a review of benefits and expenses, including a cost/benefit analysis and decision analysis, may be carried out.

CODE OF ETHICS

1. General provisions

Definitions

In this code of ethics, unless the context dictates otherwise, the terms and expressions below are used as follows:

1.1 "Director or member of the Board of Directors": Person appointed to the Héma-Québec Board of Directors by the government, as well as the President and Chief Executive Officer, who is an ex-officio member of the Board of Director and acts as Secretary;

1.2 "Conflict of interest": Any real, apparent, potential or future situation in which a director may be inclined to give preference to his or her personal interest, or the interest of a related party, to the detriment of Héma-Québec;

1.3 "Board": Héma-Québec's Board of Directors;

1.4 "Related party": Individuals related by blood, adoption or marriage, or who have been living in a conjugal relationship for at least one (1) year, as well as any organization, partnership or other entity in which the director or his/her friends and family may have a controlling interest.

Application and interpretation

1.5 This code of ethics applies to Héma-Québec's directors.

1.6 The code of ethics is not a substitute for any statutory, regulatory or ethical provision applicable to Héma-Québec directors, including those set out in the Regulation respecting the ethics and professional conduct of public officers.

Where such provisions differ, Héma-Québec directors shall abide by the more stringent provision. Moreover, in case of doubt, he/she must act in the spirit of the principles described in the provisions.

1.7 The code of ethics in no way rules out the drafting of additional guidelines or rules pertaining to certain more specific sectors of activity or situations.

2. Management duties

2.1 Directors are appointed to contribute to the fulfilment of Héma-Québec's mission as part of their mandate. In carrying out their duties, they must adhere to the obligations imposed upon them by the law, the constitution and the rules and regulations, and act within the limits of the power conferred upon them.

2.2 The director must perform his/her duties with care and reserve:

2.2.1 The director must be rigorous and independent, and act in the best interests of Héma-Québec.

2.2.2 The behaviour of a director must be impartial.

2.2.3 The director must act within the limits of his/her mandate.

2.2.4 The director must be courteous, his/her relationships must be characterized by good faith, so as to maintain the trust and consideration required by his/her role.

2.2.5 The director must not in any way participate in illicit activities.

2.2.6 In the carrying out of his/her duties and responsibilities, the director must make decisions without regard for any partisan political consideration. Moreover, he/she must demonstrate restraint in the public expression of personal opinions in matters directly concerning the activities of Héma-Québec and in which the Board of Directors has been involved.

2.3 The director must act with honesty, loyalty and solidarity:

2.3.1 The director must act with integrity and impartiality in the best interests of Héma-Québec.

2.3.2 The director must actively take part in the development and implementation of the general directions of Héma-Québec, which in no way precludes his or her right to dissent.

2.3.3 The director must be loyal and upstanding to his/her colleagues and honest in his/her dealings with them.

2.3.4 The director must dissociate the fulfilment of his/her duties from the promotion or exercise of his/her professional or business activities, save for the President and Chief Executive Officer, who is at the exclusive service of Héma-Québec.

2.4 The director must act with skill, diligence and efficiency:

2.4.1 The director must exercise his/her skills and abilities, demonstrating diligence and effectiveness in carrying out his/her mandate. He/she must also demonstrate independent professional judgement.

2.4.2 The director is responsible and accountable for all his/her actions taken in the performance of his/her duties.

2.4.3 The director must make informed decisions, taking into account any necessary expertise if need be and considering each file in its entirety.

2.4.4 All members of the Board of Directors must actively participate in the Board's work and attend meetings regularly. They must also be assiduous when taking part in Board committees.

2.4.5 The director must show discernment in the courses of action and choices he/she favours.

2.5 The director must act according to the rules of confidentiality:

2.5.1 The director must respect the confidential nature of any information that comes to his/her attention in the course of his/her duties or by virtue of his/her position.

The first clause is not intended to restrict necessary communications between Board members.

2.5.2 The director must not use confidential information that comes to his/her attention during the course of his/her duties for the purpose of obtaining a direct or indirect advantage, now or in the future, for him/herself or a related party.

3. Conflicts of interest

General provisions

3.1 The director must at all times maintain a high level of independence and avoid any situation in which there could be a personal advantage, direct or indirect, either now or in the future, which could jeopardize his/her independence, integrity or impartiality.

3.2 The director must prevent any conflict of interest or appearance thereof and avoid putting him/herself in a position that could ultimately prevent him/her from fulfilling his/her duties.

3.3 The director must avoid any situation which could compromise his/her capacity to fulfil his/her duties in an impartial, objective, professional and independent manner.

3.4 The director shall not commingle the assets of Héma-Québec with his/her own; he/she shall not use the assets of Héma-Québec for his/her personal gain or the gain of a related party.

3.5 The director may not use Héma-Québec's services or information for his/her personal benefit or for the benefit of a related party.

3.6 The director may not exercise his/her duties in his own interest or in the interest of a related party.

3.7 The director must not accept a current or future advantage from anyone if he/she has knowledge, evidence or reason to believe that this current or future advantage is granted to him/her for the purpose of influencing his/her decision.

3.8 The director shall not make a commitment to a third or related party nor grant that party any guarantee with regard to a vote he/she may be required to cast or to any decision whatsoever that may be made by the Board of Directors.

3.9 The director must avoid any situation in which he/she could be in a conflict of interest. Without limiting the scope of the foregoing, the director:

3.9.1 Is in a conflict of interest when the interests in question are such that he/she may be brought to show preference for some of them to the detriment of Héma-Québec, or where his/her judgement and loyalty could be negatively affected.

3.9.2 Is not independent from a given decision if there is a personal advantage or advantage to a related party, now or in the future, as described in article 3.1.

Preventive measures

3.10 At the start of each meeting, the director must declare any existing conflict of interest to the Chair and see that it is recorded in the minutes.

3.11 The President and Chief Executive Officer may not, under penalty of dismissal, have a direct or indirect interest in a corporate body, partnership or other entity which could lead to a conflict of interest between him/herself and Héma-Québec. However, dismissal shall not be invoked if the interest is devolved upon the President and Chief Executive Officer by succession or gift, provided he/she renounces it or disposes of it promptly.

Any other director having a direct or indirect interest in a corporate body, partnership, or other entity which could lead to a conflict of interest between him/herself and Héma-Québec must, under penalty of dismissal, declare this interest in writing to the Chair of the Board as well as to the Minister and, if need be, abstain from participating in any deliberation or decision related to said corporate body, partnership, or other entity in which he/she has an interest. The director must also withdraw from the meeting for the duration of the deliberations and vote concerning the matter.

3.12 The director must demonstrate impartiality:

3.12.1 The director shall not solicit, accept or demand any gift, favour, other advantage or consideration, for him/herself or a related party, either directly or indirectly, now or in the future, which could compromise his/her independence, integrity or impartiality; such is the case of gifts, favours, advantages or considerations other than what is customary and of modest value.

3.12.2 The director must not award, offer to award or promise to award to a third party a gift, favour or other advantage or consideration that could compromise his/her independence, integrity or impartiality.

4. Political activities

4.1 Any director who intends to run for public office must inform the Chair of the Board of Directors.

4.2 A Chair of the Board of Directors or President and Chief Executive Officer who wishes to run for public office must tender his/her resignation.

5. Post-mandate measures

5.1 After his/her mandate expires, the director must maintain confidentiality and refrain from disclosing any non-public data, information, debate or discussion to which he/she was privy by virtue of his/her position at Héma-Québec.

5.2 In the year following the expiration of his/her mandate, the director may not participate, either on his/her own behalf or that of a third party, in a procedure, negotiation or other operation to which Héma-Québec is a party and with regard to which he/she has information that is not available to the public.

As well, the director must refrain from offering advice based on information that is not publicly available regarding Héma-Québec or another corporate body, partnership or entity with which he/she has had significant direct dealings in the course of the year preceding the conclusion of his/her mandate.

5.3 A director who has relinquished his/her duties must act in such a way so as not to reap undue advantage from his/her previous duties in the service of Héma-Québec.

6. Responsibilities and sanctions

6.1 Compliance with the code of ethics is an integral part of the duties and obligations of directors.

6.2 The Chair of the Héma-Québec Board of Directors has the duty to ensure that the code of ethics is complied with and applied.

6.3 A director who infringes upon any of the provisions in the code of ethics leaves him/herself open to the sanctions outlined in the Regulation respecting the ethics and conduct of public office holders, in accordance with the procedure established in said regulation.

6.4 Héma-Québec's Board of Directors shall revise this code of ethics on an annual basis to ensure that it adequately reflects changes in the laws, rules, regulations and situations specific to Héma-Québec.

6.5 Each director undertakes to sign the code of ethics agreement form appended hereto at the start of his/her mandate and every year thereafter.

This version was adopted by the Board of Directors on October 4, 2006.

Since Héma-Québec was founded in 1998, no case has ever had to be dealt with under the Governance Framework and Code of Ethics for Directors. 2007–2008 was no exception.

3. Management Committee

1ST ROW

Gilles Delage, M.D., M.Sc.
Vice-President, Medical Affairs in Microbiology

Manon Pepin, B.A.
Vice-President, Public Affairs and Marketing

Suzanne Rémy, M.Sc., M.B.A.
Vice-President, Quality and Standards

Francine Décary, M.D., Ph.D., M.B.A.
President and Chief Executive Officer

Smaranda Ghibu, B.C.L., LL.B.
Vice-President, Legal Affairs

André Lebrun, M.D., CSPQ
Vice-President, Medical Affairs in Hematology

André Roch, B.Comm.
Retiring Vice-President, Public Affairs and Marketing

2ND ROW

Simon Fournier, D.E.C.
Vice-President, Information Technology

Roger Carpentier, CRIA
Vice-President, Human Resources

Guy Lafrenière, M.B.A., C.M.A.
Vice-President, Finance and Administration

Yvan Charbonneau, Eng.
Vice-President, Operations

Marc Germain, M.D., Ph.D.
Vice-President, Human Tissues

Réal Lemieux, Ph.D.
Vice-President, Research and Development

3.1 MANAGEMENT COMMITTEE SUB-COMMITTEES

3.1.1 Work-Life Balance Advisory Committee

The mandate of this standing committee is to ensure the coherence and optimization of corporate initiatives and develop an "organizational culture" in which concern for work/life balance is an integral part of organizational standards, values and practices.

Work-Life Balance Advisory Committee as at March 31, 2008

Sectors	Members
Blood drive staff	Ms. Lyne Giguère
	Ms. Pauline Giroux
	Ms. Francine Lestage
	Ms. Isabelle Paquette
	Mr. Jorge Rebelo
In-house staff	Ms. Chantal Dumas
	Ms. Ginette Lamothe
	Ms. Jocelyne Rioux
Laboratory staff	Ms. Sonia Lavoie
	Ms. Sophie Loiselle
	Mr. Ferhat Yahiaoui

Facilitators
Hélène Akzam, Director of Human Resources Services and Internal Communications
Gina Boudreault, Director of Human Resources Operations, Québec City

3.2 OTHER CORPORATE COMMITTEES

3.2.1 Green Committee

This committee is mandated to initiate actions, prepare new measures and develop staff awareness of sustainable development. The Green Committee submits its recommendations directly to the Management Committee.

After more than one year in existence, last year the Green Committee tabled the report on its activities up until December 31, 2007, a comprehensive report on corporate initiatives, its action plan for 2008 and some recommendations regarding future initiatives.

Green Committee as at March 31, 2008

Sectors	Members
Blood drive staff	Ms. Suzie Bouchard
	Ms. Andrée Durand
	Ms. Pascale Lapierre
In-house staff	Ms. Chantal Dumas
	Ms. Mercédes Duval
	Ms. Caroline Filiatrault
	Mr. Pierre Lalonde
	Mr. Luc Pelletier
	Mr. Carolina Sarrappa
	Mr. Maryse St-Louis
Operations staff	Mr. Étienne Fissette
	Mr. Pauline Imbeault
Laboratory staff	Ms. Nadia Baillargeon
	Ms. Estelle Févre
	Ms. Caryne Lamothe
	Mr. Christian Vaillancourt

GREEN ACTION

In all, more than 20 kg of batteries were collected to be recycled safely.

GREEN ACTION

80% of the waste generated by the activities of Héma-Québec is now recycled.

GREEN ACTION

In February, the staff was invited to use reusable Thermos mugs for a more eco-friendly coffee. The consumption of disposable cups decreased significantly following this action.

FINANCIAL REVIEW 2007-2008

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Management's Report

The financial statements of Héma-Québec were drawn up by Management, which is responsible for their preparation and presentation, including important judgements and estimates. This responsibility includes choosing appropriate accounting policies in accordance with Canadian generally accepted accounting principles. The financial information presented elsewhere in this annual activity report is consistent with that provided in the financial statements.

In order to fulfil its responsibilities, Management maintains a system of internal accounting controls that are designed to provide a reasonable assurance that assets are protected, and that transactions are duly approved and accounted for correctly, within the prescribed timeframe, in order to produce reliable financial statements.

Héma-Québec recognizes that it is responsible for managing its affairs in accordance with the laws and regulations which govern it.

Actuaries from the firm Morneau Sobeco have been appointed as consultants for the Héma-Québec employee pension plans.

The Board of Directors is required to monitor the manner in which Management carries out its financial reporting responsibilities and has approved the financial statements.

The Auditor General of Québec has audited the financial statements of Héma-Québec in accordance with Canadian generally accepted auditing principles. His report sets out the nature and extent of the audit and includes his statement of opinion. The Auditor General can, without any restriction whatsoever, meet with the Board of Directors to discuss any aspect of this audit.

Guy Lafrenière
Vice-President, Administration and Finance

Dr. Francine Décary
President and Chief Executive Officer

Montréal, May 26, 2008

Auditor's Report

To the National Assembly,

I have audited the balance sheet of Héma-Québec as at March 31, 2008 and the statements of operating results, net assets and cash flows for the year then ended. These financial statements are the responsibility of the Management of Héma-Québec. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance that the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement preparation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of Héma-Québec as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the *Auditor General Act* (R.S.Q., chapter V-5.01), I report that, in my opinion, these principles have been applied on a basis consistent with that of the preceding year.

For the Auditor General of Québec,

Alain Drouin, CA
Assistant Auditor General

Montréal, May 26, 2008

Statement of operating results for the year ended March 31

(in thousands of dollars)

	2008	2007
REVENUES		
Blood products sold to Québec hospital centres	$ 245,379	$ 239,958
Credits issued to Québec hospital centres for the 2006-2007 surplus	(1,650)	–
	243,729	239,958
Grants from the Government of Québec	22,885	20,679
Interest on bank deposits	1,402	1,204
Unrealized gains on foreign currency contracts	1,702	–
Other	2,167	2,407
	271,885	264,248
EXPENSES (Note 5)	271,466	262,598
EXCESS OF REVENUES OVER EXPENSES	$ 419	$ 1,650

The accompaying notes are an integral part of the financial statements.

Statement of net assets for the year ended March 31

(in thousands of dollars)

	2008	2007
NET ASSETS AT BEGINNING OF YEAR	$ 1,650	$ 1,194
EXCESS OF REVENUES OVER EXPENSES	419	1,650
	2,069	2,844
TRANSFER TO THE GOVERNMENT OF QUÉBEC (Note 4)	–	1,194
NET ASSETS AT END OF YEAR	$ 2,069	$ 1,650

The accompaying notes are an integral part of the financial statements.

Balance sheet as at March 31

(in thousands of dollars)

	2008	2007
ASSETS		
Short-term		
Cash	$ 6,291	$ –
Short-term investments (Note 6)	12,000	15,000
Accounts receivable (Note 7)	5,543	8,178
Grant forthcoming from the Government of Québec	–	22
Inventory (Note 8)	19,643	19,266
Prepaid expenses (Note 9)	2,032	2,049
Derivative instruments (Note 16)	1,702	–
	47,211	44,515
Fixed assets (Note 10)	34,748	36,746
Deferred charges (Note 11)	1,575	1,635
Accrued benefit asset (Note 15)	1,330	669
	$ 84,864	$ 83,565
LIABILITIES		
Short-term		
Bank overdraft (Note 12)	$ –	$ 2,525
Accounts payable and accrued liabilities (Note 13)	31,769	26,875
Excess advance from the Government of Québec, non-interest bearing	13,026	11,838
Payment on long-term debt (Note 14)	5,045	5,419
	49,840	46,657
Long-term debt (Note 14)	29,540	32,057
Accrued benefit liability (Note 15)	3,415	3,201
NET ASSETS	2,069	1,650
	$ 84,864	$ 83,565
Commitments (Note 17)		

ON BEHALF OF THE BOARD OF DIRECTORS,

Cheryl Campbell Steer
Chair of the Board of Directors

Jean-Pierre Allaire
Director

The accompaying notes are an integral part of the financial statements.

Statement of cash flows for the year ended March 31

(in thousands of dollars)

	2008	2007
OPERATING ACTIVITIES		
Excess of revenues over expenses	$ 419	$ 1,650
Items not affecting cash and cash equivalents		
Depreciation of fixed assets	4,783	4,959
Depreciation of deferred charges	60	60
Loss on write-off and disposal of assets	103	5
Unrealized gains on foreign currency contracts	(1,702)	–
Unrealized exchange loss	544	17
Decrease (increase) in accrued benefit asset	(661)	530
Increase in accrued benefit liability	214	252
	3,760	7,473
Changes in non-working capital items		
Decrease in accounts receivable	2,635	30
Decrease in grant forthcoming from the Government of Québec	22	61
Increase in inventory	(377)	(2,499)
Decrease in prepaid expenses	17	2,810
Increase (decrease) in accounts payable and accrued liabilities	4,894	(985)
Increase in excess advance from the Government of Québec	1,188	7,292
Cash flows from operating activities	12,139	14,182
INVESTING ACTIVITIES		
Acquisition of fixed assets	(2,905)	(4,109)
Proceeds from disposal of fixed assets	17	4
Cash flows from financing activities	(2,888)	(4,105)
FINANCING ACTIVITIES		
Long-term debt	2,527	4,171
Repayment of long-term debt	(5,418)	(5,245)
Decrease in net assets	–	(1,194)
Cash flows from financing activities	(2,891)	(2,268)
Unrealized exchange loss on cash and non-cash working capital items denominated in foreign currency	(544)	(17)
INCREASE IN CASH AND CASH EQUIVALENTS	5,816	7,792
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	12,475	4,683
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 18,291	$ 12,475
Cash and cash equivalents are as follows:		
Cash	$ 6,291	$ –
Bank overdraft	–	(2,525)
Short-term investments	12,000	15,000
	$ 18,291	$ 12,475
Interest paid	$ 1,896	$ 1,983

The accompaying notes are an integral part of the financial statements.

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

1. INCORPORATION AND FUNCTION

Héma-Québec, incorporated on March 26, 1998 by letters patent issued under Part III of the *Companies Act* (R.S.Q., chapter C-38), has continued operations under the *Act respecting Héma-Québec and the Haemovigilance Committee* (S.Q. 1998, chapter 41). Héma-Québec is a non-profit corporation whose mission is to efficiently provide adequate quantities of safe, optimal blood components, substitutes, human tissues and cord blood to meet the needs of all Quebecers; to provide and develop expertise, services and specialized and innovative products in the fields of transfusion medicine and human tissue transplantation.

2. ACCOUNTING CHANGES

a) Year ended March 31, 2008

On April 1, 2007, Héma-Québec adopted the recommendations contained in the following sections of the *Canadian Institute of Chartered Accounts (CICA) Handbook*.

Section 3855, Financial Instruments – Recognition and Measurement.

This standard sets out recommendations on recognizing and measuring financial assets, financial liabilities and non-financial derivatives.

Héma-Québec's adoption of the new standard on financial instruments led to changes in the recognition of financial instruments. The comparative financial statements have not been adjusted, pursuant to the transitional provisions. The main changes in the recognition of financial instruments stemming from the adoption of these accounting standards which did not have any financial impact are described below.

As a result of adopting this new standard, Héma-Québec classified its cash and cash equivalents as well as derivatives as assets or liabilities held for trading. Clients, the security deposit and other accounts receivable are classified as loans and accounts receivable. Accounts payable and accrued liabilities, with the exception of benefits, the excess advance from the Government of Québec and long-term debt, including interest payable, are classified as other financial liabilities.

Section 1530, Comprehensive Income

This section has no impact as Héma-Québec has not done any operations that have an impact on comprehensive income.

b) Future accounting changes

The CICA has published the following accounting standards: Section 3031, Inventories, Section 3862, Financial Instruments -- Disclosure, and Section 3863, Financial Instruments – Presentation. The new standards will be effective for Héma-Québec on April 1, 2008. The CICA also released Section 3064, Goodwill and Intangible Assets. This section will apply to the financial statements for years beginning on or after October 1, 2008, the date on which Héma-Québec will adopt it.

Section 3031, Inventories

This section provides comments on establishing cost and its later recognition in expenses, including any depreciation, to net realizable value. Héma-Québec is currently examining the impact of the new standard.

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

2. ACCOUNTING CHANGES (CONTINUED)

Section 3862, Financial Instruments – Recognition and Measurement and Section 3863, Financial Instruments -- Presentation

These new sections replace Section 3861, Financial Instruments – Disclosure and Presentation, for which the disclosure requirements have been revised and strengthened. There have been no changes to presentation, however. Héma-Québec is currently examining the impact the new standards will have on its financial statements.

Section 3064, Goodwill and Intangible Assets

This new section replaces Sections 3062, Goodwill and Other Intangible Assets, and 3450, Research and Development Costs. It establishes the standards for recognition, measurement and disclosure that apply to goodwill and intangible assets, including internally created intangible assets. Héma-Québec is currently examining the impact of the new standard.

3. SIGNIFICANT ACCOUNTING POLICIES

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses for the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenues resulting from the sale of blood products are recognized at the time of delivery and when payment is reasonably secured.

Inventory

The inventory of stable products, blood driven and laboratory equipment is valued at the lesser of cost or replacement value, the cost being determined according to the average cost method.

Fixed assets

Fixed assets are recorded at cost. Depreciation is calculated based upon the economic life of fixed assets, using the straight-line depreciation method and the following rates:

Tangible assets	
Building	4%
Betterment	5%
Leasehold improvements	Length of lease
Automotive equipment	20%
Machinery and equipment	10% and 20%
Office furniture and equipment	20%
Computer equipment	33 1/3%
Intangible assets	
Computer software	33 1/3%
Software packages	20%

3. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Foreign currency translation

Foreign currency transactions are accounted for at the average exchange rate in effect on the transaction date. Monetary assets and liabilities denominated in foreign currency are translated at the exchange rate in effect on the balance sheet date, whereas non-monetary items are translated at the rate in effect on the transaction date. Exchange gains and losses related to the translation of monetary assets and liabilities are included in the calculation of the net results for the period.

Employee benefit plans

Héma-Québec offers its employees defined benefit and defined contribution pension plans. Contributions are made by both Héma-Québec and plan members. Héma-Québec also offers its employees certain benefits that apply after termination of employment but before retirement, and provides certain retirees with health and life insurance benefits.

The cost of pension and other retirement benefits earned by employees is actuarially determined using the projected benefit method prorated to service, based on Management's best estimates of expected plan investment performance, salary increases, retirement age of employees and anticipated health care costs.

The benefit obligation is valued using market interest rates on the valuation date. Pension plan assets are evaluated at fair value. This method is also used to calculate the expected performance of plan assets.

Actuarial gains or losses result, among other things, from the difference between the actual long-term yield of plan assets and the expected yield of plan assets, as well as from changes made to the actuarial assumptions used to determine the accrued benefit obligation.

The net actuarial gain or loss is amortized if, at the beginning of the year, the unamortized balance of the gain or loss exceeds 10% of the accrued benefit obligation or asset value, whichever is greater.

This surplus is amortized using the straight-line method over the average remaining service period of active employees. The average remaining service period for active employees is 11 years for the unionized employee pension plan, 13 years for the non-unionized employee pension plan, 7 years for the supplemental pension plan and 15 years for the other benefit plans.

The transitional obligation and past service costs are normally amortized over the average remaining service period of active employees.

Financial assets and liabilities

Assets or liabilities held for trading

Financial instruments that are classified as assets and liabilities held for trading are entered at fair value at each balance sheet date; any change in the fair value is recognized in the results in the period during which said changes occur.

Loans and receivables and other financial liabilities

Financial instruments that are classified as loans and receivables and other financial liabilities are recorded at cost following amortization using the effective interest rate method. Any revenue or interest expense is included in results during the instrument's expected lifespan.

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

3. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Héma-Québec has classified its cash and cash equivalents and derivatives as assets or liabilities held for trading. Clients, the security deposit and other accounts receivable are classified as loans and accounts receivable. Accounts payable and accrued liabilities, with the exception of benefits, the excess advance from the Government of Québec and long-term debt, including interest payable, are classified as other financial liabilities.

Fair value

The fair value of a financial instrument is the amount of consideration that would be agreed upon in an arm's length transaction between willing parties. Héma-Québec uses the following methods and assumptions to estimate the fair value of each class of financial instrument whose book value is included in the balance sheet as follows:

Loans and receivables

Receivables – The book value included in the balance sheet is close to the fair value, given the proximity of the instruments' maturity.

Financial commitments

Payables and accrued liabilities – The book value included in the balance sheet is close to the fair value, given the proximity of the instruments' maturity. The book value of long-term debt is established at the unamortized cost based on initial fair value established using market prices for the same or similar debt instruments.

Held for trading

Derivative instruments that are not designated as hedge instruments are valued at fair value established using market prices for the same or similar instruments; changes in the fair value of said instruments are recorded in the results as soon as they occur.

Cash and cash equivalents

Héma-Québec's policy is, in cash and cash equivalents, to present bank balances including overdrafts whose balances frequently fluctuate between an overdraft and balance on hand, and short-term investments maturing in no more than three months from the date of acquisition.

4. TRANSFER TO THE GOVERNMENT OF QUÉBEC

According to its letters patent, Héma-Québec is a non-profit corporation. Accordingly, at the government's request, net assets at March 31, 2006 totalling $1,194 were transferred to the government in February, 2007.

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

5. EXPENSES BY ACTIVITY CENTRE

	2008				2007
	LABILE PRODUCTS	STABLE PRODUCTS	OTHER SERVICES	TOTAL	TOTAL
Wages and benefits	$ 67,930	$ 464	$ 3,330	$ 71,724	$ 66,951
Medical and blood drive supplies	24,146	577	1,422	26,145	26,182
Stable products	–	126,606	–	126,606	126,607
Purchased services	(471)	1,811	2,839	4,179	4,040
Loss on write-offs and disposal of assets	103	–	–	103	5
Exchange loss	641	6,989	–	7,630	2,445
Depreciation of fixed assets	4,505	168	110	4,783	4,959
Interest on long-term debt	1,885	–	–	1,885	1,971
Insurance	6,014	–	–	6,014	7,905
Other expenses	21,338	122	937	22,397	21,533
Subtotal	$ 126,091	$ 136,737	$ 8,638	$ 271,466	$ 262,598
Plasma for fractionation*	(8,422)	8,422			
Total	$ 117,669	$ 145,159	$ 8,638	$ 271,466	$ 262,598

** Some expenses for plasma for fractionation are incurred for labile products and reallocated to stable products on the basis of costs incurred. The costs are allocated based on units shipped.*

6. SHORT-TERM INVESTMENTS

Héma-Québec holds a term deposit of $12,000 ($15,000 in 2007) bearing interest at the rate of 3.50%.

7. ACCOUNTS RECEIVABLE

	2008	2007
Clients	$ 198	$ 380
Sales taxes	1,221	1,230
Security deposit	3,798	6,119
Other accounts receivable	326	449
	$ 5,543	$ 8,178

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

8. INVENTORY

	2008	2007
Stable products and substitutes	$ 16,835	$ 16,969
Blood drive equipment	2,141	1,573
Laboratory equipment	667	724
	$ 19,643	$ 19,266

9. PREPAID EXPENSES

	2008	2007
Insurance	$ 797	$ 936
Other	1,235	1,113
	$ 2,032	$ 2,049

10. FIXED ASSETS

	2008			2007
	COST	ACCUMULATED DEPRECIATION	NET VALUE	NET VALUE
Tangible assets				
Land	$ 2,140 $	$ –	$ 2,140	$ 2,140
Building	19,699	5,095	14,604	15,392
Betterment*	9,614	2,527	7,087	7,264
Leasehold improvements	1,435	817	618	706
Automotive equipment	54	31	23	16
Machinery and equipment*	14,137	7,755	6,382	6,517
Office furniture and equipment	3,934	3,177	757	1,052
Computer equipment*	6,418	5,742	676	1,030
	57,431	25,144	32,287	34,117
Intangible assets				
Software and software packages*	7,654	5,193	2,461	2,629
	$ 65,085	$ 30,337	$ 34,748	$ 36,746

** The accumulated cost of work in progress as at March 31, 2008 totals $518 excluding taxes, of which $180 is included in betterment, $283 in machinery and equipment, $4 in computer equipment, and $51 in software and software packages. The amortization of these assets will begin when the projects are completed.*

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

11. DEFERRED CHARGES

By virtue of an emphyteutic lease, Héma-Québec initially paid $1,875 for the right to occupy premises at Université Laval for a period of thirty years, ending in 2034. The amortization for the period is $60 and was recognized in income under "Other expenses". The accumulated amortization using the straight-line method is $300 ($240 in 2007).

12. BANK OVERDRAFT

As at March 31, 2008, Héma-Québec had a revolving line of credit of $15,000, bearing interest at the prime rate less 0.50%.

13. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2008	2007
Suppliers	$ 22,285	$ 20,749
Salaries and benefits	9,484	6,126
	$ 31,769	$ 26,875

14. LONG-TERM DEBT

	2008	2007
Loan, secured by the land and building, with a net book value of $16,744, repayable in monthly instalments of $36 (including capital and interest), at a fixed rate of 6.19%, renewable in 2008 and maturing in 2023.	$ 4,367	$ 4,526
Loan, secured by the land and building, with a net book value of $16,744, repayable in monthly instalments of $54 (capital only), at a fixed rate of 5.79%, renewable in 2009 and maturing in 2027.	12,478	13,123
Loan, repayable in monthly instalments of $100 (including capital and interest), at a fixed rate of 6.01% maturing in 2008.	782	1,898
Loans repayable in monthly instalments of $262 (capital only) and yearly instalments of $256 (capital only), at fixed rates varying from 3.82% to 4.98%, maturing between 2009 and 2015.	9,207	9,727
Loans repayable in monthly instalments of $38 (capital only), at fixed rates varying from 4.43% to 5.41%, renewable between 2008 and 2013 and maturing in 2023 and 2026.	7,751	8,202
	34,585	37,476
Short-term portion	(5,045)	(5,419)
	$ 29,540	$ 32,057

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

14. LONG-TERM DEBT (CONTINUED)

Principal repayments on long-term debt to be made over the next five years are as follows :

2009	$ 5,045
2010	3,799
2011	2,593
2012	2,606
2013	1,676

15. DESCRIPTION OF BENEFIT PLANS

Héma-Québec has several defined benefit plans, funded and non-funded, which guarantee the payment of pensions, supplementary pension benefits and post-employment benefits to most employees.

The defined benefit plans are based on the number of years of service and average salary at the time of the employee's retirement. They also provide for partial indexation of pension benefits based on inflation.

Total cash payments

Total cash payments for future benefits for 2008, which consist of Héma-Québec's contributions to its funded pension plans, amounts paid directly to beneficiaries under other non-funded plans and contributions to its defined contribution plan amounted to $6,410 ($6,270 in 2007).

Dates for valuation of defined benefit plans

Héma-Québec determines its accrued benefits obligation and the fair value of pension plan assets for accounting purposes as at March 31 of each year. The effective dates of the most recent actuarial valuations as well as of upcoming mandatory valuations for the purposes of funding the funded plans are as follows:

	DATE OF THE MOST RECENT ACTUARIAL VALUATION	DATE OF MANDATORY ACTUARIAL VALUATION
Unionized employees' pension plan	December 31, 2005	December 31, 2008
Pension plan for management, professional, technical and administrative support staff	December 31, 2005	December 31, 2008

Composition of defined benefit plan assets

In% as at March 31	2008	2007
Shares	52%	58%
Bonds	40%	37%
Other	8%	5%
Total	100%	100%

For the year ended March 31, 2008 (in thousands of dollars)

15. DESCRIPTION OF BENEFIT PLANS (CONTINUED)

Reconciliation of financial position and amounts recorded in the financial statements

	2008		2007	
	PENSION PLANS	OTHER PLANS	PENSION PLANS	OTHER PLANS
Fair value of plan assets	$ 81,884	$ –	$ 81,480	$ –
Accrued benefit obligation	87,082	4,582	83,145	4,571
Financial position - deficit	(5,198)	(4,582)	(1,665)	(4,571)
Unamortized transitional obligation	26	–	31	–
Cost of benefits for unamortized past services	1,965	–	2,159	–
Net unamortized actuarial losses	4,537	1,167	144	1,370
Accrued benefit asset (liability) at end of current year	$ 1,330	$ (3,415)	$ 669	$ (3,201)
Classification of amounts recorded in Héma-Québec's financial statements				
Accrued benefit asset	$ 1,330		$ 669	
Accrued benefit liability		$ 3,415		$ 3,201

Notes to financial statements

For the year ended March 31, 2008 (in thousands of dollars)

15. DESCRIPTION OF BENEFIT PLANS (CONTINUED)

The accrued benefit obligation exceeds plan assets for all Héma-Québec plans.

Cost recorded for the current year

	2008		2007	
	PENSION PLANS	OTHER PLANS	PENSION PLANS	OTHER PLANS
Cost recorded for employee future benefits	$ 3,536	$ 2,428	$ 4,756	$ 2,296

Main assumptions

	2008		2007	
	PENSION PLANS	OTHER PLANS	PENSION PLANS	OTHER PLANS
ACCRUED BENEFIT OBLIGATION AS AT MARCH 31				
Discount rate	5.75%	5.75%	5.25%	5.25%
Rate of salary increase	3.50%	3.50%	3.50%	3.50%
COST OF BENEFIT FOR PERIODS ENDED MARCH 31				
Discount rate	5.25%	5.25%	5.25%	5.25%
Expected rate of return on plan assets	7.00%	–	7.00%	–
Rate of salary increase	3.50%	3.50%	4.00%	4.00%

Assumed trend rates for health care cost

	2008	2007
Initial trend rate of health care cost as at March 31	9.50%	10.00%
Level toward which the trend rate is declining	5.00%	5.00%
Year when the rate is expected to stabilize	2017	2017

For the year ended March 31, 2008 (in thousands of dollars)

16. FINANCIAL INSTRUMENTS

FAIR VALUE OF FINANCIAL INSTRUMENTS

Long-term debt
As at March 31, 2008, the fair value of the long-term debt of $34,585 ($37,476 in 2007) was $37,376 ($38,820 in 2007), based on the discounted cash flows at the quoted market price for securities with similar dates and interest rates.

DERIVATIVE FINANCIAL INSTRUMENTS

Foreign currency contract
Héma-Québec has entered into three contracts to purchase American currency in the amount of $25,000 at the rate of 0.9579 for the period from April 1 to June 30 2008 to manage certain identifiable risks linked to the purchase of products in foreign currencies. As at March 31, 2008, the fair value of these instruments is $1,702.

17. COMMITMENTS

Héma-Québec has entered into long-term leases expiring at various dates over the next twenty-six years for its operating facilities and administrative premises. In some cases, the leases include a renewal option of up to five years.

The lease expenses for the year ended March 31, 2008 stood at $2,202 ($2,053 in 2007) for the space.
Future minimum payments relating to the long-term leases are as follows:

2009	$ 1,856
2010	1,542
2011	1,527
2012	1,527
2013	1,527
2014 and subsequent	32,572

18. RELATED PARTY TRANSACTIONS

In addition to the related party transactions already disclosed in the financial statements, Héma-Québec is related to all government departments and special funds, as well as to all organizations and enterprises controlled directly or indirectly by the Government of Québec or subject to either joint control or significant common influence by the Government of Québec. Héma-Québec has not concluded any business transactions with these related parties other than in the normal course of its activities and on customary terms. These transactions are not disclosed separately in the financial statements.

19. COMPARATIVE FIGURES

Certain figures for 2007 have been reclassified to conform with the presentation adopted in 2008.

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