2006-2007 ANNUAL REPORT

From Vision... to Action

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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Cheryl Campbell Steer
Chair of the Board of Directors

Dr. Francine Décary
President and Chief Executive Officer

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

Héma-Québec's success depends first and foremost on its staff's wholehearted commitment to its mission. However, this success could not be achieved without the support of people who are dedicated to this cause, so the outstanding commitment all the volunteers who contribute their efforts to blood donation should be acknowledged first. Among these volunteers, we would like to thank: all the blood donors and volunteers who work tirelessly to ensure that hospitals' blood supply needs are met; members of the Association of Blood Donation Volunteers (ABDV), particularly for their sustained efforts to recruit new donors; the Héma-Québec Foundation, which provides financial support to promote blood donation through innovative projects; and the members of the Board of Directors and our advisory committees, who make a substantial contribution to the achievement of our mission.

Héma-Québec has revised its strategic planning, taking into account the business risks it has to deal with, like any other organization. It has not only set objectives for 2006-2007, but also developed a three-year plan. As befitting its importance, this annual report looks at highlights from this plan. Eight strategic issues were identified, and the progress made on each issue is described in the following sections.

The order in which these major strategic issues appear is not reflective of their relative importance. The first three issues deal with the major focuses of the organization's vision: our team, our partners, and our products. As for the commitment, support and recognition of our personnel, two organization committees were instated this year. They are special in that they are made up of employees who can have a direct influance on Héma-Québec's future actions. They are the Work/Life Balance Advisory Committee and the Green Committee. They submit their recommendations directly to the Management Committee.

We dedicate the majority of our human and material resources to ensuring that we can offer to the Québec population a sufficient, safe supply of our three lines of products. Although the quality and safety of the collective blood supply benefit from technological and scientific advances, they are primarily secured through the day-to-day work of qualified professionals. However, the threat of an influenza pandemic could hamper our ability to provide services. We have already taken concrete actions and mobilized a number of resources. Thanks to all our efforts, Héma-Québec is now well prepared to face a possible pandemic.

By optimizing its technology and revising its business processes, the organization will achieve greater efficiency. Also in a spirit of efficiency, we have implemented "green" measures, which have already contributed to reducing energy expenditures. Héma-Québec is looking ahead. This is why it is concerned with the sustainability and transfer of knowledge and know-how in developing a qualified next generation. The objective is not only to encourage new vocations for careers in the blood sector, but also and especially to train citizens to recognize the importance of altruism and civic duty.

Recipients' safety has always been a primary concern for Héma-Québec. On November 14, 2006, the Québec Minister of Health and Social Services, Dr. Philippe Couillard, tabled Bill 45 before the National Assembly, which would institute a no-fault compensation scheme for potential victims of blood transfusions or tissue transplants distributed by Héma-Québec. This would streamline and accelerate access to compensation by such people, and make it universal.

Héma-Québec believes in universal access to compensation and is very pleased this bill has been tabled. This was also the first recommendation in the Krever Report. Legal Affairs worked in close collaboration to move this matter forward.

Over the course of the year, the Board resolved to comply with the spirit of Bill 53 on the modernization of public corporations, even though Héma-Québec is not liable to that law. Thus, various measures for good governance were adopted: board member training at the École nationale d'administration publique (ÉNAP); creation of the Governance Committee and adoption of its mandate; revision of the Audit Committee's mandate; and planning for the creation, next year, of the Compensation and Human Resources Committee.

The creation of the Governance Committee led to adopting its mandate, updating the organization's general regulations and encouraging the adoption of a code of ethics for directors, as well as for employees. Moreover, the Committee set up the desirable directors' profile and recommended a more appropriate method for assessing the Board's and directors' efficacy and efficiency.

We would like to express our thanks to all Board members as well as all advisory committee members for their sustained efforts, the skills they bring to Héma-Québec, and the amount of time they have devoted to the latter.

We are therefore closing the 2006-2007 year with a feeling of accomplishment, as the sick have never been without our products and services.

Our thanks to everyone.

Montréal, May 23, 2007

FIRST ISSUE

THE NEED TO LEAD EMPLOYEES WHILE PROMOTING THEIR COMMITMENT, SUPPORT AND RECOGNITION WITH THE AIM OF INCREASING MOBILIZATION AND MAINTAINING A PRODUCTIVE AND HARMONIOUS ORGANIZATIONAL CLIMATE.

COMMITMENT, SUPPORT AND RECOGNITION

Héma-Québec knows its committed, highly qualified staff is a significant asset. Personnel management policies have therefore been modified over the year and the structure of the Human Resources division has been modified to reflect these changes. In 2006-2007, we laid solid foundations on which to base the orientations for the next several years.

1. PEOPLE-CENTRED MANAGEMENT

1.1 Toward a better work/life balance

Reconciling personal life with work came to the forefront this year. Our main achievement to this end was instituting a standing enterprise committee that reports to Management: the Work/Life Balance Advisory Committee (WLBAC). This committee is made up almost exclusively of non-management employees, and chaired by the Human Resources Director.

As promised, the WLBAC instituted a pilot project to assess the possibility of implementing flexible schedules at the offices. As the primary goal was to enable employees on set schedules to manage their work time, adjustments had to be made to our service hours. Unions collaborated unreservedly to this project, participating wholeheartedly in the committee. More than 150 people, from all sectors, took part in the pilot project.

On February 22, 2007, the Management Committee analyzed the results and ratified the project. The privilege of an adapted schedule can be granted to staff with a fixed schedule in an administrative support, technical, professional or management (1st level supervisor and chief) position. Héma-Québec is therefore joining the ranks of other organizations that offer work/life balance measures to their employees.

1.2 A healthier and more responsible environment

At the end of the previous financial year, a group of employees approached the Management Committee with a proposal for managing residual materials. They submitted a development plan, actions and policies to implement. The Management Committee enthusiastically endorsed the project, committing to:

- Draw up a statement regarding the environment
- Create a Green Committee through a general call
- Set up a monitoring and continuous improvement program
- Achieve Recyc-Québec performance certification

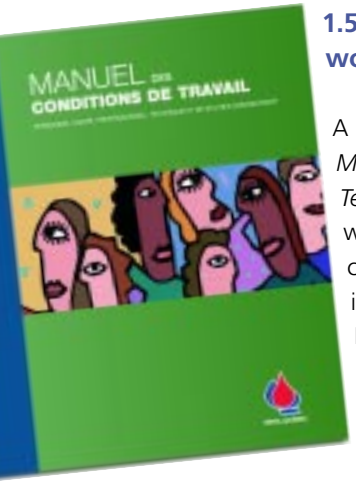
The statement on the environment was presented to staff in July 2006 through an internal publication. The Green Committee was instituted and tackled the first step of the recycling project, which involved inventorying, organizing, consolidating, systematizing and publicizing the actions that have already been taken within the organization. They also started on the second step, identifying the various products with attractive recycling potential. For blood drives, a committee was formed to identify items that could be recovered. In our offices, the goal was mainly to reduce paper consumption and increase the volume of recycled paper.

1.3 Managers are improving project planning

Securing all the necessary resources for the many projects planned by the organization each year has long been a difficult task. After the projects retained for 2006-2007 were presented, some managers suggested taking over planning for resources related to the organization's projects. Over the year, they developed a tool for assessing needs based on the human resources that could be allocated. The tool proved very useful in achieving more realistic planning.

1.4 Human Resources Management Policy

The *Human Resources Management Policy Statement* demonstrates Héma-Québec's commitment to its employees, as the policy is founded on a management philosophy that aims to engage, support and recognize its employees. It is therefore closely tied to the 2005-2010 Vision. The policy was distributed to all staff in July 2006.



1.5 Streamlined consultation of working conditions

A new edition of the *Working Conditions Manual for Management, Professional, Technical and Administrative Support Staff* was distributed. This manual is a single, complete reference tool designed to provide information on all working conditions. It informs these groups of employees of their rights, particularly regarding leave, compensation and training.

1.6 Improvement in response time for staff

In order to better serve staff, the Human Resources division set up a single point of contact for providing more personalized services.

For requests from personnel, an internal communications tool makes it possible for union employees to express their various requests to management and have them followed up quickly within a pre-established timeframe.

1.7 Internal communications integrated with staff needs

In October 2006, the internal communications sector was integrated with the Human Resources division. Transferring this team made it possible to align communications actions with human resources management, while putting a greater emphasis on employees' information needs. The organization is therefore better equipped to inform staff effectively and respond to questions. This new sector prepared the 2007 staff survey and will develop an internal communications plan.

"On behalf of both the Hôpital Saint-Luc blood bank and myself, I would like to thank Héma-Québec's staff for their support in a very difficult situation.

On January 24, 2006, there was a very dramatic [. . .] liver transplant, with a massive hemorrhage in the operating room. We needed blood both then and in the days that followed. Héma-Québec's staff worked miracles so we were able to respond to clinicians' needs."

Dr. Anne-Marie Nutini, Medical Director of the Blood Bank, CHUM's Hôpital Saint-Luc

1.8 Employee recognition on a day-to-day basis

Employee recognition happens first and foremost via the attitude of management staff, who endeavour, on a daily basis, to spotlight employees' efforts and results. In addition, at each of its meetings, the Management Committee looks at employees' "home runs" as part of its "recognition" segment.

Recognition of years of service

YEARS OF SERVICE	NUMBER OF EMPLOYEES
5	110
10	20
15	15
20	15
25	6
30	14
35	6
40	1
45	1

Lucille Denis, honoured in Québec City for her 40 years of service, surrounded by Dr. Francine Décary, President and Chief Executive Officer; Réal Lemieux, Vice President, Research and Development; Marie-Claire Chevrier, Director of Bioproduction; and Roger Carpentier, Vice President, Human Resources.

1.9 Recognition of years of service

We honoured 188 employees at two ceremonies recognizing years of service; 142 employees were honoured in Montréal, and 46 in Québec City. The format used this year was especially popular. A brief trip through music and history provided reminders of current events around the time the colleagues being honoured started their jobs. Note that 11 years was the average number of years of service.

2. TRAINING PROVIDED TO STAFF

Adopting a human resources management policy led to the creation of training activities focusing on the three key words in our approach: **commitment**, **support** and **recognition**. These three words are used to guide and even benchmark all of our management staff development activities.

2.1 Change management

As part of the PROMINI-SILQ project (upgrading the PROGESA blood management system and, corollary to that, implementing the laboratory information system), training and conferences on change management were offered to those involved.

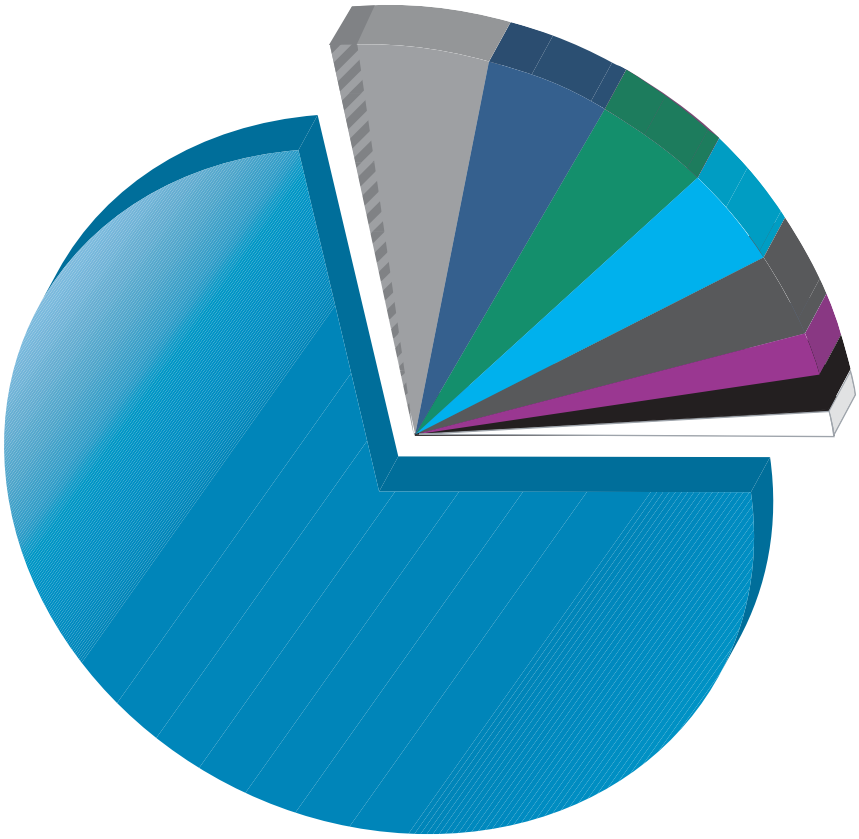
2.2 Manager training

To ensure that supervisory behaviours fostered employee development and performance, a two-day course titled "Supervising Day to Day" was given to chiefs and supervisors. They were able to take part in practical and situational exercises tailored to their day-to-day experience through role-playing. Most participants emphasized that they appreciated the highly concrete content, methods and numerous tools presented. They also said the skills and abilities they gained during the training would be useful to them in their daily activities so as to better engage, support and recognize their staff.

2.3 Training for retirement

Given that a large proportion of the staff is aging, the need to adequately prepare for retirement is becoming increasingly important. A pre-retirement course has therefore been initiated and will be offered to all employees to prepare them for their retirement.

BREAKDOWN OF EMPLOYEES PER DIVISION AS AT MARCH 31, 2007



Operations	73%
Medical Affairs (Stem Cells 1%)	6%
Information Technology	4%
Research and Development	4%
Finance and Administration	4%
Quality and Standards	4%
Human Resources	2%
General Management Legal Affairs Public Affairs and Marketing	2%
Human Tissues	1%

Héma-Québec employs 1,283 people. Of this number, 73% of staff are in Operations, responsible mainly for supply planning, organizing drives with the community, qualifying collected blood bags, processing blood into labile blood products, technical services (material resources and biomedical equipment) and distributing labile and stable products.

SECOND ISSUE

PRESERVING AND DEVELOPING OUR CREDIBILITY AS WELL AS THE TRUST AND SATISFACTION OF OUR CLIENTS AND PARTNERS.

REVIEW OF 2006-2007 ACTIVITIES

Héma-Québec's mission relies on the collaboration of numerous community partners. After more than eight years in operation, the organization still needs, and will always need, their support. The second major issue of our strategic planning fully recognizes the crucial role of our network of partners and emphasizes the importance of securing their trust in order to remain a model of excellence.

At the heart of Héma-Québec

- Donors (whole blood, platelets, plasma, cord blood, bone marrow, human tissues)
- Volunteers (organizing commitees, telephone recruitment, blood drives)
- Association of Blood Donation Volunteers (ABDV)

Government partners

- Ministère de la Santé et des Services sociaux du Québec (MSSS) Biovigilance Unit (Direction de la prévention clinique et de la biovigilance)
- Comité consultatif national en médecine transfusionnelle (CCNMT)
- Haemovigilance Committee

Hospital clients or suppliers

- Hospitals including Sainte-Justine and St. Mary's for the Public Cord Blood Bank
- User committees from hospital blood banks (Mtl and Qc)
- Comité consultatif en médecine transfusionnelle à Montréal (CCMTM - Québec Transfusion Medicine Advisory Commitee in Montréal)
- Comité consultatif en médecine transfusionnelle à Québec (CCMTQ - Québec Transfusion Medicine Advisory Committee in Québec City)
- Regional Tissue Bank in Halifax (cardiac valves)

Blood sector partners

- Canadian Blood Services (CBS)
- America's Blood Centers (ABC)
- Hemominas (Brazil)

Product & service providers

Universities

Financial partners

2.1.3 Recognition

2.1.3.1 Blood donors

Blood donors who had made 100 donations or more were honoured at four recognition events organized in Laval, Québec City (including Trois-Rivières), Montréal and Boucherville. This year, 560 major donors were invited. Héma-Québec can count on the support of approximately 2,500 lifetime donors, across Québec who play a major role in saving the lives of thousands of Quebecers.

2.1.3.2 Families of human tissue donors

Actions have been taken to thank the families that agreed to have loved ones evaluated for tissue donation, including sending thank-you letters and the annual recognition activity organized by the Canadian Organ Donors Association (CODA). Tissue recipients sometimes openly and spontaneously express their gratitude toward donors and their families, as you will see from the excerpt framed here.

"With an approach that was marked by dignity and respect, [. . .] together, we created hope…"

Parents of Marie-Ève, Danielle Gervais and Ghislain Lizotte

2.1.3.3 Stem cell donors

In keeping with our 11-year tradition, a recognition evening for hematopoietic stem cell donors was organized in September. We paid homage to nine people who made donations through apheresis or bone marrow biopsy, as well as to a mother representing cord blood donors.

2.2 Volunteers

2.2.1 2006 Regional Public Meetings

Initiated by the Board of Directors in 1999, Regional Public Meetings (RPM) continued this year. This autumn, several members of the Board accordingly met with their volunteer partners in nine cities. In total, 180 organizing committees were contacted, for more than 500 participants. These meetings provide a special opportunity to let community partners know about the organization's achievements. RPMs attracted media representatives, generating around 30 articles and news reports.

In particular, the meetings allow Héma-Québec to thank members of mobile drive organizing committees and engage in discussion on topics that affect them. Héma-Québec representatives provide participants with a report of the activities carried out during the year, as well as on the organization's plans. We also discuss blood donation awareness measures and the conditions for blood drive success. Up to 85% of participants claimed that the presentation of Héma-Québec's activities met their expectations and 87% said they would like to participate in this type of event again.

2.2.2 Training

Permanent volunteers receive four hours of training on blood drive operating procedures. This provides them with tools to help donors have a pleasant blood donation experience. To date, we have trained more than 500 volunteers.

A volunteer guide was also published in July 2006. It is available to volunteers on-site at blood drives. A code of conduct is also included in this guide. Through the code of conduct, the guide, and the training offered to volunteers, Héma-Québec seeks to engage, support and recognize its volunteers, as it does with its staff.

2.2.3 Recognition

Héma-Québec draws on volunteers in a unique way. They are in fact involved at various levels, and the organization's success rests largely on their efforts. As part of the "Partners for Life" recognition program, Héma-Québec once again emphasized the significance of their involvement. In March and April in connection with National Volunteers' Week, 63 award winners were honoured during four recognition events held in Montréal and Québec City.

3. DEVELOPING OUR CREDIBILITY IN HUMAN TISSUES

3.1 Health Canada certification

The Human Tissues team obtained certification from Health Canada for allogeneic transplantation of aortic and pulmonary valves in August 2006.

The first human tissue bank operating indenpendently from a hospital setting to obtain this approval in Canada, Héma-Québec can now prepare, store, and distribute human allogeneic valve transplants. Formerly entrusted to an external laboratory in Halifax, these steps have been repatriated.

3.2 ISO 13485 certification renewal

Prior to the Health Canada certification for allogeneic valves, ISO 13485 certification for human tissues was obtained in 2005. A surveillance audit for the certification was done in December 2006 at the Québec City establishment and only a single, minor nonconformity was noted. The cause was rapidly identified and a plan of action proposed and accepted on the same day as the inspection.

3.3 Better know our clients' needs

3.3.1 Hospitals

We maintain regular contacts with hospital partners, for development purposes and keeping up donor referrals as well as to ensure the optimal distribution of grafts. The Human Tissues team regularly organizes training and awareness activities in hospitals and also participates in organ and tissue donation committee meetings. For the first time this year, group training meetings were organized at Héma-Québec offices, enabling network stakeholders to better grasp the process of collecting and preparing tissues; finally, the organization's Distribution department has implemented tools to better grasp the needs expressed by clients in surgery departments and operating rooms.

3.3.2 Surgeons

To be able to develop and supply products and services adapted to patients' needs, we need to maintain close ties with surgeon users. In November 2006, allogeneic valve transplant users were interviewed at the biannual meeting of Québec's Association des chirurgiens cardiovasculaires et thoraciques. Human Tissues also presented their activities at a scientific conference at the McGill University Health Centre's Maxillofacial Surgery Department. Lastly, information was regularly exchanged with surgeons in various specializations, particularly orthopaedic and plastic surgeons.

3.3.3 CCDT Participation

The Canadian Council for Donation and Transplantation (CCDT) is an advisory body of the Conference of Deputy Ministers of Health (CDM), supporting its efforts to coordinate federal, provincial and territorial activities related to organ and tissue donation and transplantation. Dr. Marc Germain, Vice President, Human Tissues, is a member of the CCDT and chair of its Tissues Committee. Over the last year, this committee has participated in many research and consultation activities directed toward improving the human tissues system in Canada, particularly on issues such as organization of services, tissue traceability and the monitoring of adverse effects.

4. DEVELOPING OUR CREDIBILITY IN CORD BLOOD AND STEM CELLS

Our reputation in the field of cord blood and stem cells relies on our ability to obtain the necessary international accreditations.

Also, Québec's Unrelated Stem Cell Donor Registry is a member of the World Marrow Donor Association (WMDA), through the Canadian registry. The organization's practices are dictated by WMDA standards, which deal with professional skills required and operational criteria.

THIRD ISSUE

A SAFE AND SUFFICIENT SUPPLY OF BLOOD PRODUCTS, HUMAN TISSUES, CORD BLOOD AND STEM CELLS.

BLOOD PRODUCTS

1. SAFETY

1.1 Measures to reduce diseases that may be passed on through transfusion

1.1.1 Chikungunya virus

Thanks to information obtained in close cooperation with the Établissement français du sang, the French blood agency, the organization was able to maximize the safety of its products without jeopardizing an adequate supply. Due to the epidemic that ravaged certain islands in the Indian Ocean, donors who had travelled to Reunion Island or the Seychelles were temporarily barred from giving blood for 21 days after leaving the at-risk zone. Héma-Québec was the only organization in North America to implement these types of measures.

1.1.2 Simian foamy virus

In December 2006, Health Canada required an additional safety measure regarding the transmission of a virus present in certain species of monkeys. Donors who have cared for or touched non-human primates as part of their job are now permanently barred from giving blood.

1.1.3 Malaria

In keeping with its mandate to watch for bloodborne pathogens, Héma-Québec added Jamaica and the Bahamas' Great Exuma Island to the list of countries presenting a risk of malaria following a resurgence of this infection in these locations. In the wake of these changes, and to avoid unpleasant surprises for donors who travel, Héma-Québec's website now makes it possible for donors to check whether a country they have visited is on the list.

1.1.4 Consensus Conference on Pathogen Reduction

The Consensus Conference on Pathogen Reduction was held in Toronto in March 2007. Organized in conjunction with CBS, the conference was intended to enlighten decision-makers as to how they could reduce the residual risks of diseases transmitted through blood components. In one day, a group of experts presented the advantages and drawbacks of pathogen reduction measures to a panel made up of people from various sectors of society. Final recommendations will be revealed in 2007.

1.2 Measures for reducing transfusion reactions

1.2.1 TRALI (*transfusion related acute lung injury*)

An acute post-transfusion pulmonary syndrome known as TRALI is now the most frequent acute transfusion reaction and the main cause of death among recipients. Leukocyte antibodies present primarily in the plasma of female donors who have experienced multiple pregnancies appear to be responsible in many cases. To reduce the risk of this type of reaction, AABB recommended the adoption of appropriate measures by November 2007.

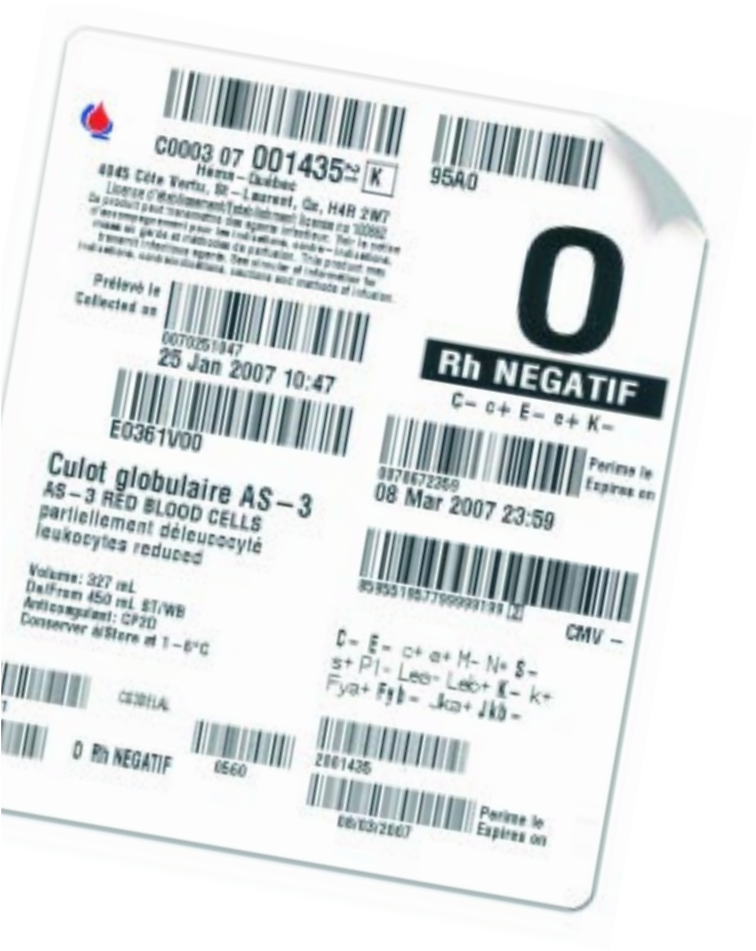
A working group chaired by the Vice President, Medical Affairs in Microbiology, has therefore been formed to develop various risk management options. Made up primarily of department heads and professionals from various sectors, the working group recommended a series of measures to Management, which accepted them. In this decision-making process, the involvement of junior managers in the reflection on product safety testifies to the organization's determination to achieve its vision with respect to its personnel.

1.3 Measures to improve traceability

1.3.1 ISBT 128

The labeling of labile products under the ISBT 128 standard is scheduled to begin in November 2007. This coding is the international standart for transferring information in transfusion medicine and transplantation. Today, it is mainly used to identify labile products. The acronym ISBT stands for International Society of Blood Transfusion, the organization that created the standard; the number 128 refers to code 128 in the coding system.

This system is currently used in numerous transfusion centres and is becoming the most widely recognized standard worldwide.



In addition to standardizing information and its processing, ISBT 128 includes a number of elements that improve safety:

- A unique international donation number and standardized international product codes allow for improved traceability

- Important information is encoded and can be read with an optical reader, reducing manual input and therefore the possibility of error

1.4 Quality assurance

1.4.1 Post-donation information report

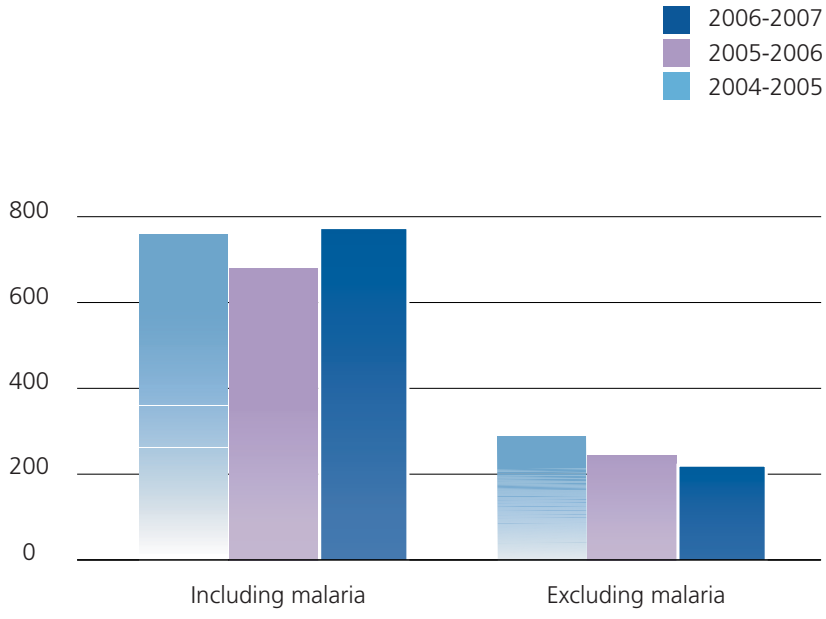
Sometimes, after making a donation, a donor will remember facts that he did not report during the blood drive and call Donor Services. This post-donation information report includes statements concerning infections, medications taken, risk activities and travel to malaria-endemic areas. As this information could compromise the compliance of blood products obtained from the donation in question, post-donation information reports require products to be removed from inventory and are an additional measure of quality assurance.

Post-donation information

Post-donation information reports are an important quality assurance tool. They include all types of information received from donors.

The reported 14% increase in travel to malaria-endemic areas can mainly be explained by the fact that two additional zones were declared to be at risk in 2006.

Regarding other types of post-donation information received from donors, we saw a 12% decrease related to three main factors: the temporary exclusion period for certain at-risk activities changed from 12 to 6 months; blood drive posters and the Héma-Québec website made it possible for donors to learn about exclusion criteria; and the change in criterion for variant Creutzfeldt-Jakob disease making donors who travelled to the United Kingdom after 1996 eligible to give blood.



1.4.2 Quality control of labile blood products

To ensure that labile blood products produced meet prevailing standards and are safe, various quality control analyses are performed. Héma-Québec always complies with the highest standards.

The following table presents quality control results for labile blood products for 2006-2007.

Quality control for labile blood products

PRODUCT TYPE	TESTS PERFORMED	NUMBER OF PRODUCTS TESTED	PERCENTAGE OF COMPLIANCE	ACCEPTABLE VALUES	ACCEPTABLE PERCENTAGES OF TESTED BAGS
Packed red cell AS-3	Residual leukocytes	2,390	99.9% [1]	< 5.0×10^6 / bag	100%
	Sterility	1,866	100%	No contamination	100%
Platelet concentrate	Residual leukocytes	814	99.0% [2]	≤ 8.3×10^5 / bag	100%
	Platelet count	816	80.8%	5.5×10^{10} / bag	75%
	pH	897	99.9% [3]	≥ 6.2	100%
	Sterility	904	100%	No contamination	100%
Apheresis platelet	Residual leukocytes	313	99.7% [4]	< 5.0×10^6 / bag	100%
	Platelet count	16,335	92.5%	≥ 3.0-5.1 x 10^{11} / bag	90%
Granulopheresis	White cell count	62	100%	≥ 1.0×10^9 / bag	75%
	Sterility	62	100%	No contamination	100%
Cryoprecipitate	Fibrinogen	145	100%	≥ 150 mg / bag	100%
	Factor VIII	146	88.0% [5]	≥ 80 IU/ bag	100%
Frozen plasma	Factor VIII	481	97.5%	≥ 0.52 IU/mL	75%
Fresh frozen plasma	Factor VIII	301	93.4%	≥ 0.70 IU/mL	75%
Fresh frozen plasma by apheresis	Factor VIII	144	97.1%	≥ 0.70 IU/mL	75%
	Sterility	147	100.0%	No contamination	100%

1 A recent isolated event with packed red blood cells was under investigation at the time the table was created.
2 Residual leukocyte counts are all compliant after a new corrective measure was applied in October 2006.
3 Isolated event on a platelet concentrate, cause not identifiable after investigation.
4 Isolated event during platelet apheresis, cause not identifiable after investigation.
5 Corrective action was initiated to remedy the situation.

Annual proportion of donations confirmed positive (%) for each virological marker

MARKERS	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
HIV	0.0008%	0.0004%	0.002%	0.000%	0.001%
HCV	0.0090%	0.017%	0.011%	0.005%	0.007%
HBV	0.0082%	0.011%	0.015%	0.010%	0.007%
HTLV	0.0016%	0.003%	0.001%	0.001%	0.002%
Syphilis	0.0094%	0.006%	0.010%	0.009%	0.009%
Total number of donations tested	250,861	256,518	242,720	269,939	258,973

The prevalence of infection markers in donors has remained stable over the years. Apparent fluctuations are not statistically significant. Since 2005-2006, annual rates have included thrombopheresis and plasmapheresis donations, while in preceding years these rates only considered whole blood donations.

Although the risk of transmitting a virus such as HIV, HCV, HBV or HTLV through blood transfusion is currently very low, there is always a residual risk mainly attributable to an illness' latency period. The risk estimates have been reviewed and remain extremely low.

Residual risks for the 2001-2006 period

VIRUS	AUGUST 1, 2001 TO JULY 31, 2006
HCV	1 / 4,583,505
HBV	1 / 954,548
HIV	1 / 12,838,319
HTLV	1 / 2,794,222

These residual risks were calculated based on 858,936 person-years (PY).

1.4.2.1 Bacterial culture

All platelet products (whole blood or apheresis donations) are subjected to a bacterial culture test. This helps improve the safety of platelet products.

Bacterial culture from platelets

PLATELET TYPE	TOTAL	NUMBER OF CULTURES	CULTURES TESTED POSITIVE
Apheresis platelets	20,943	16,499*	2
Platelets from whole blood	67,528	67,528	9
Total	88,471	84,027	11

* Note that for apheresis platelets, there are fewer cultures than donations, as only one culture is done for double platelet donations.

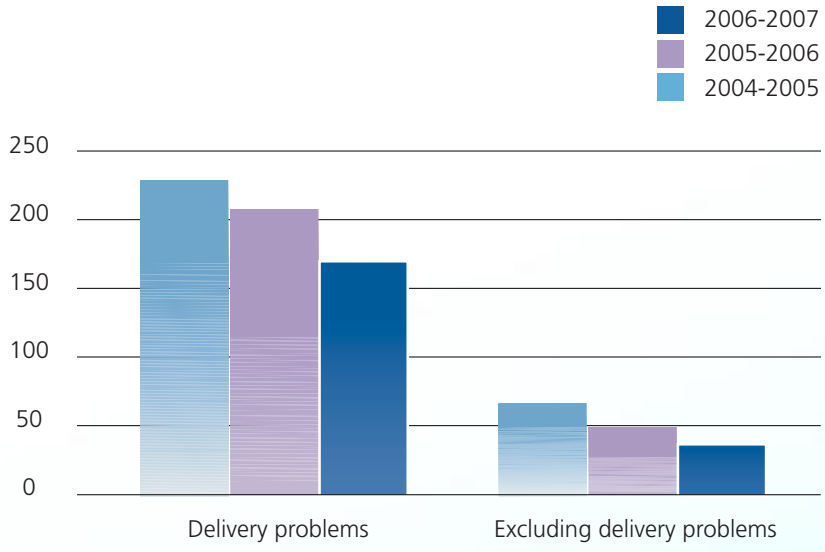
Of the 11 positive cultures, it was possible to remove 10 products from Héma-Québec's inventory. A single product, a whole blood platelet, was transfused, with no transfusion reaction.

1.4.3 Error and accident report

Héma-Québec gathers information on errors, i.e., unexpected or unforeseen deviations from procedures or standards that are usually due to human error or a technical problem. These events could jeopardize a product's safety, purity or effectiveness. Accidents are also compiled; these are situations that can occur at any stage of the blood management process, even when procedures are followed correctly. Where applicable, these products are immediately withdrawn from the process and inventory and are destroyed.

Errors and accidents

The graph shows a 19% decrease in shipping problems and a 15% reduction in other types of problems. These conclusive results stem from solutions applied by the working group that examined these problems.



1.5 Internal audits

The Audit department contributes to the safety of the blood supply, blood products, human tissues, cord blood and stem cells by verifying the compliance of the organization's various sectors of activity through internal audits. The program for qualifying suppliers of critical materials makes it possible to ensure that they meet a level of quality so that product safety is not affected. For the qualification of suppliers of critical services and materials, Héma-Québec alternates between formal audits (9) and sending out qualification questionnaires (38), in compliance with its supplier qualification program. All suppliers evaluated have maintained or obtained approved supplier status.

1.6 Health Canada inspections

As part of its operating license renewal process, Héma-Québec is audited annually by Health Canada's Health Products and Food Branch Inspectorate. The number of observations has been at the same level for the last three years and they are neither critical nor major.

1.6.1 Health Canada's new risk level classification

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

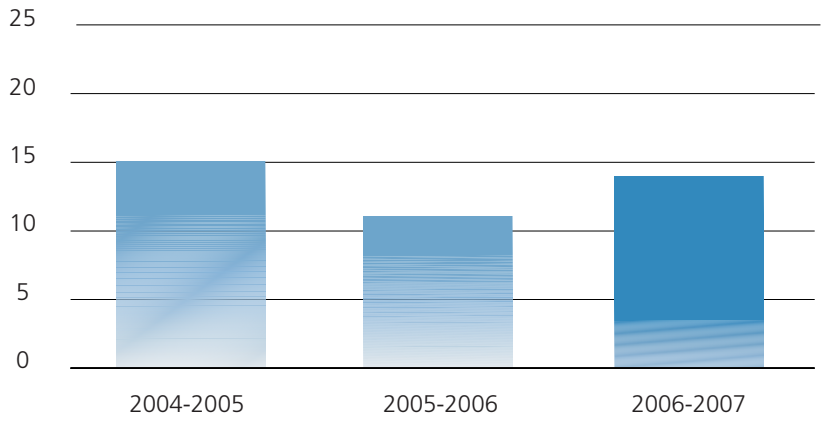
- Risk 1 observation: an observation that represents an immediate or latent risk that cannot be mitigated by other procedures or corrective measures in subsequent steps of the manufacturing process.

- Risk 2 observation: an observation that may represent an immediate or latent risk that may be mitigated either through other procedures or by corrective measures in subsequent steps of the manufacturing process.

- Risk 3 observation: an observation that cannot be classified either as critical or major, but that is a deviation from good manufacturing practices and which may pose a slight risk to the donor or recipient of blood or blood components.

Observations made by Health Canada

Compiling the total number of observations made by Health Canada inspectors reveals that the number of observations has been about the same for the last three years.



Observations made by Health Canada in the current financial year according to level of risk (new classification)

LEVEL	NUMBER OF OBSERVATIONS
Critical	0
Major	0
Other	14

1.6.2 License renewal

Héma-Québec's operating license was maintained after the inspections. During their last 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 audited as well as the professionalism of the staff.

2. ADEQUATE SUPPLY OF LABILE BLOOD PRODUCTS

2.1 Supply strategy update

The organization's first supply strategy covered the 2003-2007 period. Our mandate was to develop an efficient supply of blood products and integrate several improvement and development projects.

This initial supply strategy was oriented toward:

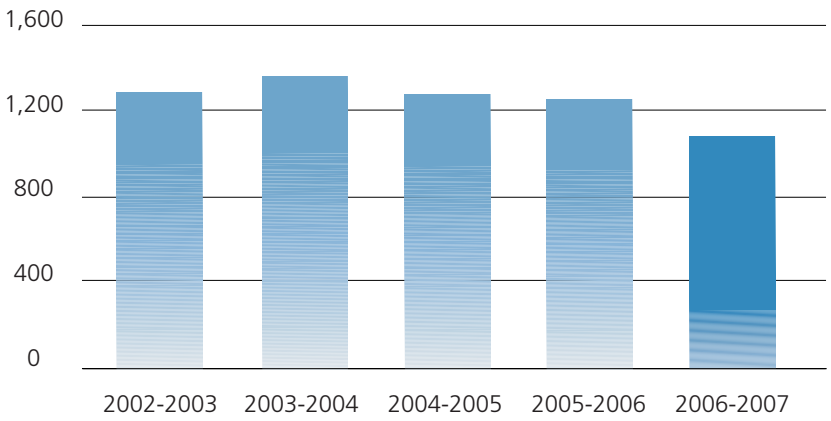
- Deploying supply modes better suited to the market and the needs of donors (opening of GLOBULE blood donor centres, mobile unit, donation by appointment, etc.) and an aggressive action plan making it possible to achieve 75% platelet donations by apheresis.
- Improving the manufacturing process in order to generate substantial savings: labour efficiency, waste-reduction, more efficient deployment of drives, etc. (*See p.43 – Reduction of packed red blood cell losses*).

In 2006-2007, the supply strategy was updated to cover the 2007-2011 period. The Operations team once again:

- Thoroughly analyzed the current blood supply situation
- Determined future issues and challenges
- Determined strategic choices
- Evaluated and integrated many improvement and development projects and various future modes of supply

Number of telephone recruitment calls (in thousands)

There were about 180,000 fewer telephone calls compared to the previous year. This is because calls are better targeted.



2.2 Marketing and promoting blood donation

2.2.1 Study on donor motivation

A broad research program in collaboration with Professor Gaston Godin, PhD, of Université Laval was implemented in 2003. This study dealt specifically with factors that motivate the general population and donors to act. Apart from the publications that arose from the work, the results of these studies helped Marketing to better target its approach and meet a need that the Board of Directors has been expressing for a long time.

2.2.2 Telephone recruitment

Telephone recruiting is the most efficient way to reach blood donors. This year, volunteers made a total of 1,083,145 calls inviting donors to donate blood again. About 300,000 donors were received, about one out of three people contacted.

2.2.3 World Blood Donor Day

On the third edition of World Blood Donor Day, celebrated on June 14, 2006, a special information booklet on blood donation was published in two major dailies. Apart from well-known figures, a number of outstanding blood donors as well as recipients participated in media activities.

A cleverly designed red T-shirt with sleeves of different lengths–one long, one short–was created for the event. The uncovered left arm is a visual reminder of the act of donating blood, an original way of representing and identifying donors. The call to arms for blood donation has been broadcast using posters and radio messages featuring a variety of people.

All Héma-Québec spokespersons also proudly wore the new T-shirt with a short left sleeve. Héma-Québec hopes that this unique piece of clothing will, with time, come to be a distinctive symbol associated with blood donation.

2.2.4 Summer campaign

Organized under the theme: "Go short-sleeved this summer. Give blood. Give life," the summer campaign took place from June to September 2006, encouraging Quebecers to give blood, even in the summer and during their holidays. The objective of the summer campaign was to support the Supply Planning team in organizing blood drives throughout Québec to receive some 77,000 donors. Thanks to our staff and sector partners, 778 blood drives were held during the summer, including 527 mobile drives and 251 at GLOBULE centres in Montréal and Québec City, 90% of the objective was reached.

2.2.5 Awareness campaign

Based on the conclusions of a study on blood donor motivation carried out by Gaston Godin, PhD (Université Laval), Marketing came up with a new, two-pronged awareness campaign with help from an advertising agency. The campaign consists of television and poster components.

This time, awareness raising was personified by blood donors themselves. A survey of donors showed that 25% of the population intended to give blood over the coming year. Our messages therefore target this segment of the donor population in particular.

Short yet punchy messages show donors from various walks of life sporting the shortened left sleeve as a reminder of how easy it is to give blood. Result: heightened intention to give. The number of people who claim to have given blood because of an advertising campaign is now 6%, up from 3%.

2.2.6 Media support

Héma-Québec enjoys excellent cooperation from the media, a relationship that has developed over the years. We have media partners at both the provincial and local levels. Help from media representatives is priceless in organizing blood drives, at any time of the year. Their invaluable contribution makes it possible for our organization to reach a wider portion of the population. In every region, cooperation from local media in raising awareness for blood donation in the community is often spectacular. Their contribution is clearly essential to our ability to meet supply objectives for blood products. In 2006-2007, Héma-Québec received 220 media requests and granted nearly 100 interviews.

2.3 Supply modes

Héma-Québec makes use of three supply modes to ensure there is a sufficient reserve of blood products for Québec's population. These include:

2.3.1 Mobile blood drives

Mobile blood drives are the supply mode by which we obtain 87% of our blood donations. More than 2,000 drives are organized each year all over the province. Among the drives, to penetrate and develop new markets other than community groups (corporations, organizations), Héma-Québec also organizes donations by appointment. These are in fact mobile blood drives organized in office buildings. This type of drive has proven successful. It is a tool that meets the needs of business professionals, a clientele on a tight schedule, by offering appointments at a set time.

When our reserve of blood products for a specific blood type runs low, we organize what is known as a "targeted" blood drive, specifically inviting donors with that blood type. This year, 42 drive dates were organized, with 8 in Québec City and 34 in Montréal.

2.3.2 GLOBULE blood donation centres

GLOBULE blood donation centres constitute our second-largest supply mode, accounting for 12.5% of our blood donations.

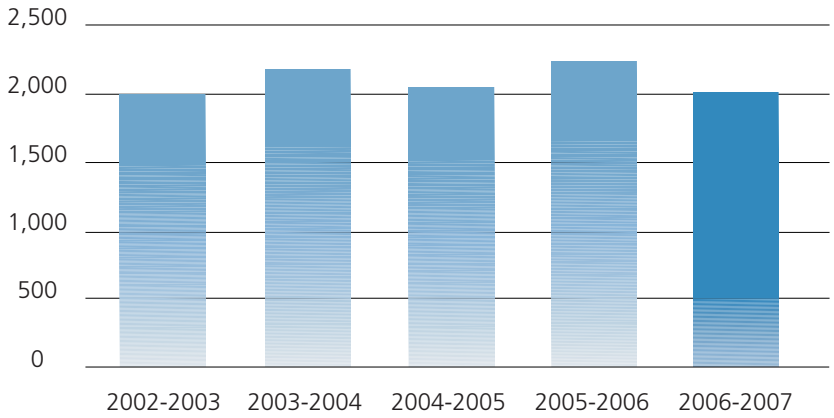
2.3.3 GLOBULE Mobile Blood Donation Unit

Lastly, the third mode we use is the mobile unit. We now have one year of experience and nearly 5,800 donors have used it. This mode has made it possible to get to small and medium businesses we were previously unable to reach, especially in urban industrial sectors. Note that the success of this mobile unit is secured by the Association of Blood Donation Volunteers' outstanding commitment.

Number of days of mobile blood drives*

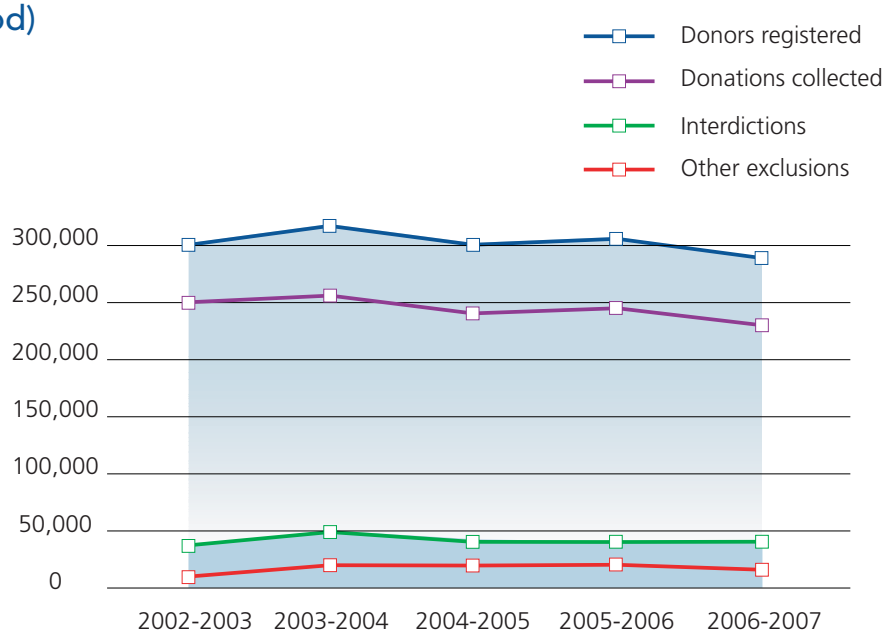
Héma-Québec was never short on blood products, even though the number of mobile blood drive days is lower than last year, with only 2,013 drives in 2006-2007 compared to 2,236 the previous year. This 10% drop can be attributed to greater efficiency.

* The total of events in a day equals the number of collection days.



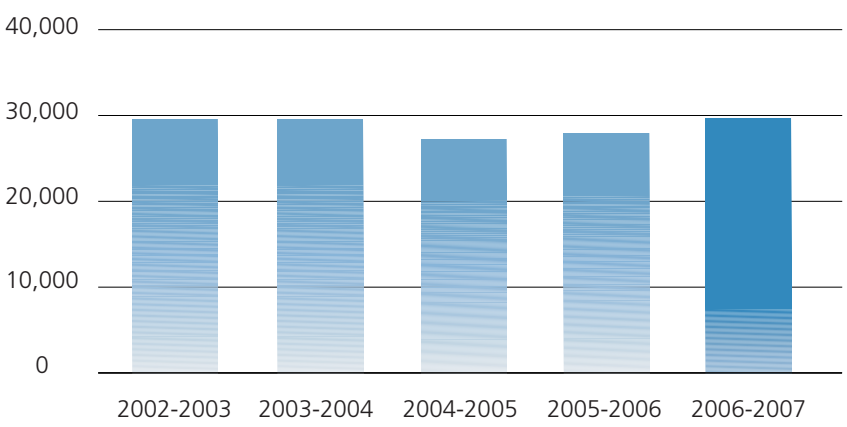
Donation summary (whole blood)

Improvements made through the supply strategy and a stable demand have resulted in a decrease in donors registered, with 287,199 compared to 304,026 the preceding year.



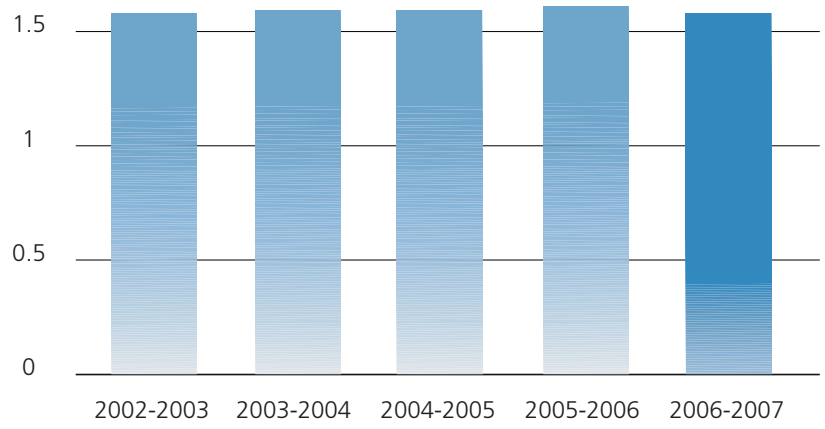
Number of new whole blood donors registered

In 2006-2007, the number of new blood donors went up to 35,872, a 5.1% increase from 2005-2006. New donors represent 12.9% of the total number of whole blood donors. Among them, 6,020 were recruited, due among other things to ABDV's promotional efforts, at drives held at cegeps and universities. Blood drives organized in elementary schools also attracted more new donors, i.e., 38% compared to 12% for regular blood drives.



Average number of donations per blood donor

The number of donations per donor fell slightly this year to 1.58. This represents a 4.2% decrease. The difference is due to the transfer of around 650 high-frequency whole blood donors to the apheresis platelet program.



2.3.4 Donation by apheresis

Platelets and plasma can be obtained through extraction from whole blood or directly through apheresis. Apheresis is a method that makes it possible to collect the desired blood component by returning the rest of the blood to the donor. It also makes it possible to reduce recipients' exposure to illness by reducing the number of donors necessary for each treatment.

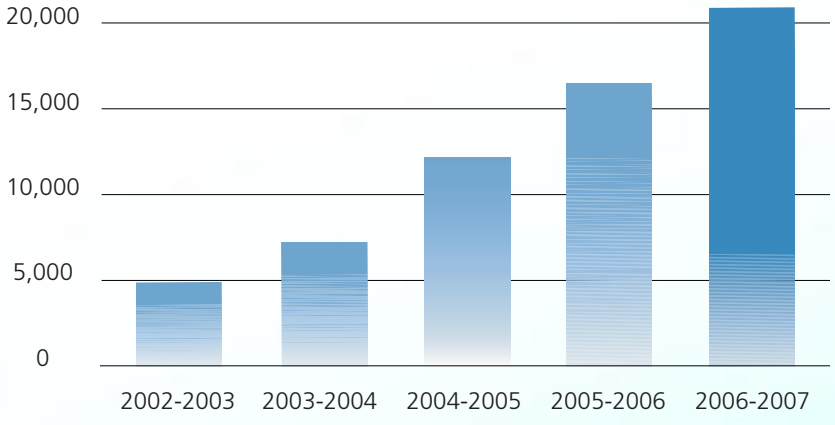
2.3.4.1 Platelets by apheresis

This year we collected more than 20,000 platelet donations by apheresis. The high rate was made possible through the unflagging and truly astounding commitment of hundreds of donors. In addition, better daily planning was done, and we added two pieces of equipment for drives. This year, we were confronted with a higher demand for platelets with an 8% increase over the previous year, compared to the 5% forecast. This is why it was important to institute "double donations" of platelets.

In fact, the number of donors who made this type of donation went up by 49% over the previous year. Now, 26% of platelet donors by apheresis make double donations.

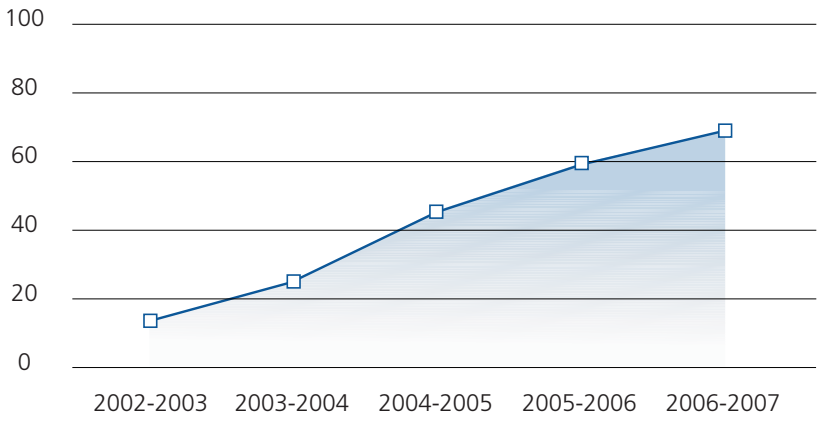
Number of platelet donations collected by apheresis

Platelet collection is up by 4,270, an increase of 26% from last year as a result of an increase in the number of double donations and intense recruiting.



Proportion (%) of shipments of platelets collected by apheresis

The goal of having 75% of all platelet products shipped be apheresis products, as set in the supply strategy, was achieved.

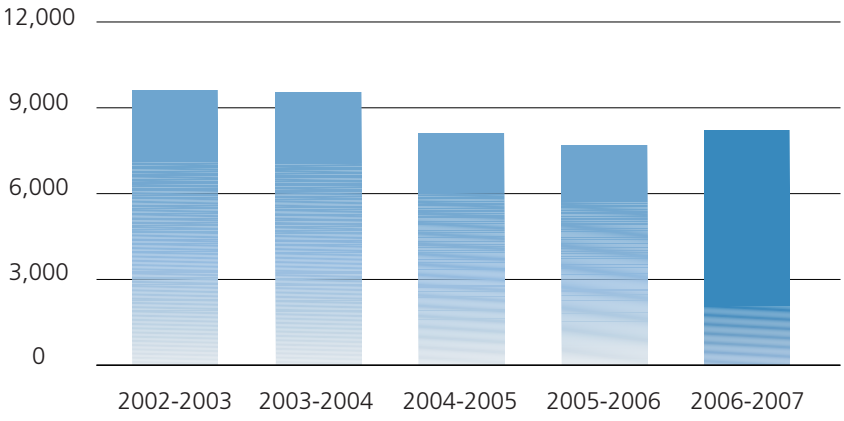


2.3.4.2 Plasmapheresis

Plasma donations have increased by approximately 8%.

Number of plasma donations collected by apheresis

The number of plasma donations collected by apheresis increased by 8% due to a change in strategy.



Labile blood products delivered to hospitals

PRODUCTS	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Packed red cells	221,659	223,723	220,215	221,256	223,100
Platelets from whole blood	107,612	98,114	71,284	55,295	46,446
*Equivalent-platelets by apheresis	21,170	33,875	56,950	80,945	100,390
Total platelets	128,782	131,989	130,234	136,240	147,166
Plasma from whole blood	39,324	46,090	46,999	45,535	47,457
**Equivalent-plasma by apheresis	16,400	16,462	14,340	14,998	15,454
Total plasma	55,724	62,552	61,339	60,533	62,911
Cryoprecipitate	12,685	12,888	11,568	13,451	15,793
Cryoprecipitate supernatants	6,593	10,866	8,768	8,910	7,792
BLOOD PRODUCTS TOTAL	425,443	442,018	432,124	440,390	456,762

In total, the organization delivered more products to hospitals than it did last year. The increase in products shipped is attributable to plasma products, with products shipped up by 11,000, and to a lesser degree to the 1,840 increase in packed red blood cell products.

*One bag of platelets by apheresis is equivalent to the quantity of platelets derived from five bags of whole blood.
**One bag of plasma by apheresis is equivalent to the quantity of plasma from two bags of whole blood.

2.4 Packed red blood cell inventory management

Once again in 2006-2007, Héma-Québec met needs for all sorts of components for its entire territory. A more effective inventory management was implemented and the inventory of packed red blood cells was kept at 8 days.

Hospital performance

The reduction in the expiry rate of red blood cells, which made it possible for Héma-Québec to maintain high stock levels, is not attributable purely to its actions alone. In fact, it seems that the management of packed red blood cell stocks at hospitals is in line with last year's, meaning a reduction in the expiry rate. This increased the number of packed red blood cells available in the Québec blood system.

2.5 Stable products

2.5.1 Call for tenders on stable products

In partnership with Canadian Blood Services, an extensive call for tenders for stable products was launched in January. A number of divisions collaborated to the project, with representatives from Approvisionnements Montréal and the Biovigilance Unit of the Direction de la prévention clinique et de la biovigilance working as observers. The previous call for tenders dated back to 2001 and those agreements will come to an end in March 2008.

For some products, there are more bidders, as a number of them now hold their Canadian licences.

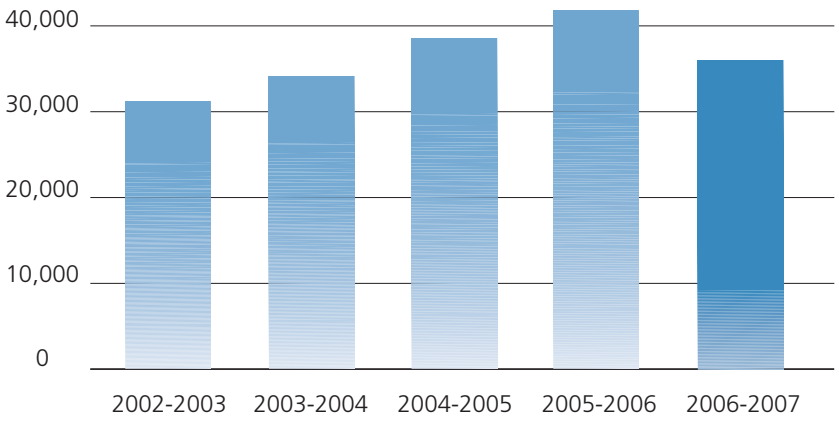
2.5.2 Plasma for fractionation

A portion of the plasma extracted from whole blood is sent to a fractionation organization that is under contract, Talecris Biotherapeutics. The organization converts the plasma into stable products: intravenous immunoglobulins and albumin. In 2007, 30,046 litres were shipped.

Litres of plasma shipped for fractionation

36,046 litres of plasma were sent to Talecris Biotherapeutics to be fractionated and transformed into albumin and immunoglobulins. This is down 15% compared to last year. The decrease in volume is in part due to the exceptional shipment last year of nearly 2,000 litres of fresh frozen plasma by apheresis that was past date for transfusion but compliant for fractionation. The decline is also due to a decrease in the number of whole blood donations, thus reducing the derived plasma available, and an increase in clients' demand for cryoprecipitate and plasma for transfusion.

The volume of plasma sent to Talecris Biotherapeutics this year is therefore around normal.

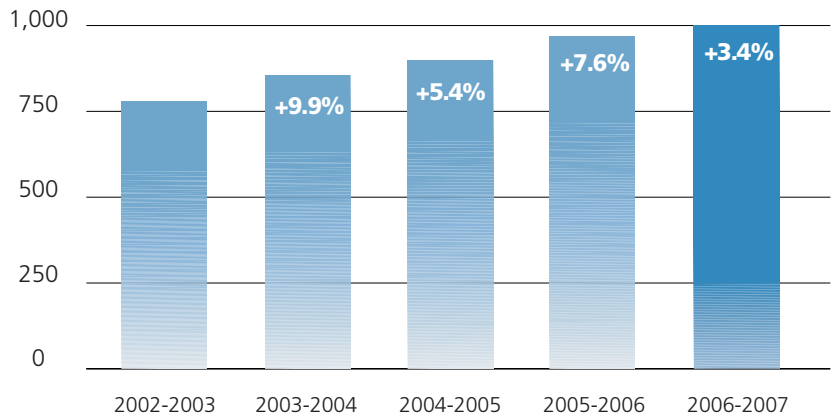


2.5.3 Shipments of stable products to hospitals

In 2006-2007, a total volume of stable products valued at 141 million Canadian dollars was distributed to Québec hospitals.

Shipments of intravenous immunoglobulins (in kilograms)

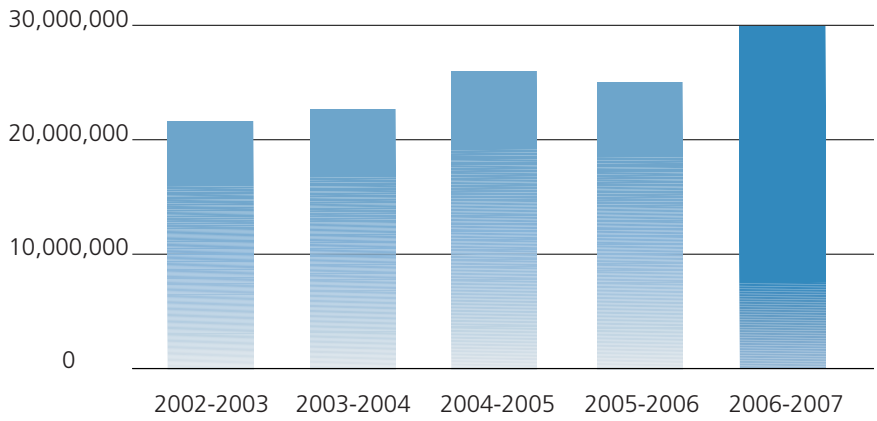
In 2006-2007, the demand for intravenous immunoglobulins totalled 1,000.4 kilograms, up 3.4% from 2005-2006. This constituted a stabilization of the demand compared to the past.



Shipments of recombinant antihemophilic factor VIII (in IU)

Recombinant antihemophilic factor (FVIIIr) is used to prevent and control bleeding related to type A hemophilia.

In 2006-2007, the demand for FVIIIr totalled 29,956,479 IU (international units), an increase of 16.7% compared to the previous year.



PREPARATION FOR A POTENTIAL INFLUENZA PANDEMIC

After developing a plan to deal with a potential influenza pandemic in 2005, this year, Héma-Québec set up concrete actions. Although there is no imminent risk at this point, various facets of the plan were implemented, in particular for dealing with a possible shortage of donors and employee absences.

The purpose of the business continuity plan is to maintain the blood product supply and achieve good coordination with Québec's Department of Health and Social Services and hospitals so that any shortages during an influenza situation can be managed properly.

Development of a communications plan

A plan for communications activities was needed to prepare for an influenza pandemic. The plan is designed to inform target audiences, both internal and external, about Héma-Québec's needs and resources in providing needed blood products to the sick. To achieve this, an Internal Communications Action Group (ICAG) and Volunteer Liaison Group (VLG) were set up.

A Pandemic Special Issue newsletter was distributed to both staff and volunteers, explaining the virus' characteristics and how it spreads, and explaining the planned measures.

HUMAN TISSUES

1. SAFETY

1.1 Quality control

During the quality control process, samples taken when human tissue is harvested and after processing are analyzed. The tests done during harvesting and after processing make it possible to select tissue that meets the prevailing standards and check the effectiveness of the tissue sterilization method during processing. The table shows the results for the bone tissue processed this year. Note that the number of post-processing results is lower because some tissues have not yet been processed.

1.2 Environmental tests in clean rooms

To harvest and process tissues under optimal conditions, the human tissue sector has controlled-environment rooms called clean rooms, classified according to the limit on the number of particles present in the air. This controlled environment minimizes the risks that tissue will be contaminated during handling.

Bone tissue sterility tests

TYPE OF TISSUE	TESTS PERFORMED	NUMBER OF TESTED PRODUCTS	% OF UNACCEPTABLE MICROORGANISMS
Human tissues (pre-processing)	Culture	485	0.6%
Human tissues (post-processing)	Culture	233	0.4%

Tissue compliance is determined based on the presence of acceptable or unacceptable microorganisms. Tissues contaminated with unacceptable microorganisms are destroyed.

In 2006-2007, new types of tissue were added, primarily heart valves. Corrective action was initiated to deal with the increase in the rate of post-processing contamination.

Number of tissue donors collected from

	2004-2005	2005-2006	2006-2007
Musculo-skeletal tissue donors	25	32	46
Heart tissue donors	13*	22*	26
Donors of both types of tissue	30	29	49
Cutaneous tissue donors	N/A	N/A	2**
Total	68	83	123

*For these two years, cardiac tissues were sent to Halifax for processing.
**Cutaneous tissue donations began at the end of the year.

2. ADEQUACY

2.1 Harvesting

This year, tissues were harvested from 123 donors, up 48% from last year. Substantial inroads have been made in the number of donors in the Greater Montréal area.

2.2 New types of tissue donations

Serious burn victims may soon have access to skin to accelerate healing, as a method for preparing skin for grafting has been developed.

Also, since last fall, we have begun harvesting tendons, and they should be available as soon as next year. Tendons are used in orthopaedic surgery, primarily for treating sports injuries.

Number of grafts distributed to hospitals

	2004-2005	2005-2006	2006-2007
Morselized bone	N/A	128	249
Femoral head	24	55	35
Other bone grafts	43	60	67
Valves*	N/A	N/A	13
Total	67	243	364

A total of 364 grafts were distributed this year compared to 243 last year; of this number, 13 were valve grafts, a new product this year.

*Previously, valves were collected but distributed by the Halifax centre.

2.3 Single point of contact for tissues

Héma-Québec and the Canadian market are unable to meet more specific needs from hospitals, especially for bone products. This is why a pilot project to have Héma-Québec distribute products purchased on the U.S. market was initiated this year. The goal of the project is to develop a service that will allow hospital clients to obtain all types of tissues from a single location, rather than having to resort to the U.S. market. The service includes qualification of the U.S. supplier by the organization's audit team.

CORD BLOOD AND STEM CELLS

Hematopoeitic stem cells (HSC)–multipurpose cells–are mainly found in bone marrow, the umbilical cord and in adult's peripheral circulation. A stem cell transplant is a therapeutic option for some diseases, including leukemia.

1. SAFETY

1.1 Quality control of cord blood donations

Sterility tests are systematically performed on all cord blood donations during pre-processing, i.e., when the product arrives at Héma-Québec, and then during post-processing. Of the 257 cord blood donations tested, only one was positive for a microorganism in pre- and post-processing. These results reflect the excellent performance of obstetrician-gynaecologists in the cord collection procedure.

Cord blood quality control

PRODUCT TYPE	TESTS PERFORMED	NUMBER OF PRODUCTS TESTED	PERCENTAGE OF COMPLIANCE	ACCEPTABLE VALUES	ACCEPTABLE PERCENTAGE OF TESTED BAGS
Cord Blood (pre-processing)	Sterility	257	99.6%*	No contamination	100%
Cord Blood (post-processing)	Sterility	257	99.6%*	No contamination	100%

*This is due to the fact that pre-processing sterility results are returned seven days later and that processing must be done within hours of the donation's arrival at Héma-Québec. The donation was processed without waiting for the results of pre-processing; it was also found positive in post-processing and destroyed.

2. ADEQUACY

2.1 Public Cord Blood Bank

The goal of the Public Cord Blood Bank is to make stem cells from cord blood a collective resource and provide an optimal-quality supply that meets the needs of patients, primarily children at the moment, waiting for a transplant of these cells. A multi-ethnic recruitment strategy has been implemented.

25% of cords collected pass the qualifying step, which is the standard at other public banks.

2.2 Information kit for future parents

A visual component has been added to the information kit given to mothers-to-be, as well as to the one given to hospital staff. It is a DVD with ten minutes of testimonials for future parents and hospital staff made by donors and recipients. Héma-Québec staff provide the narrative connecting the testimonials.

Activities of the Public Cord Blood Bank

Activities from the beginning of the program to March 31, 2007	
Mothers registered	2,335
Mothers qualified	1,821
Cords collected	1,383
Cords frozen	402

The difference between the number of qualifications (eligible registered mothers-to-be) and the number of cords collected is attributable to a number of factors that arise during labour.

Difference between the number of cords collected and the number of cords frozen:
- Insufficient volume collected (< 120 mL, including the anticoagulant solution);
- Insufficient number of nucleated cells (< 1.0 X 10^9, according to the international standard).

2.3 Unrelated Stem Cell Donor Registry

Héma-Québec populates and manages the Unrelated Stem Cell Donor Registry for Québec. It is a computerized database that contains the names of those who have consented to be donors; they could be called to donate HSC for a compatible patient.

The Québec Registry is linked to the Canadian Registry and to international registries, meaning that it is possible to search for an unrelated donor internationally for a Québec patient. Similarly, all patients waiting for an HSC transplant in Canada and elsewhere have access to Québec's Registry.

In the course of the year, 640 people registered to Québec's Unrelated Stem Cell Donor Registry, bringing the total number of registered Quebecers to 29,653 in December of 2006. During this time, seven Québec donors were matched with seven recipients, including four from elsewhere in Canada and one from Québec. Note that the chances of finding a match between a donor and a patient range from 1 in 450 to 1 in over 750,000, depending on the patient's HLA typing.

Number of people registered to the Unrelated Stem Cell Donor Registry*

	2002	2003	2004	2005	2006
Québec	36,867	36,445	35,227	34,547	29,653
Canada	223,430	218,500	217,521	221,836	222,672
International level	8,500,000	9,000,000	9,600,000	10,300,000	11,089,000

In Québec, 640 new donors were added, but 1,035 were removed, mostly due to the age limit. Although 10,000 new donors were added in 2006 across Canada, 9,000 donors had to be removed from the Registry, for the same reason.

*Please note that the Registry is counted by calendar year.

FOURTH ISSUE

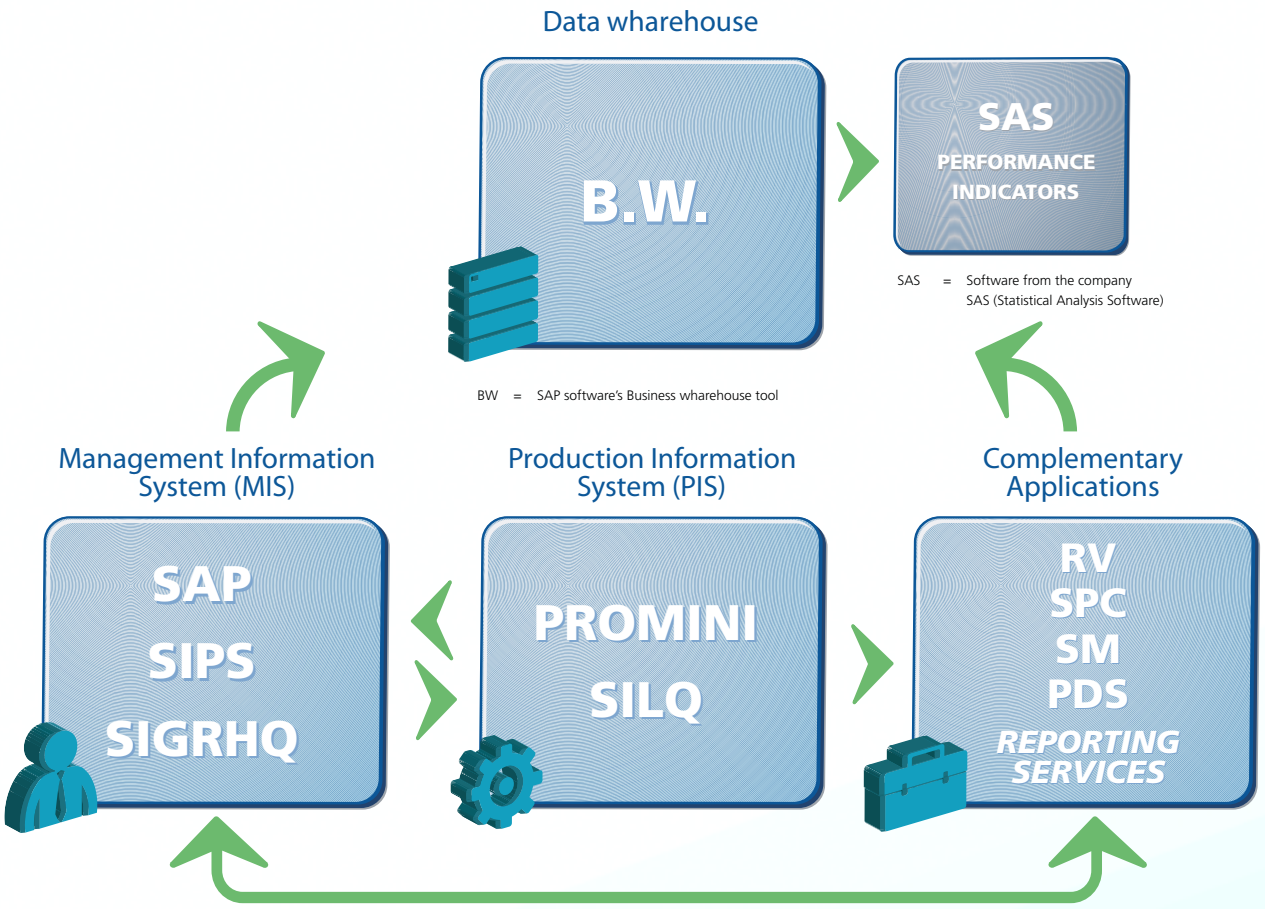
THE NEED TO MODERNIZE OUR SYSTEMS AND TECHNOLOGIES.

Héma-Québec's IT infrastructure rests on three main platforms: MIS (SAP), PIS (PROGESA), and Complementary applications. During the year, the Information Technology division launched a major upgrade process for all these technologies.

A few years ago, a survey revealed that the company used close to 200 IT applications, ranging from simple spreadsheets detailing a department's monthly activities to PROGESA, the large, critical software package, and including a long list of local applications. Until now, these various applications shared very little information, frequently requiring repeated data entry and minimizing potential benefits to be gained by pooling data.

From this perspective, the Information Technology division's strategic goal was to integrate systems that fostered the handling of business functions with integrated management software packages such as SAP and PROGESA. The addition of human resources management activities to SAP in the context of the SIGRHQ project is a case in point.

Héma-Québec's three information technology platforms



1. SAP PLATFORM

1.1 SIGRHQ: Héma-Québec Integrated Resource Management System

The Héma-Québec Integrated Resource Management System was put into production this year, the main objective being to optimize some of the organization's business processes.

As is often the case when major systems are brought in, certain adjustments had to be made.

New technology of this magnitude is rarely introduced without encountering problems along the way. Despite the project's technological success, employees had to adapt to significant changes, particularly with regard to new pay stubs.

Post-implementation efforts were therefore deployed, including information sessions for various groups of employees. A hotline was also set up for the entire staff. Employees made more than 500 calls to obtain additional information. Training sessions were also offered to users. The SIGRHQ team held close to a hundred individual meetings and, during the month of June, delivered 23 information sessions.

Finally, as part of this implementation, the blood drive planning module was stabilized; it is now possible to plan human resources coverage for daily activities with a greater degree of predictability. It is believed that, with time, staff will discover its many benefits.

"The implementation of the SAP HR module [. . .] stands out as one of the most successful initiatives of its kind in Canada.

To highlight this accomplishment, SAP AG [in Germany] chose to nominate HÉMA-QUÉBEC as a candidate for the prestigious Computerworld Honors Program. Congratulations to the HÉMA-QUÉBEC team!"

Guy Cossette, SAP Canada

2. PROGESA PLATFORM

2.1 Upgrading PROGESA

PROMINI is the name of an initiative to upgrade PROGESA, the organization's blood management software package. It has four main objectives: implementing the current version of the PROGESA software package, upgrading the technological infrastructure related to using this software package, implementing the ISBT 128 product coding system, and reviewing and optimizing business processes. Over the course of the year, several steps in project management were completed.

Since this project will have a major impact on the daily work of personnel, a transition committee made up of representatives from all sectors affected by the update was set up with support from Human Resources. This committee made intensive efforts this year to disseminate information and get the organisation ready to transition to the latest version of the software. Along with training sessions, an information campaign included posters and the launch of a new web-based resource Progesa2007.hq.intra.

2.2 Wireless system for mobile blood drives

As part of PROMINI, wireless technology (Wi-Fi) was gradually implemented at targeted mobile blood drives. The secure wireless solution has been used at most drives since April 2006.

The system combines sturdiness, reliability and security, protecting data at collection sites. All data are now encrypted. The system is much more secure, particularly against theft and loss of datas.

2.3 Laboratory information system (SILQ)

In the wake of PROMINI came another major project: the commissioning of the Information Data Management (IDM) Surround information system. It will become the information system used at the qualification laboratory (SILQ). *IDM Surround* is a laboratory information system that is commonly used by U.S.-based blood product producers. The system takes the results of automated qualification tests, manages them and transmits the final results to PROGESA.

3. COMPLEMENTARY APPLICATIONS

Because the organization's large software packages cannot support all of its business activities, a more tailored, flexible solution was required: complementary applications.

This is a database environment that conforms with the organization's long-term technological orientations and offers development and data exchange tools. These tools are used to develop applications to support certain specific business activities that are not handled by corporate software. Aside from its greater flexibility for development, the environment's strength is its potential for incorporating consultation of other corporate data, such as data from the management information software. This advantage will help make available a plethora of data that employees use, so they can do their jobs better.

Here are some examples:

3.1 Importing inventory data

Data on the inventory of labile blood products were imported to the complementary applications platform this year. This major effort doubled the quantity of information available on the platform. This made it possible to produce operating reports.

3.2 PDS information system

The PDS (Platelet Donor Selection) IT tool helps sort platelet donations in descending order of compatibility. It was commissioned in May and June in Québec City, then in September and October in Montréal.

SILQ
HÉMA-QUÉBEC

FIFTH ISSUE

THE ONGOING PURSUIT OF GREATER EFFICIENCY.

1. CONTINUATION OF DÉFI-ÉTAPES

The organization undertook to find ways to save money in every sector of activity by launching a challenge to all personnel at the end of 2004: Défi-ÉTAPES. This year, optimization efforts unfolded in every division by proceeding to better allocation and optimization of tasks.

The acronym ÉTAPES stands for:

- Effectiveness: Effectively ensuring a safe and adequate supply
- Transformation: Dealing with new realities
- Adjustment: Adjusting to market conditions, specifically to the drop in demand for labile blood products
- Performance: Maintaining and ensuring process integrity
- Efficiency: Constantly seeking to get the best results at the best cost
  without overlooking
- Survey: Taking into account comments from staff in the November 2003 survey

The organization continued the process this year.

1.1 Developing performance criteria

Héma-Québec acquired a tool for monitoring its strategic indicators and Vision 2005-2010: a computerized scorecard to which managers have access.

This tool centralizes 31 types of performance indicators, grouped under the organization's six performance areas. Collection of the information needed was finalized in mid-February. Deployment took place in March so that, at the end of the year, 80% of the performance indicators were accessible.

The tool, which provides us with information on our performance almost in real time, will be useful in enabling greater efficiency and making it possible to control strategic issues while saving time.

2. BENCHMARKING OF COSTS WITH CANADIAN BLOOD SERVICES (CBS) AND AMERICA'S BLOOD CENTERS (ABC)

Héma-Québec does not work in isolation. It strives to establish points of reference with other organizations in the same sector. The Administration and Finance division has been especially active in this area. It participated in international studies designed to establish benchmarks. There were talks with America's Blood Centers for a joint purchasing group.

3. IMPROVED MANAGEMENT OF LABILE BLOOD PRODUCTS

3.1 Demand forecast study

In January 2006, a research project was launched to identify factors that affect the demand for packed red blood cells in Québec, and to propose a forecasting model. The model developed allowed generate estimates of future demand, and surpassed the effectiveness of the forecasting techniques used at Héma-Québec to date.

3.2 Reduction of packed red blood cell losses

3.2.1 Expiry

Better inventory management translated into a sizeable drop in the expiry rate, which is now 0.38%.

"This year, our joint efforts resulted in a 4.5% improvement in the rate for packed red blood cells, adding to the previous year's improvement of 5.9%."

Marco Décelles, Director of Accounting

3.2.2 Production waste

As part of the supply strategy, a major decrease in production losses was achieved. This is an important achievement in efficiency for 2006-2007. This improvement could not have occurred without the active involvement of the staff.

The decrease in production losses and a more focused management of the packed red blood cell inventory had a major impact, leading to a substantial drop in costs.

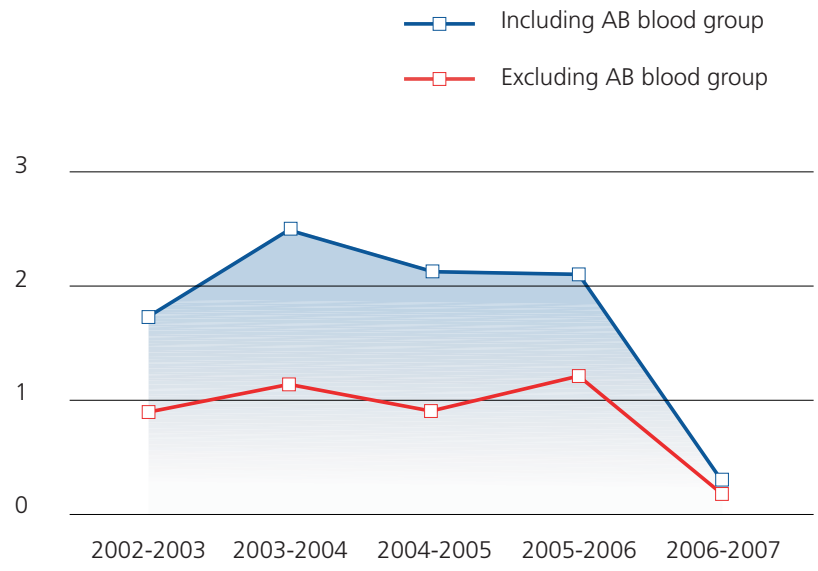
4. OPTIMIZED MANAGEMENT OF LABILE BLOOD PRODUCTS

4.1 Monitoring of stable product supplier performance

A pilot project was carried out, designed to consider and weigh more elements of stable product supplier performance, particularly with respect to customer service. The organization wanted to monitor performance while mobilizing suppliers. The results, compiled by supplier for the financial year, are between 93% and 99%, ranging from a "good" performance rating (from 90 to 94) to an "excellent" performance rating (over 96%).

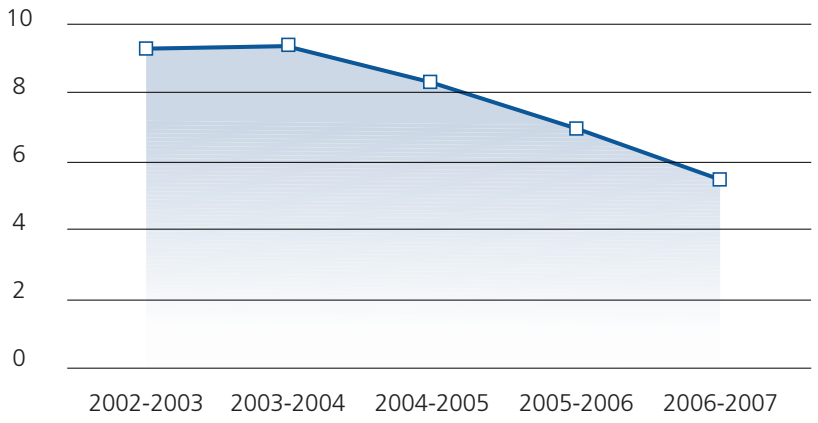
Expiry rate (%) of packed red blood cells

Due to better inventory management, excellent results were obtained. This translated into a decline in the expiry rate, which sank from 2.10% to under 0.38%.



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

A working procedure improvement program, identified in the supply strategy, was undertaken. This program reduced the rate of packed red blood cells lost this year by 14%, with the loss rate dropping from 7% to 6%.



5. A GREEN ORGANIZATION

By creating its Green Committee and, in particular, by the environmental protection activities that will arise from it, the organization is committed to:

- Encourage staff participation in environmental management
- Establish an environmental policy tailored to Héma-Québec's situation and mission; the Management Committee will be responsible for applying the policy
- Act in compliance with existing standards and requirements, and anticipate future standards
- Establish and uphold objectives and targets that take into account the environmental impacts of our activities

As a parapublic organization, Héma-Québec will be subject to the *Sustainable Development Act* as of December 2007. The organization will have to account for its "green" achievements in a specific section of its future annuals reports. This year, even before the law comes into effect, Héma-Québec is proud to present the following environmental report:

5.1 Reduction in building energy consumption

In 2006, we reduced our energy consumption at the Québec City facility by 18%, and by 8% at the Montréal facility. These efforts represent savings of 9,600 GJ (gigajoules).

5.2 Reconstruction of the administrative building's envelope

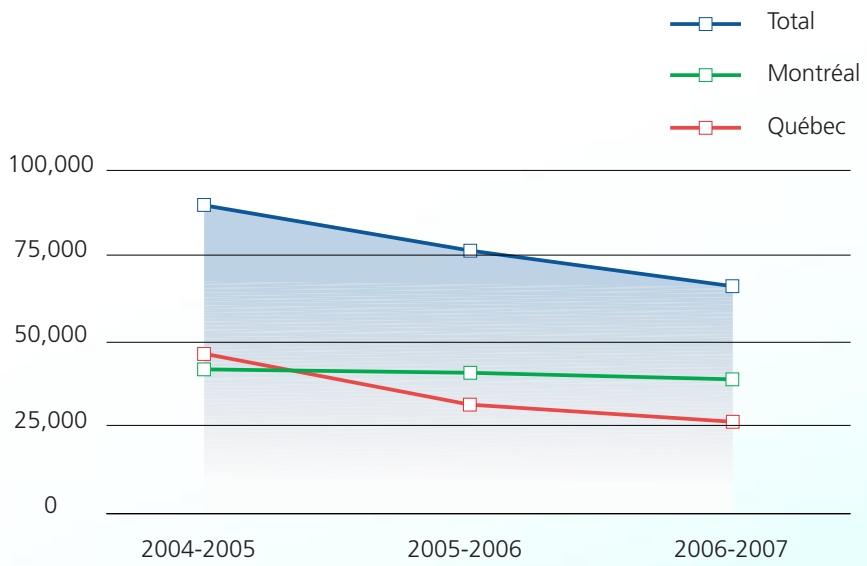
To secure the building and prevent water infiltration, work to rebuild the administrative building's envelope (4045 Côte-Vertu Blvd.) was undertaken, including the consolidation of existing prefab concrete panels, additional insulation and the replacement of all windows. Despite its scope, the work did not interrupt routine activities. Renovating the facades also gave the Montréal facility an resolutely modern elegance by harmonizing its design with that of the Québec City facility.

5.3 Efficient lighting

All buildings now have more efficient lighting, after bulbs and fluorescent tubes were replaced to shift from a magnetic system to an electronic system. The Information Technology division made sure the change occurred without incident.

Total energy consumption (GJ)

Since 2004, total energy consumption for buildings has declined 20%. This reduction is a result of awareness activities geared toward the Technical Services staff in charge of managing buildings and key users regarding the optimization of control sequences and adoption of efficient lighting.



SIXTH ISSUE

THE SUSTAINABILITY AND TRANSFER OF THE ORGANIZATION'S KNOWLEDGE AND SKILLS.

1. SECURING THE NEXT GENERATION OF DONORS AND VOLUNTEERS

Clearly, reaching the next generation of donors and volunteers is a major strategic concern for the organization. To this effect, and within the context of a long-term effort, ties with the educational community are growing and becoming more defined. The Association of Blood Donation Volunteers (ABDV) is also mandated to promote blood donation in cegeps and universities. Through its presence, the ABDV works to recruit volunteers who represent potential replacements for current members in all regions of Québec.

In order to pave the way for recruiting the next generation, more drives were organized in educational settings this year, for a total of 214 compared to last year's 202 school-based drives. This is a sector the organization plans to develop further. We also receive frequent visits from groups of primary and secondary school students accompanied by their teachers, who are often aware of the need for blood donation.

1.1 Cross-curricular competencies in education

In order to develop cross-curricular competencies, in some schools, primary and secondary school students organize blood drives themselves. The students do the recruiting, handle reception, act in a support role and create hand-made posters. Sometimes, it is children of blood drive employees who take the initiative. Sometimes, Héma-Québec employees get involved in parent committees at their children's schools. A total of nine blood drives have the same organizational structure: it is the kids who make up the organizing committee. These drives often surpass their targets and attract 35% to 40% new donors, compared to the usual 12%.

2. THE NEXT GENERATION OF EMPLOYEES: A CONCERN

Like many other organizations, Héma-Québec is concerned about its staffing situation and, in particular, about the next generation of workers and the transfer of knowledge related to its activities. Within this context, the Board of Directors and Management Committee made the next generation one of their strategic challenges. A succession planning process was thus implemented among other things to study key positions and develop succession strategies. It will continue throughout 2007-2008. Once the process is complete these initiatives will allow us to link selection and development activities of key positions to the organization's priorities, so as to have access to a qualified next generation that is aligned with our values.

"It is incredible to see how active our volunteers are, from young students to the retired. Their smiles often make all the difference."

Isabelle Rabusseau, head of the Place Laurier GLOBULE Blood Donor Centre

3. OPTIMIZING REGULATORY TRAINING ACTIVITIES

Last January, the Quality and Standards division gradually proceeded with the centralization of all regulatory training activities which, until recently, had been divided among the various divisions.

Regulations require a large number of training activities and, after a thorough evaluation of the prevailing situation, it became apparent that a change in approach was needed. It also became apparent that there was a need to optimize the management of these activities with the addition of regulated product lines such as human tissues and stem cells.

4. DEVELOPING THE NEXT GENERATION

4.1 Coaching university students at Héma-Québec

Research and Development is the main division responsible for training the next generation of cutting-edge blood and transfusion specialists. Ongoing training for master's and PhD students has had positive impacts within our own organization, by allowing it to expand its human resources pool. At present, five technical agents working in research and development previously completed a master's degree under the supervision of scientists in the Research and Development division.

Each year, at the request of the director of the hematology program at Université Laval, Héma-Québec welcomes residents in hematology. In 2006, eight resident physicians were taken on.

Students or interns by sector of activity

SECTOR OF ACTIVITY	CATEGORIES	
Research and Development	Masters students (MSc)	8
	Doctorate students (PhD)	6
	Interns	11
	Scholarship students	8
Epidemiology	Masters students (MSc)	1
Hematology	Residents in hematology	8
Operations	Masters students (MSc)	1
	Undergraduate students (BAA)	1

4.2 Recruiting college students

In order to prepare for the next generation of laboratory technicians, students in biomedical analysis programs were approached. Groups of students from five cegeps visited our labs. Furthermore, Héma-Québec also presented career opportunities during visits in two cegeps.

5. CONTINUING EDUCATION

In addition to the training offered to masters and doctoral students, the Research and Development division forged partnerships with several teaching institutions, mainly in the Québec City region. For example, a university course titled "Introduction à l'assurance qualité" (Introduction to Quality Assurance) was born as a partnership between Héma-Québec and Université Laval. The development of this distance learning course, which is completely functional via the Internet, was made possible through the mobilization of a multidisciplinary team. Delivery of the distance learning course began in January 2006 and is given each year.

Following the revision of the activity-based costing method and the introduction of a balanced scorecard. Héma-Québec was in contact in March with the university sector, which showed an interest in our approach. Exchanges are still underway and should allow this information to be used in courses offered by some Montréal university management faculties.

Students enrolled in the health technology certificate program at ÉTS (Université du Québec's school of higher technology) visit our facilities every year. Last January, as part of a course on inspection methods and regulations, our Québec City facility was also toured by 25 students enrolled in a fire prevention techniques program at François-Xavier-Garneau College. The choice of Héma-Québec was made in collaboration with the Québec City fire department prevention office. Industrial Security led the visit of the entire building, including a tour of the machinery rooms. For its part, the Human Tissues division used this opportunity to deliver a much appreciated short session on what it does.

"Your facilities are very well kept and very up-to-date with regard to current standards."

Éric Amyot, FPT,
fire safety instructor,
François-Xavier-Garneau College

SEVENTH ISSUE

THE NEED TO PURSUE INNOVATIVE INITIATIVES.

1. INNOVATION IN SCHEDULE MANAGEMENT

Within the context of the SIGRHQ project (Héma-Québec's integrated resource management system), the most remarkable innovation was undoubtedly the SPC schedule management module. The organization used it with a great deal of refinement to consider various parameters often associated with staff needs.

Héma-Québec is now known around the world for this innovation. The Director of Information Management Systems was invited on several occasions to present this specific use of the software.

2. INNOVATION WITH A QUALITY SYSTEM IN INFORMATION TECHNOLOGY

The Information Technology division developed a quality system for each business process and sector, with the personnel involved. This system does risk management and risk-based validation.

This approach will eventually be adopted throughout the organization.

3. INNOVATION IN RESEARCH AND DEVELOPMENT

For the Research and Development division, 2006-2007 was marked by an exhaustive evaluation and review of its research programs, both in cellular engineering and operational research. In terms of achievements, R&D continued to stand out for the prominence of its research, the training of the next generation and partnerships with various stakeholders.

3.1 Recommendations from the Expert Committee

As suggested by the Scientific and Medical Advisory Committee, a research evaluation visit, conducted by external experts, took place on October 4 and 5, 2006. The Expert Committee recommended that close to 80% of research efforts in cellular engineering be focused on projects related to immunoglobulins and that the rest be devoted to maintan the acquired expertise in fields related to the *in vitro* culture of blood platelets.

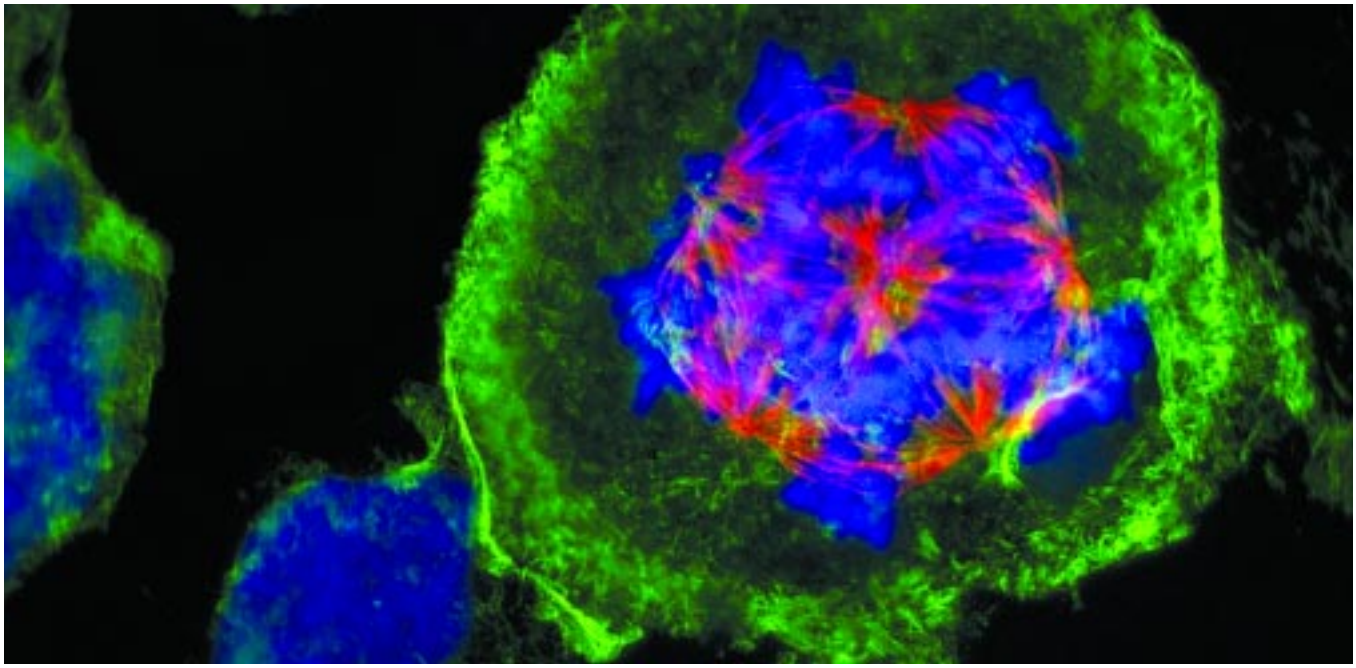
3.2 R&D programs

3.2.1 Cellular Engineering
Following the report from the Expert Committee, new research objectives were put forward. Thus, efforts to clarify the mechanisms of action of intravenous immunoglobulins, or IVIg, are now a central part of the research activities of the organization's immunoglobulin program. These efforts, to date funded by the Bayer-Talecris-CBS-Héma-Québec Partnership Fund, have led to the publication of two scientific articles over the course of last year. Through the same program, research on the *in vitro* culture of human B lymphocytes to prepare human antibodies with various specificities also advanced substantially, leading to the publication of three scientific articles and the submission of two master's theses.

Among the highlights of the platelets research program, the establishment of a collaboration with a team of physician-researchers from Maisonneuve-Rosemont Hospital involved in hematopoietic stem cell tranplantation is worth mentioning. Héma-Québec's expertise in creating optimal cell culture conditions to improve the growth of platelet progenitor cells will be used to offer more effective treatment to patients.

3.2.2 Operational Research
The Operational Research department is comprised of two teams, the Operational Testing Group (OTG) and the Screening Group, which both operate in a support role for Héma-Québec.

3.2.2.1 OTG
Efforts to prolong the pre-transformation storage of blood units to 24 hours continued this year, with a focus on maximizing the efficiency of leucoreduction filters as function of blood storage conditions. The group also initiated a study to determine the influence of the temperature of blood units in prolonged storage on the quality of the blood used to prepare blood components. Moreover, the application of an 18-hour waiting period before the analysis of bacterial contamination in platelet concentrates was validated. Finally, the team evaluated the performance and design of a new hematology analyzer for the GLOBULE blood donor centres.



3.2.2.2 Screening Group

In order to meet the demands of hospitals with regard to platelet alloimmunization, various efforts were initiated over the last year, including the use of molecular biology to identify twenty blood donors with specific platelet antigens (HPA-1b). New genotype tests were also introduced to assist the reference laboratory.

Furthermore, the automated genotyping platform used to identify antigens of varying blood groups and platelets, developed in collaboration with Genome Québec and described in an article published in 2006, was subjected to an operational review to demonstrate its effectiveness. The study report demonstrated the efficiency of genotyping regular donors as a primary screening tool to facilitate the search for phenotyped blood components. The use of a genotyped donor registry was approved by the Board of Directors in February 2007 and a steering committee was set up to initiate its implementation in 2007-2008.

3.2.3 Bioproduction

The Bioproduction Team conducted an extensive study to detect hepatitis B virus DNA in donations that are positive with the commercial anti-HBc test. This study was conducted using an in-house test kit developed and manufactured by R&D. An article resulting from this study has been accepted for publication.

In the wake of the mandate given to Bioproduction, it is worth noting that three new genotyping tests have been distributed to Héma-Québec's Hospital Services and a new format for blood group genotyping tests has been developed. The new test strip format represents a clear advantage in terms of technical hours and cost. It also greatly facilitates handling by technical staff and reduces the risk of error.

EIGHTH ISSUE

THE PURSUIT OF OPPORTUNITIES FOR INTERNATIONAL PARTNERSHIPS DEVELOPMENT.

1. PARTNERSHIPS

1.1 Honoured guests

Last March, a group of specialists from BloodSource, the transfusion centre for Sacramento, California, toured the Montréal facility. They were especially interested in exploring the facilities and mechanical infrastructure as they are currently in the process of planning a new qualification lab.

The director of operations expressed his admiration for Héma-Québec's facilities and mode of operation. In his view, our organization is a world leader in the field.

1.2 Other visits

Our activity-based accounting tool aroused a fair amount of external interest and attracted a number of visitors. These visits allowed the organization to enhance networking with its business contacts.

"Part of our role also consists in allowing others to benefit from our expertise. While blood cannot cross borders, our knowledge and leadership can be exported."

Dr. Francine Décary, Héma-Québec's President and Chief Executive Officer

1.3 Exchanges with the New Zealand Blood Service (NZBS)

Like Héma-Québec, the New Zealand Blood Service is upgrading PROGESA to version 4.4g. The project coordinator has asked the organization to share information on the process.

There have been discussions regarding the organization of Héma-Québec's PROMINI project. Subsequently, documents produced by the PROMINI team were sent to the New Zealand organization. These were key documents for understanding and mastering version 4.4g, particularly the documentation of all the changes noted between versions 4.4d and 4.4g as well as the risk analysis. These documents have permitted NZBS to get a greater grasp of its project to upgrade PROGESA.

1.4 Collaboration with the state of Minas Gerais, Brazil

Within the framework of a partnership between the governments of Québec and Minas Gerais, Héma-Québec's President and Chief Executive Officer paid a visit to her counterpart from Hemominas last November. Well covered by local media, this visit helped to identify areas in which Héma-Québec intends to collaborate with its sister organization, namely, human tissues and the qualifying criteria for blood donors. Future visits were planned in both directions.

1.5 International training

Héma-Québec lends its support to emerging nations looking to establish national blood donor recruitment programs. This year, the Chief of Direct Marketing took part in a training workshop offered by the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRCRCS) in Ghana. It was the first workshop of its kind offered in French. Participants came from 11 French-speaking African nations.

2. CORPORATE OUTREACH

2.1 Scientific publications

• Aubin É, Lemieux R, Bazin R. (2007) Absence of cytokine modulation following therapeutic infusion of intravenous immunoglobulin or anti-red blood cell antibodies in a mouse model of immune thrombocytopenic purpura. British Journal of Haematology 136 (6): 837-843.

• Bazin R, Lemieux R, Tremblay T. (2006) Reversal of immune thrombocytopenia in mice by cross-linking human immunoglobulin G with a high-affinity monoclonal antibody. British Journal of Haematology 135 (1): 97-100.

• Bordet S, Kharaboyan L, Lebrun A. (2006) Umbilical cord blood banking. GenEdit 4 (3): 1-7.

• Cayer M-P, Drouin M, Sea S-P, Forest A, Côté S, Simard C, Boyer L, Jacques A, Pineault N, Jung D. (2007) Comparison of promoter activities for efficient expression into human B cells and haematopoietic progenitors with adenovirus Ad5/F35. Journal of Immunological Methods 322 (1-2): 118-127.

The cover of the December issue of Transfusion magazine depicts a model of an IgA molecule. This illustration was prepared and graciously offered by Louis Thibault, PhD and Dominic Armand from Héma-Québec.

• Fecteau J F, Côté G, Néron S. (2006) A New Memory CD27-IgG+ B Cell Population in Peripheral Blood Expressing VH Genes with Low Frequency of Somatic Mutation. Journal of Immunology 177 (06): 3728-3736.

• Goldman M, Patterson L, Long A. (2006) Recent Canadian experience with targeted hepatitis C virus lookback. Transfusion 46 (5): 690-694.

• Habel M-È, Jung D. (2006) Free radicals act as effectors in the growth inhibition and apoptosis of iron-treated Burkitt's lymphoma cells. Free Radical Research 40 (08): 789-797.

• Montpetit A, Phillips M S, Mongrain I, Lemieux R, St-Louis M. (2006) High-throughput molecular profiling of blood donors for minor red blood cell and platelet antigens. Transfusion 46 (05): 841-848.

• Moreau M È, Thibault L, Désormeaux A, Chagnon M, Lemieux R, Robillard P, Marceau F, Colman R W, Lepage Y, Rivard G-É, Adam A. (2007) Generation of kinins during preparation and storage of whole blood-derived platelet concentrates. Transfusion 47 (03): 410-420.

• Ramírez-Arcos S, Jenkins C, Dion J, Bernier F, Delage G, Goldman M. (2007) Canadian experience with detection of bacterial contamination in apheresis platelets. Transfusion 47 (03): 421-429.

• Rémy S. (2006) Document control at HÉMA-QUÉBEC. Transfusion Today (the International Society for Blood Transfusion's quarterly bulletin) 69: 7.

• Richard M, Perreault J, Constanzo-Yanez J, Khalifé S, St-Louis M. (2007) A new DEL variant caused by exon 8 deletion. Transfusion 47 (05): 852-857.

• Richard M, Perreault J, Gane P, el Nemer W, Cartron J-P, St-Louis M. (2006) Phage-derived monoclonal anti-Lua. Transfusion 46 (06): 1011-1017.

• Thibault L, Beauséjour A, de Grandmont M J, Lemieux R, Leblanc J-F. (2006) Characterization of blood components prepared from whole-blood donations after a 24-hour hold with the platelet-rich plasma method. Transfusion 46 (08): 1292-1299.

• Thibault L, Beauséjour A, de Grandmont M J, Long A, Goldman M, Chevrier M-C. (2006) Establishment of an immunoglobulin A-deficient blood donor registry with a simple in-house screening enzyme-linked immunosorbent assay. Transfusion 46 (12): 2115-2121.

2.2 Institutional and scientific presentations

Evening conferences by Université Laval's surgical department, Québec City, Canada, April 2006

Guest speaker

• Bazin R. « Les transporteurs artificiels d'oxygène. »

10th Biennial Canadian Blood & Marrow Transplant Group (CBMTG) Conference, Edmonton, Alberta, Canada, April 2006

Guest speaker

Champagne M, Décary F. "Public Cord Blood Bank."

Joint conference of the Canadian Society for Transfusion Medicine (CSTM), Canadian Blood Services (CBS) and Héma-Québec, Montréal, Canada, May 5-7, 2006

Guest speaker

Germain M. "The expanding role of the blood centre: human tissues at Héma-Québec."

• Verrette S, Charbonneau Y, Julien P, Blais J, Bélanger V, Lévesque L, Drouin-Courtois N, Rabusseau I, Laprise S. « Implantation chez Héma-Québec en 2005 du prélèvement de plaquettes doubles par aphérèse ».

Guest workshops

• Fournier S. « Introduction à la codification des produits ISBT 128 »

• Long A, Côté M, Éthier C. « L'évaluation sérologique chez les patients avec autoanticorps chauds ».

Oral presentations

• Aubin É, Lemieux R, Bazin R. "Cytokines do not contribute to the therapeutic effects of IGIV and anti-red cell antibodies in a mouse model of ITP."

• Beauséjour A, de Grandmont M J, Côté C, Lemieux R, Leblanc J-F, Thibault L. "*In vitro* evaluation of 7-days old leukoreduced platelets prepared from overnight-stored blood donations."

• Chevrier M-C, Caron B, Castilloux C, Châteauneuf I, Delage G, Guérin M, Nolin M-È, Philippeau C, Perreault J, St-Louis, M. "Screening of anti-HBc reactive blood donors with an in-house HBV NAT assay."

• Lemieux R, Bazin R, Laroche A, Philippeau C, Tremblay T. "Use of a proteomic approach (LC-MS) to characterize the autoimmune complexes formed in human serum by intravenous immunoglobulins (IVIg)."

• Moreau M È, Thibault L, Désormeaux A, Marceau F, de Grandmont M J, Lemieux R, Robillard P, Rivard G-É, Lepage Y, Adam A. "Frequent generation of high amounts of kinins during preparation and storage of platelet concentrates."

• Paquin-Proulx D, Lemieux R, Bazin R. "Identification of the IgG fraction and cellular target responsible for the effects of IVIg on human B lymphocytes."

• Richard M, Perreault J, Gane P, el Nemer W, Cartron J-P, St-Louis M. "Phage-derived monoclonal anti-Lua."

Posters

• Beauséjour A, Côté C, de Grandmont M J, Richard M, Thibault L. "Evaluation of the Optimix Plus blood mixer (Baxter Corp.) for blood donor collection."

• Boucher G, Jacques A, Beauséjour A, Côté C, Thibault L. "Evaluation of the new Compocool II cooling system for transport and storage of whole blood donations."

• Boyer L, Cortin V, Lemieux R, Garnier A, Pineault N. "Maintenance of megakaryocyte differentiation potential in expanded cord blood CD34+ cells."

• Cayer M-P, Boyer L, Lemieux R, Proulx C, Pineault N. "Identification of the mechanisms responsible for the increased megakaryopoiesis at 39 °C."

• Chevrier M-C, Blais M, Caron B, Castilloux C, Châteauneuf I, Guérin M. "Use of in-house WNV NAT assay for confirmatory test of WNV positive blood donations identified in routine blood screening."

• Chevrier M-C, Blais M, Caron B, Castilloux C, Châteauneuf I, Guérin M, Philippeau C. "Testing of WNV in tissue donor blood using in-house WNV NAT assay."

• Cortin V, Boyer L, Garnier A, Pineault N. "Optimization of a cytokine cocktail for the expansion of cord blood stem cells toward the *ex vivo* production of platelets."

• Côté C, Beauséjour A, Long A, Thibault L. "A blood donor program for research and development at Héma-Québec: A five-year experience."

• Ducas É, Dussault N, Racine C, Côté S, Néron S. "Utilization of human B cell lines as models to further characterize the intravenous immunoglobulin (IVIg)-dependent modulation of peripheral B cells in autoimmune diseases."

• Dussault N, Simard C, Néron S, Côté S. "Induction of polyploidization of B-cell derived lymphoma cell lines by the src-family kinase inhibitor SU6656."

• Habel M-È, Jung D. "c-myc over-expression of Ramos Burkitt's lymphoma cell line predisposes to oxidative stress and to free radicals induced damages *in vitro*."

• Hains M-C, Leysi-Derilou Y, Lemieux R, Duchesne C, Pineault N, Garnier A. "Aspects of *ex vivo* megakaryopoiesis kinetic modelling."

• Jacques A, de Grandmont M J, Tremblay M, Thibault S, Thibault L. "Development of a transport box without dry ice for shipment of frozen plasma units to hospitals."

• Jacques A, de Grandmont M J, Tremblay M, Thibault S, Thibault L. "Evaluation of a plastic container to reduce breakage of plasmapheresis bags during storage and shipment."

• Laliberté D, Lemenu J. « Modification de la date butoir pour le critère de la vMCJ ».

• Laliberté D, Lemenu J. « Modification du critère d'âge pour les donneurs de 60 ans et plus ».

• Long A, Côté M, Éthier C, St-Louis M, Thibault L. "Continuing education program in immunohematology for medical technologists at Héma-Québec."

• Perreault J, Richard M, St-Louis M. "Genotyping assays for Lu, Di, HPA 1, HPA-3 and HPA-15."

• Proulx J, Drouin M, Ducas É, Jacques A, Néron S, Jung D. "Increased splicing of XBP-1 in CD40-activated human B cells correlates with their commitment to plasma cells."

• Richard M, Perreault J, Constanzo-Yanez J, St-Louis M. "A new mutation of RHD: A family study."

• Sea S-P, Roberge C, Néron S, Bazin R. "CD40 hyporesponsiveness of CD5+ human B cells: A role in self tolerance?"

• Thibault L, Beauséjour A, de Grandmont M J, Boucher G, Jacques A, Côté C. "Reducing the filtration pressure improves leukoreduction efficacy of RBC units prepared after an overnight hold using the PRP method."

Best practices and new trends in project management – 30 years of mastery in project management. Montréal, Québec, Canada, May 9-10, 2006

Guest speaker

• Champenois C. « Comment être perspicace et clairvoyant : les ingrédients du succès dans la gestion du risque ».

XXIIIrd International Congress of the International Society for Analytical Cytology (ISAC), Québec City, Québec, Canada, May 20-24, 2006

Posters

• Boucher J-F, Pineault N. "Hematopoietic cells cultured under mild hyperthermia undergo an accelerated cell differentiation and proliferation kinetics."

• Boyer L, Pineault N. "Improved methods for platelet analysis by FACS and for stabilization of CD42B expression on cord blood culture-derived platelets."

• Ducas É, Dussault N, Drouin M, Jung D, Néron S. "Characterization of soluble membranes expressing CD154 to be used through CD40 binding in the *in vitro* modulation of human B lymphocyte proliferation and differentiation."

• Leysi-Derilou Y, Duchesne C, Hains M-C, Pineault N, Garnier A. "Mathematical model of *in vitro* megakaryopoiesis."

• Simard C, Dussault N, Côté S, Néron S. "SU6656 induces polyploidization in megakaryocytic as well as in certain lymphoma cells."

6th Annual Symposium of CREFSIP (research centre on protein function, structure and engineering), Université Laval, Québec City, Québec, Canada, May 25, 2006

Poster

• Hains M-C, Leysi-Derilou Y, Lemieux R, Duchesne C, Pineault N, Garnier A. « Cinétique de la mégacaryopoïèse *ex vivo* : progrès récents. »

19th Annual Meeting of the Canadian Society for Immunology, Halifax, Nova Scotia, Canada, June 9-12, 2006

Posters

• Aubin É, Lemieux R, Bazin R. "Cytokines do not contribute to the therapeutic effects of IGIV and anti-red cell antibodies in a mouse model of ITP."

• Paquin-Proulx D, Lemieux R, Bazin R. "Identification of the IgG fraction and cellular target responsible for the effects of IVIg on human B lymphocytes."

• Proulx J, Drouin M, Ducas É, Jacques A, Néron S, Jung D. "Increased splicing of XBP-1 in CD40-activated human B cells correlates with their commitment to plasma cells."

• Sea S-P, Roberge C, Néron S, Bazin R. "CD40 hyporesponsiveness of CD5+ human B cells: A role in self tolerance?"

Stem Cell Network Catalyst Grant Workshop, Edmonton, Alberta, Canada, June 2006

Oral presentation

• Lebrun A. "Cord Blood Bank Program."

4th International Society for Stem Cell Research (ISSCR) Annual Meeting, Toronto, Canada, June 29 to July 1, 2006

Posters

• Cortin V, Boyer L, Garnier A, Pineault N. "Optimization of a cytokine cocktail for the specific expansion of cord blood stem cells toward the *ex vivo* production of megakaryocytes and platelets."

• Hains M-C, Pineault N, Lemieux R, Garnier A. "Dynamics of *ex vivo* megakaryopoiesis."

XXIXth International Society of Blood Transfusion Congress, Cape Town, South Africa, September 2-7, 2006

Guest speaker

• Décary F. "The role of blood banks in tissues and new cell therapy: a broader perspective."

• Décary F. "The Québec system."

• Décary F. "Population and donor motivation: evidence-based practices and… some results."

Oral presentations

• Delage G, Robillard P, Bernier F, Tremblay M, Dion J. "Héma-Québec's Experience with Bacterial Culture of Whole-Blood Derived Platelet Concentrates (WBDPC)."

• Lemieux R, Bazin R, Laroche A, Philippeau C, Tremblay T. "Characterization of the serum autoantigens recognized by intravenous immunoglobulins (IVIg) using 2D-PAGE and LC-MS."

30th Annual Meeting, American Association of Tissue Banks (AATB), San Diego, California, United States, September 9-12, 2006

Poster

• Cyr S, Tremblay J, Paquet J-P, Germain M. "Avoiding false negative strerilitytests on cardiac allografts: size matters!"

37th Italian Transfusion Medicine and Immunohaematology Society (SIMTI) National Congress, Paestum, Italy, October 2006

Guest speaker

• Décary F. "Standards in transfusion medicine: an international perspective: Canada."

56th Canadian Chemical Engineering Conference, Sherbrooke, Québec, Canada, October 15-18, 2006

Oral presentation

• Hains M-C, Leysi-Derilou Y, Duchesne C, Garnier A, Lemieux R, Pineault N. "Dynamics of *ex vivo* megakaryopoiesis."

ASUG Human Capital Management Symposium, Phoenix, Arizona, United States, October 17, 2006

Oral presentation

• Huot S. "Using Shift Planning in a Complex Scheduling Environment."

International MAK Users (IMU) Group, Miami, Florida, United States, October 18-19, 2006

Oral presentation

• Champenois C. "PROMINI Project - PROGESA upgrade to v4.4g."

59th AABB Annual Meeting and TXPO, Miami Beach, Florida, United States, October 21-24, 2006

Guest speaker

• Décary F. "Development and use of Boards in the blood supply environment." (PEPFAR NBTS Leadership Workshop)

Oral presentation

• Traore A N, Germain M, Delage G. "Anti-HBc seroconversion as a marker for HBV incident cases among Québec blood donors."

• Delage G, Nawej KI, Robillard P. "Cumulative effect of preventive measures on occurrence of bacterial infection in platelet recipients."

Posters

• Bernier F, Paradis I, Riverin P, Delage G. "Bacterial Detection on all Platelets Concentrates Using the BacT/Alert® 3D System in Conjunction with the Samplock® Sampling Kit."

• Chevrier M-C, Caron B, Castilloux C, Châteauneuf I, Delage G, Guérin M, Nolin M-È, Philippeau C, Perreault J, St-Louis M. "Detection of HBV DNA in Anti-HBc Reactive Blood Donations Using an In-House HBV NAT Assay."

• Richard M, Perreault J, Constanzo-Yanez J, Khalifé S, St-Louis M. "A New RHD Variant Caused by Exon 8 Deletion."

• Thibault L, Jacques A, de Grandmont M J, Tremblay M, Thibault S. "A Simple Approach Based on Phase Change Material to Ship Frozen Plasma Units to Hospitals without Dry Ice."

• Thibault L, Beauséjour A, Jacques A, Boucher G, Perreault J, Delage G, de Grandmont M J, Rémy S, Philippeau C. "Comparison of Bacterial Detection in Whole Blood Platelets Sampled at 18 Hours and 24 Hours After Collection Using the BacT/ALERT 3D."

• Thibault L, Beauséjour A, de Grandmont M J, Lemieux R, Côté C, Leblanc J-F. "Overnight Hold of Whole Blood at 20-24 °C Does Not Impair the *In Vitro* Quality of 7-Day Platelet Concentrates."

• Thibault L, Beauséjour A, de Grandmont M J, Jacques A, Boucher G, Côté C. "The Efficiency of Leukoreduction of RBC Units Prepared by the PRP Method Limits the Possibility of Storing Whole Blood Units at Ambient Temperature."

Meeting of the Association des médecins d'urgence du Québec, Québec City, Québec, Canada, October 26, 2006

Guest speaker

• Delage G. « Effets indésirables des transfusions sanguines ».

CHUL Mère-Enfant, Québec City, Québec, Canada, October 2006

Guest speaker

• Lebrun A. « Les cellules souches de cordon ombilical ».

Regional Workshop on the planning and management of the national blood system network sponsored by the Pan American Health Organization (PAHO), Managua, Nicaragua, October 2006

Guest speaker

• Rémy S. "Operational Approaches of the Canadian Blood System: HÉMA-QUÉBEC."

15th Symposium on the padagogical applications of information and communications technologies (CAPTIC 2006), Université Laval, Québec City, Québec, Canada, November 1-2, 2006

Oral presentation

• Chevrier M-C, Arsenault L, Mainguy C, Darveau A, Tactic team. « La transition de la classe à l'écran : expérience vécue du développement d'un cours à distance. »

Brazilian Society of Hematology and Transfusion Congress, Recife, Brazil, November 2006

Guest speaker

• Décary F. "Bank of human tissues in the context of Blood Centers."

Sacré-Cœur Hospital, Montréal, Québec, Canada, November 2006

Guest speaker

• Lebrun A. « Les cellules souches de cordon ombilical ».

Royal Victoria Hospital, Montréal, Québec, Canada, November 2006

Guest speaker

• Lebrun A. "Cord Blood Bank Program."

Department of Oral & Maxillofacial Surgery, Montreal, General Hospital, Montréal, Québec, Canada, November 14, 2006

Guest speaker

• Germain M. "Human tissues at Héma-Québec".

Special ISBT 128 meeting at the Users Committee, Montréal, Québec, Canada, November 14 and 28, 2006; Québec City, Québec, Canada, November 16 and 21, 2006

Oral presentation

• Gironne D. « ISBT 128 et nouveautés PROGESA v4.4g ».

Meeting of Québec's Association des chirurgiens cardiovasculaires et thoraciques, Montréal, Québec, Canada, November 25, 2006

Guest speaker

• Germain M. « Héma-Québec, fournisseur d'allogreffes valvulaires ».

Montréal Project World and Business Analyst Word, Montréal, Québec, Canada, November 27-30, 2006

Guest speaker

• Champenois C. « Comment être clairvoyant et perspicace : les ingrédients du succès pour la gestion ».

48th Annual Meeting of the American Society of Hematology (ASH), Orlando, Florida, United States, December 9-12, 2006

Posters

• Moreau M È, Thibault L, Désormeau A, Marceau F, de Grandmont M J, Lemieux R, Robillard P, Rivard G-È, Lepage Y, Adam A. "Generation of Kinins during Preparation and Storage of Leukoreduced Platelet Concentrates."

• Boucher J-F, Cayer M-P, Boyer L, Lemieux R, Proulx C, Pineault N. "Identification of the Mechanisms Responsible for the Increased Megakaryopoiesis at 39 °C."

• Cortin V, Boyer L, Garnier A, Pineault N. "Optimization of a Cytokine Cocktail for the Expansion of Cord Blood (CB) CD34+ Cells into Megakaryocytes (MK) Progenitors towards the *Ex Vivo* Production of Platelets."

Abstract

• Ste-Marie A, Simard C, Côté S. "Expression of MTPG-24, a Peptide Derived from a Protein Regulating Dynamic Changes in Cortical Actin, Induces Endomitotic Replication in Megakaryocytic Cells."

46th Annual Meeting of the American Society for Cell Biology (ASCB), San-Diego, California, United States, December 9-13, 2006

Poster

• Cayer M-P, Drouin M, Sea S-P, Forest A, Côté S, Pineault N, Simard C, Boyer L, Jacques A, 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."

Senate Standing Committee on Social Affairs, Science and Technology, Ottawa, Ontario, Canada, December 14, 2006

Guest speaker

• Roch A. Memorandum on Bill S-214, *An Act respecting a National Blood Donor Week*.

Saint-Luc Hospital, Centre hospitalier universitaire de Montréal (CHUM), Montréal, Québec, Canada, January 18, 2007

Guest speaker

• Jung D. « Vecteurs adénoviraux pour un transfert efficace de gènes dans les lymphocytes B humains et les cellules souches hématopoïétiques. »

Industrial Materials Institute–National Research Council Canada, Boucherville, Québec, Canada, February 6, 2007

Oral presentation

• Champenois C. « Comment être clairvoyant et perspicace : les ingrédients du succès pour la gestion ».

Collège Sainte-Anne, Montréal, Québec, Canada, February 21, 2007

Guest speaker

• Décary F. « Du Collège Sainte-Anne à la direction d'Héma-Québec – Comment ? ».

5th Summit on internal communications, Montréal, Québec, Canada, February 21, 2007

Guest speaker

• Martel J, Pelletier N. « *Mieux connaître pour mieux faire*, ou comment créer un momentum en communications internes ».

HR 2007 Conference, Las Vegas, Nevada, United States, March 13, 2007

Oral presentation

• Huot S. "How Héma-Québec uses shift planning to tackle the most complicated scheduling environments."

2007 CACMID Annual Conference, Halifax, Nova Scotia, Canada, March 14-18, 2007

Oral presentation

• Claessens C, Falardeau A, Couillard M, Bernier F, Julien P, Delage G. "Prevalence of WNV Antibodies in Blood Donors in the Province of Québec."

Gordon Research Conference on Megakaryocyte and Platelet Biology, Ventura, California, United States, March 2007

Poster

• Pineault N, Cortin V, Boyer L, Boucher J-F, Garnier A, Lemieux R, Cayer M-P. "Optimization of culture conditions for the expansion of cord blood CD34+ cells and differentiation into megakaryocyte progenitors towards the *ex vivo* production of platelets."

2.3 Master's theses and doctoral dissertations

• Bergeron J, Boutin D, Gailloux M, Pronovost P. "Rechercher l'efficacité de la fonction formation : Quelle importance accorder au développement des acteurs ?" (Seeking the effectiveness of training: how important is employee development?) Research report for an action research project

presented to the Faculty of Education of Université de Sherbrooke through the master's program in training management, Université de Sherbrooke, Sherbrooke, October 2006.

• Cortin V. "Étude statistique de l'effet *in vitro* des cytokines sur la maturation des mégacaryocytes pour optimiser la production de plaquettes." (Statistical analysis of the *in vitro* effect of cytokins on megakaryocyte maturation as a means of optimizing platelet production) Thesis presented to the Faculty of Graduate Studies, Université Laval, as part of the PhD program in chemical engineering. Faculty of Sciences and Engineering, Université Laval, Québec City, June 2006.

• Côté G. "Étude *in vitro* sur la communication entre les lymphocytes B naïfs et à mémoire suite à la stimulation de CD40 par CD154." (*In vitro* study of the communication between naive and memory B lymphocytes following the CD40 stimulation by CD154.) Thesis presented to the Faculty of Graduate Studies, Université Laval, as part of the master's program in microbiology. Faculty of Sciences and Engineering, Université Laval, Québec City, September 2006.

• Proulx J. "Étude de l'expression de XBP-1 chez les lymphocytes B humains et de son rôle lors de la différenciation" (Study of the expression of XBP-1 in human B lymphocytes and its role in differentiation.) Thesis presented to the Faculty of Graduate Studies, Université Laval, as part of the master's program in biochemistry. Faculty of Sciences and Engineering, Université Laval, Québec City, May 2006.

• Sarappa C. "L'identification des facteurs affectant la demande de produits sanguins au Québec" (The identification of factors affecting the demand for blood products in Québec.) Thesis presented to the HEC as part of the master's program in managerial sciences. École des hautes études commerciales (HEC), Montréal, December 2006.

• Traore A N. "Mesure de l'incidence de l'hépatite virale B selon la séroconversion pour l'AC HBc chez les donneurs de sang du Québec." (Measurement of the incidence of viral hepatitis B according to the seroconversion for Anti-HBc among Québec blood donors.) Thesis presented to the Faculty of Medicine as part of the master of science program in epidemiology. Faculty of Medicine, Department of Social and Preventative Medicine, Université Laval, Québec City, November 2006.

2.4 Awards and Distinctions

2006 Prix de la Santé

Héma-Québec was awarded the *Prix de la Santé* during the Fête champêtre of the *Fondation Armand-Frappier*. This prestigious honour is awarded annually to a Québec organization working in the field of human health as a tribute to its success and contribution to the field. Dr. Francine Décary, President and Chief Executive Officer, accepted this honour before an audience of 900 people who saluted the occasion with a warm ovation. She emphasized the contribution of the entire team of Héma-Québec staff, volunteers and partners who are at the heart of the organization's mission.

• Suzanne Rémy, Vice President, Quality and Standards, was honoured on April 7, 2006, on the occasion of the 30th anniversary of her graduation, by the Association des diplômés et des professeurs de la Faculté de médecine (Association of Professors and Graduates of the Faculty of Medicine) at Université de Montréal. A medal was presented to her in recognition of her professional achievements.

• *Laurier d'argent 2006* awarded to the GLOBULE boutique concept at the annual assembly of Place Laurier merchants, June 19, 2006, in Québec City.

• Dr. Francine Décary received the honorary title of ambassador of Université de Sherbrooke at the12th university's Outreach Gala, November 17, 2006.

• Dr. Francine Décary was named one of 40 Québec movers and shakers in the category of research, science, and innovation. A brief article entitled "*Le don de soi*" (The gift of self) appeared in *Magazine Québec*, Vol. 5, No. 2, March-April 2007, p. 29.

• Héma-Québec was nominated by SAP and selected as a finalist in the 2007 Computerworld Honors Program Award, in the non-profit organization category, a distinction given to organizations that have helped improve society through a remarkable use of information technology, Washington, D.C., April 2007.

• Magazine article: Sleeper, Sarah Z., "Life-Saving Mission and Award-Winning Technology: Héma-Québec Modernizes IT with SAP." *SAP INFO Magazine* No. 144 (March 2007), p. 58-61.

• The Invitrogen Canada Young Investigator Award was given to Éric Aubin, a doctoral student under the supervision of Renée Bazin. Valued at C$2,500, the prize consists of a C$2,000 credit toward the purchase of Invitrogen laboratory equipment and a C$500 travel grant to assist with the cost of attending a scientific conference. (awarded in May 2006).

• International Society for Analytical Cytology: one of ten Outstanding Poster Awards was received by Younes Leysi-Derilou, a doctoral student under the co-supervision of Réal Lemieux, for his poster presented at the XXIIIrd Congress of the International Society for Analytical Cytology held in Québec City from May 20 to 24, 2006. The prize includes a C$200 award and the complete collection of *Current Protocols in Cytometry*, a technical reference guide in cytometry with a one-year update subscription.

• Sylvain Cyr earned the third prize in the abstract/poster awards at the Annual Meeting of the American Association of Tissue Banks held in San Diego in September 2006. His poster presented a validation study of the cardiac valve culture technique.

• Alain Couture, Director of Information Technology, received ITSM (IT Service Management) certification in November 2006.

2.5 Participation in external committees

Éric Aubin, doctoral student at the Cellular Engineering department

• Member of CPAUL, the Committee for the protection of animals at Université Laval (2006 -)

Renée Bazin, Director of Cellular Engineering

• Member of the Fonds de la Recherche en Santé du Québec (FRSQ) Evaluation Committee for doctoral grant applications (main category) (2005 -)

Dr. Francine Décary, President and Chief Executive Officer

• Member of the Advisory Board of the Dean of Medicine's 'Circle of Excellence' at Université de Montréal (2006 -)
• Member of the Board of Directors of the Institut national de la recherche scientifique (INRS) (2006 -)
• Member of the Board of Directors of the Fonds de la recherche en santé du Québec (FRSQ) (2006 -)
• Member of the National Blood Foundation (NBF) Board of Trustees (2006 -)
• Chair of the Grants and Awards Committee of the Fondation Armand-Frappier (2006 -)
• Chair of the Board of Directors of the International Council for Commonality in Blood Bank Automation (ICCBBA) (2007 -)

Dr. Gilles Delage, Vice President, Medical Affairs in Microbiology

• Industry representative at the Canadian Standards Association (CSA) (2001 -)
• Member of the task force of the Transfusion Transmitted Injuries Surveillance System (TTISS) (2004 -)
• Member of the National Working Party for Data Review (NWPDR) (2003 -)
• Chair of the steering committee of the Canadian Paediatric Surveillance Program (CPSP) (2001 -)

Dr. Marc Germain, Vice President, Human Tissues

• Chair of the Tissues Committee of the Canadian Council for Donation and Transplantation (CCDT) (2002 -)
• Member of the American Association of Blood Banks' (AABB) Transfusion Transmitted Diseases Committee

Réal Lemieux, Vice President, Research and Development

• Member of the Grant Application Review Committee of the Bayer-Talecris-Canadian Blood Services-Héma-Québec Partnership Fund (1997 -)
• Member of Canadian Blood Services' (CBS) Scientific and Research Advisory Committee (1999 -)
• Chair of Canadian Blood Services' (CBS) Research and Development Committee (2006 -)

Sonia Néron, Research Scientist, Cell Engineering

• Member of the FRSQ Peer Review Committee for master's programs grant applications (2005 -)

Luc Pelletier, Project and Technical Services Director

• Member of the Board of Directors of the International Facility Management Association - Montréal (IFMA) (2006 -)

• Sustainable Development Coordinator at Héma-Québec (2007 -)

Suzanne Rémy, Vice President, Quality and Standards
• Industry representative at the Canadian Standards Association (CSA) (2002 -)

Maryse St-Louis, Research Scientist, Operational Research
• Member of the Consortium for Blood Group Genes (CBGG), a group of international specialists interested in the genotyping of from red blood cell, platelets, and neutrophil antigens. (2005 -)

Mario Tremblay, Director of Transformation and Shipping, Montréal
• Industry representative at the Canadian Standards Association (CSA) (2006 -)

2.6 Other activities

• Luc Pelletier participated in a round table discussion with industry representatives focussing on an initiative to create a facility management training program at École de technologie supérieure (ÉTS).

• Sylvie Thibault, Hospital Relations Director, participated as a respondent in a study in June 2006 titled "Improving the process of recalls/withdrawals of blood products in the Province of Ontario: A policy study" organized by McMaster University, Hamilton ON.

• Jean-François Leblanc, Scientific Information Advisor, was invited to participate in a technological watch round table at the Institut de recherche Robert-Sauvé en santé et en sécurité du travail, Montréal.

• Daniel Boutin, a programmer working on the PROGESA upgrade, presented his master's work in France on multiple occasions, from October 2 to 13, 2006. Presentations were given at the Agence française du sang, Air France, GARF (a professional association of corporate development stakeholders), Epsilon (a francophone association of training specialists) and Celsa, Université Paris IV – Sorbonne.

• Diane Roy, Director of the Stem Cell Donor Registry, and her team were exhibitors at the Parents and Kids Fair, Place Bonaventure, Montréal, March 29 to April 1, 2007. Booth featuring cord blood posters.

2.7 Grants and subsidies

Héma-Québec's research and development activities are funded by its operating budget; in 2006-2007, C$5.1 M were allocated to R&D. Research projects are approved by the Board of Directors, on the recommendation of the Scientific and Medical Advisory Committee.

The following additional projects are supported by external grants:

• Bayer - Talecris - Canadian Blood Services - Héma-Québec Partnership Fund: a two-year grant of C$240,000 was awarded to Renée Bazin, principal investigator, and Réal Lemieux, co-investigator, to finance a project titled: "Study of the mechanisms of action of IVIg in an animal model."

• Bayer - Canadian Blood Services (CBS) - Héma-Québec Partnership Fund: a two-year grant of C$104,817 was awarded to Gaston Godin (principal investigator) and co-investigators Dr. Marc Germain (Héma-Québec), Dr. Gilles Delage (Héma-Québec), Mark Conner (U. of Leeds) and Paschal Sheeran (U. of Sheffield), to finance a project titled: "Evaluation of an intervention to increase repeated blood donation among new donors."

• Eight internship grants were awarded respectively to six summer interns and two undergraduate interns by the Natural Sciences and Engineering Research Council (NSERC).

• Engineering Conferences International (ECI): a C$1,380 travel grant was awarded to Valérie Cortin, a doctoral student under the supervision of Réal Lemieux, to attend the Cell Culture Engineering X Conference in Whistler, BC, from April 23 to 28, 2006. Awarded in February 2006.

• International Society for Stem Cell Research/Stem Cell Network (ISSCR/SCN): a travel grant worth C$1,250, including C$1,000 for travel expenses and C$250 for registration fees, awarded to Valérie Cortin, doctoral student co-supervised by Réal Lemieux, to attend the 4th annual meeting of the ISSCR/SCN held in Toronto from June 29 to July 1, 2006. Awarded in March 2006.

ADMINISTRATION

BOARD OF DIRECTORS, MANAGEMENT COMMITTEE, GOVERNANCE FRAMEWORK AND CODE OF ETHICS FOR DIRECTORS.

1. BOARD OF DIRECTORS

1.1 Appointments

The composition of the Board of Directors changed during the year. Indeed, the Québec Cabinet appointed Dr. Martin A. Champagne as representative for transfusion physicians on April 26. Dr. Champagne is Director of the Hematopoietic Transplantation Programme and Blood Bank at Sainte-Justine Hospital. He specializes in hematopoietic stem cell transplantation, paediatric apheresis, and paediatric oncology.

On June 28, Dr. William Li Pi Shan was as a director, appointed as the second representative for transfusion physicians. Dr. Shan has been an anesthesiologist at the McGill University Health Centre's (MUHC) Royal Victoria Hospital since 2004. He is an assistant professor in the Department of Anesthesia at McGill University's Faculty of Medicine.

1.2 Board of Directors

More than ever, the Board of Directors is involved in tackling the critical issues facing Héma-Québec. It is better informed about strategic activities and responds promptly when needed. The majority of its members are independent.

Board of Directors on March 31, 2007

FIELD REPRESENTED	MEMBER
Business Community	Chair of the Board Cheryl Campbell Steer, CA, President, Campbell Steer & Associés
Hospitals	Vice-chair of the Board Dr. Lucie Poitras, Assistant General Director of University and Medical Affairs Sainte-Justine Hospital
Héma-Québec	Secretary of the Board Dr. Francine Décary, President and Chief Executive Officer, Héma-Québec
Donors	Hélène Darby, R.N., Provincial President Association of Blood Donation Volunteers
Hospitals	Carole Deschambault, General Manager, Maisonneuve-Rosemont Hospital
Transfusion Medicine	Dr. Martin Champagne, Director of the Hematopoietic Transplantation Programme Sainte-Justine Hospital
	Dr. William K. Li Pi Shan, Anaesthesiologist Royal Victoria Hospital, McGill University Health Centre
Academia	Dr. Serge Montplaisir, Professor, Department of Microbiology Université de Montréal and Sainte-Justine Hospital
	Dr. Pierre Ouellet, Oncohematologist Centre hospitalier universitaire de Québec (CHUQ) Hôtel-Dieu
Business Community	Jean-Pierre Allaire, FCA, KPMG partner
Recipients	Christian Gendron, Chief Executive Officer, Client Logistics, Johnson & Johnson Inc.
Public Health	Dr. Marc Dionne, Scientific Director, Institut national de la santé publique
Haemovigilance Committee	Wilson Sanon Québec Sickle Cell Association Observer on the Board

1.3 Committees of the Board of Directors

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

1.3.1 Executive Committee

Executive Committee on March 31, 2007

MEMBER
Cheryl Campbell Steer, Chair of the Board
Dr. Lucie Poitras, Vice-chair of the Board
Dr. Francine Décary, Secretary of the Board
Hélène Darby, Director
Christian Gendron, Director

1.3.2 Governance Committee

The Governance Committee makes recommendations to the Board of Directors regarding the principles of governance, which include regulations ensuring the Board's independence, codes of ethics for directors as well as for personnel. The Governance Committee makes sure directors are properly trained and evaluated, and every two years submits an evaluation of the way the Board operates.

Governance Committee on March 31, 2007

MEMBER
Cheryl Campbell-Steer, Committee Chair
Hélène Darby
Dr. Francine Décary
Wilson Sanon, Observer

1.3.3 Audit Committee

The Board of Directors revised the *Policy on reporting financial irregularities*. From now on, personnel can report financial irregularities to an independent external firm (KPMG), rather than internally, to Legal Affairs, as was previously done.

Audit Committee on March 31, 2007

MEMBER
Jean-Pierre Allaire, Committee Chair
Carole Deschambault
Christian Gendron
Dr. Serge Montplaisir

1.3.4 Research Ethics Committee

The mandate of the Research Ethics Committee (REC) is to assess how research projects comply with the rules of ethics, monitor ethics and see to the protection of the rights, safety and well-being of all subjects involved in research projects.

Research Ethics Committee on March 31, 2007

FIELD REPRESENTED	MEMBER
Law	Mtre Suzanne Courchesne, Committee Chair
Research Areas Specialists	Dr. Clermont Dionne
	Dr. Michel Vincent
Blood Donors	Pierre McDuff
Liaison Committee, Surrogate Bioethicist	Michel Morin
Ethics	(vacant)

1.3.5 Advisory committees

The advisory committees are constituted by the Board of Directors. They include the Safety Advisory Committee, the Scientific and Medical Advisory Committee and the Liaison Committee.

1.3.5.1 Scientific and Medical Advisory Committee

The Scientific and Medical Advisory Committee (SMAC) is mandated to inform the Board of Directors of scientific and medical advances which could have an impact on product supply and to counsel the Board on the scientific pertinence of research and development programs and specialized services and their costs.

Scientific and Medical Advisory Committee on March 31, 2007

FIELD REPRESENTED	MEMBER
Immunology	Committee Chair Dr. Yves St-Pierre, Professor INRS - Institut Armand Frappier
Molecular Biology	Dr. Jean-Pierre Cartron, Scientific Director Institut national de la transfusion sanguine, Paris, France
Plasma Derivatives	Dr. Dana Devine, Professor of Pathology Dept. of Pathology & Laboratory Medicine, University of British Columbia
Diagnostic Technologies	Pr. Marc Delpech, Professor Genetics, Development and Molecular Pathology Faculté de médecine Cochin Port-Royal, Paris, France
Transfusion Medicine	Dr. Jean-François Hardy, Full Professor Anesthesiology Department (Université de Montréal); Holder, Association of Blood Donation Volunteers - Héma-Québec - Bayer Chair in Transfusion Medicine (Université de Montréal); Head, Anesthesiology Department (CHUM) - Notre-Dame Hospital
Biotechnology	Dr. Bernard Massie, Group Leader, Animal Cell Engineering National Research Council Canada, Biotechnology Research Institute
Immunology	Dr. Walid Mourad, Associate Professor Centre de recherche en rhumatologie et immunologie, CHUQ Centre de recherche Hopital Saint-Luc, CHUM
Industrial Research	Dr. Denis Riendeau, Director of Biochemistry and Molecular Biology Merck Frosst Centre for Therapeutic Research
Blood Component and Tissue Manufacturing	Dr. Locksley Earl McGann, Professor University of Alberta, Department of Laboratory Medicine & Pathology
Transfusion Medicine	Dr. Glen Michael Fitzpatrick, President and Director Clinical Research and Development, Cellphire Inc.
Hematopoiesis	Dr. Julie Audet, Assistant Professor Institute of Biomaterials and Biomedical Engineering, University of Toronto
Observer from Héma-Québec's Board of Directors	Dr. Serge Montplaisir, Full Professor, Department of Microbiology, Université de Montréal and Sainte-Justine Hospital
Observer from Héma-Québec's Board of Directors	Dr. Pierre Ouellet, Oncohematologist CHUQ Hôtel-Dieu
Liaison Committee Representative	Marius Foltea Canadian Hemophilia Society - Québec Chapter

1.3.5.2 Safety Advisory Committee

The mandate of the Safety Advisory Committee is to advise the Board of Directors in a reasonable manner on matters concerning product safety, especially with regard to existing or emerging pathogens, and to assist the Board in assessing risks.

Safety Advisory Committee on March 31, 2007

FIELD REPRESENTED	MEMBER
Public Health	Committee 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, Gaithersburg, MD
Epidemiology	Dr. Steven Kleinman, Biomedical Consultant Victoria, British Columbia
Transfusion Medicine and Practice	Dr. Luiz Amorim, Consultant HEMORIO, Brasilia, Brazil
	Dr. James P. Aubuchon, Medical Director, Blood Bank and Transfusion Services Darthmouth-Hitchcock Medical Center Lebanon, NH
	Dr. Paul Holland, Consultant Elk Grove, CA
	Christopher Verrall Prowse, Research Director SNBTS National Science Laboratory, Edinburgh, Scotland
	Dr. Henk W. Reesink, Associate Professor Sanquin Blood Bank North-West Region and Sanquin Diagnostic Services Amsterdam, Netherlands
	Dr. Georges Andreu, official representative of the Director General Institut national de la transfusion sanguine, Paris, France
Bioethics	Mtre Pierre Deschamps, Lawyer Québec Research Centre of Private and Comparative Law, McGill University
Canadian Blood Services	Dr. Margaret Fearon, Executive Medical Director, Medical Microbiology Canadian Blood Services, Toronto, ON
Liaison Committee Representative	Marius Foltea
Public Representative	David Page, Executive Director (Interim) and Director of Programs and Public Affairs Canadian Hemophilia Society - Québec Chapter
Observer from Board of Directors	Dr. Marc Dionne, Scientific Director Institut national de santé publique

1.3.5.3 Liaison Committee

The Liaison Committee is mandated to establish effective lines of communication between Héma-Québec and the various groups representing recipients of blood products, and to ensure that their particular interests are brought to the attention of the Board of Directors.

The Liaison Committee on March 31, 2007

FIELD REPRESENTED	MEMBER
Canadian Hemophilia Society Québec Chapter	Daniel Baribeau, Committee Chair
Canadian Hemophilia Society Québec Chapter	Marius Foltea
Canadian Sickle Cell Society	Évelyne Jean
Association des grands brûlés	Jean-Pierre Juneau
COCQ-Sida	Michel Morin
Québec Sickle Cell Association	Wilson Sanon
Council for the Protection of the Sick (CPM)	Mtre Sarah-Beth Trudeau
Québec Society of Thalassemia	Sophie Tuyssuzian
Observers from the Board of Directors	Hélène Darby
	Christian Gendron

2. MANAGEMENT COMMITTEE

1st row

Human Tissues	Marc Germain, MD, PhD
Quality and Standards	Suzanne Rémy, MSc, MBA
Legal Affairs	Smaranda Ghibu, BCL, LLB
Operations	Yvan Charbonneau, Eng.
President and Chief Executive Officer	Francine Décary, MD, PhD, MBA
Public Affairs and Marketing	André Roch, BCom

2nd row

Research and Development	Réal Lemieux, PhD
Medical Affairs in Microbiology	Gilles Delage, MD, MSc
Medical Affairs in Hematology	André Lebrun, MD, CSPQ
Human Resources	Roger Carpentier, CRIA
Information Technology	Simon Fournier, DEC
Administration and Finance	Guy Lafrenière, MBA, CMA

2.1 MANAGEMENT COMMITTEE SUB-COMMITTEES

2.1.1 Work/Life Balance Advisory Committee

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

Work/Life Balance Advisory Committee on March 31, 2007

MEMBER	SECTOR	JOB TITLE
Sophie Loiselle	Laboratory (Mtl)	Technician Responsible for Compliance and Accreditation
Sonia Lavoie	Laboratory (Qc)	Medical Technologist
Francine Lestage	Blood drives (Mtl)	Nurse
Pauline Giroux	Blood drives (Qc)	Nurse
Lyne Giguère	Blood drives (Qc)	Blood Drive Technical Assistant
Jorge Rebelo	Blood drives (Mtl)	Internal Supervisor
Jocelyne Rioux	Office (Mtl)	Head Purchaser
Ginette Lamothe	Office (Qc)	Human Tissues Technologist
Chantal Dumas	Office (Qc)	Telephone Operator
Isabelle Paquette	Blood drives (Mtl)	Blood Drive Technical Assistant
Ferhat Yahiaoui	Laboratory (Mtl)	Laboratory Technical Assistant
Gina Boudreault	Human Resources Committee Coordinator	Director of HR Operations - Québec City
Hélène Akzam	Human Resources Committee Coordinator	Director of HR Services and Internal Communications

2.1.2 Green Committee

This committee has the mandate to initiate actions, prepare new measures, and develop staff awareness of sustainable development.

Green Committee on March 31, 2007

MEMBER	FACILITY	JOB TITLE
Nadia Baillargeon	Québec City	Laboratory Technician
Suzie Bouchard	Québec City	Nurse
Marc-André Dumont	Montréal	Computer Technician
Andrée Durand	Montréal	Blood Drive Technical Assistant
Caroline Filiatrault	Québec City	Telephone Operator
Pauline Imbeault	Québec City	Technical Services Coordinator
Pascale Lapierre	Montréal	Nurse
Julie Lavoie	Montréal	Laboratory Technician
Luc Pelletier	Montréal	Director of Projects and Technical Services
Jocelyne Rioux	Montréal	Head Purchaser
Maryse St-Louis	Québec City	Scientist
Michel Thisdel	Montréal	Acting Director of Public Affairs

3. GOVERNANCE FRAMEWORK AND CODE OF ETHICS FOR DIRECTORS

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 the population of Québec; 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 *An Act respecting Héma-Québec and the Haemovigilance Committee* and to the recommendations in the report by the Commission of Inquiry into the Blood System in Canada, headed by the Honourable Horace Krever.

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

Governance Framework

In making decisions and setting policy, Héma-Québec favours the following values and principals:

1. Safety of the blood supply

Ensuring the safety of the blood supply requires finding a balance between product safety and sufficiency. Insufficiency can also have an impact on recipients. Above all, decisions are based on safety, but sufficiency of supply is also taken into account in the decision-making process.

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; it invites 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 for all Héma-Québec operations. As donation is by nature a selfless act, Héma-Québec must show donors respect and take care not to violate their dignity or integrity.

Volunteers are also an essential component of Héma-Québec. They 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 Directors 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 within the context 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 independant, 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 performance 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 was 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 corporate policies 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 or her mandate. He/she must also demonstrate independent professional judgment.

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

2.4.3 The director must make informed decisions taking into account any necessary expertise 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 in 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 which 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 fulfill 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 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 services or information for his/her personal benefit or for the benefit of a related party.

3.6 The director may not exercise his 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 whatsoever where 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 may be required to take 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 conflict of interest. Without limiting the scope of the foregoing, the director:

3.9.1 Is in 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 judgment 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, whether direct or indirect, 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 relating to the 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, a 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 professional 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 at the start of his/her mandate and every year thereafter.

This version was adopted by the Board of Directors on October 4, 2006. Each member of the Board has signed it and agreed to submit to it.

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; 2006-2007 was no exception.

FINANCIAL REVIEW

MANAGEMENT ENSURES 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.

Table of contents

Management's Report

The financial statements of Héma-Québec were drawn up by Management, which is responsible for their preparation and presentation, including important judgments 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.

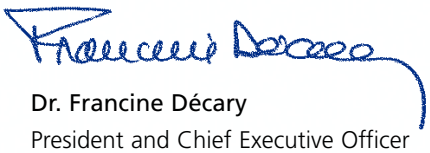
Héma-Québec recognizes that it is responsible for managing its affairs in accordance with the laws and regulations which govern it.

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 standards. 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 23, 2007

Auditor's Report

To the National Assembly,

I have audited the balance sheet of Héma-Québec as at March 31, 2007, 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 has been conducted in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether 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 presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of Héma-Québec as at March 31, 2007 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.

The Auditor General of Québec,

Renaud Lachance, CA

Québec City, May 23, 2007

Financial statements

STATEMENT OF OPERATING RESULTS FOR THE YEAR ENDED MARCH 31 (in thousands of dollars)

	2007	2006
REVENUES		
Blood products sold to Québec hospitals	$ 239,958	$ 238,554
Grant from the Government of Québec	20,679	14,098
Interest on term deposits	1,204	1,143
Other	2,407	1,627
	264,248	255,422
EXPENSES (Note 4)	262,598	254,228
EXCESS OF REVENUES OVER EXPENSES	$ 1,650	$ 1,194

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

STATEMENT OF NET ASSETS FOR THE YEAR ENDED MARCH 31
(in thousands of dollars)

	2007	2006
NET ASSETS AT BEGINNING OF YEAR	$ 1,194	$ 17,291
EXCESS OF REVENUES OVER EXPENSES	1,650	1,194
	2,844	18,485
TRANSFERT TO THE GOVERNMENT OF QUÉBEC (Note 3)	1,194	17,291
NET ASSETS AT END OF YEAR	$ 1,650	$ 1,194

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

BALANCE SHEET AS AT MARCH 31
(in thousands of dollars)

	2007	2006
ASSETS		
Short-term		
Cash	$ -	$ 4,592
Short-term investments (Note 5)	15,000	91
Accounts receivable (Note 6)	8,178	8,208
Grant forthcoming from the Government of Québec	22	83
Inventory (Note 7)	19,266	16,767
Prepaid expenses (Note 8)	2,049	4,859
	44,515	34,600
Fixed assets (Note 9)	36,746	37,605
Deferred charges (Note 10)	1,635	1,695
Accrued benefit asset (Note 14)	669	1,199
	$ 83,565	$ 75,099
LIABILITIES		
Short-term		
Bank overdraft (Note 11)	$ 2,525	$ -
Accounts payable and accrued liabilities (Note 12)	26,875	27,860
Advance from the Government of Québec, non-interest bearing	11,838	4,546
Payment on long-term debt (Note 13)	5,419	5,216
	46,657	37,622
Long-term debt (Note 13)	32,057	33,334
Accrued benefit liability (Note 14)	3,201	2,949
NET ASSETS	1,650	1,194
	$ 83,565	$ 75,099
Commitments (Note 16)		

ON BEHALF OF THE BOARD OF DIRECTORS,

Cheryl Campbell Steer
Chair of the Board of Directors

Jean-Pierre Allaire
Director

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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31
(in thousands of dollars)

	2007	2006
OPERATING ACTIVITIES		
Excess of revenues over expenses	$ 1,650	$ 1,194
Items not affecting cash and cash equivalents		
Depreciation of fixed assets	4,959	4,632
Depreciation of deferred charges	60	60
Loss on write-offs and disposal of assets	5	42
Unrealized exchange loss	17	340
Decrease (increase) in accrued benefit asset	530	(645)
Increase in accrued benefit liability	252	137
	7,473	5,760
Changes in non-cash working capital		
Decrease in accounts receivable	30	811
Decrease in grant forthcoming from the Government of Québec	61	54
Decrease (increase) in inventory	(2,499)	1,865
Decrease (increase) in prepaid expenses	2,810	(204)
Decrease in payables and accrued liabilities	(985)	(2,560)
Increase in advance from the Government of Québec	7,292	4,546
Cash flows from operating activities	14,182	10,272
INVESTING ACTIVITIES		
Acquisition of fixed assets	(4,109)	(3,928)
Proceeds from disposal of fixed assets	4	2
Cash flows from investing activities	(4,105)	(3,926)
FINANCING ACTIVITIES		
Long-term debt	4,171	4,614
Repayment of long-term debt	(5,245)	(5,698)
Decrease in net assets	(1,194)	(17,291)
Cash flows from financing activities	(2,268)	(18,375)
Unrealized exchange loss on cash and non-cash working capital elements denominated in foreign currency	(17)	(340)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	7,792	(12,369)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	4,683	17,052
CASH AND CASH EQUIVALENTS AT END OF THE YEAR	$ 12,475	$ 4,683
Cash and cash equivalents are as follows :		
Cash	$ -	$ 4,592
Bank overdraft	(2,525)	-
Short-term investments	15,000	91
	$ 12,475	$ 4,683
Interest paid	$ 1,983	$ 1,992

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

Notes to financial statements

For the year ended March 31, 2007 (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 its operations in accordance with the provisions of *An Act respecting Héma-Québec and the Haemovigilance Committee* (S.Q. 1998, chapter C-41). Héma-Québec is a non-profit legal entity 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. SIGNIFICANT ACCOUNTING POLICIES

Preparing the financial statements of Héma-Québec in accordance with Canadian generally accepted accounting principles, requires that Management use estimates and assumptions. These estimates affect accounting for assets and liabilities, the presentation of potential assets and liabilities at the financial statement date, as well as accounting for revenues and expenses during the period covered by financial statements. Actual results may differ from these 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 drive 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%

Foreign currency translation

Foreign currency transactions are accounted for at the average exchange rate in effect on the date of transaction. Monetary assets and liabilities made out in foreign currency are translated at the exchange rate in effect at the balance sheet date, whereas non-monetary items are translated at the rate in effect on the date of transaction. 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 of its retirees with health and life insurance benefits.

The cost of pensions and other retirement benefits earned by employees is actuarially determined using the projected benefit method, pro-rated on service and 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 the market interest rate in effect 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 those 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 fiscal 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 is 12 years for the unionized employee pension plan, 14 years for the non-unionized employee pension plan, 10 years for the supplemental pension plan, and 17 years for other benefit plans.

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

Cash and cash equivalents

Héma-Québec's policy is to present bank balances, including the debit or credit balance of accounts with overdraft facilities and short-term investments whose maturity dates do not exceed three months from the acquisition dates, in cash and cash equivalents.

3. TRANSFER TO THE GOVERNMENT OF QUÉBEC

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

4. EXPENSES BY RESPONSIBILITY CENTRE

	2007				2006
	LABILE PRODUCTS	FRACTIONATED PRODUCTS	OTHER SERVICES	TOTAL	TOTAL
Wages and benefits	$ 64,395	$ 428	$ 2,128	$ 66,951	$ 64,623
Medical and blood drive supplies	25,210	559	600	26,369	26,820
Stable products	-	128,986	-	128,986	121,895
Purchased services	(925)	1,871	3,094	4,040	3,877
Loss on write-offs and disposal of assets	5	-	-	5	42
Exchange loss (gain)	(200)	79	-	(121)	(54)
Depreciation of fixed assets	4,696	168	95	4,959	4,632
Interest on long-term debt	1,971	-	-	1,971	1,980
Insurance	7,905	-	-	7,905	8,114
Other expenses	20,865	73	595	21,533	22,299
Subtotal	$ 123,922	$ 132,164	$ 6,512	$ 262,598	$ 254,228
Plasma for fractionation*	(8,373)	8,373			
Total	$ 115,549	$ 140,537	$ 6,512	$ 262,598	$ 254,228

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

5. SHORT-TERM INVESTMENTS

Héma-Québec holds an investment of $15,000 ($0 in 2006) in a trust account, recorded at cost, bearing interest at the rate of 4.25%. As at March 31, 2006, Héma-Québec also had a term deposit of $91 bearing interest at the rate of 1.30%.

6. ACCOUNT RECEIVABLE

	2007	2006
Trade accounts receivables	$ 380	$ 174
Sales taxes	1,230	1,547
Security deposit	6,119	6,190
Other accounts receivable	449	297
	$ 8,178	$ 8,208

7. INVENTORY

	2007	2006
Stable products and substitutes	$ 16,969	$ 14,136
Blood drive equipment	1,573	1,788
Laboratory equipment	724	843
	$ 19,266	$ 16,767

8. PREPAID EXPENSES

	2007	2006
Insurance	$ 936	$ 3,682
Other	1,113	1,177
	$ 2,049	$ 4,859

9. FIXED ASSETS

	2007			2006
	COST	ACCUMULATED DEPRECIATION	NET VALUE	NET VALUE
Property, plant and equipment				
Land	$ 2,140	$ -	$ 2,140	$ 2,140
Building	19,699	4,307	15,392	16,180
Betterment	9,346	2,082	7,264	5,947
Leasehold improvements	1,363	657	706	1,106
Automotive equipment	41	25	16	21
Machinery and equipment	13,030	6,513	6,517	6,824
Office furniture and equipment	3,769	2,717	1,052	1,336
Computer equipment	8,053	7,023	1,030	1,784
	57,441	23,324	34,117	35,338
Intangible assets				
Software and software packages*	7,187	4,558	2,629	2,267
	$ 64,628	$ 27,882	$ 36,746	$ 37,605

* The accumulated cost of work in progress, as at March 31, 2007, totals $1,279 excluding taxes and is included in the software and software packages category. The amortization of these assets will begin when the projects have been completed.

10. DEFERRED CHARGES

By virtue of an emphyteutic lease, Héma-Québec initially paid $1,875 to obtain the right to occupy premises at Université Laval for a period of thirty years ending in 2034. The amortization for the current period is $60 and was recognized in income under "Other expenses." The accumulated amortization using the straight-line method is $240 ($180 in 2006).

11. BANK OVERDRAFT

As at March 31, 2007, Héma-Québec had a revolving line of credit of $15,000 bearing interest at the prime rate less 0.50%

12. ACCOUNTS PAYABLES AND ACCRUED LIABILITIES

	2007	2006
Suppliers	$ 20,749	$ 22,006
Salaries and fringe benefits	6,126	5,854
	$ 26,875	$ 27,860

13. LONG-TERM DEBT

	2007	2006
Loan, secured by the land and the building, with a net book value of $17,532, repayable in monthly instalments of $36 (including capital and interest), at a fixed rate of 6.19%, renewable in 2008 and maturing in 2023.	$ 4,526	$ 4,679
Loan, secured by the land and the building, with a net book value of $17,532, repayable in monthly instalments of $54 (capital only), at a fixed rate of 5.79%, renewable in 2009 and maturing in 2027.	13,123	13,769
Loan, repayable in monthly instalments of $100 (including capital and interest), at a fixed rate of 6.01% maturing in 2008.	1,898	2,949
Loan, repayable in monthly instalments of $232 (capital only), and annual payments of $256 (capital only), at fixed rates varying from 3.82% to 4.98% maturing between 2008 and 2012.	9,727	10,154
Loan, repayable in monthly instalments of $38 (capital only), at fixed rates of 4.43% and 5.41%, renewable in 2008 and 2013 and maturing in 2023 and 2026.	8,202	6,999
	37,476	38,550
Short-term portion	(5,419)	(5,216)
	$ 32,057	$ 33,334

The instalments on long-term debt required during the next five years are as follow:

2008	$5,419
2009	4,684
2010	3,438
2011	2,232
2012	2,245

14. DESCRIPTION OF BENEFIT PLANS

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

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

Total cash payments

Total cash payments for future benefits for 2007, 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 $6,270 ($6,650 in 2006).

Dates for the 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 the upcoming mandatory valuations for the purposes of funding those plans that are funded 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)	2007	2006
Shares	58%	54%
Bonds	37%	38%
Others	5%	8%
Total	100%	100%

Reconciliation of financial position and amounts recorded in the financial statements

	2007		2006	
	PENSION PLANS	OTHER PLANS	PENSION PLANS	OTHER PLANS
Fair value of plan assets	$ 81,480	$ -	$ 67,462	$ -
Accrued benefit obligation	83,145	4,571	80,273	4,198
Financial position - deficit	(1,665)	(4,571)	(12,811)	(4,198)
Unamortized transitional obligation	31	-	36	-
Cost of benefits for unamortized past services	2,159	-	2,353	55
Net, unamortized actuarial losses	144	1,370	11,621	1,194
Accrued benefit asset (liability) at end of current year	$ 669	$ (3,201)	$ 1,199	$ (2,949)
Classification of amounts recorded in Héma-Québec's financial statements				
Accrued benefit asset	$ 669		$ 1,199	
Accrued benefit liability		$ 3,201		$ 2,949

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

Cost recorded for the current year

	2007		2006	
	PENSION PLAN	OTHER PLANS	PENSION PLANS	OTHER PLANS
Cost recorded for employee future benefits	$ 4,756	$ 2,296	$ 3,715	$ 2,428

Main assumptions

	2007		2006	
	PENSION PLANS	OTHER PLANS	PENSION PLANS	OTHER PLANS
Accrued benefit obligation as at March 31				
Discount rate	5.25%	5.25%	5.25%	5.25%
Rate of salary increase	3.50%	3.50%	4.00%	4.00%
Cost of benefit for year ended March 31				
Discount rate	5.25%	5.25%	5.75%	5.75%
Expected rate of return on plan assets	7.00%	-%	7.00%	-%
Rate of salary increase	4.00%	4.00%	4.00%	4.00%

Assumed trend rates for healthcare cost

	2007	2006
Initial trend of heath-care cost as at March 31	10.00%	8.50%
Level towards which trend rate is declining	5.00%	5.00%
Year when the rate is expected to stabilize	2017	2013

15. FINANCIAL INSTRUMENTS

FAIR VALUE OF FINANCIAL INSTRUMENTS

Long-term debt

As at March 31, 2007, the fair value of the long-term debt of $37,476 ($38,550 in 2006) totalled $38,820 ($38,362 in 2006), based on the discounted cash flows at the quoted market price for securities with similar maturity dates and interest rates.

Other assets and liabilities

The fair value of the cash on hand, accounts receivable, subsidy to be received, investment, bank overdraft, accounts payable and accrued liabilities, and advance from the government corresponds to their book value, given their short terms to maturity.

DERIVATIVES

Foreign exchange contract

Héma-Québec has entered into eight contracts to purchase American currency in the amount of $48,000 (six contracts of $8,000) at the rate of 1.1332 for the period of April 2 to September 28, 2007 and in the amount of $14,400 (two contracts of $7,200) at the rate of 1.1685 for the period of October 1 to November 30, 2007, to manage certain identifiable risks linked to the purchase of products in foreign currency.

16. COMMITMENTS

Héma-Québec has entered into long-term leases expiring at various dates over the next 27 years for its operating facilities and administrative premises. These leases include, in some cases, a renewal option of up to five years.

The lease expenses for the financial year ended March 31, 2007 stood at $2,053 ($2,052 in 2006) for the space.
Future minimum payments relating to these long-term leases are as follows:

2008	$ 1,946
2009	1,802
2010	1,542
2011	1,527
2012	1,527
2013 and subsequent	34,099

17. 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 to 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.

18. COMPARATIVE FIGURES

Certain figures for 2006 have been reclassified to conform with the financial statements presentation adopted in 2007.

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