Blood donation

What you need to know...

**According to the product collected**

<table>
<thead>
<tr>
<th>Product Collected</th>
<th>Approximate Collection Duration</th>
<th>Interval Between Donations</th>
<th>Weight and Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood</td>
<td>30 to 50 min</td>
<td>56 days</td>
<td>More than 54 kg/120 lbs</td>
</tr>
<tr>
<td>Plasma</td>
<td>45 min</td>
<td>6 days</td>
<td></td>
</tr>
<tr>
<td>Red Blood Cells</td>
<td>25 min</td>
<td>Double donation: 112 days</td>
<td></td>
</tr>
<tr>
<td>Platelets</td>
<td>75 min</td>
<td>34 days</td>
<td></td>
</tr>
<tr>
<td>White Blood Cells</td>
<td>90 min</td>
<td>10 days</td>
<td></td>
</tr>
<tr>
<td>Combined Donation</td>
<td>90 min</td>
<td>Various according to the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>products collected</td>
<td></td>
</tr>
</tbody>
</table>

**Before Donation**

- Drink at least 500 ml of water or juice and make sure to eat well and avoid fatty foods (e.g., cheese, fried foods, etc.).
- Answer questions about:
  - health status;
  - risky behaviors related to communicable diseases.
- Agree to have Héma-Québec check:
  - blood pressure and temperature;
  - hemoglobin levels;
  - hematocrit levels;
  - platelet levels;
  - protein levels;
  - white blood cell levels.
- Sign a consent to donation.

**During Donation**

- Fluids are administered to the donor.
- An anticoagulant is added to the blood.

**Did you know?**

- Different transfused products are used depending on the patient’s condition.
- Collection techniques differ based on the type of donation.
- Whole blood:
  - The blood is collected as is and separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.
- Apheresis:
  - The blood is separated during collection by a machine that collects only the required blood components (plasma, platelets, white blood cells or red blood cells) and returns the others to the donor.
  - These types of donations are made in a GLOBULE Blood Donor Centre or a PLASMABlé Plasma Donor Lounge.

**Did you know?**

- Whole Blood:
  - Red cells, plasma or platelets.
  - Donated type: whole blood.
  - The blood is collected as is.
  - The blood is separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.

**Did you know?**

- Plasma:
  - Donated type: plasma.
  - The blood is separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.

**Did you know?**

- Red Blood Cells:
  - Donated type: red blood cells.
  - The blood is collected as is.
  - The blood is separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.

**Did you know?**

- Platelets:
  - Donated type: platelets.
  - The blood is collected as is.
  - The blood is separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.

**Did you know?**

- White Blood Cells:
  - Donated type: white blood cells.
  - The blood is collected as is.
  - The blood is separated into its various components in a laboratory.
  - This type of donation is made at a blood drive, in a mobile unit or in one of our GLOBULE Blood Donor Centres.

**Did you know?**

- Double Blood Cell Donations:
  - Double red blood cell donation.
  - Double platelet and plasma donation.
  - Platelets, plasma and red blood cells.

**Did you know?**

- Combined Donations:
  - Platelets and plasma.
  - Platelets and red blood cells.

**Did you know?**

- Hemoglobin is a protein containing iron that is found in red blood cells.
- Hematocrit is the volume of red blood cells in relation to total blood volume.
- For combined donations that contain platelets.
- For frequent donors.
- For frequent donors making a combined donation of platelets and plasma or a double donation of platelets and plasma.
- Applies to plasma donations of more than 500 ml.
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hémaphage analyzes all the blood donations it collects to detect blood-borne diseases:

- Hepatitis B and C;
- Human T-cell lymphotropic virus (HTLV IV);
- syphilis;
- human immunodeficiency virus (HIV);
- West Nila virus (WNV).

This test is conducted systematically during the epidemiologic season; outside of this period, it is only performed if the donor has traveled outside of Canada in the past 56 days.

• Chagas disease: this test will be conducted for donors if they, their mother and/or their maternal grandmother were born in a Latin-American country (including Mexico) or if they have spent 30 consecutive days or more in one.

There may be situations in which these tests are not conducted (e.g., damaged sample). In this case, the blood donation is destroyed without further analysis.

In the event of an abnormal result:

- the donation is destroyed;
- the donor is notified and his or her results are kept confidential, but are shared with Canadian Blood Services to determine the length of time during which he or she cannot donate;
- the local Director of Public Health will be notified of a positive detection of blood-borne disease.

Any person who feels pressured by those around him or her to give blood and who has not passed in activities that are considered high risk for communicable diseases must notify the blood drive staff or the local Director of Public Health, who will then advise the donor's family or guardian to stop the donation.

Other tests conducted:

- Blood groups (ABO and, if necessary, other blood groups);
- cytochrome 
  P, CYPIA1 (CYP)
- bacterial culture of pathogens;
- hepatitis type, if applicable.

After the donation

- Rest and drink 500 ml of water or juice.
- Keep the bandage on the puncture site for six hours.
- Avoid any intense physical activity for six to eight hours. Blood donation can affect the performance of intense physical activity for a few days, particularly in the case of a red blood cell donation.
- In case of weakness: if down with blood before the knees or lay down with legs elevated for a few minutes. Depending on the donor's occupation or exercise practices, this time may be needed before regular activities can be resumed (e.g., back driver, heavy machinery operator, etc.).

Adverse reactions

Details of the adverse reactions to be reported after blood donation:

- ecchymosis (bruise) at the puncture site
- Fatigue the day after donation
- Nausea, vomiting, fainting
- Pain, warmth, redness
- Inflammation of a vein (superficial phlebitis)
- Reduced iron reserves (ferritin)2
- Destruction of red blood cells (hemolysis)2
- Reaction to sodium citrate (anti-coagulant)
- Chills
- Other1

ADVERSE REACTIONS SIGN AND SYMPTOMS FREQUENCY WHOLE BLOOD DONATION APBO AND OTHER

Ecthymosis (bruise) at the puncture site Usually short term Occasional
Fatigue the day after donation Occasional
Nausea, vomiting, fainting Occasional
Pain, warmth, redness Very rare
Inflammation of a vein (superficial phlebitis) More likely to occur in frequent donors
Reduced iron reserves (ferritin)2 Abnormal tests of certain substances such as sex, fatigue, reduced stamina, memory and mood problems
Destruction of red blood cells (hemolysis)2 Pink- or red-tinged areas after the procedure Very rare
Reaction to sodium citrate (anti-coagulant) Frequent (5% of donors)
Chills Frequent (5% of donors)

1 For each donation, hémaphage verifies hemoglobin or hematocrit levels, but not the iron reserve. Frequently on the components collected, measuring blood biochemistry (the collection of blood samples) may result in a loss of iron, and it can take several weeks for the body to replace this loss. The donor should be informed of this risk before giving blood. For more information, please visit the “about iron” section of the hémaphage Web site.

2 There is a risk of hemolysis during the procedure, although this is very low. If not treated, hemolysis can have serious, even fatal, consequences. For this reason, hémaphage’s staff ensures close monitoring to detect hemolysis. If need be, the procedure is stopped immediately.

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Cases of polyuria or gas evolution have been observed in the past with less sophisticated collection equipment. This modern collection equipment used by hémaphage prevents the risk of infection.

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