



# BLOOD LINE

THE *voluntary* BLOOD DONATION JOURNAL

2015 | 37

## MYTHS AND FACTS ABOUT BLOOD & BLOOD COMPONENTS TRANSFUSION

**Dr. Sharad Jain MD**  
Govt NSCB Medical College,  
Jabalpur



Blood transfusion is an essential part of modern critical care medicine. It improves health & saves life. As seen with any other therapeutic interventions, blood and blood components may also result in acute or delayed complications. The risk of transmission of various common infectious agents, HIV, Hepatitis, Syphilis Malaria are identified. There are more than 200 diseases and 250 antigens transmitting through blood. Diseases HIV, Hepatitis B&C, Syphilis and Malaria& ABO, Rho antigens are mainly considered by majority of Transfusion medicine services. Antigens are now known to cause immune-modulation in recipient.

Blood is "the most dangerous medicine Clinicians, Pediatrician, Surgeon and Gynaecologist ever prescribes. Patients have all the rights to know the accurate information about the benefits and risks involved in blood transfusion. Informed consent before blood transfusion is now mandatory. It is well documented evidence; blood transfusions have often been given to patients unnecessarily or as a precautionary measure resulted deaths.

It is now wise to welcome latest blood less and minimal access laparoscopic surgery. Adopt possible blood transfusion alternatives in clinical practice. We medical professionals, must update our knowledge; adopt worldwide accepted blood safety by judicious use of blood components. There is a common perception that blood is now safer than ever by using latest test technologies, in regards to viruses such as HIV, Hepatitis B, C, Syphilis, and Malaria and cross match using anti human globulin.

The adverse effects of blood transfusion were analysed, found due to human errors, clerical & technical mistakes, over burden

work to limited staff, monotonous technical work, 24hrs services hence day and night duties to be performed by staff, no promotional avenues to technical staff makes them reluctant finally multiple technical hands are involvement from blood collection, release to blood transfusion. Blood reactions acute or chronic, immune or non immune are significant. This is now identified immune-modulation in recipient following blood transfusion.

We can no longer ignore the myths and facts about blood and blood product transfusion. In day to day blood transfusion services, we come across such situations.

### How much Safe blood transfusion is?

**Myths**-Many doctors believe that blood transfusions safe. Blood transfusion may help sick person for prompt recovery well being and feel good.

**Facts**-Studies showed, there are risks of Blood-borne diseases. Which diseases? You cannot limit it just to one... there are many. Danish scientist Niels Jerne 1984 Nobel Prize winner for Medicine has refused blood transfusion. He narrated "A person's blood is like his fingerprints. There are no two types of blood that are exactly alike."Hence, every tested blood is to be considered unsafe and risky".

The inappropriate use of blood and blood products, coupled with the transfusion of untested or improperly screened units increases the risk of TTIs to recipients. Transfusion services must be carried out by licensed person. There is a wide gap between supply and demands causing shortage of blood and blood products for patient truly requiring transfusion. It is necessary to reduce the unnecessary transfusions

and blood components to overcome shortage. Many patients still die because of poor availability of safe blood during acute need. Family or replacement donors and paid donors still remain a significant source of blood for transfusion in many developing and transitional countries causing doubtful quality of blood and components. Adequate stocks of safe blood can only be assured by regular donation by repeat voluntary unpaid blood donors; the prevalence of blood borne infections is lowest among these donors. Blood is an organ; administering blood transfusions is actually an organ transplant. "Haemovigilance is essential to identify and prevent occurrence or recurrence of transfusion related unwanted events, to increase the safety, efficacy and efficiency of blood transfusion, covering all activities of the transfusion chain from donor to recipient comes under Hemovigilance".

### One unit Blood Transfusion!

Presently in Indian scenario and other developing countries majority of clinician's, different specialty surgeons and super specialists writes blood request for one unit of blood.

**Myths**- One unit blood will serve the purpose to deal any adverse situation. It will help in patient quick recovery. It will prevent bleeding during surgery. It will help in better oxygenation of body tissue including brain. "Blood helps my patient to get out of hospital sooner" or "blood improves healing".

**Facts**- You may have donated blood. What changes you found after donation? No change! How do you expect any benefits in your patient from the quantity of blood you donated after transfusion.. One unit of blood can improve maximum 1 gm%

Haemoglobin concentration. It is not going to change any physiological change in your patient. Blood transfused patients has an increased risk of morbidity and mortality. Even by receiving one unit of blood, can increase morbidity significantly; decrease the long term survival rate? Even deaths are reported due to severe transfusion reaction. One unit blood transfusion is obsolete worldwide. If single unit blood transfusion is omitted from practice 30% blood scarcity can be slaked down from the country.

### Whole Blood Transfusion!

**Myths-** Whole blood contains Red cells, Platelets, Clotting factors and plasma proteins. Thus it is wise to transfuse whole blood to supplement all basic ingredients of blood to recipient.

**Facts-** Any stored refrigerated blood for 6hrs, platelets lose its function of clotting. 24hrs stored blood all clotting factors lose their property to prevent bleeding. Plasma possesses antibodies which may react with red cells of recipient, Hence the basic purpose of whole blood lost.

### Fresh whole Blood transfusion!

Fresh whole blood is blood within 24 to 48 hours of collection. Ultra fresh is immediately unrefrigerated collected blood. Before component therapy, whole blood was the principal product available, which was expected to supply all components of blood. It was known that components like platelets or coagulation factors were present in full for few hours, so perhaps at that time the need for fresh blood could be justified.

**Myths-** Ultra fresh whole blood is safe to transfuse in comparison to stored blood and all the basic component will work and serve the purpose.

**Facts-** In modern medical practice blood components are adopted. All desired blood component functions as using ultra fresh blood maintaining shelf life, of red blood cells 42 days, white blood cells 2 days, fresh frozen plasma one year, Clotting factor VIII-1year, and Platelets 5-7 days. Fresh blood if less than 24 hours old whole blood transfused, the risk of transmission of Malaria & Treponema pallidum, an organism responsible for causing syphilis, This risk of Syphilis and Malaria is eliminated if more than 72 hours stored refrigerated blood is transfused. Another disadvantage with transfusion of fresh blood is transfusion associated graft-versus-host-disease (TA-

GVHD). which is fatal. Transfusion Related Acute Lung injury TRALI, because of presence of viable lymphocytes and granulocytes respectively.

### Blood component transfusion

#### Myths

Blood components separation can reduce scarcity of blood; as four components are prepared from one unit.

Blood component therapy is safer than Txn. reaction and TTI spread.

#### Facts

Blood component therapy may be given when expected benefits are likely to outweigh the potential hazards. Any component is not safe. Risks are variable. Components are not free from the risk of TTI. Specific component is to be transfused for specific reason singly or in combination. Basic parameters evaluated every 24 hrs interval in general. Specific blood component transfusion.

### Red cells concentrate transfusion:

#### Myth

RCC to be transfused for anaemia correction. RCC can be transfused in neonate and old age to prevent cardiac over load

#### Facts

Red blood concentrates txn. on clinical assessment and Hb. level. It is inappropriate to transfuse if Hb. >10g% without decomposition. Reasons for transfusion should be documented. Hb. between 7-10g% decisions must be supported by clinical signs and symptoms, to preventing significant morbidity and mortality. RCC increases viscosity of blood causing slowing of blood flow further in old age.

### PLATELETS Transfusion

#### Myths

Platelets are transfused in thrombocytopenia case to prevent the risk of bleeding.

It's ultimately byproduct collected from whole blood do not possess ABO antigen.

#### Fact

Platelets must be transfused judiciously. Platelets transfused in thrombocytopenia with bleeding.

Platelets are transfused if count below 10000/comm., in general surgical below 50000/cumm, eye and brain surgery below 1 lakh/cumm

No platelets to be transfused if count above 20000/cumm without bleeding.

During general surgery with such count may experience excess bleeding.

No benefits proved by platelet transfusion

in low platelet count cases without bleeding. Use of platelets is effective as surgical prophylaxis in hereditary platelet function defects

Therapeutic use of platelets is confined to patients with thrombocytopenia or functional abnormalities who have significant bleeding from this cause.

Massive transfusion causes dilution effect on platelet count resulting thrombocytopenia lead to microvascular bleeding. Studies have not proved benefit of platelets transfusion.

In immune-mediated platelet destruction, platelets counts rarely increases but decreases platelet count, may show improvement in bleeding;

In thrombotic thrombocytopenic purpura, haemolytic uraemic syndrome condition worsened by platelet transfusion.

### FRESH FROZEN PLASMA

#### Myths

FFP do not have antigens hence safe for transfusion.

FFP contains plasma proteins can be given in hypoproteinemia

#### Fact

FFP is used for in a range of patients, based on clinical picture and the results of coagulation tests.

FFP used in the treatment of bleeding or prior surgery in patients with factor deficiencies where specific factor concentrates are not available.

In warferrin overdose life-threatening haemorrhage may be expected administration of vitamin K, FFP alone or in combination.

It also prevents complications in cardiac bypass surgery,

It helps in intravascular volume replacement in acute blood loss.

### CRYOPRECIPITATE

#### Myths

Cryoprecipitate can be given in any bleeding case

#### Facts

Cryoprecipitate is justified in patients with fibrinogen deficiency with clinical bleeding, invasive procedures, trauma or disseminated intravascular coagulation (DIC). Patients with factor VIII deficiency are treated with factor VIII concentrates. Von Willebrand's disease patients respond to desmopressin.

### 1st relation blood for transfusion!

**Myths-** 1st relation blood must be safe. Blood is collected from 1st relation` is fully known. Quality of blood can be trusted. Antigenic similarity can be anticipated. As we see in organ transplant. 1st relation organs are HLA 50% match and compatible. Highest antigenic similarity is required for safe transplant.

**Facts-** 1st relation blood has 50% HLA match White cells especially lymphocytes. These cells remain viable in recipient circulation and develop their clone of cells, produce antibodies which act on recipient cells. Worst fatal rare complication transfusion associated graft-versus-host-disease (TA-GVHD) takes place in 3 weeks time. Never transfuse first relation blood in clinical practice.

### **Blood transfusion in any anaemic patients**

In India and developing countries anaemia is very common, especially in females. Blood transfusion is very commonly practiced for anaemia correction.

**Myths-** Blood transfusion is commonly planned by consultant on Haemoglobin value, not on the basis of clinical evaluation for compensated or decompensate status of recipient. All anaemic patients are invariably transfused blood.

**Facts-**Blood is only indicated in decompensate case of anaemia for immediate compensation. Compensated Chr.anaemia must be treated with nutrients supplement. Blood transfusion can only give patient better feelings for 20-25days taking life threatening risks of blood transfusion including death.

What to do with arranged blood if not required during surgery!

Blood request are usually sent in surgical cases. Blood is arranged for patient.

**Myths-**If blood is arranged by for patient than transfuse, even if there is no significant blood loss. Arranged blood may get wasted if not transfused. Blood is going to benefit patient. Pt attendant will feel bad if their donated blood is not given to patient. Blood will make prompt recovery, better wound healing.

**Facts-** If Blood is ordered for transfusion; retain it to blood bank at desired temperature 2-6 degree C in special designed Blood storage cabinet (No domestic refrigerator) till it is needed for transfusion. Explain facts to the patient attendant, if there is no loss of blood during surgery, arranged blood will be release to any other needy by blood

bank. No transfusion should be carried out on the basis of relatives guidelines, under pressure or casually if loss is not more than 800ml to liter.

### **Blood, it's safer than ever before!**

**Myths-**This perception has developed amongst clinician due to improved technology on viral safety, reduced risk of HIV and hepatitis viruses being transmitted via transfusion.

**Facts -**blood is to be transfused on strict national guidelines. However, transfusion-related acute lung injury (TRALI), incompatibility reaction and bacterial contamination are the most common complications of blood transfusion. It is not safe at all.

### **A blood transfusion will get my patient home sooner!**

**Myths-**This perception is to practice "top up" transfusion to get patients out of bed and home sooner.

**Facts-** There are series of literature reporting that transfusions are associated with increased ICU and hospital length of stay, more complications and worse clinical outcomes.

### **Top Up of blood in planned surgery case!**

In any planned surgical cases if Haemoglobin value was found low. Top up blood transfusion is a common practice by surgeon and go for surgery.

**Myths-** Top up blood is very frequently done by surgeon in planned cases to perform surgery immediately or next day

**Facts-** It is a banned procedure. Such anaemic patient due for planned surgery .haematinics must be supplemented and after improvement of Hb level surgery is carried out. Blood is a tissue transplant. Top up blood transfusion is unsafe.

### **Blood transfusions improve wound healing!**

**Myths-**Usually surgeons if finds poor wound healing in their patients. Patients are showing evidence of toxemia. They decide to transfuse blood for quick recovery and for improved wound healing.

**Facts-**Current evidence demonstrates that transfusion is associated with adverse outcomes including increased infection, immune-modulation, organ dysfunction, ischaemic events and mortality

### **Autologous blood (pre-donated) is risk free!**

Pre-donating autologous blood became pop-

ular since 1980s due to HIV transmission via blood.

**Myths-** Autologous blood transfusion is safe, as blood belongs to same donor patient.

**Facts-**This practice, however is superior to allogenic blood transfusion. It is associated with a number of possible adverse outcomes due to clerical, preservation, contamination and autologous blood may not meet out the basic requirement of the case.

### **Blood, it's free anyway!**

**Myths-** Donor is donating blood without charge hence appearing free.

**Facts-** While donors are donating their blood without charge; the cost of screening, testing, processing, transporting, storing, administering and treating adverse reactions. The outcomes is significant.

### **Blood warming before transfusion!**

Warm blood is transfused in few situations, Cases needing massive transfusions (50% of body blood volume) rapid fast transfusion, patients with cold agglutinins, neonates, pediatric or elderly patients and patients susceptible to cardiac dysfunction.

**Myths-**Blood warming prevent transfusion reaction, rigors, hypothermia.

**Facts-** Normally no warming is indicated. If warming temperature is above 40 degree centigrade resulting into RBCs lysis, causing renal shut down, release of K+ from RBCs. Transfuse blood as such. Blood reaches to room temperature during passing through intra venous line as blood is transfused at the rate of 8-10 drops per minute for first thirty minutes.

### **Use of Steroids and anti histaminic before blood transfusion!**

**Myths -** If such drugs are injected before blood transfusion it will make transfusion easy comfortable and safe. It will avoid complications of blood transfusion.

**Facts-** if Steroids and antihistaminics are given before blood transfusion it will mask the early signs and symptoms of acute blood transfusion reaction. It is important to assess early signs of blood transfusion reaction to avoid severe to fatal blood reaction.



# NATIONAL BLOOD DONATION DAY INAUGURAL CEREMONY



<b>Inauguration and Inaugural Address</b> Mr. Manikuttan, Cine Artist	<b>Presidential Address</b> Mr. B Harikrishnan, General Manager, TPPL	<b>Keynote Address</b> Rtn Gokuldas	<b>Felicitation</b> Dr Usha N, Consultant (Transfusion Medicine), Women & Children Hospital	<b>Welcome Address</b> Ms. Deepa Anadhpadmanabhan,
--	---	--	---	---

## NATIONAL BLOOD DONATION DAY CELEBRATED ON OCTOBER 1, 2015

The national blood donation day was organized in a unique way by Terumo Penpol PVT Ltd. 'Save A Rupee, Spread A Smile' society, and Loyola College of Social Sciences .

Mani Kuttan, Cine actor, who was the chief guest, gave an inspirational message to the kids. Mr. B Harikrishnan, GM (MFG) of TERUMO PENPOL Private Limited presided over the function.

Rtn. Arun Gokuldas motivated children to donate blood. Dr. N Usha, consultant Transfusion Medicine of Women and Children said about the shortage of blood and motivated the Students to donate blood,

Massive Promotion was done through the Print and Electronic media .Promotional Campaign was done through BIG FM Radio from 24th September - 1st October. As part of the Campaign Talk Shows were arranged at Jaihind and Asianet Television Channels. We used e-mail and face book for quick information up-date.

Slogan Competition for High School and Higher Secondary Students and Elocution Contest for College Students were organized. Certificates and cash prize were distributed to the winners of Slogan competitions .



## Buddy For Life Contest

A buddy for life contest was also arranged for school students to promote voluntary blood donation. The Students were encouraged to recruit as many voluntary blood donors as possible in this contest. The school who has recruited the most donors from 15 July before October 1 was selected as the winner. Holy Angels ISC School emerged as the winner and the Buddy for life contest winner was honored on the National Blood Donation Day October 1 at Sreemoolam Club.



## FLASH MOB

TERUMO PENPOL PVT Limited in association with Loyola College of Social Sciences organized a Flash Mob as part of National Blood Donation Day Celebrations on September 29 at Museum Auditorium. The main objective was to promote the concept of voluntary blood donation.





WINNERS OF ELOCUTION CONTEST ORGANIZED FOR SCHOOL STUDENTS BY TERUMO PENPOL RECEIVING THE AWARD FROM MR.B HARIKRISHNAN, GENERAL MANAGER,TERUMO PENPOL



WINNERS OF ELOCUTION CONTEST ORGANIZED FOR COLLEGE STUDENTS BY TERUMO PENPOL RECEIVING THE AWARD FROM MR. B HARIKRISHNAN, GENERAL MANAGER,TERUMO PENPOL



## Blood Donation Camp organized by TERUMO PENPOL in association with SARSAS as part of National Blood Donation Day Celebrations



## Letters To The Editor



Thanks Baby Madam. This has come out well. Good work.

**Baby Prabhakar**  
Chief Executive Officer  
The Blue Point Organization

Madam,  
Thank you for sending journal by email. Kindly also send a hard copy for our library.

Regards  
**Debabrata Ray**  
Secretary, Association of Voluntary Blood Donor organizations, West Bengal

Very many thanks and very good issue. Since I commented as editor, best designation would have been Editor, Home Journal of the Institution of Engineers (India) Kochi Centre.

With warm regards  
**Malippuram Khalid**  
Editor, IEI Update  
Institution of Engineers India, Kochi

## More Events

# National Conference to promote Blood Donation held at Technopark Trivandrun

The Federation of Indian Blood Donor Organizations (FIBDO), a collective of voluntary, non-remunerative blood donor organizations of India, All Kerala Blood Donors' Society and TEJUS Blood Donation Forum, Technopark organized a national workshop and conference of blood donor motivator organizations – BLODCON 2015 at TECHNOPARRL, Trivandrum on October 3 and 4.

The theme of the conference was Vision 2020 – self-sufficiency in voluntary blood donation

The conference was organised as part of the efforts of FIBDO to upscale the voluntary blood donation movement, to review the current activities and to devise strategies for promoting voluntary blood donation.

Honorable Governor P. Sathasivam inaugurated the conference. M A Vaheed (MLA, Kazhakoottam); Lida Jacob IAS (Rtd), Chairperson, KEBS; Jeevandas Narayan (MD, SBT); Vasanth Varada (Business Development Manager, Technopark); Dr. Asha Kishore (Director, SCTIMST); and Biswaroop Biswas (Gen. Secretary, FIBDO) were present for the inaugural function.

There were 100 delegates representing blood donor organizations from India, 20 from abroad and 30 from the state.

Delegates from across the country and abroad participated in the two-day conference.





# The Inspiring Story Of How A Kolkata Youth Is Making Sure Nobody Dies Of Scarcity Of Blood

3 million units. Yes, that is the situation of blood shortage in our country, according to a 2012 World Health Organization (WHO) report. With a population of 1.2 billion, it is a shame that we are falling short of the required 12 million blood units annually, being able to collect only 9 million units. Lack of awareness and incorrect information or myths around blood donation in India are cited as the main reasons behind this shortfall. With over 100 successful donor arrangements in Kolkata, it is this shortfall that an organization called "The Saviours" is trying to bridge. True to their name, it is a life saving registered organization which works towards providing blood donors when blood banks and all other sources are exhausted. Founded by a young college graduate, Kunal Saraff, the organisations' vision is very simple: "To ensure that no body dies for the want of something that is abundant in everyone's body."

It works this way - People who are willing to become voluntary blood donors register with "The Saviours"; whenever there is a request for a particular blood group, they are contacted and if available, they donate. "You don't need to be God to save lives... Be a Saviour" - That's the philosophy that drives them. Anyone who voluntarily donates blood through the organisation is provided with the title of a "Saviour", along with a certificate stating the details regarding their good deed.

Kunal says, "With around 40-50 crore youth population, only if 1-2 % additional youth start donating, this shortage could be eradicated." It is precisely for this reason that they are trying to get more and more youngsters to register themselves as a voluntary blood donor.

Already in touch with various colleges in the city, Kunal outlines the three ways in which you can help. First and foremost, you can register yourself as a voluntary donor by sending your details (which include your name, blood group, address, contact number, alternative contact number (if any) and your email id) at [thesaviours@outlook.com](mailto:thesaviours@outlook.com). You can also WhatsApp the same to 9830148811 or message it to their Facebook page. At present,

their operations are restricted to the city of joy, but they are building their database of donors all across the country and look forward to spreading their reach in other parts of the country.

The second level of engagement that you can have with them is by encouraging more and more people to register with them. As an extension of this vision, whenever there is a successful donor arrangement and the beneficiary thanks him, he requests them to ask three more people to register as a donor in order to keep the chain going till we reach a situation that no one dies for shortage of blood. The third level is the one where you can intern with them. They would be choosing a team from various colleges, which would be briefed and trained by them to handle the phone calls and requests. The team would be directly responsible for coordinating with the emergency requests and the donors in the database.

An android app named No More Tension has agreed to donate a generous amount of Rs.10 per download to this organization, and swears to bear all the other expenses borne by The Saviours. This is the reason they don't accept donations from any third party! Are you a Saviour? Be one!



## Federation of Bombay Blood Banks wants all Mumbai blood banks to adopt haemovigilance

The Federation of Bombay Blood Banks wants all blood banks to adopt the haemovigilance programme being introduced by the National Blood Policy. Under this programme, the movement of blood from donors to recipients and its usage at different stages in the transfusion chain will be documented.

The federation, which has 48 blood banks under it, recently organized a programme in association with the National Institute of Biological, an autonomous institution under the Ministry of Health & Family Welfare.

The main idea of this scientific meet was to create awareness among people who deal with blood transfusion.

A standard practice in many countries, haemovigilance is aimed at keeping details pertaining to collection, investigation, its analysis and transfusion of blood or blood components. It also documents adverse reactions to recipients and the people handling the vital fluid.

"With the help of this system, we hope to collect vital data and introduce changes required in the existing policies, increase safety and reliability of the transfusion process. The information will also come in handy in bringing out new guidelines. To begin with we will focus on city blood banks to follow the practice. Gradually, we will talk to the state blood bank federation," said Dr Zarin Bharucha, chairperson, Federation of Bombay Blood Banks.

Another doctor who attend the seminar, Dr Anand Deshpande, consulting transfusion medicine, Hinduja hospital, said, "It's the need of the hour for all blood banks and hospitals where patients undergo blood transfusion. The central government says blood banks should follow this programme but it's voluntary. I believe it will be adopted slowly because, at the end of the day, it's beneficial and will help improve the system."

# Indian blood donation campaign aims to catch them young

There is a mixed crowd every morning in front of the Indian Red Cross building. Some come as a family, some alone. They range in age from two to 60 years old. All are directly or indirectly affected by thalassaemia. The crowd has anxiety etched on their faces. They are here to register for the next blood transfusion and everything will depend on the availability of their blood group in the stock, or whether they can arrange a donor and a date to obtain blood. Thalassaemia is a genetic disorder which affects the production of haemoglobin, a protein present in red blood cells. The thalassaemia Society of India is playing a crucial role in creating awareness of the various forms of the disorder, and the Indian Red Cross has joined hands with this institution in providing free blood to thalassaemia patients. In order to meet the ever increasing expectations of vulnerable people, the Indian Red Cross has a dedicated blood donor motivation campaign running throughout the year. Dr Neera Bawa, head of the blood donor motivation cell, is constantly travelling, negotiating blood camps for the Society. She is well aware that much is expected of her department. "Retention is the biggest challenge in blood donor motivation," Dr Bawa says. "People have myths about blood donation that they might contract some disease. So to win their trust it is important to not only make them aware that everything is perfectly secure, but also how important it is for you to donate blood today."

She adds that young people are more open to the notion of blood donation, and the Indian red Cross is eager to maintain this momentum: "We not only make them feel morally responsible for donating blood but also provide them with donor cards through which they can redeem the card at any blood bank in the form of blood, which gives them power to save somebody's life at a time of need!". Nishi Sethi a volunteer and a mother of a thalassaemia child says her life now revolves around the hunt for donors. "My child has to have a transfusion twice a month. Because of this, I spend half the month arranging a donor. I can claim that I live in peace for only two weeks in every month." "I thank the Red Cross for helping us out in time of crisis and providing us with a gift of life," she adds. Mrs Sethi's child Surbhi explains her eagerness to live in the words of American poet, Robert Frost: "The woods are lovely, dark and deep, but I have promises to keep, and miles to go before I sleep, and miles to go before I sleep...." During a blood donation camp in a five star hotel employees are encouraged to donate blood. A queue of youngsters, joined by a few middle-aged and to elderly people, waits to give blood. It is a clear indication that future, voluntary blood donation is going to gather momentum. But there is a certain need to create more awareness and improve upon voluntary blood donation services through massive advertisement campaigns, with special emphasis on catching them young!

## True Heroes and Role Models



Mr. Titus Mendis, Lymphoma patient at the Holy Family Hospital, Bandra; urgently required platelets since undergoing chemotherapy. On 10th August 2015, the patients' family approached the Mahatma Gandhi Blood bank at Bandra, who in turn reached Federation of Bombay Blood Banks for assistance. The SDP donation was done on the same day by a matching blood group donor Mr. Prasad Biswas a lecturer at Rizvi Hotel Management College after his work hours. Mr. Samir Iyer, was keen on donating & approached Federation of Bombay Blood Banks for the same. They guided him to the Mahatma Gandhi Hospital, Bandra where he was happy to make the

voluntary donation on 11th August 2015. Mr. Iyer is keen on coming back to donate whenever required. Dr. Abhijit had the donors well attended to at the blood bank. Mr. Gulam Nabi Chunawala working with First Source call centre applied for a casual leave to come and donate at the Dhirubhai Ambani Kokilaben Hospital, Andheri for a liver transplant patient, who required platelets. It is his first donation ever. He reached the hospital at 10 am after which his blood sample was collected for testing. On receiving an all clear report he was connected with the apheresis machine for platelet donation. Dr. Nidhi provided excellent care which has actually made him wanting to go to her again for donation whenever required.