PART 606—CURRENT GOOD MANUFACTURING PRACTICE FOR BLOOD AND BLOOD COMPONENTS

■1. The authority citation for 21 CFR part 606 continues to read as follows:


■2. In § 606.3, revise paragraphs (a) and (c) to read as follows:

§ 606.3 Definitions.
  * * * * *
  (a) Blood means a product that is a fluid containing dissolved and suspended elements which was collected from the vascular system of a human. Blood means whole blood collected from a single donor and processed either for transfusion or further manufacturing.
  * * * * *
  (c) Blood component means a product containing a part of human blood separated by physical or mechanical means. Component means that part of a single-donor's blood separated by physical or mechanical means.
  * * * * *

■3. In § 606.40(a)(1), remove “suitability” and add in its place “eligibility”.

§ 606.40 [Amended]

Private and accurate examinations of individuals to determine their suitability eligibility as blood donors.

■4. Amend § 606.100 as follows:
  ■a. Revise paragraph (b) introductory text;
  ■b. In paragraph (b)(1), remove “suitability” and add in its place “eligibility”;
  ■c. Revise paragraph (b)(20); and
  ■d. Add paragraphs (b)(21) and (b)(22).
The revisions and additions read as follows:

§ 606.100 Standard operating procedures.

* * * * *

(b) Written standard operating procedures shall be maintained and shall include all steps to be followed in the collection, processing, compatibility testing, storage, and distribution of blood and blood components for transfusion and further manufacturing purposes. Such procedures shall be available to the personnel for use in the areas where the procedures are performed. The written standard operating procedures shall include, but are not limited to, descriptions of the following, when applicable:

(b) Establishments must establish, maintain, and follow written standard operating procedures for all steps in the collection, processing, compatibility testing, storage, and distribution of blood and blood components for allogeneic transfusion, autologous transfusion, and further manufacturing purposes; for all steps in the investigation of product deviations related to § 606.171; and for all steps in recordkeeping related to current good manufacturing practice and other applicable requirements and standards. Such procedures must be available to the personnel for use in the areas where the procedures are performed. The written standard operating procedures must include, but are not limited to, descriptions of the following, when applicable:

(1) Criteria used to determine donor suitability eligibility, including acceptable medical history criteria.

* * * * *

(20) Procedures for donor deferral as prescribed in § 610.41 of this chapter; and procedures for donor notification and autologous donor referring physician notification, including procedures for the appropriate followup if the initial attempt at notification fails, as prescribed in § 630.6 of this chapter.

(20) Procedures for donor deferral as prescribed in § 610.41 of this chapter.

(21) Procedures for donor notification and notification of the referring physician of an autologous donor, including procedures for the appropriate followup if the initial attempt at notification fails, as prescribed in § 630.40 of this chapter.

(22) Procedures to control the risks of bacterial contamination of platelets, including all steps required under § 606.145.

* * * * *

5. Amend § 606.110 as follows:

a. In paragraph (a), remove “qualified licensed physician” and add in its place “responsible physician” and remove “certified in writing” and add in its place “determined and documented”; and

b. In paragraph (b), remove “640.63” and add in its place “630.10, 630.15”.

§ 606.110 [Amended]

(a) The use of plateletpheresis and leukapheresis procedures to obtain a product for a specific recipient may be at variance with the additional standards for specific products prescribed in this part provided that:

(1) A physician has determined that the recipient must be transfused with the leukocytes or platelets from
a specific donor, and (2) the procedure is performed under the supervision of a qualified licensed physician responsible physician who is aware of the health status of the donor, and the physician has certified in writing determined and documented that the donor’s health permits plateletpheresis or leukapheresis.

(b) Plasmapheresis of donors who do not meet the donor requirements of 640.63, 630.10, 630.15, 640.64 and 640.65 of this chapter for the collection of plasma containing rare antibodies shall be permitted only with the prior approval of the Director, Center for Biologics Evaluation and Research.

6. Amend § 606.121 as follows:

■a. In paragraph (c)(11) remove “communicable disease agents” and add in its place “relevant transfusion-transmitted infections”; and remove §§ 610.40(i) and 640.65(b)” and add in its place “§ 640.65(b)”;

■b. In paragraph (c)(12) remove “communicable disease agent(s)” and add in its place “relevant transfusion-transmitted infection(s)”;

■c. In paragraphs (h)(2) and (3), remove “640.5(a), (b),” and add in its place “640.5(b)”; and

■d. In paragraph (i)(5), remove “suitability” and add in its place “eligibility”; remove “§ 640.3” and add it its place “§ 630.10”; and remove “communicable disease agents” and add in its place “relevant transfusion-transmitted infections”.

§ 606.121 [Amended]

(c)(11) If the product is intended for further manufacturing use, a statement listing the results of all the tests for communicable disease agents relevant transfusion-transmitted infections required under 610.40 of this chapter for which the donation has been tested and found negative; except that the container label for Source Plasma is not required to list the negative results of serological syphilis testing under 610.40(i) and 640.65(b) of this chapter.

(c)(12) The blood and blood components must be labeled in accordance with 610.40 of this chapter, when the donation is tested and demonstrates evidence of infection due to a communicable disease agent(s) relevant transfusion-transmitted infections.

(h)(2) Results of any tests prescribed under 610.40 and 640.5(a), (b), 640.5(b), or (c) of this chapter completed before shipment.

(h)(3) Indication of any tests prescribed under 610.40 and 640.5(a), (b), 640.5(b), or (c) of this chapter not completed before shipment.

(i)(5) Each container of blood and blood component intended for autologous use and obtained from a donor who fails to meet any of the donor suitability eligibility requirements under 640.3 630.10 of this chapter or who is reactive to or positive for one or more tests for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections under 610.40 of this chapter must be prominently and permanently labeled "FOR AUTOLOGOUS USE ONLY" and as otherwise required under 610.40 of this chapter. Such units also may have the ABO and Rh blood group and type on the label.
7. In § 606.122(e), remove ‘‘communicable disease agents’’ and add in its place ‘‘relevant transfusion-transmitted infections.’’

§ 606.122 [Amended]

(e) A statement that the product was prepared from blood that was found negative when tested for communicable disease agents relevant transfusion-transmitted infections, as required under 610.40 of this chapter (include each test that was performed).

8. Add § 606.145 to subpart H to read as follows:

§ 606.145 Control of bacterial contamination of platelets.

(a) Blood collection establishments and transfusion services must assure that the risk of bacterial contamination of platelets is adequately controlled using FDA approved or cleared devices or other adequate and appropriate methods found acceptable for this purpose by FDA.

(b) In the event that a blood collection establishment identifies platelets as bacterially contaminated, that establishment must not release for transfusion the product or any other component prepared from the same collection, and must take appropriate steps to identify the organism.

(c) In the event that a transfusion service identifies platelets as bacterially contaminated, the transfusion service must not release the product and must notify the blood collection establishment that provided the platelets. The transfusion service must take appropriate steps to identify the organism; these steps may include contracting with the collection establishment or a laboratory to identify the organism. The transfusion service must further notify the blood collection establishment either by providing information about the species of the contaminating organism when the transfusion service has been able to identify it, or by advising the blood collection establishment when the transfusion service has determined that the species cannot be identified.

(d) In the event that a contaminating organism is identified under paragraph (b) or (c) of this section, the collection establishment’s responsible physician, as defined in § 630.3(i) of this chapter, must determine whether the contaminating organism is likely to be associated with a bacterial infection that is endogenous to the bloodstream of the donor, in accordance with a standard operating procedure developed under § 606.100(b)(22). This determination may not be further delegated.

9. In § 606.160, revise paragraphs (b)(1)(ix) through (xi), and (e) to read as follows:

§ 606.160 Records.

* * * * *

(b) * * *

(1) * * *

(ix) Records of notification of donors deferred or determined not to be suitable for donation, including appropriate followup if the initial attempt at notification fails, performed under 630.6 of this chapter.
(x) The donor’s address provided at the time of donation where the donor may be contacted within 8 weeks after donation.

(xi) Records of notification of the referring physician of a deferred autologous donor, including appropriate followup if the initial notification attempt fails, performed under §630.6 of this chapter.

(ix) The donor’s postal address provided at the time of donation where the donor may be contacted within 8 weeks after donation.

(x) Records of notification of donors deferred or determined not to be eligible for donation, including appropriate followup if the initial attempt at notification fails, performed under §630.40 of this chapter.

(xi) Records of notification of the referring physician of a deferred autologous donor, including appropriate followup if the initial attempt at notification fails, performed under §630.40 of this chapter.

* * * * *

(e) A record shall be available from which unsuitable donors may be identified so that products from such individuals will not be distributed.

(e) Records of deferred donors. (1) Establishments must maintain at each location a record of all donors found to be ineligible or deferred at that location so that blood and blood components from an ineligible donor are not collected and/or released while the donor is ineligible or deferred; and

(2) Establishments must maintain at all locations operating under the same license or under common management a cumulative record of donors deferred from donation under §610.41 of this chapter because their donation tested reactive under §610.40(a)(1) of this chapter for evidence of infection due to HIV, HBV, or HCV. In addition, establishments other than Source Plasma establishments must include in this cumulative record donors deferred from donation under §610.41 of this chapter because their donation tested reactive under §610.40(a)(2) of this chapter for evidence of infection due to HTLV or Chagas disease.

(3) The cumulative record described in paragraph (e)(2) of this section must be updated at least monthly to add donors newly deferred under §610.41 of this chapter due to reactive tests for evidence of infection due to HIV, HBV, or HCV, and, if applicable, HTLV or Chagas disease.

(4) Establishments must revise the cumulative record described in paragraph (e)(2) of this section to remove donors who have been requalified under §610.41(b) of this chapter.

PART 610—GENERAL BIOLOGICAL PRODUCTS STANDARDS

10. The authority citation for 21 CFR part 610 continues to read as follows:

11. Revise the heading for subpart E to read as follows:

Subpart E—Testing Requirements for Communicable Disease Agents

Subpart E—Testing Requirements for Relevant Transfusion-Transmitted Infections

12. Add § 610.39 to subpart E to read as follows:

§ 610.39 Definitions.

The definitions set out in § 630.3 of this chapter apply to this subpart.

13. Amend § 610.40 as follows:
   a. Revise paragraph (a);
   b. Revise paragraph (b);
   c. Revise paragraph (c) heading;
   d. Remove paragraph (c)(2) and redesignate paragraphs (c)(3) and (4) as paragraphs (c)(2) and (3);
   e. In redesignated paragraph (c)(2)(i), remove “communicable disease agents listed in paragraphs (a)(5) and (a)(6) of this section” and add in its place “relevant transfusion-transmitted infections listed in § 630.3(h)(iv) of this chapter”;
   f. In paragraph (d), remove “communicable disease agents” and add in its place “relevant transfusion-transmitted infections”; and remove “or by a serological test for syphilis under paragraph (i) of this section”;
   g. Revise paragraph (e);
   h. In paragraph (f), remove “Health Care Financing Administration” and add in its place “Centers for Medicare and Medicaid Services”;
   i. In paragraph (g) introductory text, remove “communicable disease agents” in both places it appears and add in each place “relevant transfusion-transmitted infections”; and remove “paragraphs (a) and (i)” and add in its place “paragraph (a)”;
   j. In paragraph (h)(1), remove “a communicable disease agent(s) designated in paragraphs (a) and (i)” in both places it appears and add in each place “relevant transfusion-transmitted infection(s) designated in paragraph (a)”;
   k. In paragraphs (h)(2)(ii) introductory text, (h)(2)(ii)(C), and (h)(2)(iv) introductory text, remove “communicable disease agent(s)” wherever it appears and add in its place “relevant transfusion-transmitted infection(s)”;
   l. In paragraph (h)(2)(iv)(A), remove “suitable” and add in its place “eligible”;
   m. In paragraph (h)(2)(vi), remove “paragraph (i)” and add in its place “paragraph (a)” and remove “consistent with § 640.5 of this chapter,”;
In paragraph (h)(2)(vii), remove “§ 610.40(i)” and add in its place “§ 640.65(a)(2)(ii) and (b)(1)(i)”; and remove “§ 640.65(b)(2)” and add in its place “§ 640.65(b)(2)(i) through (b)(2)(iv)”;

Remove paragraph (i).

§ 610.40 Test requirements. The revisions read as follows:

(a) Human blood and blood components. Except as specified in paragraphs (c) and (d) of this section, you, an establishment that collects blood and blood components for transfusion or for use in manufacturing a product, including donations intended as a component of, or used to manufacture, a medical device, must comply with the following requirements:

(1) Test each donation for evidence of infection due to the relevant transfusion-transmitted infections described in § 630.3(h)(1)(i) through (iii) of this chapter (HIV, HBV, and HCV).

(2) Test each donation for evidence of infection due to the relevant transfusion-transmitted infections described in § 630.3(h)(1)(iv) through (vii) of this chapter (HTLV, syphilis, West Nile virus, and Chagas disease). The following exceptions apply:

(i) To identify evidence of infection with syphilis in donors of Source Plasma, you must test donors for evidence of such infection in accordance with § 640.65(b) of this chapter, and not under this section.

(ii) You are not required to test donations of Source Plasma for evidence of infection due to the relevant transfusion-transmitted infections described in § 630.3(h)(1)(iv), (vi), and (vii) of this chapter (HTLV, West Nile virus, and Chagas disease).

(iii) For each of the relevant transfusion-transmitted infections described in § 630.3(h)(1)(iv) through (vii) of this chapter (HTLV, syphilis, West Nile virus, and Chagas disease):

(A) If, based on evidence related to the risk of transmission of that relevant transfusion-transmitted infection, testing each donation is not necessary to reduce adequately and appropriately the risk of transmission of such infection by blood or a blood component, you may adopt an adequate and appropriate alternative testing procedure that has been found acceptable for this purpose by FDA.

(B) If, based on evidence related to the risk of transmission of that relevant transfusion-transmitted infection, testing previously required for that infection is no longer necessary to reduce adequately and appropriately the risk of transmission of such infection by blood or a blood component, you may stop such testing in accordance with procedures found acceptable for this purpose by FDA.

(3) For each of the relevant transfusion-transmitted infections described in § 630.3(h)(1)(viii) through (x) of this chapter (CJD, vCJD, malaria) and § 630.3(h)(2) of this chapter (other transfusion-transmitted infections):

(i) You must test for evidence of infection when the following conditions are met:

(A) A test(s) for the relevant transfusion-transmitted infection is licensed, approved or cleared by FDA for use as a donor screening test and is available for such use; and

(B) Testing for the relevant transfusion-transmitted infection is necessary to reduce adequately and appropriately the risk of transmission of the relevant transfusion-transmitted infection by blood, or blood component, or blood derivative product manufactured from the collected blood or blood component.

(ii) You must perform this testing on each donation, unless one of the following exceptions applies:
(A) Testing of each donation is not necessary to reduce adequately and appropriately the risk of transmission of such infection by blood, blood component, or blood derivative product manufactured from the collected blood or blood component. When evidence related to the risk of transmission of such infection supports this determination, you may adopt an adequate and appropriate alternative testing procedure that has been found acceptable for this purpose by FDA.

(B) Testing of each donation is not necessary to reduce adequately and appropriately the risk of transmission of such infection by blood, blood component, or blood derivative product manufactured from the collected blood or blood component. When evidence related to the risk of transmission of such infection supports this determination, you may stop such testing in accordance with procedures found acceptable for this purpose by FDA.

(4) Evidence related to the risk of transmission of a relevant transfusion-transmitted infection that would support a determination that testing is not necessary, or that testing of each donation is not necessary, to reduce adequately and appropriately the risk of transmission of such infection by blood or blood component, as described in paragraphs (a)(2)(iii)(A) and (B) of this section, or by blood, blood component, or blood derivative, as described in paragraphs (a)(3)(i)(A) and (B) of this section, includes epidemiological or other scientific evidence. It may include evidence related to the seasonality or geographic limitation of risk of transmission of such infection by blood or blood component, or other information related to when and how a donation is at risk of transmitting a relevant transfusion-transmitted infection. It may also include evidence related to the effectiveness of manufacturing steps (for example, the use of pathogen reduction technology) that reduce the risk of transmission of the relevant transfusion-transmitted infection by blood, blood components, or blood derivatives, as applicable.

(b) Testing using one or more licensed, approved, or cleared screening tests. To perform testing for evidence of infection due to relevant transfusion-transmitted infections as required in paragraph (a) of this section, you must use screening tests that FDA has licensed, approved, or cleared for such use, in accordance with the manufacturer’s instructions. You must perform one or more such tests as necessary to reduce adequately and appropriately the risk of transmission of relevant transfusion-transmitted infections.

(c) Exceptions to testing for dedicated donations, medical devices, and samples. ***

* * * * *

(2) Source Plasma. You are not required to test donations of Source Plasma for evidence of infection due to the communicable disease agents listed in paragraphs (a)(5) and (a)(6) of this section.

(3) Medical device. (i) You are not required to test donations of human blood or blood components intended solely as a component of, or used to prepare, a medical device for evidence of infection due to the communicable disease agents listed in paragraphs (a)(5) and (a)(6) of this section, relevant transfusion-transmitted infections listed in 630.3(h)(iv) of this chapter, unless the final device contains viable leukocytes.

(ii) Donations of human blood and blood components intended solely as a component of, or used to prepare, a medical device must be labeled "Caution: For Further Manufacturing Use as a Component of, or to Prepare, a Medical Device."
(3) (4) **Samples.** You are not required to test samples of blood, blood components, plasma, or sera if used or distributed for clinical laboratory testing or research purposes and not intended for administration to humans or in the manufacture of a product.

(d) **Autologous donations.** You, an establishment that collects human blood or blood components from autologous donors, or you, an establishment that is a consignee of a collecting establishment, are not required to test donations of human blood or blood components from autologous donors for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections listed in paragraph (a) of this section or by a serological test for syphilis under paragraph (i) of this section, except:

(e) **Further testing.** You must further test each donation, including autologous donations, found to be reactive by a donor screening test performed under paragraphs (a) and (b) of this section using a licensed, approved, or cleared supplemental test, when available. If no such supplemental test is available, you must perform one or more licensed, approved, or cleared tests as adequate and appropriate to provide additional information concerning the reactive donor’s infection status. Except:

(1) For autologous donations:

(i) You must further test under this section, at a minimum, the first reactive donation in each 30 calendar day period; or

(ii) If you have a record for that donor of a positive result on further testing performed under this section, you do not have to further test an autologous donation.

(2) You are not required to perform further testing of a donation found to be reactive by a treponemal donor screening test for syphilis.

(f) **Testing responsibility.** Required testing under this section, must be performed by a laboratory registered in accordance with part 607 of this chapter and either certified to perform such testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 263a) under 42 CFR part 493 or has met equivalent requirements as determined by the Health Care Financing Administration Centers for Medicare and Medicaid Services in accordance with those provisions.

(g) **Release or shipment prior to testing.** Human blood or blood components that are required to be tested for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections designated in paragraphs (a) and (i) paragraph (a) of this section may be released or shipped prior to completion of testing in the following circumstances provided that you label the blood or blood components under 606.121(h) of this chapter, you complete the tests for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections as soon as possible after release or shipment, and that you provide the results promptly to the consignee:

(h) **Restrictions on shipment or use.**—(1) **Reactive screening test.** You must not ship or use human blood or blood components that have a reactive screening test for evidence of infection due to a communicable disease agent(s) designated in paragraphs (a) and (i) relevant transfusion-transmitted infection(s) in paragraph (a) of this section or that are collected from a donor with a previous record of a reactive screening test for evidence of infection due to a communicable disease agent(s) designated in paragraphs (a) and (i) relevant transfusion-transmitted infection(s) in paragraph (a) of this section, except as provided in paragraphs (h)(2)(i) through (h)(2)(vii) of this section.

(2) **Exceptions.** …
(ii) You must not ship or use human blood or blood components that have a reactive screening test for evidence of infection due to a communicable disease agent(s) relevant transfusion-transmitted infection(s) designated in paragraph (a) of this section or that are collected from a donor deferred under 610.41(a) unless you meet the following conditions:…

(C) Except for autologous donations, you must label such human blood and blood components as reactive for the appropriate screening test for evidence of infection due to the identified communicable disease agent(s) relevant transfusion-transmitted infection(s);…

(iv) You may use human blood or blood components from a donor with a previous record of a reactive screening test(s) for evidence of infection due to a communicable disease agent(s) relevant transfusion-transmitted infection(s) designated in paragraph (a) of this section, if:

(A) At the time of donation, the donor is shown or was previously shown to be suitable eligible by a requalification method or process found acceptable for such purposes by FDA under 610.41(b); and…

(vi) You may use human blood or blood components, excluding Source Plasma, that test reactive by a screening test for syphilis as required under paragraph (i) paragraph (a) of this section if consistent with 640.5 of this chapter, the donation is further tested by an adequate and appropriate test which demonstrates that the reactive screening test is a biological false positive. You must label the blood or blood components with both test results.

(vii) You may use Source Plasma from a donor who tests reactive by a screening test for syphilis as required under 610.40(i) 640.65(a)(2)(ii) and (b)(1)(i) of this chapter, if the donor meets the requirements of 640.65(b)(2) 640.65(b)(2)(i) through (b)(2)(iv) of this chapter.

(i) Syphilis testing. In addition to the testing otherwise required under this section, you must test by a serological test for syphilis under 640.5(a), 640.14, 640.23(a), 640.33(a), 640.53(a), and 640.65(b)(1) and (b)(2) of this chapter.

14. Amend § 610.41 as follows:

■a. In paragraph (a) introductory text, remove “communicable disease agent(s) listed in § 610.40(a) or reactive for a serological test for syphilis under § 610.40(i)” and add in its place “relevant transfusion-transmitted infection(s) under § 610.40(a)”;

■b. Revise paragraph (a)(1);

■c. In paragraph (a)(2), remove “communicable disease agent(s) listed in” and add in its place “relevant transfusion-transmitted infection(s) under”;

■d. In paragraphs (a)(3) and (4), remove “suitable” and add in its place “eligible”;

■e. In paragraph (a)(5), remove “communicable disease agent(s) described under § 610.40(a) or reactive with a serological test for syphilis under § 610.40(i)” and add in its place “relevant transfusion-transmitted infections(s) under § 610.40(a)”;

■f. In paragraph (b), remove “suitable” and add in its place “eligible”.

The revisions read as follows:
§ 610.41 Donor deferral.

(a) You, an establishment that collects human blood or blood components, must defer donors testing reactive by a screening test for evidence of infection due to a communicable disease agent(s) listed in 610.40(a) or reactive for a serological test for syphilis under 610.40(i) relevant transfusion-transmitted infection(s) under 610.40(a), from future donations of human blood and blood components, except:

(1) You are not required to defer a donor who tests reactive for anti-HBc or anti-HTLV, types I and II, on only one occasion. However, you must defer the donor if further testing for HBV or HTLV has been performed under § 610.40(e) and the donor is found to be positive, or if a second, licensed, cleared, or approved screening test for HBV or HTLV has been performed on the same donation under § 610.40(a) and is reactive, or if the donor tests reactive for anti-HBc or anti-HTLV, types I and II, on more than one occasion;

(2) A deferred donor who tests reactive for evidence of infection due to a communicable disease agent(s) listed in relevant transfusion-transmitted infection(s) under 610.40(a) may serve as a donor for blood or blood components shipped or used under 610.40(h)(2)(ii);

(3) A deferred donor who showed evidence of infection due to hepatitis B surface antigen (HBsAg) when previously tested under 610.40(a), (b), and (e) subsequently may donate Source Plasma for use in the preparation of Hepatitis B Immune Globulin (Human) provided the current donation tests nonreactive for HBsAg and the donor is otherwise determined to be suitable eligible;

(4) A deferred donor, who otherwise is determined to be suitable eligible for donation and tests reactive for anti-HBc or for evidence of infection due to HTLV, types I and II, may serve as a donor of Source Plasma;

(5) A deferred donor who tests reactive for a communicable disease agent(s) described under 610.40(a) or reactive with a serological test for syphilis under 610.40(i) relevant transfusion-transmitted infection(s) under 610.40(a), may serve as an autologous donor under 610.40(d).

(b) A deferred donor subsequently may be found to be suitable eligible as a donor of blood or blood components by a requalification method or process found acceptable for such purposes by FDA. Such a donor is considered no longer deferred.

* * * * *

15. In § 610.42(a), remove “or reactive for syphilis under § 610.40(i)”; and remove “communicable disease agent(s)” and add in its place “relevant transfusion-transmitted infection(s)’.

§ 610.42 [Amended]

(a) In addition to labeling requirements in subchapter H of this chapter, when a medical device contains human blood or a blood component as a component of the final device, and the human blood or blood component was found to be reactive by a screening test performed under 610.40(a) and (b) or reactive for syphilis under 610.40(i), then you must include in the device labeling a statement of warning indicating that the product was manufactured from a donation found to be reactive by a screening test for evidence of infection due to the identified communicable disease agent(s) relevant transfusion-transmitted infection(s).

* * * * *
16. In paragraph (a)(1) remove “communicable disease agents listed in” and add in its place “relevant transfusion-transmitted infections under”; and in paragraph (a)(2) remove “communicable disease agent” and add in its place “relevant transfusion-transmitted infection”.

§ 610.44 [Amended]

(1) A test kit approved for use in testing donations of human blood and blood components for evidence of infection due to communicable disease agents listed in relevant transfusion-transmitted infections under 610.40(a); and

(2) Human immunodeficiency virus (HIV) test kit approved for use in the diagnosis, prognosis, or monitoring of this communicable disease agent relevant transfusion-transmitted infection.

17. Amend § 610.46 as follows:

a. In paragraph (a)(2), remove “a supplemental (additional, more specific) test” and add in its place “further testing”;

b. In paragraph (a)(3), remove “supplemental (additional, more specific) test results” and add in its place “results of further testing”; and remove “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing under paragraph (a)(2) of this section is not available”;

c. In paragraph (a)(4), remove “supplemental (additional, more specific) test” and add in its place “further testing”; and remove “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”; and

d. In paragraph (b)(2), remove “supplemental (additional, more specific) test” and add in its place “further testing”; and remove “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”; and

e. In paragraph (b)(3), remove in the first sentence “the supplemental (additional, more specific) test” and add in its place “further testing”; remove in the first sentence “there is no available supplemental test that is approved for such use by FDA,“ and add in its place “further testing is not available”; remove in the last sentence “supplemental (additional, more specific) test results” and add in its place “results of further testing”; and remove in the last sentence “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”.

§ 610.46 [Amended]

(a)...

(2) You must perform a supplemental (additional, more specific) test further testing for HIV as required under 610.40(e) of this chapter on the reactive donation.

(3) You must notify consignees of the supplemental (additional, more specific) test results results of further testing for HIV, or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA, further testing under paragraph (a)(2) of this section is not available, or if under an investigational new drug application (IND) or investigational device exemption
(IDE), is exempted for such use by FDA, within 45 calendar days after the donor tests reactive for evidence of HIV infection under 610.40(a) and (b) of this chapter. Notification of consignees must include the test results for blood and blood components identified under paragraph (a)(1) of this section that were previously collected from donors who later test reactive for evidence of HIV infection.

(4) You must release from quarantine, destroy, or relabel quarantined in-date blood and blood components, consistent with the results of the supplemental (additional, more specific) test further testing performed under paragraph (a)(2) of this section or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA, further testing is not available, or if under an IND or IDE, exempted for such use by FDA.

(b)...

(2) You must release from quarantine, destroy, or relabel quarantined in-date blood and blood components consistent with the results of the supplemental (additional, more specific) test further testing performed under paragraph (a)(2) of this section, or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA, further testing is not available, or if under an IND or IDE, is exempted for such use by FDA.

(3) When the supplemental (additional, more specific) test further testing for HIV is positive or when the screening test is reactive and there is no available supplemental test that is approved for such use by FDA, if further testing is not available, or if under an IND or IDE is exempted for such use by FDA, you must notify transfusion recipients of previous collections of blood and blood components at increased risk of transmitting HIV infection, or the recipient's physician of record, of the need for recipient HIV testing and counseling. You must notify the recipient's physician of record or a legal representative or relative if the recipient is a minor, deceased, adjudged incompetent by a State court, or, if the recipient is competent but State law permits a legal representative or relative to receive information on behalf of the recipient. You must make reasonable attempts to perform the notification within 12 weeks after receiving the supplemental (additional, more specific) test results, results of further testing for evidence of HIV infection from the collecting establishment, or after receiving the donor's reactive screening test result for HIV if there is no available supplemental test that is approved for such use by FDA, further testing is not available, or if under an IND or IDE is exempted for such use by FDA.

18. Amend 610.47 as follows:

a. In paragraph (a)(2), remove ‘‘a supplemental (additional, more specific) test’’ and add in its place ‘‘further testing’’;

b. In paragraph (a)(3), remove in the first sentence ‘‘supplemental (additional, more specific) test results’’ and add in its place ‘‘results of further testing’’; and remove in the first sentence ‘‘there is no available supplemental test that is approved for such use by FDA’’ and add in its place ‘‘further testing is not available’’;

c. In paragraph (a)(4), remove ‘‘supplemental (additional, more specific) test’’ and add in its place ‘‘further testing’’; and remove ‘‘there is no available supplemental test that is approved for such use by FDA’’ and add in its place ‘‘further testing is not available’’; and
In paragraph (b)(2), remove “supplemental (additional, more specific) test” and add in its place “further testing”; and remove “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”; and

In paragraph (b)(3), remove in the first sentence “supplemental (additional, more specific) test” and add in its place “further testing”; remove in the first sentence “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”; remove in the last sentence “supplemental (additional, more specific) test results” and add in its place “results of further testing”; and remove in the last sentence “there is no available supplemental test that is approved for such use by FDA” and add in its place “further testing is not available”.

§ 610.47 [Amended]

(a) …

(2) You must perform a supplemental (additional, more specific) test further testing for HCV as required under 610.40(e) on the reactive donation.

(3) You must notify consignees of the supplemental (additional, more specific) test results results of further testing for HCV, or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA further testing is not available, or if under an investigational new drug application (IND) or investigational device exemption (IDE), is exempted for such use by FDA, within 45 calendar days after the donor tests reactive for evidence of HCV infection under 610.40(a) and (b). Notification of consignees must include the test results for blood and blood components identified under paragraph (a)(1) of this section that were previously collected from donors who later test reactive for evidence of HCV infection.

(4) You must release from quarantine, destroy, or relabel quarantined in-date blood and blood components consistent with the results of the supplemental (additional, more specific) test further testing performed under paragraph (a)(2) of this section, or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA further testing is not available, or if under an IND or IDE, exempted for such use by FDA.

(b)…

(2) You must release from quarantine, destroy, or relabel quarantined in-date blood and blood components, consistent with the results of the supplemental (additional, more specific) test further testing performed under paragraph (a)(2) of this section, or the results of the reactive screening test if there is no available supplemental test that is approved for such use by FDA further testing is not available, or if under an IND or IDE, is exempted for such use by FDA.

(3) When the supplemental (additional, more specific) test further testing for HCV is positive or when the screening test is reactive and there is no available supplemental test that is approved for such use by FDA further testing is not available, or if under an IND or IDE, is exempted for such use by FDA, you must notify transfusion recipients of previous collections of blood and blood components at increased risk of transmitting HCV infection, or the recipient’s physician of record, of the need for recipient HCV testing and counseling. You must notify the recipient’s physician of record or a legal representative or relative if the recipient is a minor, adjudged incompetent by a State court, or if the recipient is competent but State law permits a legal representative or relative to receive information on behalf of the recipient. You must make reasonable attempts to perform the notification within 12 weeks after receiving the supplemental (additional, more specific) test results results of further testing for evidence of HCV infection from the
collecting establishment, or after receiving the donor's reactive screening test result for HCV if there is no available supplemental test that is approved for such use by FDA, further testing is not available, or if under an IND or IDE, is exempted for such use by FDA.

PART 630—REQUIREMENTS FOR BLOOD AND BLOOD COMPONENTS INTENDED FOR TRANSFUSION OR FOR FURTHER MANUFACTURING USE

■19. The authority citation for part 630 continues to read as follows:


■20. Revise the heading for part 630 to read as set forth above. Previously called General Requirements for Blood, Blood Components, and Blood Derivatives

■21. Add subpart C with the heading to read as follows:

Subpart C—Donor Notification

The revisions were relocated to appear below, in order after Subpart A and Subpart B

Items 22 and 23 also were relocated to appear below so that CFR sections appear in order.

■24. Add subparts A and B to part 630 to read as follows:

Subpart A—General Provisions

Sec.

630.1 Purpose and scope.

630.3 Definitions.

Subpart B—Donor Eligibility Requirements

Sec.

630.5 Medical supervision.

630.10 General donor eligibility requirements.

630.15 Donor eligibility requirements specific to Whole Blood, Red Blood Cells and Plasma collected by apheresis.

630.20 Exceptions for certain ineligible donors.

630.25 Exceptions from certain donor eligibility requirements for infrequent plasma donors.

630.30 Donation suitability requirements.

630.35 Requalification of previously deferred donors.
Subpart A—General Provisions

§ 630.1 Purpose and scope.

(a) What is the purpose of subparts A, B, and C of this part? The purpose of these subparts, together with §§ 610.40 and 610.41 of this chapter, is to provide certain minimum criteria for each donation of blood and blood components, for:

(1) Determining the eligibility of a donor of blood and blood components;

(2) Determining the suitability of the donation of blood and blood components; and

(3) Notifying a donor who is deferred from donation.

(b) Who must comply with subparts A, B, and C of this part? Blood establishments that manufacture blood and blood components, as defined in § 630.3(a) and (b), must comply with subparts A, B, and C of this part.

§ 630.3 Definitions.

As used in this part and in part 610, subpart E, and part 640 of this chapter:

(a) Blood means a product that is a fluid containing dissolved and suspended elements which was collected from the vascular system of a human.

(b) Blood component means a product containing a part of blood separated by physical or mechanical means.

(c) Donor means a person who: (1) Donates blood or blood components for transfusion or for further manufacturing use; or

(2) Presents as a potential candidate for such donation.

(d) Eligibility of a donor means the determination that the donor is qualified to donate blood and blood components.

(e) Infrequent plasma donor means a donor who has: (1) Not donated plasma by plasmapheresis or a co-collection of plasma with another blood component in the preceding 4 weeks; and

(2) Not donated more than 12.0 liters of plasma (14.4 liters of plasma for donors weighing more than 175 pounds) in the past year.

(f) Intimate contact with risk for a relevant transfusion-transmitted infection means having engaged in an activity that could result in the transfer of potentially infectious body fluids from one person to another.

(g) Physician substitute means a trained and qualified person(s) who is: (1) A graduate of an education program for health care workers that includes clinical training;

(2) Currently licensed or certified as a health care worker in the jurisdiction where the collection establishment is located;

(3) Currently certified in cardiopulmonary resuscitation; and
(4) Trained and authorized under State law, and/or local law when applicable, to perform the specified functions under the direction of the responsible physician.

(h) Relevant transfusion-transmitted infection means:

(1) Any of the following transfusion-transmitted infections:

(i) Human immunodeficiency virus, types 1 and 2 (referred to, collectively, as HIV);
(ii) Hepatitis B virus (referred to as HBV);
(iii) Hepatitis C virus (referred to as HCV);
(iv) Human T-lymphotropic virus, types I and II (referred to, collectively, as HTLV);
(v) Treponema pallidum (referred to as syphilis);
(vi) West Nile virus;
(vii) Trypanosoma cruzi (referred to as Chagas disease);
(viii) Creutzfeldt-Jakob disease (referred to as CJD);
(ix) Variant Creutzfeldt-Jakob disease (referred to as vCJD); and
(x) Plasmodium species (referred to as malaria).

(2) A transfusion-transmitted infection not listed in paragraph (h)(1) of this section when the following conditions are met:

(i) Appropriate screening measures for the transfusion-transmitted infection have been developed and/or an appropriate screening test has been licensed, approved, or cleared for such use by FDA and is available; and

(ii) The disease or disease agent:

(A) May have sufficient incidence and/or prevalence to affect the potential donor population; or

(B) May have been released accidentally or intentionally in a manner that could place potential donors at risk of infection.

(i) Responsible physician means an individual who is:

(1) Licensed to practice medicine in the jurisdiction where the collection establishment is located;

(2) Adequately trained and qualified to direct and control personnel and relevant procedures concerning the determination of donor eligibility; collection of blood and blood components; the immunization of a donor; and the return of red blood cells or other blood components to the donor during collection of blood component(s) by apheresis; and

(3) Designated by the collection establishment to perform the activities described in paragraph (i)(2) of this section.

(j) Suitability of the donation means a determination of whether the donation is acceptable for transfusion or for further manufacturing use.
(k) *Trained person* means an individual, including a physician substitute, who is authorized under State law, and/or local law when applicable, and adequately instructed and qualified to perform the specified functions under the direction of the responsible physician.

(l) *Transfusion-transmitted infection* means a disease or disease agent:

(1) That could be fatal or life-threatening, could result in permanent impairment of a body function or permanent damage to a body structure, or could necessitate medical or surgical intervention to preclude permanent impairment of body function or permanent damage to a body structure; and

(2) For which there may be a risk of transmission by blood or blood components, or by a blood derivative product manufactured from blood or blood components, because the disease or disease agent is potentially transmissible by that blood, blood component, or blood derivative product.

**Subpart B—Donor Eligibility Requirements**

§ 630.5 Medical supervision.

(a) *Who must determine the eligibility of a donor?* The responsible physician must determine the eligibility of a donor of blood or blood components in accordance with this subchapter.

(b) *Which activities related to the collection of blood and blood components, other than Source Plasma and plasma collected by plasmapheresis, may the responsible physician delegate?*

(1) The responsible physician may delegate the following activities to a physician substitute or other trained person:

(i) Determining the eligibility of a donor and documenting assessments related to that determination, except the responsible physician must not delegate:

(A) The examination and determination of the donor’s health required in § 630.10(f)(2) for donors with blood pressure measurements outside specified limits, or for certain more frequent donations under § 630.15(a)(1)(ii);

(B) The determination of the health of the donor required in §§ 630.10(f)(4), 630.20(a), and 640.21(e)(4) of this chapter. The responsible physician may make this determination by telephonic or other offsite consultation; or

(C) The determination of the health of the donor and the determination that the blood or blood component collected would present no undue medical risk to the transfusion recipient, as required in § 630.20(c). The responsible physician may make these determinations by telephonic or other offsite consultation.

(ii) Collecting blood or blood components;

(iii) Returning red blood cells to the donor during apheresis;

(iv) Obtaining the informed consent of a plateletpheresis donor as described in § 640.21(g) of this chapter; or

(v) Other activities provided that the Director, Center for Biologics Evaluation and Research, determines that delegating the activities would present no undue medical risk to the donor or to the transfusion recipient, and authorizes the delegation of such activities.
(2) The responsible physician need not be present at the collection site when activities delegated under paragraph (b)(1) of this section are performed, provided that the responsible physician has delegated oversight of these activities to a trained person who is adequately trained and experienced in the performance of these activities and is also adequately trained and experienced in the recognition of and response to the known adverse responses associated with blood collection procedures.

(c) Which activities related to the collection of Source Plasma and plasma collected by plasmapheresis may the responsible physician delegate?

(1) Donor eligibility and blood component collection activities. (i) The responsible physician may delegate to a physician substitute or other trained person any of the activities described in paragraph (c)(1)(i)(A) of this section, provided that the responsible physician or a physician substitute is on the premises at the collection site:

(A) The activities listed in paragraphs (b)(1)(i) through (iii) and (b)(1)(v) of this section, with respect to Source Plasma and plasma collected by plasmapheresis. However, the responsible physician must not delegate:

(1) The examination and determination of the donor’s health required in § 630.10(f)(2) for donors with blood pressure measurements outside specified limits, or in § 630.15(b)(7) for certain donors who have experienced red blood cell loss;

(2) The determination of the health of the donor required in §§ 630.10(f)(4) and 630.20(a) and (b). The responsible physician may make this determination by telephonic or other offsite consultation;

(3) The determination of the health of the donor and the determination that the blood component would present no undue medical risk to the transfusion recipient, as required in § 630.20(c). The responsible physician may make this determination by telephonic or other offsite consultation.

(4) The determination related to a donor’s false-positive reaction to a serologic test for syphilis in accordance with § 640.65(b)(2)(iii) of this chapter; and

(5) The determination to permit plasmapheresis of a donor with a reactive serological test for syphilis in accordance with § 640.65(b)(2)(iv) of this chapter.

(B) The collection of Source Plasma in an approved collection program from a donor who is otherwise determined to be ineligible.

(ii) The responsible physician, who may or may not be present when these activities are performed, may delegate to a physician substitute the following activities:

(A) Approval and signature for a plasmapheresis procedure as provided in § 640.65(b)(1)(ii) of this chapter; and

(B) Review and signature for accumulated laboratory data, the calculated values of each component, and the collection records in accordance with § 640.65(b)(2)(i) of this chapter. However, the responsible physician must not delegate the decision to reinstate the deferred donor in accordance with that provision.

(2) Donor immunization. The responsible physician must not delegate activities performed in accordance with § 640.66 of this chapter, except that:
(i) The responsible physician may delegate to a physician substitute or other trained person the administration of an immunization other than red blood cells to a donor in an approved collection program, provided that the responsible physician or a physician substitute is on the premises at the collection site when the immunization is administered.

(ii) The responsible physician may delegate to a physician substitute the administration of red blood cells to a donor in an approved collection program, provided that the responsible physician has approved the procedure and is on the premises at the collection site when the red blood cells are administered.

(3) Medical history, physical examination, informed consent, and examination before immunization. Provided that such activities are performed under the supervision of the responsible physician, the responsible physician may delegate to a physician substitute the activities described in § 630.15(b)(1), (2), and (5). The responsible physician is not required to be present at the collection site when the physician substitute performs these activities under supervision.

(4) Infrequent plasma donors. (i) For infrequent plasma donors other than those described in paragraph (c)(4)(ii) of this section, the responsible physician may delegate to a trained person the activities listed in paragraphs (b)(1)(i) through (iii) and (b)(1)(v) of this section and the informed consent requirements described in § 630.15(b)(2). The responsible physician or a physician substitute need not be present at the collection site when any of these activities are performed, provided that the responsible physician has delegated oversight of these activities to a trained person who is not only adequately trained and experienced in the performance of these activities but also adequately trained and experienced in the recognition of and response to the known adverse responses associated with blood collection procedures. However, the responsible physician must not delegate:

(A) The examination and determination of the donor’s health required in § 630.10(f)(2) for donors with blood pressure measurements outside specified limits, or in § 630.15(b)(7) for certain donors who have experienced red blood cell loss; or

(B) The determination of the health of the donor required in § 630.10(f)(4).

(ii) For infrequent plasma donors who are otherwise ineligible or are participating in an approved immunization program, the responsible physician may delegate only in accordance with paragraphs (c)(1) through (3) of this section.

(d) Must rapid emergency medical services be available? Establishments that collect blood or blood components must establish, maintain, and follow standard operating procedures for obtaining rapid emergency medical services for donors when medically necessary. In addition, establishments must assure that an individual (responsible physician, physician substitute, or trained person) who is currently certified in cardiopulmonary resuscitation is located on the premises whenever collections of blood or blood components are performed.

§ 630.10 General donor eligibility requirements.

(a) What factors determine the eligibility of a donor? You, an establishment that collects blood or blood components, must not collect blood or blood components before determining that the donor is eligible to donate or before determining that an exception to this provision applies. To be eligible, the donor must be in good health and free from transfusion-transmitted infections as can be determined by the processes in
this subchapter. A donor is not eligible if the donor is not in good health or if you identify any factor(s) that may cause the donation to adversely affect:

1. The health of the donor; or
2. The safety, purity, or potency of the blood or blood component.

(b) **What educational material must you provide to the donor before determining eligibility?** You must provide educational material concerning relevant transfusion-transmitted infections to donors before donation when donor education about that relevant transfusion-transmitted infection, such as HIV, is necessary to assure the safety, purity, and potency of blood and blood components. The educational material must include an explanation of the readily identifiable risk factors closely associated with exposure to the relevant transfusion-transmitted infection. You must present educational material in an appropriate form, such as oral, written or multimedia, and in a manner designed to be understood by the donor. The educational material must instruct the donor not to donate blood and blood components when a risk factor is present. When providing educational material to donors under this section, you may include in those materials the information required to be provided to donors under paragraph (g)(2)(ii)(E) of this section.

(c) **When must you determine the eligibility of a donor?** You must determine donor eligibility on the day of donation, and before collection. Except:

1. When a donor is donating blood components that cannot be stored for more than 24 hours, you may determine the donor’s eligibility and collect a sample for testing required under § 610.40 of this chapter, no earlier than 2 calendar days before the day of donation, provided that your standard operating procedures address these activities.
2. In the event that, upon review, you find that a donor’s responses to the donor questions before collection were incomplete, within 24 hours of the time of collection, you may clarify a donor’s response or obtain omitted information required under paragraph (e) of this section, provided that your standard operating procedures address these activities.

(d) **How must you determine the eligibility of a donor?** You must determine the donor’s eligibility before collection of blood or blood components, by the following procedures:

1. You must consult the records of deferred donors maintained under § 606.160(e)(1) and (2) of this chapter. Exception: If pre-collection review of the record described in § 606.160(e)(2) of this chapter is not feasible because you cannot consult the cumulative record at the collection site, you must consult the cumulative record prior to release of any blood or blood component prepared from the collection.
2. Assure that the interval since the donor’s last donation is appropriate;
3. Assess the donor’s medical history; and
4. Perform a physical assessment of the donor.

(e) **How do you assess the donor’s medical history?** Before collection you must conduct a medical history interview as described in this section to determine if the donor is in good health; to identify risk factors closely associated with exposure to, or clinical evidence of a relevant transfusion-transmitted infection; and to determine if there are other conditions that may adversely affect the health of the donor or the safety, purity, or potency of the blood or blood components or any product manufactured from the blood
or blood components. Your assessment must include each of the following factors: (1) Factors that make
the donor ineligible to donate because of an increased risk for, or evidence of, a relevant transfusion-
transmitted infection. A donor is ineligible to donate when information provided by the donor or other
reliable evidence indicates possible exposure to a relevant transfusion-transmitted infection if that risk of
exposure is still applicable at the time of donation. Information and evidence indicating possible exposure
to a relevant transfusion-transmitted infection include:

(i) Behaviors associated with a relevant transfusion-transmitted infection;

(ii) Receipt of blood or blood components or other medical treatments and procedures associated with
possible exposure to a relevant transfusion-transmitted infection;

(iii) Signs and/or symptoms of a relevant transfusion-transmitted infection;

(iv) Institutionalization for 72 hours or more consecutively in the past 12 months in a correctional
institution;

(v) Intimate contact with risk for a relevant transfusion-transmitted infection; and

(vi) Nonsterile percutaneous inoculation.

(2) Other factors that make the donor ineligible to donate. A donor is ineligible to donate when donating
could adversely affect the health of the donor, or when the safety, purity, or potency of the blood or blood
component could be affected adversely. Your assessment of the donor must include each of the following
factors:

(i) Symptoms of a recent or current illness;

(ii) Certain medical treatments or medications;

(iii) Travel to, or residence in, an area endemic for a transfusion-transmitted infection, when such
screening is necessary to assure the safety, purity, and potency of blood and blood components due to the
risks presented by donor travel and the risk of transmission of that transfusion-transmitted infection by
such donors;

(iv) Exposure or possible exposure to an accidentally or intentionally released disease or disease agent
relating to a transfusion-transmitted infection, if you know or suspect that such a release has occurred;

(v) Pregnancy at the time of, or within 6 weeks prior to, donation;

(vi) Whether, in the opinion of the interviewer, the donor appears to be under the influence of any drug,
alcohol or for any reason does not appear to be providing reliable answers to medical history questions, or
if the donor says that the purpose of donating is to obtain test results for a relevant transfusion-
transmitted infection; and

(vii) The donor is a xenotransplantation product recipient.

(f) How do you perform a physical assessment of the donor? You must determine on the day of donation,
and before collection that the donor is in good health based on the following, at a minimum:

(1) Temperature. The donor’s oral body temperature must not exceed 37.5 °C (99.5°F), or the equivalent
if measured at another body site;
(2) **Blood pressure.** The donor’s systolic blood pressure must not measure above 180 mm of mercury, or below 90 mm of mercury, and the diastolic blood pressure must not measure above 100 mm of mercury or below 50 mms of mercury. A donor with measurements outside these limits may be permitted to donate only when the responsible physician examines the donor and determines and documents that the health of the donor would not be adversely affected by donating.

(3) **Hemoglobin or hematocrit determination.** You must determine the donor’s hemoglobin level or hematocrit value by using a sample of blood obtained by fingerstick, venipuncture, or by a method that provides equivalent results. Blood obtained from the earlobe is not acceptable.

(i) Allogeneic donors must have a hemoglobin level or hematocrit value that is adequate to assure donor safety and product potency. The following minimum standards apply.

(A) Female allogeneic donors must have a hemoglobin level that is equal to or greater than 12.5 grams of hemoglobin per deciliter of blood, or a hematocrit value that is equal to or greater than 38 percent. Recognizing that lower levels are also within normal limits for female donors, you may collect blood from female allogeneic donors who have a hemoglobin level between 12.0 and 12.5 grams per deciliter of blood, or a hematocrit value between 36 and 38 percent, provided that you have taken additional steps to assure that this alternative standard is adequate to ensure that the health of the donor will not be adversely affected due to the donation, in accordance with a procedure that has been found acceptable for this purpose by FDA.

(B) Male allogeneic donors must have a hemoglobin level that is equal to or greater than 13.0 grams of hemoglobin per deciliter of blood, or a hematocrit value that is equal to or greater than 39 percent.

(ii) An autologous donor must have a hemoglobin level no less than 11.0 grams of hemoglobin per deciliter of blood, or a hematocrit value no less than 33 percent.

(4) **Pulse.** The donor’s pulse must be regular and between 50 and 100 beats per minute. A donor with an irregular pulse or measurements outside these limits may be permitted to donate only when the responsible physician determines and documents that the health of the donor would not be adversely affected by donating.

(5) **Weight.** The donor must weigh a minimum of 50 kilograms (110 pounds).

(6) **Skin examination.** (i) The donor’s phlebotomy site must be free of infection, inflammation, and lesions; and

(ii) The donor’s arms and forearms must be free of punctures and scars indicative of injected drugs of abuse.

(g) **Are there additional requirements for determining the eligibility of the donor?** You must obtain the following from the donor on the day of donation:

(1) **Proof of identity and postal address.** You must obtain proof of identity of the donor and a postal address where the donor may be contacted for 8 weeks after donation; and

(2) **Donor’s acknowledgement.** (i) Prior to each donation, you must provide information to the donor addressing the elements specified in paragraphs (g)(2)(ii)(A) through (E) of this section and obtain the donor’s acknowledgement that the donor has reviewed the information. You must establish procedures in accordance with § 606.100 of this chapter to assure that the donor has reviewed this material, and provide for a signature or other documented acknowledgement.
(ii) The donor acknowledgement must not include any exculpatory language through which the donor is made to waive or appear to waive any of the donor’s legal rights. It must, at a minimum clearly address the following:

(A) The donor has reviewed the educational material provided under paragraph (b) of this section regarding relevant transfusion-transmitted infections;

(B) The donor agrees not to donate if the donation could result in a potential risk to recipients as described in the educational material;

(C) A sample of the donor’s blood will be tested for specified relevant transfusion-transmitted infections;

(D) If the donation is determined to be not suitable under § 630.30(a) or if the donor is deferred from donation under § 610.41 of this chapter, the donor’s record will identify the donor as ineligible to donate and the donor will be notified under § 630.40 of the basis for the deferral and the period of deferral;

(E) The donor has been provided and reviewed information regarding the risks and hazards of the specific donation procedure; and

(F) The donor has the opportunity to ask questions and withdraw from the donation procedure.

(h) What must you do when a donor is not eligible? You must not collect blood or blood components from a donor found to be ineligible prior to collection based on criteria in §§ 630.10 or 630.15, or deferred under § 610.41 of this chapter or § 630.30(b)(2), unless this subchapter provides an exception. You must defer donors found to be ineligible and you must notify the donor of their deferral under § 630.40.

§ 630.15 Donor eligibility requirements specific to Whole Blood, Red Blood Cells and Plasma collected by apheresis.

(a) What additional donor eligibility requirements apply when you, an establishment that collects blood or blood components, collect Whole Blood or Red Blood Cells by apheresis?

(1) Donation frequency must be consistent with protecting the health of the donor.

(i) For a collection resulting in a single unit of Whole Blood or Red Blood Cells collected by apheresis, donation frequency must be no more than once in 8 weeks, and for apheresis collections resulting in two units of Red Blood Cells, the donor must not donate more than once in 16 weeks.

(ii) The limitations in paragraph (a)(1)(i) of this section apply unless the responsible physician examines the donor at the time of donation and one of the following conditions exists:

(A) The donation is for autologous use as prescribed by the donor’s physician and the responsible physician determines and documents that the donation may proceed; or

(B) The donation is a dedicated donation based on the intended recipient’s documented exceptional medical need and the responsible physician determines and documents that the health of the donor would not be adversely affected by donating.

(2) Therapeutic phlebotomy. When a donor who is determined to be eligible under § 630.10 undergoes a therapeutic phlebotomy under a prescription to promote the donor’s health, you may collect from the donor more frequently than once in 8 weeks for collections resulting in a single unit of Whole Blood or
Red Blood Cells, or once in 16 weeks for apheresis collections resulting in two units of Red Blood Cells, provided that the container label conspicuously states the disease or condition of the donor that necessitated phlebotomy. However, no labeling for the disease or condition is required under this section if:

(i) The donor meets all eligibility criteria;

(ii) The donor undergoes a therapeutic phlebotomy as prescribed by a licensed health care provider treating the donor for:

(A) Hereditary hemochromatosis; or

(B) Another disease or condition, when the health of a donor with that disease or condition will not be adversely affected by donating, and the donor’s disease or condition will not adversely affect the safety, purity, and potency of the blood and blood components, or any products manufactured from them, and the collection is in accordance with a procedure that has been found acceptable for this purpose by FDA; and

(iii) You perform without charge therapeutic phlebotomies for all individuals with that disease or condition.

(b) What additional donor eligibility requirements apply when you, an establishment that collects blood or blood components, collect Source Plasma or plasma by plasmapheresis?

(1) Medical history and physical examination. Except as provided in § 630.25:

(i) The responsible physician must conduct an appropriate medical history and physical examination of the donor on the day of the first donation or no more than 1 week before the first donation and at subsequent intervals of no longer than 1 year.

(ii) The responsible physician must examine the donor for medical conditions that would place the donor at risk from plasmapheresis. If the donor is determined to be at risk, you must defer the donor from donating.

(iii) The responsible physician must conduct a new medical history and physical examination of a donor who does not return for 6 months.

(2) What requirements apply to obtaining informed consent?

(i) The responsible physician must obtain the informed consent of a plasma donor on the first day of donation or no more than 1 week before the first donation, and at subsequent intervals of no longer than 1 year.

(ii) The responsible physician must obtain the informed consent of a plasma donor who does not return within 6 months of the last donation.

(iii) The responsible physician must explain the risks and hazards of the procedure to the donor. The explanation must include the risks of a hemolytic transfusion reaction if the donor is given the cells of another donor and the risks involved if the donor is immunized. The explanation must be made in such a manner that the donor may give their consent and has a clear opportunity to refuse the procedure.

(iv) If a donor is enrolled in a new program, such as an immunization or special collection program, the responsible physician must again obtain an informed consent specific for that program.

(3) Weight. You must weigh a donor at each donation.
(4) **Total protein level.** You must determine the donor’s total plasma protein level before each plasmapheresis procedure. The donor must have a total plasma protein level of no less than 6.0 grams per deciliter and no more than 9.0 grams per deciliter in a plasma sample or a serum sample.

(5) **Examination before immunization.** (i) No more than 1 week before the first immunization injection for the production of high-titer antibody plasma, the responsible physician must conduct an appropriate medical history and physical examination, as described in paragraph (b)(1) of this section, in addition to assessing the general donor eligibility requirements under § 630.10. It is not necessary to repeat the medical history and physical examination requirement in paragraph (b)(1) of this section, if the immunized donor’s plasma is collected within 3 weeks of the first immunization injection.

(ii) You are not required to repeat the medical history and physical examination required under paragraph (b)(1) of this section for a donor currently participating in a plasmapheresis collection program and determined to be eligible under § 630.10 unless the medical history and physical examination are due under paragraph (b)(1)(i) or (b)(1)(iii) of this section.

(6) **Deferral of donors due to red blood cell loss.** (i) You must defer a donor from donating plasma by plasmapheresis for 8 weeks if the donor has donated a unit of Whole Blood, or a single unit of Red Blood Cells by apheresis. However, you may collect plasma by plasmapheresis after a donation of Whole Blood or a single unit of Red Blood Cells by apheresis after at least 2 calendar days have passed, provided that the extracorporeal volume of the apheresis device is less than 100 milliliters.

(ii) You must defer a donor from donating plasma by plasmapheresis for a period of 16 weeks if the donor donates two units of Red Blood Cells during a single apheresis procedure;

(iii) You must defer a donor for 8 weeks or more if the cumulative red blood cell loss in any 8 week period could adversely affect donor health.

(7) **Exceptions to deferral due to red blood cell loss.** You are not required to defer a Source Plasma donor from donating plasma by plasmapheresis due to red blood cell loss if the following conditions are met:

(i) The responsible physician examines the donor at the time of the current donation and determines and documents that the donor is in good health and the donor’s health permits the plasmapheresis;

(ii) The donor’s plasma possesses a property, such as an antibody, antigen, or protein deficiency that is transitory, of a highly unusual or infrequent specificity, or of an unusually high titer;

(iii) The special characteristics of the donor’s plasma and the need for plasmapheresis of the donor under § 630.20(b) are documented at your establishment; and

(iv) The extracorporeal volume of the apheresis device is less than 100 milliliters.

(8) **Malaria.** Freedom from risk of malaria is not required for a donor of Source Plasma.

(9) You must comply with other requirements for collection of plasma in part 640 of this chapter and this part including restrictions on frequency of collection as specified in §§ 640.32 and 640.65 of this chapter.
§ 630.20 Exceptions for certain ineligible donors.

After assessing donor eligibility under §§ 630.10 and 630.15, an establishment may collect blood and blood components from a donor who is determined to be not eligible to donate under any provision of § 630.10(e) and (f) or § 630.15(a) if one of the following sets of conditions are met:

(a) The donation is for autologous use only as prescribed by the donor’s physician, the donor has a hemoglobin level no less than 11.0 grams of hemoglobin per deciliter of blood or a hematocrit value no less than 33 percent, and the responsible physician determines and documents that the donor’s health permits the collection procedure; or

(b) The donation is collected under a Source Plasma collection program which has received prior written approval from the Director, Center for Biologics Evaluation and Research, to collect plasma for further manufacturing use into in vitro products for which there are no alternative sources, the donor meets the criteria in § 630.10(f)(1) through (6), and the responsible physician determines and documents for each donation that the donor’s health permits the collection procedure, and the collection takes place under the medical oversight specified in the approved plasmapheresis program.

(c) The donation is restricted for use solely by a specific transfusion recipient based on documented exceptional medical need, and the responsible physician determines and documents that the donor’s health permits the collection procedure, and that the donation presents no undue medical risk to the transfusion recipient.

§ 630.25 Exceptions from certain donor eligibility requirements for infrequent plasma donors.

For an infrequent plasma donor who is not participating in an immunization program, establishments are not required to:

(a) Perform a medical history and physical examination of the donor under § 630.15(b)(1);

(b) Perform a test for total protein under § 630.15(b)(4);

(c) Determine the total plasma or serum protein and immunoglobulin composition under § 640.65(b)(1)(i) of this chapter; or

(d) Review the data and records as required in § 640.65(b)(2)(i) of this chapter.

§ 630.30 Donation suitability requirements.

(a) When is a donation suitable? A donation is suitable when:

(1) The donor is not currently deferred from donation as determined by review of the records of deferred donors required under § 606.160(e) of this chapter;

(2) The results in accordance with §§ 630.10 through 630.25 indicate that the donor is in good health and procedures were followed to ensure that the donation would not adversely affect the health of the donor;

(3) The results in accordance with § 630.10(e) indicate that the donor is free from risk factors for, or evidence of, relevant transfusion-transmitted infections and other factors that make the donor ineligible to donate;
(4) The donor’s blood is tested in accordance with § 610.40 of this chapter, and is negative or nonreactive, unless an exception applies under § 610.40(h) of this chapter; and

(5) The donation meets other requirements in this subchapter.

(b) What must you do when the donation is not suitable? (1) You must not release the donation for transfusion or further manufacturing use unless it is an autologous donation, or an exception is provided in this chapter.

(2) You must defer the donor when a donation is determined to be unsuitable based on the criteria in paragraphs (a)(1) through (4) of this section.

(3) You must defer the donor of bacterially contaminated platelets when the contaminating organism is identified in accordance with § 606.145(d) of this chapter as likely to be associated with a bacterial infection that is endogenous to the bloodstream of the donor.

(4) You must notify the deferred donor in accordance with the notification requirements in § 630.40.

§ 630.35 Requalification of previously deferred donors.

Establishments may determine a deferred donor to be eligible as a donor of blood and blood components if, at the time of the current collection, the donor meets the eligibility criteria in this part, except for the record of the previous deferral, and you determine that the criteria that were the basis for the previous deferral are no longer applicable. Criteria for the previous deferral are no longer applicable if the following conditions are met:

(a) The previous deferral was for a defined period of time and that time period has passed, or the deferral was otherwise temporary, such as a deferral based on eligibility criteria described in §§ 630.10(f)(1) through (5) or 630.15(b)(4); or

(b) For a donor deferred for reasons other than under § 610.41(a) of this chapter, you determine that the donor has met criteria for requalification by a method or process found acceptable for such purpose by FDA.

21. Add subpart C with the heading to read as follows:

Subpart C—Donor Notification

22. Redesignate § 630.6 (previously called Donor Notification) as § 630.40, and further redesignate newly designated § 630.40 to subpart C.

23. Amend newly designated § 630.40 as follows:

a. Revise the section heading;

b. In paragraph (a), revise the first sentence; and remove the word “supplemental” from the second and third sentences and add in its place “further”;
§ 630.40 Requirements for notifying deferred donors (with revisions)

(a) Notification of donors. You, an establishment that collects blood or blood components, must make reasonable attempts to notify any donor, including an autologous donor, who has been deferred based on the results of tests for evidence of infection with a relevant transfusion-transmitted infection(s) as required by § 610.41(a) of this chapter; any donor who has been deferred as required under § 630.30(b)(3) because their donated platelets have been determined under § 606.145(d) of this chapter to be contaminated with an organism that is identified as likely to be associated with a bacterial infection that is endogenous to the bloodstream of the donor; and any donor who has been determined not to be eligible as a donor based on eligibility criteria under §§ 630.10 and 630.15.

You must attempt to obtain the results of supplemental further testing required under 610.40(e) of this chapter prior to notifying a donor of the deferral. If notification occurs prior to receipt of such results, you must also notify a deferred donor of the results of the supplemental further testing. You must notify a donor as described in paragraph (b) of this section.

(b) Content of notification. You must provide the following information to a donor deferred or determined not to be suitable eligible as a donor as described in paragraph (a) of this section:

(1) That the donor is deferred or determined not to be suitable eligible for donation and the reason for that decision;...

(3) Where applicable, the results of tests for evidence of infection due to communicable disease agent(s) relevant transfusion-transmitted infection(s) that were a basis for deferral under 610.41 of this chapter, including results of supplemental (i.e., additional, more specific) tests further testing as required in 610.40(e) of this chapter; and, ...

c) Time period for notification. You must make reasonable attempts to notify the donor within 8 weeks after determining that the donor is deferred or determined not to be suitable eligible for donation as described in paragraph (a) of this section. You must document that you have successfully notified the donor or when you are unsuccessful that you have made reasonable attempts to notify the donor.
(d) Autologous donors. (1) You also must provide the following information to the referring physician of an autologous donor who is deferred based on the results of tests for evidence of infection with a communicable disease agent(s) relevant transfusion-transmitted infection(s) or whose platelets indicate evidence of a bacterial infection that is endogenous to the bloodstream of the donor as described in paragraph (a) of this section:

(i) Information that the autologous donor is deferred based on the results of tests for evidence of infection due to communicable disease agent(s) relevant transfusion-transmitted infection(s), as required under 610.41 of this chapter, and the reason for that decision;…

(iii) The results of tests for evidence of infection due to communicable disease agent(s) relevant transfusion-transmitted infection(s), that were a basis for deferral under 610.41 of this chapter, including results of supplemental (i.e., additional, more specific) tests further testing as required in 610.40(e) of this chapter.

* * * * *

PART 640—ADDITIONAL STANDARDS FOR HUMAN BLOOD AND BLOOD PRODUCTS

25. The authority citation for 21 CFR part 640 continues to read as follows:


26. Remove § 640.3.

§ 640.3 [Removed] 640.3 Suitability of donor.

(a) Method of determining. The suitability of a donor as a source of Whole Blood shall be determined by a qualified physician or by persons under his supervision and trained in determining suitability. Such determination shall be made on the day of collection from the donor by means of medical history, a test for hemoglobin level, and such physical examination as appears necessary to a physician who shall be present on the premises when examinations are made, except that the suitability of donors may be determined when a physician is not present on the premises, provided the establishment (1) maintains on the premises, and files with the Center for Biologics Evaluation and Research, a manual of standard procedures and methods, approved by the Director of the Center for Biologics Evaluation and Research, that shall be followed by employees who determine suitability of donors, and (2) maintains records indicating the name and qualifications of the person immediately in charge of the employees who determine the suitability of donors when a physician is not present on the premises.

(b) Qualifications of donor; general. Except as provided in paragraph (f) of this section and for autologous donations, a person may not serve as a source of Whole Blood more than once in 8 weeks. In addition, donors shall be in good health, as indicated in part by:

(1) Normal temperature;
(2) Demonstration that systolic and diastolic blood pressures are within normal limits, unless the examining physician is satisfied that an individual with blood pressures outside these limits is an otherwise qualified donor under the provisions of this section;

(3) For allogeneic donors, a blood hemoglobin level which shall be demonstrated to be no less than 12.5 grams (g) of hemoglobin per 100 milliliters (mL) of blood; or a hematocrit value of 38 percent, and for autologous donors, a blood hemoglobin level which shall be demonstrated to be no less than 11.0 g of hemoglobin per 100 mL of blood or a hematocrit value of 33 percent.

(4) Freedom from acute respiratory diseases;

(5) Freedom from any infectious skin disease at the site of phlebotomy and from any such disease generalized to such an extent as to create a risk of contamination of the blood;

(6) Freedom from any disease transmissible by blood transfusion, insofar as can be determined by history and examinations indicated above; and

(7) Freedom of the arms and forearms from skin punctures or scars indicative of addiction to self-injected narcotics.

(c) Additional qualifications of donor: viral hepatitis. No individual shall be used as a source of Whole Blood if he has—

(1) A history of viral hepatitis after the 11th birthday;

(2) A history of close contact within 12 months of donation with an individual having viral hepatitis;

(3) A history of having received within 12 months of donation, human blood or any derivative of human blood which the Food and Drug Administration has advised the blood establishment is a possible source of viral hepatitis.

(d) Therapeutic bleedings. Blood withdrawn in order to promote the health of a donor otherwise qualified under the provisions of this section, shall not be used as a source of Whole Blood unless the container label conspicuously indicates the donor's disease that necessitated withdrawal of blood.

(e) [Reserved]

(f) Qualifications: donations within less than 8 weeks. A person may serve as a source of Whole Blood more than once in 8 weeks only if at the time of donation the person is examined and certified by a physician to be in good health, as indicated in part in paragraph (b) of this section.
(a) **Supervision.** Blood shall be drawn from the donor by a qualified physician or under his supervision by assistants trained in the procedure. A physician shall be present on the premises when blood is being collected, except that blood may be collected when a physician is not present on the premises, provided the establishment (1) maintains on the premises, and files with the Center for Biologics Evaluation and Research, a manual of standard procedures and methods, approved by the Director of the Center for Biologics Evaluation and Research, that shall be followed by employees who collect blood, and (2) maintains records indicating the name and qualifications of the person immediately in charge of the employees who collect blood when a physician is not present on the premises. …

(e) **Donor identification.** Each unit of blood shall be so marked or identified by number or other symbol as to relate it to the individual donor whose identity shall be established to the extent necessary for compliance with 640.3 630.10 of this chapter.

28. Amend § 640.5 as follows:

a. In the introductory text, remove ‘‘at the time of collecting the unit of blood’’;

b. Remove and reserve paragraph (a); and

c. In heading and text of paragraph (f), remove ‘‘communicable disease agents’’ wherever it appears and add in its place ‘‘relevant transfusion-transmitted infections.’’.

§ 640.5 [Amended]

All laboratory tests shall be made on a specimen of blood taken from the donor at the time of collecting the unit of blood, and these tests shall include the following:

(a) **Reserve**

**Serological test for syphilis.** Whole Blood shall be negative to a serological test for syphilis.

(f) **Test for communicable disease agents-relevant transfusion-transmitted infections.** Whole Blood shall be tested for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections as required under 610.40 of this chapter.

29. Revise § 640.12

640.12 Suitability of donor.

The source blood for Red Blood Cells shall be obtained from a donor who meets the criteria for donor suitability prescribed in 640.3.

§ 640.12 Eligibility of donor.

Establishments must determine the eligibility of donors of the source blood for Red Blood Cells in accordance with §§ 630.10 and 630.15 of this chapter.
§ 640.14 [Amended]

Blood from which Red Blood Cells are prepared shall be tested as prescribed in 610.40 of this chapter and 640.5 (a), (b), 640.5(b) and (c).

§ 640.21 Eligibility of donors.

(a) Establishments must determine the eligibility of donors of platelets derived from Whole Blood and donors of platelets collected by plateletpheresis in accordance with §§ 630.10 and 630.15 of this chapter, except as provided in this section.

(b) A plateletpheresis donor must not serve as the source of platelets for transfusion if the donor has recently ingested a drug that adversely affects platelet function.

(c) A Whole Blood donor must not serve as the source of platelets for transfusion if the donor has recently ingested a drug that adversely affects platelet function unless the unit is labeled to identify the ingested drug that adversely affects platelet function.

(d) If you are collecting platelets by plateletpheresis, you must assess and monitor the donor’s platelet count.

(1) You must take adequate and appropriate steps to assure that the donor’s platelet count is at least 150,000 platelets per microliter (/mL) before plateletpheresis begins. Exception: If you do not have records of a donor’s platelet count from prior donations and you are not able to assess the donor’s platelet count either prior to or immediately following the initiation of the collection procedure, you may collect platelets by plateletpheresis, but you must not collect $9.0 \times 10^{11}$ or more platelets from that donor.

(2) You must defer from platelet donation a donor whose pre-donation platelet count is less than 150,000 platelets/mL until a subsequent pre-donation platelet count indicates that the donor’s platelet count is at least 150,000 platelets/mL; and

(3) You must take appropriate steps to assure that the donor’s intended post-donation platelet count will be no less than 100,000 platelets/mL.

(e) Frequency of plateletpheresis collection. (1) The donor may donate no more than a total of 24 plateletpheresis collections during a 12-month rolling period.
(2) When you collect fewer than $6 \times 10^{11}$ platelets, you must wait at least 2 calendar days before any subsequent plateletpheresis collection. You must not attempt to collect more than 2 collections within a 7 calendar day period.

(3) When you collect $6 \times 10^{11}$ or more platelets, you must wait at least 7 calendar days before any subsequent plateletpheresis collection.

(4) **Exception.** For a period not to exceed 30 calendar days, a donor may serve as a dedicated plateletpheresis donor for a single recipient, in accordance with § 610.40(c)(1) of this chapter, as often as is medically necessary, provided that the donor is in good health, as determined and documented by the responsible physician, and the donor’s platelet count is at least 150,000 platelets/mL, measured at the conclusion of the previous donation or before initiating plateletpheresis for the current donation.

(f) **Deferral of plateletpheresis donors due to red blood cell loss.** (1) You must defer a donor from donating platelets by plateletpheresis or a co-collection of platelets and plasma by apheresis for 8 weeks if the donor has donated a unit of Whole Blood, or a single unit of Red Blood Cells by apheresis unless at least 2 calendar days have passed and the extracorporeal volume of the apheresis device is less than 100 milliliters.

(2) You must defer a donor from donating platelets for a period of 16 weeks if the donor donates two units of Red Blood Cells during a single apheresis procedure.

(3) You must defer a donor for 8 weeks or more if the cumulative red blood cell loss in any 8 week period could adversely affect donor health.

(g) The responsible physician must obtain the informed consent of a plateletpheresis donor on the first day of donation, and at subsequent intervals no longer than 1 year.

(1) The responsible physician must explain the risks and hazards of the procedure to the donor; and

(2) The explanation must be made in such a manner that the donor may give consent, and has a clear opportunity to refuse the procedure.

■32. Revise § 640.22(c) to read as follows:

§ 640.22 Collection of source material.

* * * * *

(c) If plateletpheresis is used, the procedure for collection must be as prescribed in § 640.62, § 640.21, 640.64 (except paragraph (c)), and 640.65, or as described in an approved biologics license application (BLA) or an approved supplement to a BLA.

* * * *
33. In § 640.23(a), remove “§ 640.5(a), (b),” and add in its place “§ 640.5(b)”.

§ 640.23 [Amended] Testing the blood

(a) Blood from which plasma is separated for the preparation of Platelets shall be tested as prescribed in 610.40 of this chapter and 640.5(a), (b), 640.5(b) and (c).

34. Remove § 640.27.

§ 640.27 [Removed]

640.27 Emergency provisions.

The use of the plateletpheresis procedure to obtain a product for a specific recipient may be at variance with 640.21(c) and 640.22(c): Provided, That: (a) A licensed physician has determined that the recipient must be transfused with the platelets from a specific donor, and (b) the plateletpheresis procedure is performed under the supervision of a qualified licensed physician who is aware of the health status of the donor and the physician has certified in writing that the donor’s health permits plateletpheresis.

35. Revise § 640.31 to read as follows:

§ 640.31 Eligibility of donors.

a) Whole blood donors shall must meet the criteria for donor suitability eligibility prescribed in 640.3 630.10 and 630.15 of this chapter.

(b) Plasmapheresis donors shall meet the criteria for donor suitability prescribed in 640.63, excluding the phrase “other than malaria” in paragraph (c)(9) of that section. Informed consent shall be required as prescribed in 640.61.

(b) Collection establishments must determine the eligibility of plasmapheresis donors in accordance with §§ 630.10 and 630.15 of this chapter.

36. In § 640.32(b), remove “§§ 640.62, 640.64” and add in its place “§ 640.64”.

§ 640.32 [Amended]

(b) Plasma obtained by plasmapheresis shall be collected as prescribed in 640.62, 640.64 (except that paragraph (c)(3) of 640.64 shall not apply), and 640.65.

37. In § 640.33(a), remove “§ 640.5(a), (b),” and add in its place “§ 640.5(b)”.

§ 640.33 [Amended]

(a) Blood from which plasma is separated shall be tested as prescribed in 610.40 of this chapter and 640.5(a), (b), 640.5(b) and (c).
38. Revise § 640.51 to read as follows:

§ 640.51 Eligibility of donors.

(a) Whole blood donors shall must meet the criteria for suitability eligibility prescribed in 640.3 630.10 and 630.15 of this chapter.

(b) Plasmapheresis donors shall meet the criteria for suitability prescribed in 640.63, excluding the phrase "other than malaria" in paragraph (c)(9) of that section. Informed consent shall be required as prescribed in 640.61.

(b) Collection establishments must determine the eligibility of plasmapheresis donors in accordance with §§ 630.10 and 630.15 of this chapter.

39. In § 640.52(b), remove “§§ 640.62, 640.64” and add in its place “§ 640.64”.

§ 640.52 [Amended]

(b) If plasmapheresis is used, the procedure for collection shall be as prescribed in 640.62, 640.64 (except that paragraph (c)(3) of that section shall not apply), and 640.65.

40. In § 640.53(a), remove “§ 640.5(a), (b),” and add in its place “§ 640.5(b)”.

§ 640.53 [Amended]

(a) Blood from which plasma is separated for the preparation of Cryoprecipitated AHF shall be tested as prescribed in 610.40 of this chapter and 640.5(a), (b), 640.5(b) and (c).

41. Remove § 640.61.

§ 640.61 [Removed] 640.61 Informed consent.

42. Remove § 640.62.


43. Remove § 640.63.

§ 640.63 [Removed] Sec. 640.63 Suitability of donor.
44. In § 640.64, remove and reserve paragraph (a).

§ 640.64 [Amended]

640.64 Collection of blood for Source Plasma.

(a) Supervision. All blood for the collection of Source Plasma shall be drawn from the donor by a qualified licensed physician or by persons under his supervision trained in the procedure.

(a) Reserved.

...

45. Amend § 640.65 as follows:

a. In paragraph (b)(1)(i), revise the first sentence;

b. In paragraph (b)(1)(ii), remove “physician on the premises” and add its place “responsible physician”;

c. Revise paragraph (b)(2)(i); and

d. In paragraphs (b)(2)(iii) and (iv) remove “physician on the premises” and add in its place “responsible physician”.

§ 640.65 Plasmapheresis. (as revised)

* * * * *

(b) * * *

(1)(i) A sample of blood shall be drawn from each donor on the day of the first medical examination or plasmapheresis, whichever comes first and at least every 4 months thereafter by a qualified licensed physician or by persons under his supervision and trained in such procedure.

(1)(i) Except as provided under § 630.25 of this chapter, the responsible physician must draw a sample of blood from each donor on the day of the initial physical examination or plasmapheresis, whichever comes first, and at least every 4 months thereafter.

(1)(ii) A repeat donor who does not return for plasmapheresis at the time the 4-month sample is due to be collected may be plasmapheresed on the day he appears: Provided, that no longer than 6 months has elapsed since the last sample was collected, and the physician on the premises responsible physician approves the plasmapheresis procedure and so indicates by signing the donor’s record before such procedure is performed. The sample for the 4-month tests shall be collected on the day of the donor’s return.

* * * * *
(2)(i) The accumulated laboratory data, including tracings, if any, of the plasma or serum protein electrophoresis pattern, the calculated values of each component, and the collection records shall be reviewed by a qualified licensed physician within 21 days after the sample is drawn to determine whether or not the donor may continue in the program. The review shall be signed by the reviewing physician. If the protein composition is not within normal limits established by the testing laboratory, or if the total protein is less than 6.0 grams per 100 milliliters of samples, the donor shall be removed from the program until these values return to normal.

(2)(i) Except as provided under § 630.25 of this chapter, the responsible physician must review the accumulated laboratory data, including any tracings of the plasma or serum protein electrophoresis pattern, the calculated values of the protein composition of each component, and the collection records within 14 calendar days after the sample is drawn to determine whether or not the donor should be deferred from further donation. If a determination is not made within 14 calendar days, the donor must be deferred pending such a determination. The responsible physician must sign the review. If the protein composition is not within normal limits established by the testing laboratory, or if the total protein level is less than 6.0 grams per deciliter or more than 9.0 grams per deciliter in a plasma sample or serum sample, the donor must be deferred from donation until the protein composition returns to acceptable levels. Reinstatement of the donor into the plasmapheresis program when the donor’s protein composition values have returned to an acceptable level must first be approved by the responsible physician.

(iii) A donor whose serum is determined to have a biologic false-positive reaction to a serologic test for syphilis may be plasmapheresed: Provided, that the donor's file identifies the serologic test for syphilis and results used to confirm the biologic false-positive reaction and indicates that the physician on the premises responsible physician has determined the false-positive reaction is not the result of an underlying disorder that would disqualify the donor from participation in the plasmapheresis program. If the serologic test for syphilis is performed at a facility other than the plasmapheresis center, all applicable provisions of 640.71 shall be met.

(iv) A donor with a reactive serologic test for syphilis may be plasmapheresed only to obtain plasma to be used for further manufacturing into control serum for the serologic test for syphilis: Provided, that the physician on the premises responsible physician approves the donation, the donor's file contains a signed statement from a physician or clinic establishing that treatment for syphilis has been initiated and that continuance in the plasmapheresis program will not interfere with or jeopardize the treatment of the syphilitic donor.
46. In § 640.66, revise the first sentence and remove the second sentence. The revisions read as follows:

§ 640.66 Immunization of donors.

If specific immunization of a donor is to be performed, the selection and scheduling of the injection of the antigen, and the evaluation of each donor’s clinical response, shall be by a qualified licensed physician or physicians. The administration of the antigen may be performed by a licensed physician or a trained person under his supervision. Any material used for immunization shall be either a product licensed under section 351 of the Public Health Service Act for such purpose or one specifically approved by the Director, Center for Biologics Evaluation and Research, Food and Drug Administration. Immunization procedures shall be on file at each plasmapheresis center where immunizations are performed.

If specific immunization of a donor is to be performed, the selection, scheduling and administration of the antigen, and the evaluation of each donor’s clinical response, shall be by the responsible physician. * * *

47. In § 640.67, remove “communicable disease agents” and add in its place “relevant transfusion-transmitted infections”.

§ 640.67 [Amended]

Each unit of Source Plasma shall be tested for evidence of infection due to communicable disease agents relevant transfusion-transmitted infections as required under 610.40 of this chapter.

48. In § 640.69, add paragraphs (e) and (f) to read as follows:

§ 640.69 General requirements.

* * * * *

(e) Restrictions on distribution. Establishments must ensure that Source Plasma donated by paid donors not be used for further manufacturing into injectable products until the donor has a record of being found eligible to donate in accordance with § 630.10 of this chapter and a record of negative test results on all tests required under § 610.40(a) of this chapter on two occasions in the past 6 months.

(f) Hold. Source Plasma donated by paid donors determined to be suitable for further manufacturing into injectable products must be held in quarantine for a minimum of 60 calendar days before it is released for further manufacturing. If, after placing a donation in quarantine under this section, the donor is subsequently deferred under § 610.41 of this chapter, or you subsequently determine a donor to be ineligible under § 630.10 of this chapter due to risk factors closely associated with exposure to, or clinical evidence of, infection due to a relevant transfusion-transmitted infection, you must not distribute quarantined donations from that donor for further manufacturing use to make an injectable product.

49. Amend § 640.71 as follows:

(a) In paragraph (a) introductory text, remove “the following tests” and add in its place “testing performed in accordance with § 610.40 of this chapter and § 640.65(b)”;

39
b. Remove paragraphs (a)(1) through (4); and

c. In paragraph (b)(1), remove “licensed physician” and add in its place “responsible physician”.

§ 640.71 [Amended]

(a) All steps in the manufacturing of Source Plasma, including donor examination, blood collection, plasmapheresis, laboratory testing, labeling, storage, and issuing shall be performed by personnel of the establishment licensed to manufacture Source Plasma, except that the following tests testing performed in accordance with § 610.40 of this chapter and § 640.65(b) may be performed by personnel of an establishment licensed for blood and blood derivatives under section 351(a) of the Public Health Service Act, or by a clinical laboratory that meets the standards of the Clinical Laboratories Improvement Amendments of 1988 (CLIA) (42 U.S.C. 263a): Provided, The establishment or clinical laboratory is qualified to perform the assigned test(s):

(1) The test for hepatitis B surface antigen.

(2) The total plasma or serum protein and the quantitative test for plasma or serum proteins or for immunoglobulins.

(3) The serologic test for syphilis.

(4) A test for antibody to HIV.

(b)(1) The results of such tests are maintained by the licensed manufacturer of the Source Plasma whereby such results may be reviewed by a licensed physician responsible physician as required in § 640.65(b)(2) of this chapter and by an authorized representative of the Food and Drug Administration.

50. In § 640.72, revise paragraphs (a)(2) through (4) to read as follows:

§ 640.72 Records.

(a) * * *

(2)(i) For each donor, establishments must maintain records including a separate and complete record of initial and periodic examinations, tests, laboratory data, and interviews, etc., as required in §§ 630.10 and 630.15 of this chapter and §§ 640.65, 640.66, and 640.67, except as provided in paragraph (a)(2)(ii) of this section.

(ii) Negative results for testing for evidence of infection due to relevant transfusion-transmitted infections required in § 610.40 of this chapter, and the volume or weight of plasma withdrawn from a donor need not be recorded on the individual donor record if such information is maintained on the premises of the plasmapheresis center where the donor’s plasma has been collected.

(3) The original or a clear copy or other durable record which may be electronic of the donor’s consent for participation in the plasmapheresis program or for immunization.
Records of the medical history and physical examination of the donor conducted in accordance with § 630.15(b)(1) of this chapter and, where applicable, § 630.15(b)(5) of this chapter must document the eligibility of the donor as a plasmapheresis donor and, when applicable, as an immunized donor.

* * * * *

51. Revise § 640.120 to read as follows:

§ 640.120 Alternative procedures.

(a) The Director, Center for Biologics Evaluation and Research, may issue an exception or alternative to any requirement in subchapter F of chapter I of title 21 of the Code of Federal Regulations regarding blood, blood components, or blood products. The Director may issue such an exception or alternative in response to:

(1) A written request from an establishment. Licensed establishments must submit such requests in accordance with § 601.12 of this chapter;

(2) An oral request from an establishment, if there are difficult circumstances and submission of a written request is not feasible. Establishments must follow up such oral request by submitting written requests under paragraph (a)(1) of this section within 5 working days.

(b) To respond to a public health need, the Director may issue a notice of exception or alternative to any requirement in subchapter F of chapter I of title 21 of the Code of Federal Regulations regarding blood, blood components, or blood products, if a variance under this section is necessary to assure that blood, blood components, or blood products will be available in a specified location or locations to address an urgent and immediate need for blood, blood components, or blood products or to provide for appropriate donor screening and testing.

(c) If the Director issues such an exception or alternative orally, the Director will follow up by issuing a written notice of the exception or alternative. Periodically, FDA will provide a list of approved exceptions and alternative procedures on the FDA Center for Biologics Evaluation and Research Web site.

52. Add subpart M, consisting of §§ 640.125 and 640.130, to part 640 to read as follows:

Subpart M—Definitions and Medical Supervision

Sec.

640.125 Definitions.

640.130 Medical supervision.

§ 640.125 Definitions.

The definitions set out in § 630.3 of this chapter apply to the use of those defined terms in this part.

§ 640.130 Medical supervision.

The requirements for medical supervision established in § 630.5 of this chapter supplement the regulations in this part.
PART 660—ADDITIONAL STANDARDS FOR DIAGNOSTIC SUBSTANCES FOR LABORATORY TESTS

53. The authority citation for 21 CFR part 660 continues to read as follows:


54. Revise § 660.31 to read as follows:

§ 660.31 Eligibility of donor.

660.31 Suitability of the donor.

Donors of peripheral blood for Reagent Red Blood Cells shall meet the criteria for donor suitability under §640.3 of this chapter, except that paragraphs (b)(5) and (6), (d), and (e) of §640.3 shall not apply.

Donors of peripheral blood for Reagent Red Blood Cells must meet all the criteria for donor eligibility under §§ 630.10 and 630.15 of this chapter.

PART 820—QUALITY SYSTEM REGULATION

55. The authority citation for 21 CFR part 820 continues to read as follows:


56. In § 820.1(a)(1), remove “Manufacturers of human blood and blood components are not subject to this part, but are subject to part 606 of this chapter” and add in its place “Manufacturers of blood and blood components used for transfusion or for further manufacturing are not subject to this part, but are subject to subchapter F of this chapter”.

§ 820.1 Scope [Amended]

(a) Applicability. (1) Current good manufacturing practice (CGMP) requirements are set forth in this quality system regulation. The requirements in this part govern the methods used in, and the facilities and controls used for, the design, manufacture, packaging, labeling, storage, installation, and servicing of all finished devices intended for human use. The requirements in this part are intended to ensure that finished devices will be safe and effective and otherwise in compliance with the Federal Food, Drug, and Cosmetic Act (the act). This part establishes basic requirements applicable to manufacturers of finished medical devices. If a manufacturer engages in only some operations subject to the requirements in this part, and not in others, that manufacturer need only comply with those requirements applicable to the operations in which it is engaged. With respect to class I devices, design controls apply only to those devices listed in 820.30(a)(2). This regulation does not apply to manufacturers of components or parts of finished devices, but such manufacturers are encouraged to use appropriate provisions of this regulation as guidance. Manufacturers of human blood and blood components are not subject to this part, but are subject to part 606 of this chapter. Manufacturers of blood and blood components used for transfusion or for further manufacturing are not subject to this part, but are subject to subchapter F of this chapter.
Manufacturers of human cells, tissues, and cellular and tissue-based products (HCT/Ps), as defined in 1271.3(d) of this chapter, that are medical devices (subject to premarket review or notification, or exempt from notification, under an application submitted under the device provisions of the act or under a biological product license application under section 351 of the Public Health Service Act) are subject to this part and are also subject to the donor-eligibility procedures set forth in part 1271 subpart C of this chapter and applicable current good tissue practice procedures in part 1271 subpart D of this chapter. In the event of a conflict between applicable regulations in part 1271 and in other parts of this chapter, the regulation specifically applicable to the device in question shall supersede the more general.