



# ADRP

*The Association for  
Blood Donor Professionals*



# PLASMA FOR TRANSFUSION VS. SOURCE PLASMA TOOLKIT

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# INCLUDED IN THIS TOOLKIT

- ① **About this toolkit**

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# ABOUT THIS TOOLKIT

Plasma is the liquid portion of blood comprising about 60% of blood's total volume. It is a blood component that is used to help treat burn patients, patients with massive blood loss, and patients with conditions needing the proteins found only in donor plasma.

In the United States, all plasma required for patients requiring one or more blood transfusions is collected at not-for-profit blood centers from altruistic, voluntary donors. Not-for-profit blood centers do not pay donors for their donations of plasma for transfusion.

Unlike plasma intended for transfusions, for-profit "source" plasma companies collect plasma that is then pooled with other plasma donations and manufactured into plasma-derived medicines used to treat autoimmune and rare chronic diseases and some acute conditions such as shock. For-profit "source plasma" centers offer monetary compensation for plasma donations.

This toolkit includes resources and examples that are designed to help blood centers communicate this important distinction.



# MEMBER SPOTLIGHT: CARTER BLOODCARE

ADRP member Carter BloodCare has blogs posted on their site that communicates this important difference in an engaging and understandable way. Below are copies of each post, with links to their locations online.

## **Why doesn't Carter BloodCare pay donors cash for their blood donations?**

You see the ads all the time around the Metroplex: plasma centers are willing to pay plasma donors for their “donation”. Not surprising that interested individuals call us, the community blood center, wanting to know how much we are going to pay for a donation. But it's not the same. We do not give donors cash or cash equivalents. Why?

**1.** Carter BloodCare is a not-for-profit, community-based organization. We try to keep low the amount we charge our hospitals for processing the blood we collect for their products. Hospitals are not well reimbursed for blood products by Medicare or Medicaid or even insurance companies, so they appreciate our efforts to keep blood product prices low. If we were to pay blood donors, that would significantly add to how much blood products cost the hospitals and subsequently the health care system.

Plasma centers are international, for-profit companies that can afford to pay donors and have that as part of their business plan. Their plasma does not go directly to hospitals for transfusion. Their plasma goes to manufacturing facilities, mostly overseas, where it is made into blood derivative products that are eventually returned to the United States in bottles for patient use (IV gamma globulin, albumin concentrate, clotting factor concentrates etc).



# MEMBER SPOTLIGHT: CARTER BLOODCARE

**2.** We label our blood products as coming from “Volunteer Donors”. This has been the standard of practice for blood products used in the United States for transfusion for 50 years. The Food and Drug Administration (FDA), which regulates the manufacture of blood products, has strict rules about the labeling of blood from volunteer donors. They allow us to provide donors with some giveaways, including some lower value nontransferable gift cards, but nothing that can be easily converted to cash, like nice prizes or cash itself.

**3.** Scientific studies have shown that paying donors, or providing donors with too great of a financial or motivational incentive to donate might cause individuals to be less honest about their health history in order to get the incentive/cash. In other words, if a person had to have a successful donation in order to get the payment, and the payment was very attractive, a donor might “forget” that they had a significant health problem that would normally prohibit them from being eligible to donate so that they can collect the incentive.

Plasma centers overcome this problem of product safety by treating the plasma donations for infectious diseases (a process called pathogen inactivation, or solvent detergent treatment) prior to bottling the product. Blood centers cannot do that for all blood currently for transfusion because the treatment for plasma is very aggressive and would damage red cells irreversibly. We hope that our community donors will continue to support the local hospitals and their blood needs at Carter BloodCare and understand that we have different needs than the plasma centers. We can't meet needs of transfusion dependent patients without you.

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# MEMBER SPOTLIGHT: CARTER BLOODCARE


## **Plasma - Why do some centers pay for plasma and others don't?**

What should you consider in making a choice in where to donate?

Plasma is the liquid part of the blood, used for treating bleeding and other disorders. Donated plasma may go directly to hospitals after testing and labeling at the blood center. This is the type of plasma donation in which Carter BloodCare participates. Other than having an anti-clotting agent added, the plasma is not altered in any way – it is transfused to the patient in the same state it was collected from the donor.

People may choose to instead go to a commercial plasma center where they can “donate” plasma for money. This plasma is shipped to a manufacturing plant where it is pooled with plasma from 1000 or more other “donors” then processed to make products called plasma derivatives. These products, usually made in locations outside of the United States, are vital to medical treatments all over the world, including the United States, but are a highly processed product. I put “donor” in quotation marks because if one is selling plasma, then one might be considered a vendor, not a donor.

Historically, the paying of donors has been seen as a risk to the safety of the traditional blood supply for hospitals. Any time an incentive for a successful plasma donation is offered that is too attractive, the fear is that donors might not tell the truth about their health history or any high-risk behaviors. The Food and Drug Administration does not ban the paying of blood donors, but requires paid donors to have labeling that identifies the unit as coming from such. Hospitals in the United States have traditionally favored blood from non-paid donors and request blood from volunteer donors. Scientific studies in years past showed higher infectious disease rates in donors that were paid, than in unpaid donors. Thus the standard of practice in the United States for the last 30 years or so has been to transfuse blood from volunteer donors, instead of donors selling plasma.



# MEMBER SPOTLIGHT: CARTER BLOODCARE

Further, nearly all blood collection centers for hospital red cells, platelets and plasma in the United States are non-profit organizations with minimal revenue margins that would be hard-pressed to pay donors more than t-shirts or other trinkets.

Commercial plasma centers are able to take extra safety steps that community blood centers cannot. Because the plasma sent for manufacturing is going to be processed, it can be held until the “donor” returns to donate again in weeks to months and additional plasma is collected. This way the infectious disease testing is repeated before the plasma is sent off and the safety of the donor can be assured. In addition, the pooled batch of plasma at the manufacturing plant will be treated with chemicals or heat to inactivate most infectious organisms. This treatment does not damage the final plasma derivative products. By comparison, plasma used directly at the hospital does not usually have this treatment performed. Therefore, the community blood center tends to be more vigilant about attracting donors for altruistic purposes only, not for the money.

When choosing which place to donate, ask yourself what your motivation is. Are you asking, “How much do you get for donating plasma?” or “How many people can you help?” There is no substitute for the plasma donations needed to treat trauma patients, burn patients, transplant patients, and patients with liver failure. On the other hand, the plasma collected by the commercial plasma center is going for a good cause, too – the plasma is needed for products such as immune globulin, albumin concentrate, and clotting factors. There is no doubt that those are also in need, and some will come back for local patients. But each type of plasma collection demands a different type of donor. Which are you?

## Reference

Paid-versus-volunteer blood donation in the United States: a historical review. RE Domen. Transf Med Rev 1995, 9(1):53-59.

# WEBSITE COPY ON PLASMA FOR TRANSFUSION VS. SOURCE PLASMA

There are many ways to donate plasma. Plasma donations can happen at a blood center, hospital, or at a Paid plasma center. Paid plasma centers pay donors for their plasma, while hospitals and blood centers do not.

Plasma is the liquid portion of your blood that your body uses to control bleeding, fight infections, and provide nutrients. You need plasma to live a healthy, productive life. It transports red and white blood cells and platelets, and it's the single largest component of human blood.

## **Why is it important to donate plasma?**

Plasma is one of the many blood components donated at (insert blood center name). It's collected safely from donors and is needed to help people survive life-threatening events. Patients who suffer from trauma or burns are typically the most in need of plasma to replace fluid loss. Plasma is also transfused to some patients with bleeding or clotting disorders.

## **Does (insert blood center name) pay for plasma?**

(insert blood center name) does not offer compensation for plasma donations. Donors often receive gifts and giveaways for their donations. Check out what our current offer is here (add hyperlink to promos). If compensation is important to you, (insert blood center name)'s work in the field of cellular therapy may be a program you are interested in learning more about. By registering, donors may be selected to help with the nation's most promising health breakthroughs to find cures to today's devastating diseases. Compensation is dependent on the amount budgeted for the clinical trial/study.

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# WEBSITE COPY ON PLASMA FOR TRANSFUSION VS. SOURCE PLASMA

## **What are the benefits of donating blood with (insert blood center name)?**


Donors who give whole blood, double red cells, plasma, or platelets at (insert blood center name) do it because they want to save lives in their community. The blood, plasma, and platelets collected at (insert blood center name) help treat trauma patients, burn victims, transplant patients, or cancer patients.

While donors do not receive monetary compensation, they do receive other benefits as a simple way to thank them for helping save lives. These benefits include donor reward points, promotions, giveaways, etc.

## **What's the difference between donating plasma with (insert blood center name) vs. at a Plasma Center?**

Plasma centers may pay you for your plasma since they are traditionally for-profit companies, while (insert blood center name) is not. The Food and Drug Administration does not prohibit donor centers from paying donors, but hospitals request that blood units coming from paid donors be labeled as such. Why? The short answer is that it can be risky.

Before donors give blood, they're given a health history questionnaire that determines risk behaviors. There's a worry that paying donors would jeopardize the safety of the blood supply. The World Health Organization says donors who give blood voluntarily have a lower prevalence of HIV, hepatitis viruses, and other blood-borne infections than those who donate for payment. Studies have also shown that paid donors have higher infectious disease rates than unpaid donors.



# WEBSITE COPY ON PLASMA FOR TRANSFUSION VS. SOURCE PLASMA

## **What is paid plasma being used for?**

Plasma from plasma centers is put to good use, too. Plasma centers are typically run by for-profit pharmaceutical companies. Paid plasma is used for research, plasma derivatives, and reagents. Plasma can be used for reagents for diagnostic test kits. This can help test and diagnose disease. On the research side, paid plasma is used to help find cures for diseases. Paid plasma also gets shipped outside the U.S. to manufacturing plants to make plasma derivatives. Some can be shipped back to the U.S. to develop albumin, immune globulin, and clotting factors.

## **How long does it take to donate plasma at (insert blood center name)?**

The donation process for plasma takes longer than donating whole blood. Plasma is separated from the red blood cells and other cellular components and then returned to the body. The donation process can take around two hours. After donating plasma, you may give plasma again in 28 days.

All these donations are needed. Which type of donor are you?



# SOCIAL MEDIA IMAGES ON PLASMA FOR TRANSFUSION VS. SOURCE PLASMA

Download pre-sized social media images on this topic below, including the content featured below. We encourage members to include their own logos and customize them according to what works best for their blood center.



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## What is Plasma?



Plasma is the liquid portion of your blood that your body uses to control bleeding, fight infections, and provide nutrients.

## Why donate plasma for transfusion?



Donating plasma helps care for people in our community today.

## Do local patients receive plasma from paid plasma centers?



No, patients are only transfused plasma collected from local blood centers.

## Do you pay donors for plasma donations at the blood center?



No, the plasma required for transfusion is primarily collected at not-for-profit blood centers from altruistic, voluntary donors.





# ABOUT ADRP

ADRP, the Association for Blood Donor Professionals, supports more than 1,000 members worldwide as we seek to expand blood donation globally. We seek to empower blood donor professionals by providing a forum for creativity, innovation, collaboration, and development as they make blood donation a priority in communities around the world.



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