approved the equipment, reinforcing the importance of a welcoming environment. The equipment was recommended for incorporation into the service. Importance of research New blood collection equipment must be validated before use. Validation considers technical, operational and financial aspects. However, the donor experience is also crucial, influencing the quality of the blood component and decisions about acquiring new technologies. This study highlights the importance of donor experience in equipment validation.

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VALIDATION OF DOUBLE PLATELET COLLECTION BY APHERESIS WITH ADDITIVE PLATELET SOLUTION IN CENTRAL-WESTERN BRAZIL

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Background/case studies: Platelet additive solution (PAS) is added to platelet concentrate in transfusion services for patient management and inventory optimization. The reduction in plasma volume and the low isoagglutinin titer reduce immediate transfusion reactions. In the Center-West of Brazil, for the first time this methodology will be applied to all patients in the public and private network. The study validated the collection of platelet concentrates by apheresis with PAS, using equipment whose cell separation is by elutriation, returning residual leukocytes to the donor, ensuring safety for frequent donors. **Study design/methods:** The research involved 37 platelet donations from occasional voluntary donors, with platelet counts ≥ 200,000 cells/uL and body surface ≥ 1.7 m^2. The AMICORE 2.1 equipment was analyzed for its performance for double collection with the addition of Intersol (PAS). All donors signed a Consent Form recording the risks and authorizing the disclosure of data. The collection protocol adjusted the double yield of platelets considering the maximum time spent in the equipment of 120 minutes. The citrate infusion rate was adjusted according to donor sensitivity. An immediate pre- and post-donation sample was collected from the donor to count platelets and leukocytes in a differential counter. Platelets counts were performed in the Neubauer chamber and leukocyte counts in the Nageotte chamber. In all platelet concentrates, blood culture was performed for aerobic, anaerobic and fungal microorganisms and the frequency of immediate transfusion reactions was verified. The perception of the equipment operator was verified through 2 questions with answers on a scale of 1 to 10. In relation to the donor, we evaluated the reduction in platelet and leukocyte counts after donation and incidents during the procedure. The concentrated platelets were stored in two bags, designed under continuous temperature of 20 to 24°C and the samples were separated from the bag, without opening the system, for quality control immediately before transfusion to be evaluated up to the 5th day of storage. **Results/findings:** Of the 37 donations selected, 1 (2.7%) was excluded because the donor had to withdraw unexpectedly due to personal problems. The analyzed data (n = 36) are shown in Table 1: Results of performance qualification in collecting plates from the AMICORE 2.1 equipment - kit 6R8884 with the addition of Intersol* (PAS). **Conclusions:** The equipment was qualified for double platelet collection by apheresis. The low reduction of leukocytes after donation (Average: 0.15x10e3/μl) due to the methodology for returning residual leukocytes; the programmed yield obtained in 100% of double platelets, the absence of immediate transfusion reactions and the perception of ergonomics by operators with a score of 10. Importance of research Offering platelet concentrate with Intersol (PAS) to patients in the public and private network, with equity, quality and prioritization of patient-centered care in a country classified as having a middle per capita income according to the World Bank, increases hemotherapy in the center-west of Brazil to a level of excellence compared to quality services in Europe and the United States.

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PERFIL DOS PACIENTES SUBMETIDOS À PLASMAFÉRESE TERAPÊUTICA ATENDIDOS DE ACORDO COM A CLASSIFICAÇÃO DA AMERICAN SOCIETY FOR APHERESIS

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Introdução: A plasmaférese terapêutica é um procedimento que remove componentes patológicos do plasma, sendo indicada para uma variedade de doenças. A American Society for Apheresis (ASFA) classifica essas indicações em quatro categorias baseadas na eficácia e no suporte clínico disponível para cada condição. Na categoria I a plasmaférese é aceita como tratamento de primeira linha, na II é aceita como tratamento de segunda linha, na III não há evidências de benefício e na IV é ineficaz ou prejudicial. **Objetivo:** Analisar o perfil dos procedimentos de plasmaférese terapêutica realizados por um Hemocentro e comparar com a classificação da ASFA. **Método:** Estudo retrospectivo, descritivo com abordagem quantitativa. Realizou-se um levantamento dos dados obtidos a partir dos registros dos procedimentos de janeiro de 2022 a dezembro de 2023. As variáveis observadas foram sexo, número de procedimentos, líquido de reposição e diagnóstico. Os dados foram classificados de acordo com as categorias da ASFA para verificar a conformidade das indicações. **Resultados:** No período analisado foram realizados 768 procedimentos em 143 pacientes, sendo 50,4% do sexo masculino e 49,6% feminino. Observamos que 96% dos procedimentos foram realizados no âmbito hospitalar e 4% ambulatorial. O líquido de reposição mais utilizado foi solução salina com albumina, em 81% das sessões e o restante das sessões com plasma fresco. Os procedimentos foram separados em quatro grupos: doenças neurológicas, renais, hematológicas e outras, com a seguinte frequência: 53,8%, 21,6%, 18,2% e 6,4% respectivamente. Dentre as doenças neurológicas, a maioria dos