

# Blood Matters on the Bench and Beyond

Issue 26 – May 2026

**OFFICIAL**

Welcome to the Blood Matters newsletter for Scientists.

## Save the date: Blood Management Summit for Scientists



Wednesday 18 November 2026

10.00am – 3.30pm (time TBC)

Australian Red Cross Lifeblood, Melbourne Processing Centre, West Melbourne

**Mark the date in your calendar, further details to follow later in the year.**

## Traceability and fate of blood and blood products

Blood and blood products **must** be **traceable throughout every step** of the blood supply chain including:

1. From the time of donation to dispatch by Lifeblood
2. To initial receipt by the transfusion laboratory, along with:
  - recording movement in and out of remote blood fridges
  - any subsequent transfers to another facility
3. To its ultimate fate:
  - transfused to a patient
  - discarded (along with discard reason).



In the event of an adverse event or recall, the blood or blood product must be able to be traced. Maintaining traceable transfusion records ensures clinicians can promptly identify and manage patients who have received blood or blood products, supporting patient safety.

Where there has been **partial transfusion** of blood components or products (even only 0.5mL), the final fate must be recorded as **transfused to the patient**. Any partially transfused blood or blood products **must not be discarded** in BloodNet, even if most of the bag is discarded.

More information on traceability is available on the [Lifeblood webpage](https://www.lifeblood.com.au/health-professionals/clinical-practice/transfusion-process/documentation-traceability)<sup>1</sup>.

## BloodNet comments - maintaining patient confidentiality

There are circumstances where patient details need to be entered into BloodNet (for example when placing a special order for patient specific blood components).

<sup>1</sup> <https://www.lifeblood.com.au/health-professionals/clinical-practice/transfusion-process/documentation-traceability>

Blood Sector Systems (including BloodNet and BloodPortal) comply with [Australian Government's security strategies](#)<sup>2</sup> to keep sensitive health information stored in the secure systems.

**Patient identifiers should only be entered in BloodNet when necessary to place orders.**

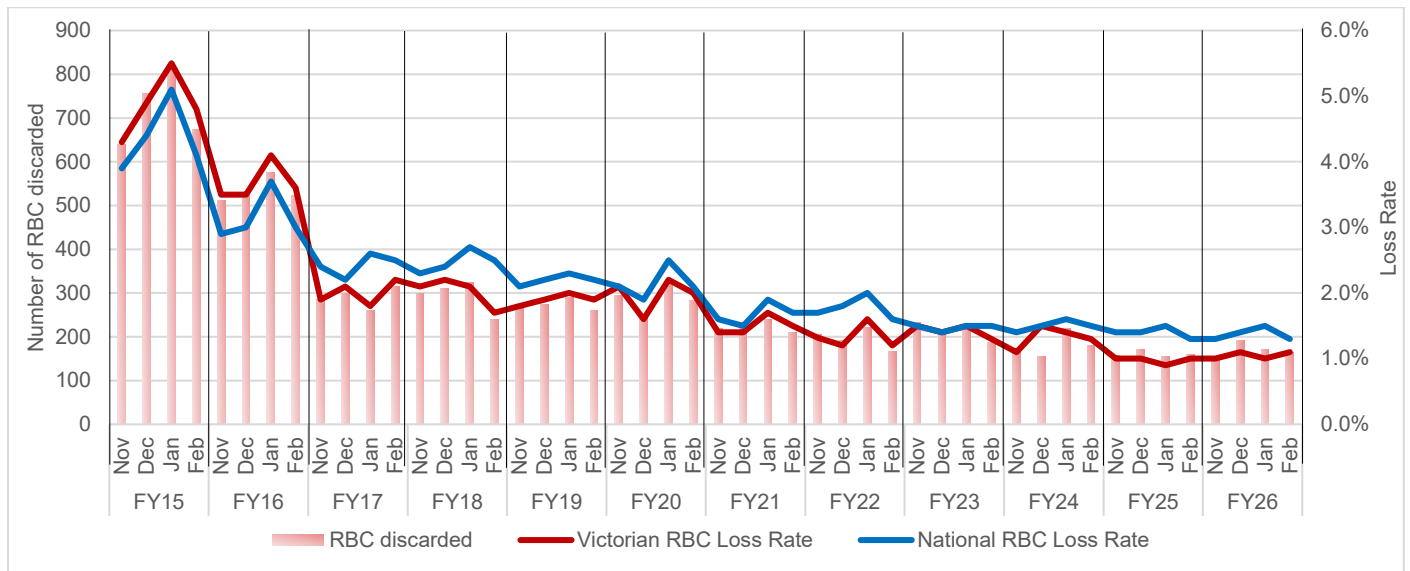
**Patient names should not be used when discarding blood and blood products.** Unique Record Numbers (URN) or Laboratory Accession Numbers can be used if needed, as these can then be entered into your Laboratory Information System (LIS) to provide further patient information for follow-up.

Likewise, staff member's names should not be entered into BloodNet notes – use initials if required which can then be linked back to your internal reporting systems (for example Riskman) if needed.

Providing patient details only when necessary helps minimise the risk of sensitive information being accessed.

## 'STOP the waste' festive campaign 2025-26 summary

Despite the inventory management challenges faced by transfusion and health services resulting from the surge in donations after the Bondi incident, the 2025/26 festive campaign was once again successful in maintaining minimal RBC wastage over this period.



The average Victorian red cell wastage rate over this festive season was 1.1%, well below the average festive period wastage rate over the past 10 years of 1.6%.

**We are grateful for your ongoing stewardship of blood and commitment to our patients and donors,** particularly during this difficult period.

As we continue into 2026, we ask health services to continue to monitor changes to activity within your organisations which may impact blood use and adjust the inventory accordingly.

Of particular importance is reviewing O RhD negative RBC inventory as O RhD positive RBC for emergency use is implemented across health services, in line with the National Statement for the Emergency Use of Group O RBC (more information available on the [Blood Matters webpage](#)<sup>3</sup>).

**Your continued support of the 'STOP the waste' campaign is greatly appreciated.**

<sup>2</sup> <https://www.cyber.gov.au/business-government/asds-cyber-security-frameworks/essential-eight>

<sup>3</sup> <https://www.health.vic.gov.au/patient-care/emergency-use-of-group-o-red-blood-cells>

## National medical scientist certification

The Australian Council for Certification of the Medical Laboratory Scientific Workforce (CMLS) is a voluntary national professional certification scheme for Medical Laboratory Scientists. New applications for certification and renewals are processed by the professional bodies providing CPD. More information and links can be found at [www.cmls.org.au](http://www.cmls.org.au)<sup>4</sup>.

## How can Blood Matters help you?

Blood Matters are here to assist health services and laboratories with education and provision of resources. If you have suggestions for tools and resources please contact Rae French [rfrench@redcrossblood.org.au](mailto:rfrench@redcrossblood.org.au) <rfrench@redcrossblood.org.au> or the Blood Matters team [bloodmatters@redcrossblood.org.au](mailto:bloodmatters@redcrossblood.org.au) <bloodmatters@redcrossblood.org.au> via email or phone 03 9694 3524.

To receive this document in another format, phone **03 9694 0102**, using the National Relay Service 13 36 77 if required, or [email Blood Matters](mailto:bloodmatters@redcrossblood.org.au) <bloodmatters@redcrossblood.org.au>.

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Available at [Blood Matters](https://www.health.vic.gov.au/patient-care/transfusion-science-and-blood-stewardship) <https://www.health.vic.gov.au/patient-care/transfusion-science-and-blood-stewardship>

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<sup>4</sup> [www.cmls.org.au](http://www.cmls.org.au)