

# **NATO STANDARD**

## **AMedP-1.1**

# **MINIMUM REQUIREMENTS FOR BLOOD, BLOOD DONORS AND ASSOCIATED EQUIPMENT**

**Edition A Version 1**

**SEPTEMBER 2018**



**NORTH ATLANTIC TREATY ORGANIZATION**

**ALLIED MEDICAL PUBLICATION**

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**NORTH ATLANTIC TREATY ORGANIZATION (NATO)**  
**NATO STANDARDIZATION OFFICE (NSO)**  
**NATO LETTER OF PROMULGATION**

3 September 2018

1. The enclosed Allied Medical Publication AMedP-1.1, Edition A, Version 1, MINIMUM REQUIREMENTS FOR BLOOD, BLOOD DONORS AND ASSOCIATED EQUIPMENT, which has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2939.

1. AMedP-1.1, Edition A, Version 1, is effective upon receipt.

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4. This publication shall be handled in accordance with C-M(2002)60.



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Brigadier General, HUNAF  
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## RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
DNK	<p>Danish Defense does not have blood banks. All the blood used in the armed forces comes from the civilian hospital system and the civilian system complies with the minimum requirements described.</p> <p>Denmark does not show blood groups on disc (dog tags) and ID Card.</p>
FRA	<p>France will not implement the following parts of STANAG 2939 Edition 6:</p> <ul style="list-style-type: none"> <li>- Related documents (page 1): blood bags are labelled in accordance with the MONARCH system, not with the ISBT code 128's system.</li> <li>- Donor/Recipient blood group identification, paragraphs 1.5.1 and 1.5.3 (page 2): the blood group is shown on the individual's blood group card, not on its (national) identity card.</li> </ul>
GBR	<p>GBR do not include blood group details on Armed Forces identify cards; it is, however, included on official identity disks.</p>
<p>Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.</p>	

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<b>TABLE OF CONTENTS</b>
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<b>CHAPTER 1 .....</b>	<b>1-1</b>
1.1. AIM .....	1-1
1.1.1 Related Documents .....	1-1
1.2. PARTICIPATING NATIONS AGREE .....	1-1
1.3. GENERAL .....	1-2
1.4. DETAILS OF REQUIREMENTS FOR BLOOD AND BLOOD DONORS .....	1-2
1.5. DONOR/RECIPIENT BLOOD GROUP IDENTIFICATION .....	1-2
1.6. DETAILS OF EQUIPMENT TO BE USED .....	1-2
1.7. BLOOD PACK LABELING .....	1-2
1.8. HEMOVIGILANCE/TRACEABILITY .....	1-2
1.9. TRANSPORT AND STORAGE OF BLOOD AND BLOOD COMPONENTS .....	1-3

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<b>CHAPTER 1</b>
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**1.1. AIM**

The aim of this agreement is to:

- a. Protect blood donors as well as recipients, where blood and blood products are exchanged between NATO Forces, by introducing minimum requirements for blood donation, testing, labeling, transport and storage.
- b. Facilitate interoperability among NATO Forces.

**1.1.1 RELATED DOCUMENTS**

Council of Europe	Guide to the Preparation, Use and Quality Assurance of Blood Components, in the current edition.
Directive 2002/98/CE	Standards of Quality and Safety for the Collection, Testing, Processing, Storage and Distribution of Human Blood and Blood Components
ISBT code 128	Labelling of Blood Packs
MONARCH code	France code for labelling of blood products
Eurocode IBLS	Eurocode International Blood Labelling system
CFR Title 21	United States Code of Federal Regulations, Title 21: Parts 200-299 and 600-799
AABB STANDARDS	Standards for Blood Banks and Transfusion Services in the current edition

**1.2. PARTICIPATING NATIONS AGREE:**

- a. That blood and blood components used for transfusion in their Armed Forces will be collected, processed, tested, labelled, transported and stored in compliance with the requirements described in this agreement.
- b. To adopt standardized blood transfusion equipment, including blood taking and blood giving equipment used for transfusions of human blood and blood components, so that they are interchangeable and meet cross-servicing requirements.

- c. To a mutual exchange of current information on blood banking techniques and procedures and maintaining the Table of National Testing Requirements, updating any changes in testing required by each nation.

### **1.3. GENERAL**

1. The scope of this agreement does not cover all medical conditions and tests that could be useful in selecting donors or assessing the quality of the blood.
2. It is recognized that there is a rapid advance of technology and techniques in the entire field of blood transfusion and related equipment. Therefore, it is agreed that new and improved items of equipment may be used provided that they meet the specifications of this agreement.
3. Nations are free to impose further restrictions above the minimum parameters if they desire.

### **1.4. DETAILS OF REQUIREMENTS FOR BLOOD AND BLOOD DONORS**

1. The fitness of the donor to donate and the suitability for blood donation will be in accordance with the current version of related documents.
2. If an emergency medical situation requires collection and transfusion of blood that has not been tested for infectious disease markers, then samples will be taken at the time of the emergency donation for retrospective testing.

### **1.5. DONOR/RECIPIENT BLOOD GROUP IDENTIFICATION**

1. The individual's ABO and Rh (D) blood group is to be clearly stamped on discs of indestructible material, and the marking will show the classification of blood, according to the ABO and Rh (D) systems.
2. This marking is to be the same as that used for the Individual Identity Card.
3. The ABO and Rh (D) blood groups shown on the disc and ID Card shall not be accepted as a substitute for blood typing of the donor or recipient.

### **1.6. DETAILS OF EQUIPMENT TO BE USED**

Blood collection and blood transfusion equipment and infusion/transfusion fluids used in the field shall conform to the current version of related documents.

### **1.7. BLOOD PACK LABELING**

Labelling will conform to the current version of related documents.

**1.8. HEMOVIGILANCE/TRACEABILITY**

Donation and transfusion records shall be maintained in accordance with the current version of related documents to ensure traceability.

**1.9 TRANSPORT AND STORAGE OF BLOOD AND BLOOD COMPONENTS**

Transport and distribution of blood and blood components at all stages of the transportation chain must be under conditions that maintain the integrity of the component.

**AMedP-1.1(A)(1)**