

# HEALTH RESEARCH ETHICS COMMITTEE (HREC)



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## Guideline for Paediatric Blood Volume for Research Purposes

*Amended Document prepared by M Kruger*

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V1.1

## Public guideline

The following is the guideline for the SOP for researchers which should be available on the website:

- It is important to take the child's clinical condition into account when determining what volume can be used for research purposes.
- Blood volume should not exceed 5% of the total blood volume during a one-off sampling of total blood volume (including routine blood specimens for clinical care).
- Blood volume should not exceed 5% of the total blood volume within 3-months (including routine blood specimens for clinical care). (*US OHRP: 3 ml/kg or up to 50 ml total within 8 weeks*).
- If the blood volume necessary exceeds the above guideline, the research team need to submit additional motivation, which will be considered by the ethics review committee for final approval and may need expert opinion to guide the ethics review committee.

## REC Member guideline

This guideline is to be used by REC members when there is a request for a larger blood volume to be taken from a child participant with adequate motivation by the principal investigator. This guideline also take into consideration the haemoglobin and is therefore a better guideline in the scenario dealing with impoverished communities and malnutrition.

CMRC IRB MAXIMUM ALLOWABLE TOTAL BLOOD DRAW VOLUMES (CLINICAL + RESEARCH)						
Body Wt (Kg)	Body Wt (lbs)	Total blood volume (mL)	Maximum allowable volume (mL) in one blood draw (= 2.5% of total blood volume)	Total volume (clinical + research) maximum volume (mL) drawn in a <u>30-day period</u>	Minimum Hgb required at time of blood draw	Minimum Hgb required at time of blood draw if subject has respiratory/CV compromise
1	2.2	100	2.5	5	7.0	9.0-10.0
2	4.4	200	5	10	7.0	9.0-10.0
3	6.3	240	6	12	7.0	9.0-10.0
4	8.8	320	8	16	7.0	9.0-10.0
5	11	400	10	20	7.0	9.0-10.0
6	13.2	480	12	24	7.0	9.0-10.0
7	15.4	560	14	28	7.0	9.0-10.0
8	17.6	640	16	32	7.0	9.0-10.0
9	19.8	720	18	36	7.0	9.0-10.0
10	22	800	20	40	7.0	9.0-10.0
11-15	24-33	880-1200	22-30	44-60	7.0	9.0-10.0
16-20	35-44	1280-1600	32-40	64-80	7.0	9.0-10.0
21-25	46-55	1680-2000	42-50	64-100	7.0	9.0-10.0
26-30	57-66	2080-2400	52-60	104-120	7.0	9.0-10.0
31-35	68-77	2480-2800	62-70	124-140	7.0	9.0-10.0
36-40	79-88	2880-3200	72-80	144-160	7.0	9.0-10.0
41-45	90-99	3280-3600	82-90	164-180	7.0	9.0-10.0
46-50	101-110	3680-4000	92-100	184-200	7.0	9.0-10.0
51-55	112-121	4080-4400	102-110	204-220	7.0	9.0-10.0
56-60	123-132	4480-4800	112-120	224-240	7.0	9.0-10.0
61-65	134-143	4880-5200	122-130	244-260	7.0	9.0-10.0
68-70	145-154	5280-5600	132-140	264-280	7.0	9.0-10.0
71-75	156-185	5680-6000	142-150	284-300	7.0	9.0-10.0
76-80	167-176	6080-6400	152-160	304-360	7.0	9.0-10.0
81-85	178-187	6480-6800	162-170	324-340	7.0	9.0-10.0
86-90	189-198	6880-7200	172-180	344-360	7.0	9.0-10.0
91-95	200-209	7280-7600	182-190	364-380	7.0	9.0-10.0
96-100	211-220	7680-8000	192-200	384-400	7.0	9.0-10.0

<b>Based on blood volume of:</b>		
<b>kg</b>	<b>mL/kg</b>	
1-2	100	Pre-term infant
> 2	80	Term infant - adult

This information is similar to that used by the Committee on Clinical Investigations, Children's Hospital in Los Angeles, CA; Baylor College of Medicine, Dallas, TX; and Cincinnati Children's Hospital Institutional Review Board, OH. These charts were adapted by: Rhona Jack, Ph.D. Children's Hospital and Regional Medical Center Laboratory, Seattle, WA in August 2001.

Reference: Rhona Jack; [www.ucdmc.ucdavis.edu/.../Blood\\_Draws\\_Maximum\\_Allowable.doc](http://www.ucdmc.ucdavis.edu/.../Blood_Draws_Maximum_Allowable.doc) - downloaded on 02 December 2010