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Leaders in Viral, Molecular and Microbiology Testing

717 Yosemite Street • Denver, CO 80230 • Phone 303.365.9000 • 800.321.6088 • Fax 303.343.6666

August 4, 2004

Dockets Management Branch
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD, 20852

Dear Dockets Branch Representative:

This letter serves as a comment on the Draft Guidance for Industry: Eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps). The Docket Number is FR Doc 04-11246, and comments are due August 23, 2004.

Regarding the statement on page 31 concerning Nucleic Acid Testing (NAT): The paragraph should be changed to include the notification that such testing has been approved for cadaveric samples. And, since NAT testing is recommended by FDA for living donors using licensed blood-donor screening tests, we believe it should be required for cadaveric donors, as well. To fail to do so would be inconsistent and not in the best interests of the general public to ensure the safety of products that could harbor infectious diseases.

Regarding the hemodilution issues for testing cadaveric samples on pages 27 and 28: We do not believe these recommendations should apply to Nucleic Acid Testing (NAT) for the following reasons:

1. Since circulating levels of HIV and HCV ramp up very quickly (~ 11 days) it would be unlikely that even a dilution of 15X would lower the viral load below detectability of the very sensitive NAT tests (detecting $\leq$ 50 copies /ml).
2. The probability of a tissue donor with an HIV or HCV window infection is very low (in Colorado: HIV: ~1/700 X 10^6 and HCV: ~1/7 X10^6). The possibility of a very early window infection in which a 15X hemodilution would drop the viral load below current detectability is extremely low.
3. The FDA licensed NAT is used in minipools of 16 blood donor samples, and the other NAT being considered for licensure is used in pools of 24; these are analogous to 16x and 24X hemodiluted blood donors.
4. The FDA has already approved hemodiluting samples up to 5X in order to overcome sample inhibitors; based on this alone, donors up to 5X hemodiluted should be acceptable as a NEAT sample.

2004D-0193 C7

5. Since the FDA licensed test allows for a 16X hemodilution for blood donors, tissue donors could be hemodiluted up to 3X and then if necessary diluted 5X with normal saline to overcome sample inhibitors, and still fall under the tolerated 16X hemodilution of the package insert.
6. Since the detection of HIV and HCV window infections in tissue donors is the same as in blood donors, there is no scientific reason to impose the same cadaveric hemodilution algorithms used for serological assays.

Thank-you for your consideration of these recommendations. We would be happy to speak with anyone from your office should you deem it profitable.

Sincerely,

Steven S. Geier, PhD
Director of Immunogenetics
Assoc. Director Clinical Laboratory

Michael J. Bauer, MD
Associate Medical Director