

Doc. No.	Rev	Effective Date
PI152	1	27OCT2025

Human Platelet Lysate (hPL) PLATINUM – Clinical Grade

Product Description

Human Platelet Lysate (hPL) is a growth factor-rich cell culture supplement prepared from human blood donations. hPL PLATINUM is fibrinogen depleted and does not contain heparin.

This hPL was manufactured under a quality management system based on ISO-13485. The principles, recommendations and requirements of ISO-20399 and of the European Pharmacopoeia (Chapter regarding raw materials of biological origin for the production of cell-based and gene therapy medicinal products) have been applied.

Product Presentation

Product Code	Product Description	Size
HPL-603U-480	Human Platelet Lysate (hPL) PLATINUM Clinical Grade (480 donors)	180 mL

Instructions for use

Storage/Stability

This product should be stored at $\leq -70^{\circ}\text{C}$ upon receipt. Thaw at room temperature or in a water bath $\leq 37^{\circ}\text{C}$. After thawing, aliquot at will and store aliquots at -20°C or colder. It is recommended to store the products at -15°C to -30°C for no more than 8 weeks. For long term storage, temperatures $\leq -70^{\circ}\text{C}$ are recommended.

Multiple freeze/thaw cycles may lead to increased turbidity and lower efficiency.

The expiry date of the product is indicated on the product label.

Preparation

For use in cell culture media, we recommend an optimal dilution of 10% (vol/vol) in basal medium. In rare cases a concentration of hPL $>10\%$ (vol/vol) may cause salt precipitation if used in basal media containing high phosphate concentrations (e.g. RPMI) combined with certain cell types.

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Precautions and safety

- Not intended for direct use in animals or humans.
- Apply GLP according to biosafety regulations.

Because the product is a substance of human origin, there is a risk of transmitting infectious agents. Take care to handle the product accordingly.

The hPL is prepared from blood donations collected from consenting, non-remunerated voluntary donors of the Belgian Red Cross Flanders. Prior to donation, donor risk behavior is inquired via a medical questionnaire and a medical anamnesis. The donor is tested for carrying antibodies against the human immunodeficiency viruses (anti-HIV-1 and HIV-2), against hepatitis C virus (anti-HCV), hepatitis B virus surface antigen (HBsAg) and Treponema pallidum. Potential infection with HIV, HBV and HCV is tested by nucleic acid amplification.

The hPL production process includes a pathogen inactivation step (using the INTERCEPT method from Cerus) on the final product. This reduces the risk of transmission of HIV, HCV and HBV to almost zero. Due to its broad spectrum of action, pathogen inactivation also significantly protects against transmission of less or unknown pathogens ("emerging infectious diseases"). However, such transmission can never be excluded.

Prions are not eliminated by pathogen inactivation and cannot be detected in donors by routine lab tests. Protection against transmission of prions by transfusion relies on careful donor selection.

Support

To learn more, contact us by telephone at +44 1234 889180 or email at sales@lifesciencegroup.co.uk

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