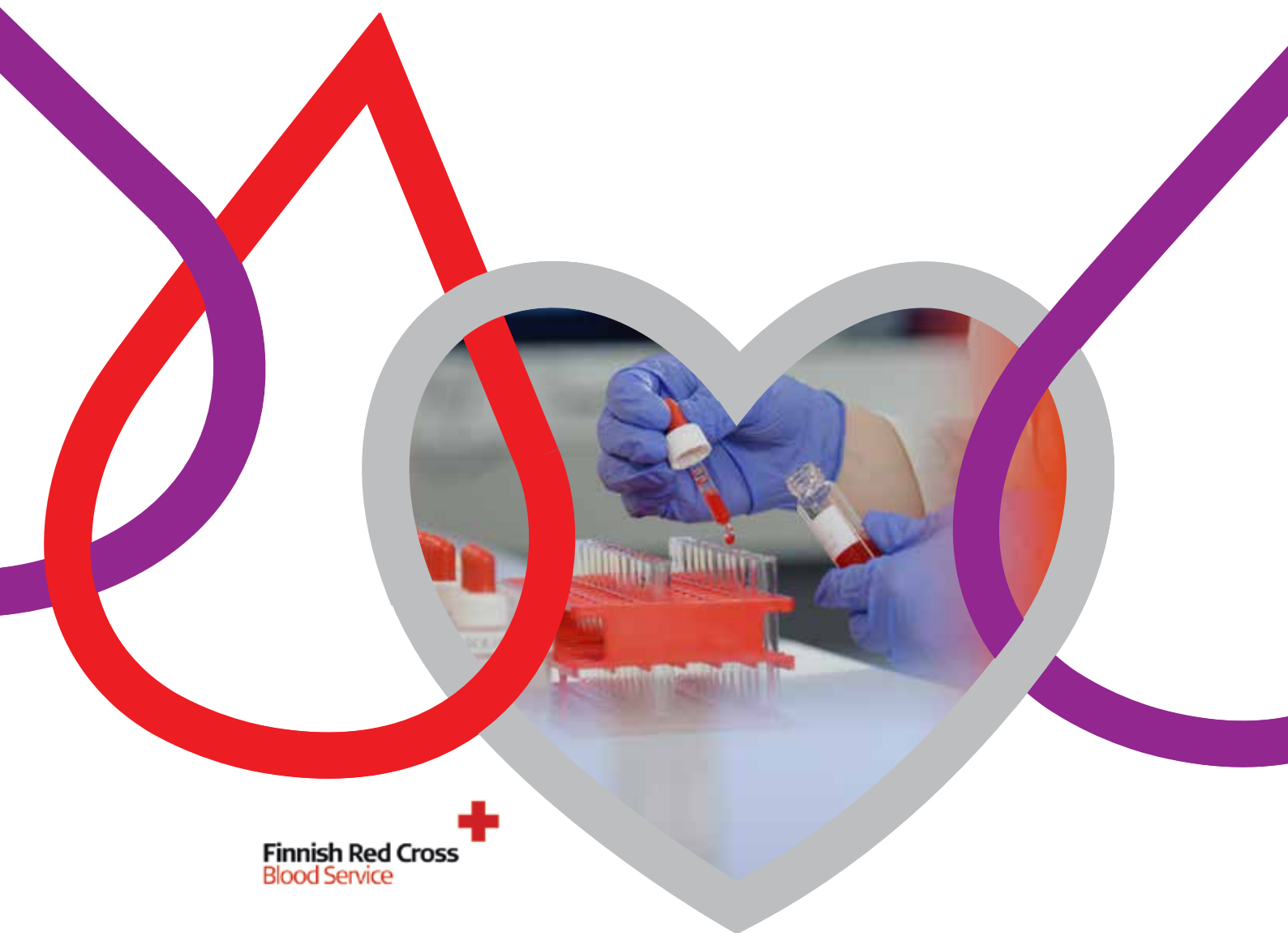


Link in a Chain of Helpers

The Blood Service's year

2014



Finnish Red Cross
Blood Service



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More information:

<http://vuosikertomus.veripalvelu.fi/en>

The Blood Service in a **nutshell**

THE BLOOD SERVICE IN THE FINNISH HEALTHCARE SYSTEM

The Blood Service is part of the Finnish Red Cross and serves healthcare. We are responsible for supplying blood products all over Finland in a centralised manner. Our tasks include organising blood donations and collecting blood as well as testing donated blood, manufacturing blood products and distributing them to hospitals.

We provide healthcare sector services such as blood cross-matching, tests needed for organ, tissue and stem cell transplants, and coagulation factor and thrombocyte assays. The Blood Service performs blood group and blood group antibody tests for all pregnant women in Finland. The Blood Service also hosts the Finnish Stem Cell Registry, which provides stem cell grafts for all stem cell transplantations performed in Finland.

Our strong expertise is built on in-house research and development, which forms the foundation for safe blood transfusions and novel cell therapies now and in the future.

We help others to save lives. We operate together with voluntary donors and hospital professionals.

Helping patients is a joint effort

We work to help patients get better. Together with blood donors, the Blood Service supports hospitals in treating patients. A host of volunteers assists us in organising blood donation events.

We are expert professionals

The Blood Service operates in 9 towns and cities and employs about 500 professionals, all experts in their field. We provide blood and cell products and associated laboratory and expert services for the healthcare system.

We are a non-profit organisation

The Blood Service is an independent, non-profit section of the Finnish Red Cross. We cover the costs of our operations and their development by selling blood and cell products and expert services to the Finnish healthcare system. The Blood Service strives to maintain a stable financial position in a responsible manner.

Production and layout: Mediafocus Oy **Texts:** FRCBS Communications
Photos: FRCBS **Translations:** Meditrans Oy **Printing house:** SP-paino



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Our values

Patient well-being

Our operations always aim to increase patients' well-being.

Respect for donors

Voluntary blood and stem cell donors are important partners in the chain through which the Blood Service provides its help. We value donors and their gift and provide a channel through which they can help patients.

Reliability

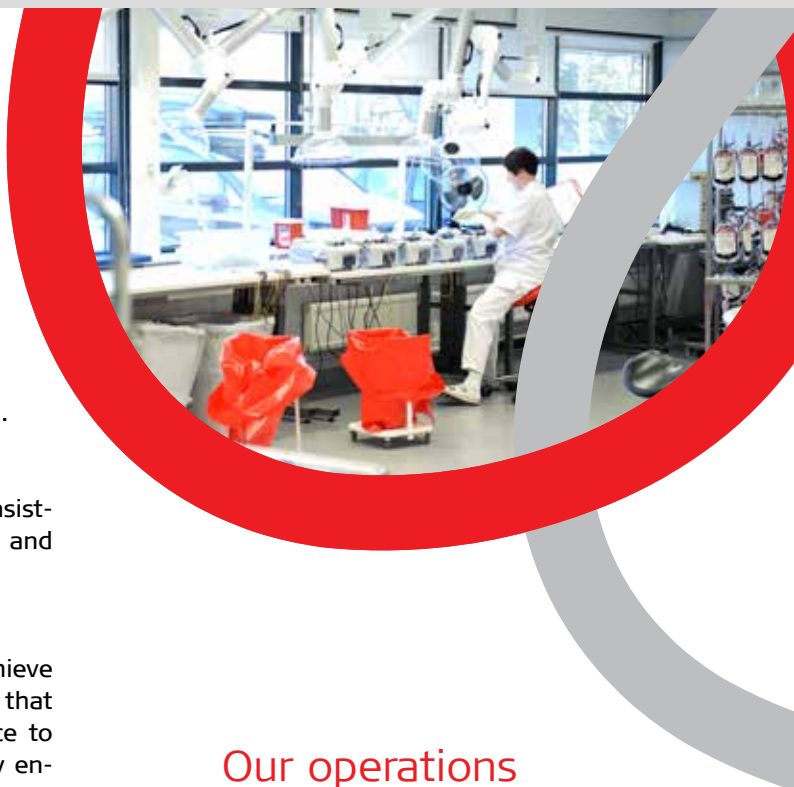
We earn and maintain mutual trust by applying clear, consistent practices. We exercise good corporate governance and transparent communications.

Working community well-being

We seek to develop our personnel's well-being to achieve optimal results in our operations. We want to ensure that our personnel consider the Blood Service a good place to work, a place where they can succeed and where they enjoy their work while being encouraged to develop their skills further.

Operational efficiency

We value the gift given by donors and do our best to ensure it is used at the right time and as effectively and appropriately as possible for the benefit of patients. We also continually develop our operations to make them run as smoothly as possible.



Our operations
always aim to
increase patients'
well-being.

Review by the CHIEF EXECUTIVE

Activities in 2014 went much more smoothly and were more stable than the previous year. We completed our organisational changes and concentrated on developing operations in accordance with our new strategy. Many indicators showed good results: donor commitment to the Blood Service remained high, the hospital clients were satisfied, personnel survey results were further improved and the financial result exceeded even the most positive predictions.

The amount of blood used by the hospitals is the main driver behind our activities. The use of red blood cells decreased by 4% during 2014, due to advances in treatment methods. This was expected. The number of blood donations decreased in the same proportion. However, considerably more than 200,000 blood donations were still needed, i.e. 800–900 donors every weekday. Although the use of blood is decreasing, blood donation remains important to those in need as there is no artificial replacement for blood.

The volume of red blood cells used in Finland is now approaching the average Western European level, but platelets (thrombocytes) are still used considerably more in Finland than in the rest of Western Europe. Demand for platelets actually increased by 1% in 2014. We believe that the use of platelets will decrease in the long term. However, we are prepared to step up platelet collection in order to keep our production at the level required by hospitals and to react to rapid changes in demand.

During 2014, Octapharma, the long-time Swiss partner of the Blood Service, stopped using Finnish plasma collected using automated methods as raw material for frozen plasma. For this reason, we discontinued automated collection of plasma for this purpose at the end of 2014. We could have supplied our plasma as raw material for other medicinal plasma products, but income from this would not have covered collection costs.

Demand for our laboratory and cell services was satisfactory. To take one example, the number of organ transplants and stem cell transplants is increasing and this employs our tissue typing personnel. Clear growth was also recorded by our Cell Production Centre, which produced mesenchymal stromal cells to treat graft-versus-host disease in stem cell transplantation recipients and keratinocytes to treat burn patients.

Our research strategy was updated based on recommendations by our Scientific Advisory Board. Our research focuses on the development of blood donation operations, blood transfusion therapies and cell and tissue therapies. A good basis for new research projects has been provided by a re-

search programme that is part of the Salwe research consortium and funded by Tekes – the Finnish Funding Agency for Innovation. New research topics include determining the effect of the age of blood products on blood transfusion therapy and the health effects of blood donation. We are also active in biobank work and participate in the Finnish Hematology Registry and Biobank, which promotes research into serious haematological conditions.

Contrary to predictions, the turnover of the Blood Service increased and was €65.8 million. At the same time, substantial savings helped to reduce costs by more than €3 million, making the final surplus for the financial year €5.9 million, which is a very positive result. The financial result made it possible to target resources on the future. We made a donation of €750,000 to the University of Helsinki Future Fund to promote medical research and teaching. We also decided to keep our blood product prices unchanged and not to increase them in line with rising costs.

In 2015, our strategic development targets will include making our blood donation activities more regular and predictable on a daily basis, developing data system solutions for better function of the blood product chain, and developing activities at the Cell Production Centre. We will also attempt to rent out our underutilised premises in Kivihaka in order to lower costs.

I once again express my warmest thanks to all donors who have reached out to patients in need of help. I thank our committed personnel for all the help they have given to patients. I also wish to thank our partners who have participated in the chain of helpers.

Martti Syrjälä
Chief Executive of
the Blood Service



Operational reviews

BLOOD PRODUCTS AND MEDICINAL PLASMA PRODUCTS

As in previous years, blood product supply reliability was good. The use of blood products decreased as predicted at the beginning of the year, but rose again during the summer. In total, the use of red blood cells decreased by 4% on the previous year. However, the use of platelets increased by 1%.

We have systematically developed our production process together with our personnel to make operations run faster and more smoothly. We are now able to deliver blood products to hospitals fresher than before. This also benefits patients, as a fresh product usually means a better treatment response and greater safety. In 2014, the average age of red blood cells supplied to hospitals was 7.7 days, compared with 10 days the previous year.

Optimising the blood stocks requires skilful management of production and smooth collaboration between production and blood collection. We have clearly made the right improvements, as the European Blood Alliance (EBA) assessment group found that our production is now over 20% more efficient than when the previous assessment was made two years ago.

We have cut back our activities in the pharmaceutical wholesale business and now concentrate only on services that support our core operations. At the end of 2014 we discontinued distribution of all medicinal plasma-based products except processed frozen plasma. Sales of this product increased by about 1% during 2014 after having fallen three years in a row.

In client surveys, we received an excellent rating from clients working in blood units and patient care. Our 24/7 service and expert consultation in problem situations were rated as especially important.

BLOOD DONATION

In blood donation we are working to make daily collection volumes more consistent and predictable and to ensure that donations correspond better with the need for each blood group. We monitor district-specific population changes and plan our blood donation network and our donation events accordingly.

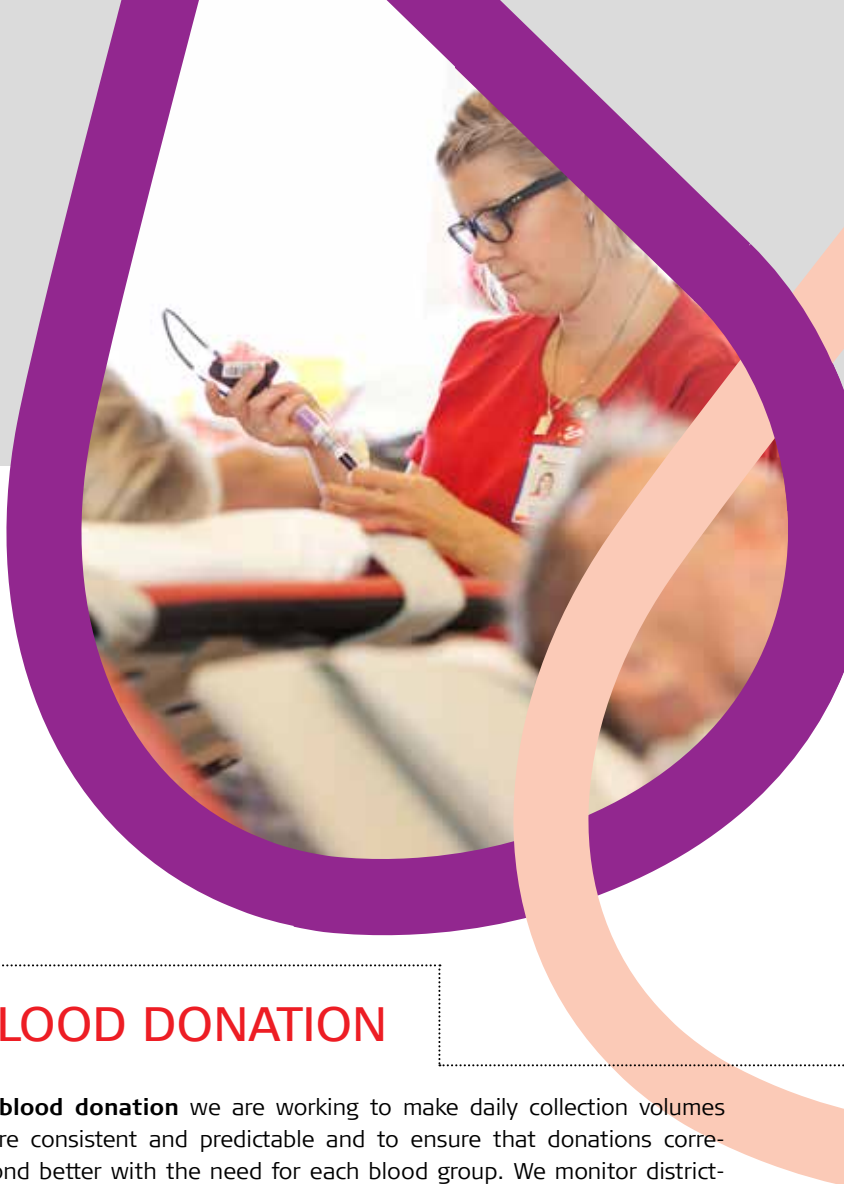
During 2014, we collected a sufficient and constant number of blood donations throughout the year, including the summer, despite the fact that the use of blood products at hospitals exceeded our predictions in the summer months. The number of whole blood donations was about 216,000, in addition to over 4,000 plasma and platelet donations. The number of whole blood donations fell by about 3%, which corresponded to the decrease in red blood cell use at hospitals.

In 2014, we had a total of 127,000 different blood donors, 14,000 of them first-time donors. The proportion of first-time donors was almost 14%, which is encouraging for regeneration of the donor pool. Obstacles to donation were found during 11% of donor visits, about the same as during previous years.

To improve supply reliability we doubled the automated collection of platelets, i.e. thrombapheresis, at the Kivihaka unit. Platelet products collected through thrombapheresis represented about 6% of all blood products.

At the end of 2014, we discontinued the automated collection of plasma as raw material at the Kivihaka and Sanoma Building units. Producers of medicinal plasma products no longer use Finnish apheresis plasma for the production of frozen plasma, so it is no longer possible or necessary to collect plasma separately. In the future, we will only collect plasma separated from whole blood, which we will freeze within 24 hours from donation and deliver to our contracting parties as raw material for medicinal plasma products.

The upper age limit for donors was raised to 70 years in February 2014. The change was well received by donors, and persons over 65 years donated almost 4,000 bags of blood during the year.





Health effects of blood donation is one of the new research topics.

RESEARCH AND CELL SERVICES

Cell services

In 2014, we supplied a total of 159 stem cell grafts, which is the highest number in our 22 years of this work. Our Stem Cell Registry has collaborated with Tartu University Hospital in Estonia since 2010 and Estonian volunteers have been able to join the registry. In 2014, the first Estonian member of the registry donated stem cells.

The number of members in our Stem Cell Registry is growing thanks to the campaigning of active people and our partners. The number of members increased by over 3,000 during the year to more than 25,000 at the end of the year. The number of stem cell transplants donated by members of the registry has also increased significantly.

Our Stem Cell Registry continued to supply cord blood stem cells for the treatment of patients, and we maintained our Cord Blood Bank in accordance with international quality requirements.

Our Cell Production Centre produced the mesenchymal stromal cells (stem cells) used to treat 14 transplant patients with serious graft-versus-host disease at Turku University Central Hospital and Helsinki University Central Hospital. The centre also supplied keratinocyte products for five burn patients treated at the Helsinki University Central Hospital Burn Center. Keratinocytes are isolated from the patient's own skin. We started three new research projects to develop new products.

We also participate in biobank activities. We coordinate the activities of the Finnish Hematology Registry and Clinical Biobank in accordance with agreements with the Institute for Molecular Medicine Finland (FIMM), the Finnish Association of Haematology and the country's hospital districts.

Research

We revised our research strategy and compiled research plans for research into blood transfusion therapies and cell and tissue therapies in accordance with this strategy. We follow the recommendations of our Scientific Advisory Board when choosing research objectives. New research projects started concern the ageing of red blood cells and platelets and the health effects of blood donation.

We received Tekes funding for our four-year research programme Individualised diagnostics and treatment performed within the Salwe research consortium, which is important for the continuity of our research. Projects included in the programme support all four of the focuses of the Blood Service's research strategy: health effects of regular blood donation, ageing of blood cells, development of new cell therapies and blood stem cell transplant research. With the help of the Salwe programme we can strengthen our collaborative network with both Finnish and international research organisations and companies.

In 2014, our researchers contributed to a total of 34 scientific publications. Four of these were published in acclaimed scientific journals with an impact factor of more than 4. Two doctoral theses were published.

In 2014, the Blood Service invested €1.3 million of its own funds in research, which is 2% of our turnover. In total, €2.1 million was allocated for research and development, 40% of which, i.e. €854,000, was covered by external funding. We received research grants from Tekes-funded programmes and from the EVO funding granted by the state for university-level health research.

LABORATORY SERVICES

In laboratory services, considerable effort was devoted to making processes run more smoothly in line with the lean model. Our personnel made a valuable contribution by submitting more than 20 lean development initiatives concerning laboratory tests. Lean projects helped us simplify and streamline testing processes for blood groups and viruses and for donor and maternity clinic samples.

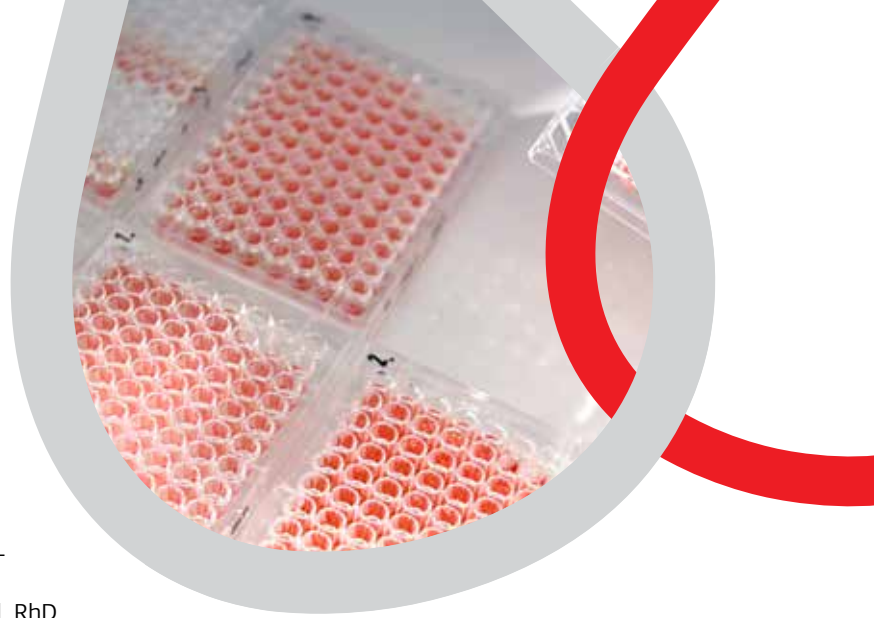
At the beginning of the year, we started foetal RhD blood group determination from blood samples of RhD-negative mothers in accordance with a new national anti-D protection programme. During the year, 4,500 samples from Finnish maternity clinics were analysed.

The organ transplant stand-by services had a very busy year with 355 patients, which is a record. In addition to carrying out emergency testing, we also developed new methods to shorten the time used for an emergency test.

During the year we automated haemostasis tests, and this has made antibody determinations run more smoothly.

We expanded our data communications network, making it faster and easier to transfer laboratory test results, especially for tissue compatibility tests. During 2014, more than half of our clinical test results were transferred through our data system.

During the year, we made preparations for collaborative arrangements with our partner laboratories with regard to performing the laboratory tests necessary for the release and selection of blood products in exceptional circumstances.



The organ transplant stand-by services had a very busy year with 355 patients, which is a record.





OTHER OPERATIONS

The purpose of our **medical expert services** is to assist hospital personnel in carrying out blood transfusions and cell therapies safely and effectively. This involves consultations, supplying pharmaceutical products, finding suitable blood products for patients with alloimmunity, on-call activities and training.

Training services are a part of our medical services. We organised 12 days of training for our hospital clients, attended by about 400 healthcare professionals. In addition, our doctors and experts gave dozens of lectures at our clients' premises and at different training events. Our training services have received excellent feedback and we keep developing them to better meet the changing needs of our clients. Our ABO web course in blood transfusion has been used over 175,000 times to date. The course teaches safe blood transfusion to nurses and doctors involved in blood transfusion. For doctors, we also organise orientation and additional training that supports specialisation through work periods at the Blood Service.

In **quality management and management systems** we worked hard to further develop the processes involved. We expanded our lean activities and development of processes to the entire organisation by training dozens of lean

developers in different operations. The trainees completed exercises linked to our operational plans that support our strategy. Our internal audits were updated for greater efficiency and to help identify and eliminate ineffective phases of our processes.

At the end of 2014, we completed a national blood service emergency plan in collaboration with the hospital districts, the healthcare authorities, the National Emergency Supply Agency and the Finnish Defence Forces. The aim is to prepare a national model for appointing a blood service emergency group, its members, tasks and decision-making model and a management system that defines the execution of decisions. The purpose is to clarify the responsibilities and roles of different operators in the blood service chain in emergencies and exceptional circumstances.

In **information management services** we focused on maintenance and support of end-user services and production systems. We successfully implemented the first parts of our basic human resource management system and updated our purchase invoice round-robin system. The biggest challenges in the near future are to update our blood bank data system, laboratory data system and online services and to implement the changes required by the Blood Service's strategy. We are building IT architecture to optimise a new kind of blood service chain and to guide donors, so that we can start flexible development projects in support of the strategy.

In **communications and marketing** our focus is on offering blood donors guidance according to blood group and home district. We invite and encourage donors to come at the right time and to the right place according to the needs of the hospitals. We use many different communication channels, including targeted SMS messages and newsletters, newspaper, online, radio and bill board advertisements as well as online communications.

Social media has become an important channel through which to encourage both blood donors and new members of the Stem Cell Registry. Many of our partners organise campaigns together with the Blood Service in the social media. The Blood Service Facebook page already has nearly 100,000 followers and is used very actively.

The Finnish Red Cross mobile phone application was updated and the number of users has already passed the 50,000 mark. Through the application users can test their eligibility for blood donation, check the blood reserve situation by blood group, and find the nearest blood donation sites.



PERSONNEL

In 2014, the Blood Service had an average of 525 employees, whose contributions total the equivalent of 449 full-time employees (449 full-time equivalents, or FTEs). The mean age of our employees was 42.4 years. Women accounted for 88% of employees and men for 12%. The mean duration of employment at the Blood Service was 12.4 years.

A special theme in personnel development was streamlining the work. We improved our initiative activities, trained lean developers and carried out several lean projects to make our production and laboratory processes run more smoothly, and launched similar projects in blood donation and support services.

Our personnel survey results improved significantly. The Best Workplaces in Finland Trust Index®, which measures staff satisfaction, was 69%, which is a 6% increase

on 2013. The biggest improvements were seen in training and development opportunities and in how management collects suggestions and ideas and gives feedback on them. We have retained our strengths as reflected by pride in achievements, the friendly workplace atmosphere and safety in the workplace, which all rank highly compared with the Best Workplaces in Finland. Areas that require development include issues related to receiving recognition and rewarding. The results of the personnel survey form a basis for development work carried out in teams and at the organisational level.

The systematic training of supervisors continued. Issues discussed by the supervisor clinics and training sessions during the year included employment issues, the model for early intervention, 360° management assessments, self-management and time management. A solution-focused training programme was organised for new supervisors.

Finances and social responsibility



The Blood Service is a non-profit organisation and its operations are funded by the fees paid by healthcare organisations for blood products, other products and services. The Blood Service is not supported by government funds or other external sources, except for some grants and subsidies for research projects.

In 2014, the Blood Service had a turnover of €65.8 million, an increase of 0.4% on the previous year. Sales of blood products in euros was about the same as in 2013. Turnover from laboratory tests increased by €500,000, or 7.5%. The Blood Service's newest areas of activity continued to grow in 2014: turnover for the biobank increased by 40%, for cell therapy products (distributed ATMPs) by 25% and for the Cell Production Centre by 14%. Despite these increases, turnover for these operational areas is still relatively low. Sales of plasma raw material decreased by €600,000, or 9%, compared to 2013. This is partly due to lower blood collection volumes in 2014, but the main reason was the decrease in apheresis plasma collection before this work was discontinued.

At the end of the financial year, the Blood Service's total capital was €60.9 million. The balance sheet total was €69.9 million, of which €35.4 million was invested in securities at the end of 2014. Our bank balance was €19.0 million, of which €18.8 million was deposited in the FRC's group account.

The Blood Service prepares a profit and loss account and a balance sheet on its operations. In 2014, the Blood Service had a surplus of €5.9 million for the financial year (€2.4 million in 2013). The Blood Service's financial result is included in that of the FRC, on which no auditor's report had been issued at the time of publication of the Blood Service's annual report.

In addition to the key indicators specified in the GRI (Global Sustainability Reporting) guidelines, the essential indicators reflecting the Blood Service's social responsibility include indicators of blood donation activities, blood product use and blood transfusion safety.

Social responsibility indicators

	2014	2013	2012
Financial indicators			
Turnover, €1,000	65,836	65,569	65,956
Materials and services, €1,000	-17,104	-16,349	-17,762
Personnel expenses, €1,000	-25,881	-27,168	-29,247
Environmental indicators			
Electricity consumption, MWh (*	5,788	5,850	5,843
Water consumption, m3 (*	10,450	10,080	9,922
District heat consumption, MWh (*	4,471	4,290	4,649
Travel days	12,065	12,417	14,412
CO ₂ emissions, domestic flights, kg	26,256	28,017	47,884
CO ₂ emissions, international flights, kg	110,044	94,573	120,239
Incinerable waste, kg (*	41,500	27,300	26,950
Sorted municipal waste, kg (**	155,000	155,200	149,000
Hazardous waste, kg (*	9,100	7,700	12,000
Social indicators			
Number of personnel (full-time employment, annual average)	458	506	561
Days lost through sickness	5,115	5,240	5,143
Accidents at work	19	25	30
Personnel training, €1,000	-272	-156	-269
Personnel training, €/person	-519	-308	-468
Personnel satisfaction, Trust Index® total points	69 %	63 %	-
Client satisfaction, blood product clients (total average of school grades 4-10)	9,2 n=189	-	-
Other indicators			
Number of blood donations (whole blood and aphereses)	220,980	227,610	250,999
Number of blood donors (whole blood and aphereses)	127,000	131,976	143,563
Red blood cell products, without white blood cells, number of products sold	204,134	212,654	230,770
Platelets, number of products sold	37,635	37,234	40,342
Completely unused blood donations	3,816	4,279	4,191
Reported adverse effect reactions of blood transfusion	257	258	260
Number of stem cell grafts supplied	159	146	127
Number of members in the Stem Cell Registry (31 December)	25,580	22,560	-
Number of scientific publications	34	55	47

* Kivihaka, Helsinki

** The amount of landfill waste also includes waste from Helsinki mobile blood collection unit.

BLOOD SERVICE IN FIGURES

Blood product sales to hospitals

Product, units	2012	2013	2014	change (%) 2013–2014
Red blood cells (without white blood cells)	230,770	212,654	204,134	-4,0
Platelet products (4 donors/product)	40,342	37,234	37,635	+1,1

The decrease in the use of red blood cells continued, but the use of platelets increased slightly.

Donated whole blood utilisation for blood products in 2014

	red blood cells	platelets**
Products for patient use	93%	91%
Removals related to blood donation	2%	-
Removals related to laboratory results and the manufacturing process	2%	2%
Expired*	3%	7%

* Expired red blood cells are sent for use as raw material for a medicinal product used for the treatment of porphyria (a rare metabolic condition).

** Proportions of whole blood used for platelet product manufacture.

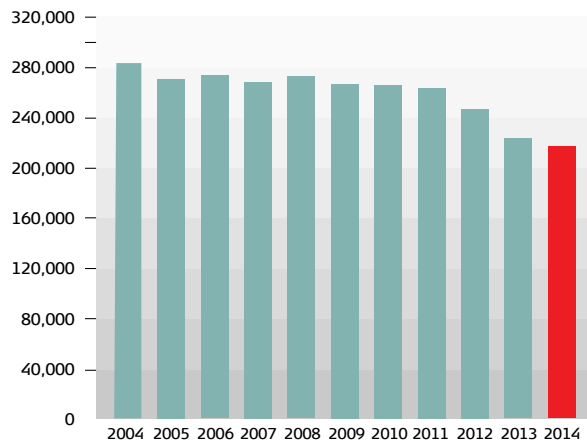
In Finland, blood is used effectively for the treatment of patients.

Blood group distribution among Finns New blood donors in 2014

A+	A-	B+	B-	AB+	AB-	O+	O-
35 %	5 %	15 %	2 %	7 %	1 %	30 %	5 %

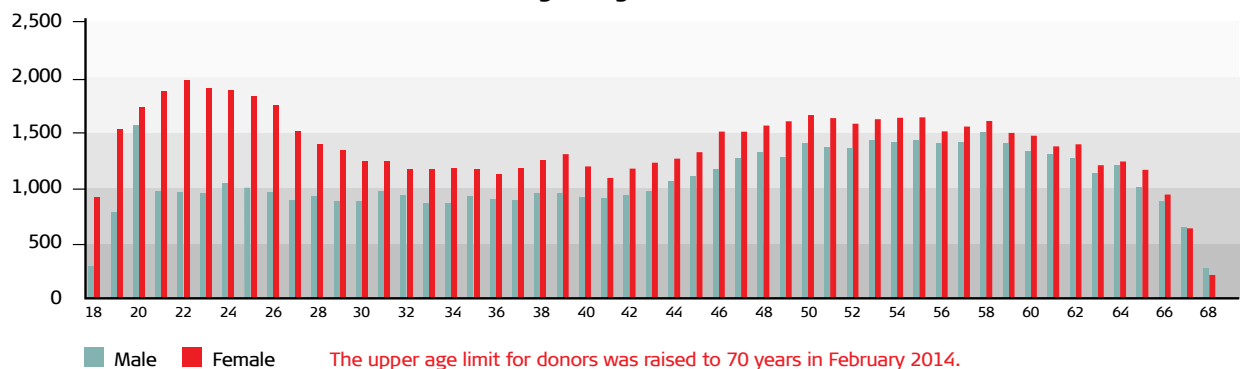
Blood donors are invited to donate on the basis of their blood group.

Whole blood donations, 2004–2014



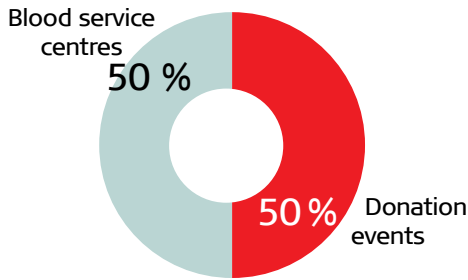
Blood is collected as required by hospitals, and the volume collected therefore varies from year to year. About 3,200 plasma donations and 1,300 platelet donations (aphereses) were also made in 2014.

Blood donors' age and gender distribution in 2014



The upper age limit for donors was raised to 70 years in February 2014.

Whole blood donations, 2014



The proportion of blood collected by mobile blood donation units has increased and now these units collect half of all the blood.

Donors with confirmed positive results in infection tests, 2010–2014

	2010	2011	2012	2013	2014
Hepatitis B	4	1	2	1	3
Hepatitis C	6	9	15	9	4
HIV	3	0	1	0	2
Syphilis	3	0	51*	6	5

* The test was changed in 2012. The new syphilis bacterium antibody test identifies both recent infections and patients previously treated for an infection. In the latter group, there is no risk of infection and no need for treatment.

Careful donor selection and reliability ensure that very few carriers of the HI virus or hepatitis viruses are identified when the blood is tested for infection.

Stem cell grafts supplied by the Stem Cell Registry, 2012–2014

Stem cell grafts supplied, total

	2012	2013	2014
Bone marrow graft	22	29	21
Blood stem cell graft	79	97	121
Cord blood graft	11	7	5
Lymphocyte graft	15	13	12
Total	127	146	159*

* The number includes 15 grafts supplied to patients of the Blood Service's Estonian partner, Tartu Transplantation Centre.

Blood stem cell grafts from blood are the most frequently used method to collect stem cells today.

From a Finnish donor to a Finnish patient

	2012	2013	2014
Bone marrow graft	6	8	4
Blood stem cell graft	15	13	23
Cord blood graft	2	0	0
Lymphocyte graft	3	2	1
Total	26	23	28

From a non-Finnish donor to a Finnish patient

	2012	2013	2014
Bone marrow graft	15	18	15
Blood stem cell graft	62	80	71
Cord blood graft	3	1	1
Lymphocyte graft	12	10	8
Total	92	109	95

From a Finnish donor to a non-Finnish patient

	2012	2013	2014
Bone marrow graft	1	3	1
Blood stem cell graft	2	4	14
Cord blood graft	6	6	4
Lymphocyte graft	0	1	2
Total	9	14	21

The Stem Cell Registry operates internationally. The Blood Service's couriers also carry stem cell grafts from abroad.

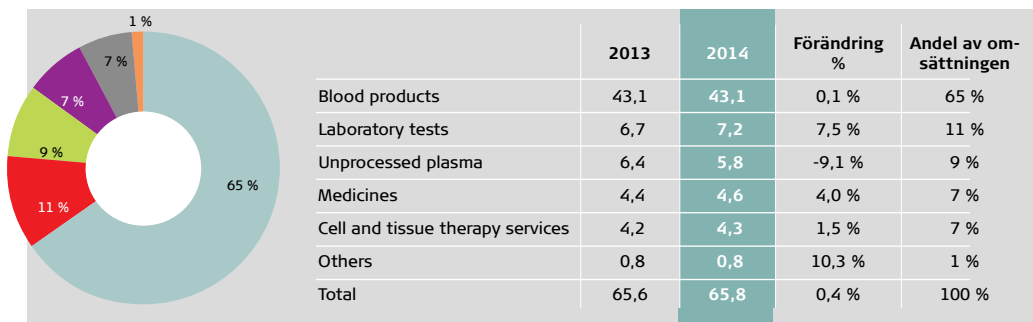
Blood Service laboratory tests for healthcare units	
	2014
Tests for bleeding and thrombotic tendencies	8,284
Blood group tests as a whole	12,054
Red blood cell antibody identification assays	4,036
Demanding red blood cell antibody identification assays	1,383
Blood compatibility tests performed urgently and outside office hours	2,070
Tests on maternity clinic specimens	83,017
Tissue compatibility tests	13,860
Platelet tests	490

Organ transplantations performed in Finland in 2010-2014					
	2010	2011	2012	2013	2014
Kidney	175	177	199	189	240
Liver	50	56	52	49	59
Heart	22	18	22	21	24
Lungs	15	23	26	15	15
Heart-lung	0	0	1	0	2
Pancreas	2	1	8	10	15
Pancreatic islet	8	6	1	0	0
Small intestine	1	0	2	1	0
TOTAL	273	281	311	285	355
From dead Finnish organ donors	92	92	107	95	120
From live Finnish organ donors (kidney)	11	13	11	13	15

The Blood Service's licences and the accreditations, inspections and audits performed at the Blood Service in 2014	
Licences	6
Accreditations	3
Inspections	5
External audits	2
Internal audits	16
Supplier audits performed by the Blood Service	8

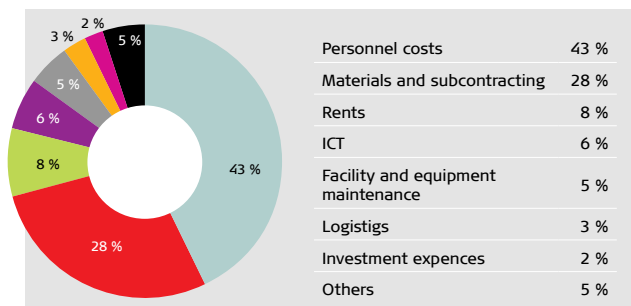
The Blood Service performs tissue typing for all organ and stem cell transplantations performed in Finland.

Turnover by product group (million euros)



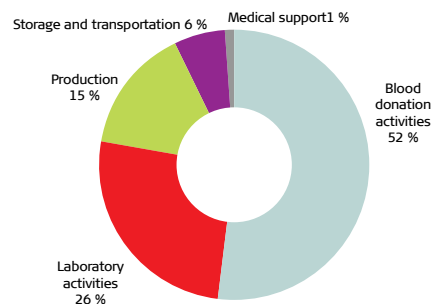
Blood products form the majority of the Blood Service's turnover.

Cost distribution 2014



Personnel costs account for the majority of the Blood Service's costs

Cost breakdown for one bag of blood, 2014 (%)



The cost of a blood product consists of several factors.

Number of personnel

	2013	2014
Total number of personnel, 31 Dec.	537	529
Permanent	470	433
Temporary	42	55
On-call	25	41
Number of personnel, full-time equivalents (FTE), average	492	449
Number of personnel, average	585	525
Full-time employment, average	506	458

The Blood Service's average number of personnel decreased compared to 2013.

Education demographics (%)

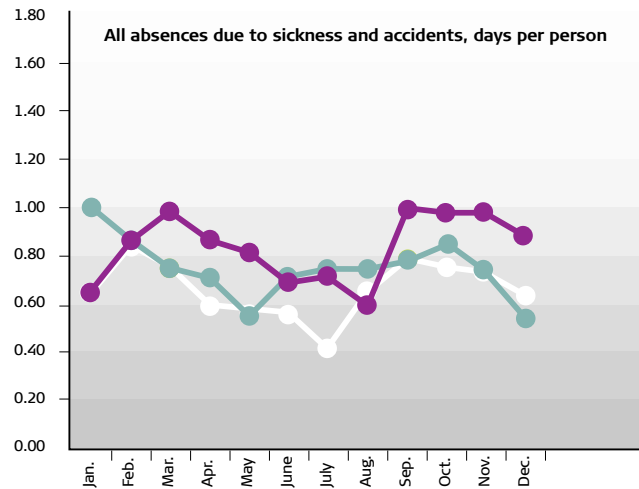
	2014
NURSING nurse, specialist nurse, public health nurse	32 %
LABORATORY clinical laboratory technologist, laboratory technician, laboratory analyst, medical laboratory technologist, special laboratory technician	18 %
SOCIAL SERVICES AND OTHER HEALTH CARE practical nurse, auxiliary nurse	10 %
NATURAL SCIENCES B.Sc., M.Sc., Ph.Lic., Ph.D.	9 %
MEDICINE Lic.Med., D.Med.Sc., Specialist	3 %
BUSINESS QBA, BBA, B.Sc. (Econ)	5 %
PHARMACY B.Sc. (Pharm), M.Sc. (Pharm), pharmaceutical assistant	3 %
TECHNOLOGY M.Sc. (Technology), technician, other education in the field of technology	3 %
Other education	17 %

Professionals of many different fields work at the Blood Service.

Distribution of personnel in the organisation (%)

	2014
Blood donation	41 %
Laboratory services	20 %
Blood products and medicinal plasma products	14 %
Research and cell services	8 %
Other	17 %

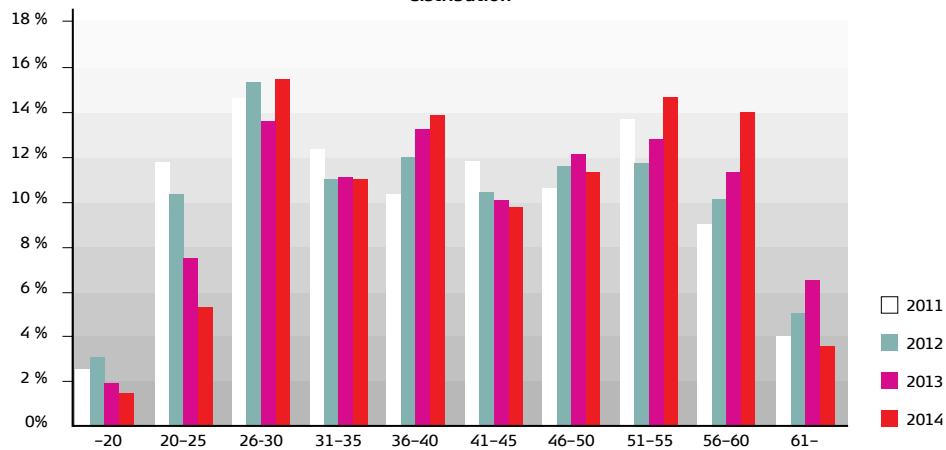
A total of 41% of personnel work in blood donation operations.



○ Sickness absences 2012 ● Sickness absences 2013 ● Sickness absences 2014

Absences due to sickness and accidents have remained at a low level.

Personnel age distribution



The mean age of our employees in 2014 was 42.4 years.

Donor Centers

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Lahti
Kauppakeskus Trio Hansakuja
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Finnish Red Cross
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