

Close to '09

In this annual report we explain our activities in 2009 under the motto: close. Close to the donor, close to the client, close to the relationship. Because we are at the heart of society, close to the people. That is our commitment.



On the cover: Ditmar Schakenraad, A&E Doctor at Alkmaar Medical Centre "Off course we use blood products for our patients. In addition, Sanquin contributes to the teaching programme for our trainee doctors."

On this page: Sanquin-researcher Nerissa Denswil at work.

Contents

| | | |
|-----------|--|----|
| 01 | Closer to the donor and the client | |
| | Interview with Theo Buunen, chairman of the Executive Board | 7 |
| 02 | Report from the Executive Board | 9 |
| 03 | Report from the Supervisory Board | 13 |
| 04 | Close to the donor | 17 |
| 05 | Close to the client | 29 |
| 06 | Close to the relationship | 35 |
| 07 | Close to the product | 43 |
| 08 | Close to the employee | 51 |
| 09 | Financial results and financial position | 65 |
| 10 | Appendices | |
| | Advisory bodies, complaints committee and consultative bodies | 71 |
| | Other positions held by members of the Supervisory Board and Executive Board | 72 |

“Without a doubt, a good year for Sanquin”

Theo Buunen, chairman of the Executive Board

Closer to the donor and the client

01

Theo Buunen believes Sanquin performed well last year. Services to donors were enhanced, plans for new premises were developed for expanding the Research and Plasma Products divisions, and production facilities became more efficient due to increased contract production, for example for Cinryze™. But of course there is always room for improvement.

2009 in one sentence?

“Without a doubt, a good year for Sanquin.”

And in more detail?

“Our products are in high demand. Thanks to the donors we were well able to meet demand in the Netherlands. A major highlight was of course the production of Cinryze™ from American plasma for American patients. Within no time, demand was so high that we had to invest in a new production line. At the same time, we paid a great deal of attention to maintaining quality. All in all, this placed a considerable extra burden on the organisation. I am proud to say that everything went extremely well. And besides,

the success of Cinryze™ has a positive influence on Sanquin as a whole.”

What were the most eye-catching developments for donors?

“Our donors are our partners. Last year, as always, we never appealed to them in vain. In preparation for the flu pandemic we even made an extra appeal to them, which enabled us to increase blood stock levels. On our part, therefore, we very much want to improve our services to donors further. We went to the donor with our Mobile Blood Bank, a trailer that can be driven to various locations. This will be a major step towards establishing modern, high-quality blood collection.

Report from the Executive Board

But there have been other developments too. After consulting with the National Donor Council, we commissioned Twynstra Gudde consultancy to make recommendations for a different structure for donor input. This has led to a clearer relationship between donor associations and donor councils and a more concrete definition of the tasks of donor councils. Finally, in 2009, we made further progress on developing the Donor Service Concept 2015. Key to this plan is that we are going to make it easier for donors on all fronts. At present we ask a lot from them, for example, they have to complete long questionnaires and sometimes they have to wait for a long time. In future, we want to increase the use of digital resources to inform our donors and communicate with them, for example by giving donors their own link on Sanquin's website."

Were there any other highlights?

"Absolutely. In 2009, preparations were underway for expanding the Research and Plasma Products divisions. Nobody who is working here in Amsterdam can ignore it: a lot of construction work is going on at the Sanquin premises. In the meantime, one of the challenges is to continue business as usual and proceed with normal deliveries.

In my view, another positive development was last year's preparation and launch of the 'Quartslag' reorganisation. In the future, Sanquin will change the functional management of the Blood Bank divisions. Managers will be given a focus area for which they will have responsibility at national level instead of managing a single location. I expect this way of working will promote the quality of our organisation even more. This new structure will focus on using best practices nationwide."

What will Sanquin focus on in the immediate future?

"Last year I said I hoped that I would not have to mention the words 'IT system' again. Although a great deal of effort has been put into making the new system work effectively, I have to admit that not everybody is satisfied yet, so this will remain a major concern in the next year. A number of steps have been taken in the primary process, but at times this was at the expense of other planned innovations, such as realising standard workstations and creating wider access to the central network. However, the good news is that the personnel information and payroll accounting system has successfully been converted to a new software package.

And last but not least, we will continue giving priority to the further development of the 'Sanquin feeling'. We are definitely on the right track. When I look at the progress we have made in recent years in this area, I am very pleased. But although we want to be closer to the client and the donors, it is also important to seek closer contact and cooperation among ourselves."

The Blood Supply Act aims to safeguard the quality, safety and availability of blood and blood products in the Netherlands.

Sanquin has adopted this objective, and has as its mission statement:

The Sanquin Blood Supply foundation works, on a not-for-profit basis, to provide the blood supplies and to promote transfusion medicine, in such a way as to meet the most stringent quality safety and efficiency requirements.

Sanquin provides products and services, carries out research and provides education.

This report contains Sanquin's consolidated annual accounts, prepared in accordance with statutory regulations, as well as the consolidated financial results of CAF cvba, Brussels (Belgium) and of Sanquin Oy, Helsinki (Finland).

CAF is the Belgian plasma fractionation facility in which Sanquin acquired a 50.01% interest in 2008. The other 49.99% is owned by the Belgian Red Cross and the French LFB.

Sanquin Oy is a small Finnish subsidiary which maintains contacts with Finnish customers.

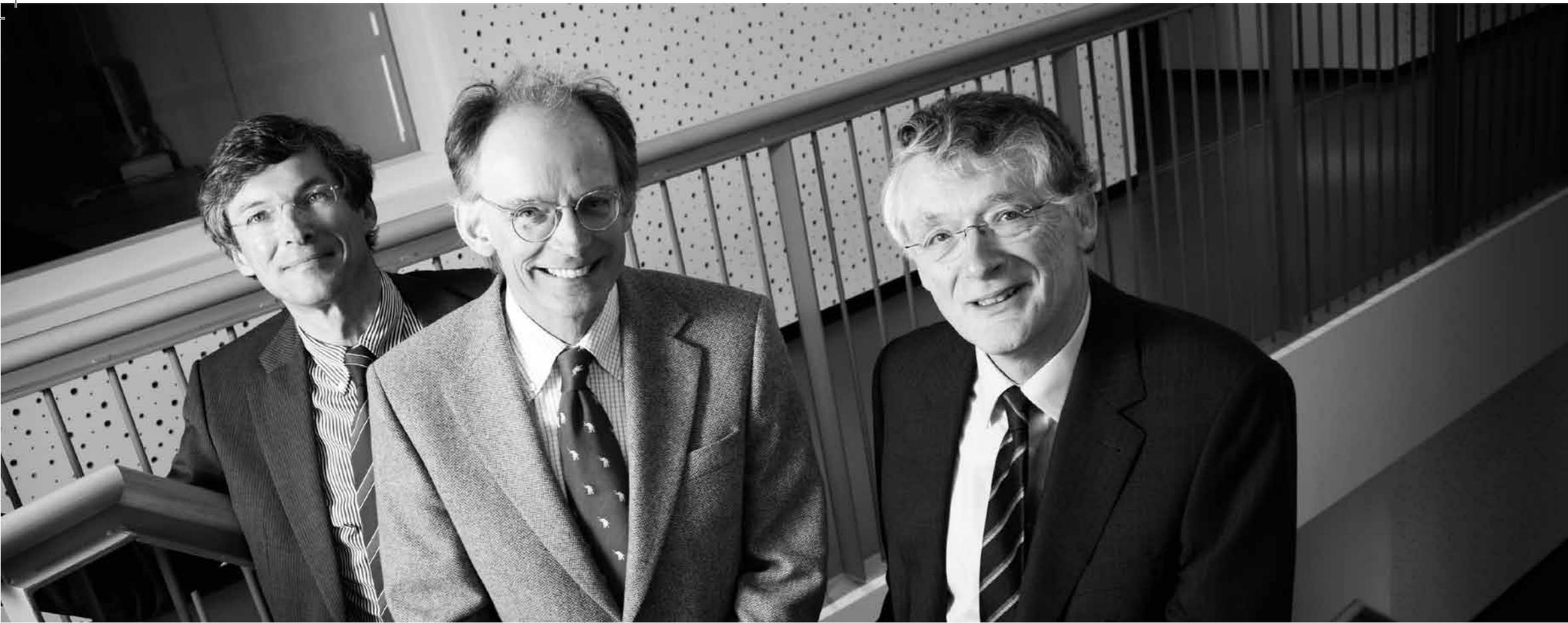
External contacts

Ministry of Health, Welfare and Sport

In 2009, Sanquin regularly consulted with the Ministry on both official and administrative matters. Major topics included Sanquin's international partnerships, measures aimed at increasing the safety of blood products, the benchmark study initiated by the Ministry into the prices of short shelf life blood products in other countries, Sanquin's tissue activities such as the umbilical cord blood bank, the change in donor input structure and the question of whether Sanquin should continue calling for tenders at a European level.

Ministry of Defence

As in previous years, Sanquin held talks with the Ministry of Defence about the blood supply to the armed forces. The key theme in these discussions was how



Members of the Executive Board

As at 31 December 2009, the Executive Board comprised:

Dr T.J.F. Buunen (Chair), (on the right)

H.J.C. de Wit (Vice-Chair), (on the left)

Prof. E. Briët

Secretary: H.M.H. de Bruijn-van Beek

Sanquin and the Military Blood Bank could intensify their collaboration.

European collaboration

Sanquin is represented in the European Blood Alliance (EBA) and the International Plasma Fractionation Association (IPFA). H.J.C. de Wit, vice-chairman of Sanquin's Executive Board, is chairman of the EBA Executive Board.

Sanquin employees are working together with their European counterparts to update the 'Guide to the preparation, use and quality assurance of blood components', issued by the Council of Europe. Sanquin employees are also spearheading a project focusing on standardising donor management in Europe (the DOMAINE project).

Patient associations

Sanquin maintains constructive contact with a large number of patient associations, including:

National associations

- Foundation for Immune Defects
- Dutch Association of Haemophilia Patients
- Dutch Neuromuscular Diseases Association
- Patients Association for Hereditary Angioedema and Quincke's Edema
- Dutch ITP (Idiopathic Thrombocytopenic Purpura) Patients Association
- Dutch Foundation for Rare Blood Diseases
- StiKa Foundation (Kawasaki disease)
- Federation of Patients and Consumer Organisations in the Netherlands

International associations

- Patient Association for Hereditary AngioEdema International
- European Haemophilia Consortium
- US HAE Association (HAEA)
- Thalassaemia International Federation

Users of blood products

User councils operate at the regional level and consist of representatives of hospitals and Sanquin. Representatives of hospitals also have a seat in the National Council of Users, which continued to advise the Executive Board on logistics and services in 2009. Major topics for discussion were: transfusions outside the hospital; the availability of pooled normal plasma; the use of the 18-digit barcode on blood bags; the use of bags

in red blood cell preparations; and plasticisers in plastic blood bags.

Sanquin is represented in the Netherlands Society of Haemophilia Practitioners as well as the Inter-University Working Group for the Treatment of Immune deficiencies.

Report from the Supervisory Board 03

The Supervisory Board supervises the Executive Board's policies and the general state of affairs at Sanquin. In this annual report the Board gives an account of its activities undertaken in 2009. In all its activities, the Board applies the Sanquin Corporate Governance Code, which sets out rules and codes of conduct for good governance, effective supervision and clear accountability.

The Board met four times in 2009. During the meetings the policy plan, the 2010 budget, the medium-term plans and the Strategy Document 2010-2014 were discussed, as well as the financial reports, the annual report, the annual accounts and the auditor's report. The Supervisory Board also addressed the final report of the benchmark study initiated by the Ministry of Health, Welfare and Sport, which compared the prices of short shelf-life blood products across Europe (including the price of plasma for the preparation of medicines).

The Supervisory Board established that the 2010 budget, submitted to the Ministry of Health, Welfare and Sport, was approved by the Minister without any further restrictions.

The Board was informed of the content of Twynstra Gudde's report on the organisation of the donor input, the advice

of the National Donor Council on this matter, and the way the Executive Board should respond to the report and the recommendations. The Board was also informed of the awareness campaign for the public, as well as the recruitment campaign for new donors based on this campaign.

The Board was pleased to find that the Belgian legislator had cancelled the so-called Tax Busquin for producers of plasma medicines. As a result, the debt incurred by CAF (in which Sanquin participates together with the Belgian Red Cross and the French LFB) could be reduced.

In-depth discussions were held concerning the need to expand the production facilities for plasma medicines in Amsterdam. A long-term investment plan has therefore been approved which also includes the construction of a new research laboratory.

Members of the Supervisory Board

As at 31 December 2009, the Supervisory Board comprised:

J.H. Schraven (Chair)

Prof. L.J. Gunning-Schepers

Prof. B. Löwenberg

J.C.M. Schönfeld

M.J. van Rijn

“The quality, safety and availability of blood products was again made possible in 2009 thanks to the tremendous commitment and effort of donors”

The Board took note of the measures Sanquin was taking to ensure the quality of the blood supply. The Board was informed about the inspections held by the Public Health Supervisory Service and the various quality certificates.

Apart from the abovementioned periodic consultations, the chairs of the Supervisory Board and the Executive Board frequently held interim meetings. Among the topics discussed were actions to prevent blood-transmissible infections.

The 29th of May, the chair of the Supervisory Board met with the works council to discuss the general state of affairs in the organisation.

Code NVTZ

The remuneration policy for Executive Board members had already been discussed in 2008 by the chair of the Supervisory Board and the Ministry of Health, Welfare and Sport. It was agreed that the code of the NVTZ (Dutch Association of Supervisory Bodies in Health Care Institutions) for health care managers will be the Supervisory Board's guiding principle for new appointments. The Supervisory Board confirmed this intention in writing in 2009.

In 2010, one of the Executive Board members is due to step down and will need to be succeeded. In anticipation of this vacancy, the Supervisory Board compiled

a profile for the new board member and appointed a selection committee.

Independent

The Supervisory Board needs to have expertise and experience in legal, financial and economic, and medical areas. As can be seen from the summaries in this annual report, the composition of the Board was largely compliant with these statutory requirements. Board members Gunning-Schepers and Löwenberg were reappointed for four years.

The Supervisory Board assesses its own performance and that of the Executive Board and has established that its members are sufficiently independent. The Supervisory Board's decision-making procedure has been designed in such a way as to avoid any conflict of interests.

The quality, safety and availability of blood products was again made possible in 2009 thanks to the tremendous commitment and effort of donors. The Supervisory Board is extremely grateful to them and to all Sanquin employees for the way in which they have collectively achieved the objectives of Sanquin.

Amsterdam, May 2010
Supervisory Board



Close to the donor

Positive points, negative points and ambitions

- +** - Introduction of a National Medical Service Line, which donors can call to ask medical questions
- A new examination form which simplifies the registration procedure for existing donors
- Implementation of an exit procedure aimed at retaining donors planning to stop
- - Communication with donors. We will improve the way we respond to their wishes
- >** - Investigate the reasons behind donor turnover

Donors are important partners of Sanquin. In recent years, we have therefore put a great deal of effort into optimising our relationship with existing donors and recruiting new donors.

2009 was a good year, in which a number of eye-catching initiatives were developed. We not only completed an overall clean-up of the donor pool, but we also launched a successful recruitment campaign. More than forty thousand new donors found their way to Sanquin. In addition, we literally and figuratively reduced the distance to the donor by deploying the Mobile Donor Centres more frequently. This contributed to a considerable increase in the average frequency of donor visits, especially in smaller donor centres; from once every two years to four times a year.

Being close to the donor is also the starting point of the Donor Service concept 2015, which was developed in

2009. More digital information and communication services will give donors greater visibility and independence. This will also help to significantly reduce waiting times, which emerged as a major concern from the Donor Satisfaction Survey.

Sanquin feels very strong about the input of donors, and developed a new structure for donor input in 2009. The main changes in the new structure include: a shift in responsibilities from regional councils to the national council; clear definitions of the various consultation rights and obligations of the councils; and a greater voice for the donor associations.

Donor Service Concept 2015

The Donor Service Concept gives our service a new impulse. Previous surveys had demonstrated that donors rate Sanquin highly, but also want to see improvement in some areas. For example, they had problems completing the long questionnaires, they wanted shorter waiting times, and more to say in making appointments. Other important factors in the donors' experience are a personal approach and recognition.

More digital information and communication services: this is the basic premise of the Donor Service Concept 2015. Donors will have their own link on the Sanquin website to increase their visibility and independence, for example with regard to medical examination and donation data, scheduling appointments and other relevant information. In the coming year, a number of projects will be worked out in further detail as to how these personal donor pages should be structured.

Sanquin in school

From 2010 forward, Sanquin will also be present in schools. Teaching packages have been developed for both secondary education and the last year of primary education.

In secondary education, the package consists of practical tests on blood and the immune system. So far, these subjects have been discussed separately, both in the biology teaching programme and in textbooks. The teaching package 'Blood and the Immune System' links these subject areas. It addresses the themes Blood and Transfusion, Defence and Immunity, Defence and Cooperation, and HLA and Rejection. The package includes links to a website, a refresher course for biology teachers and reagents supplied by Sanquin for practical tests. Pupils will then learn how to determine blood

types themselves. The teaching package Blood and the Immune System was tested in a number of pilot schools in 2009 and will be offered to a wider school audience in 2010. Sanquin developed the package in collaboration with De Praktijk, an agency for scientific education and science communication.

The project 'ikvanbinnen' (me on the inside) is aimed at the oldest pupils in primary education. It is an initiative of Nefarma, the sector organisation of pharmaceutical companies involved in the research and development of new medicines. Teaching materials for lessons about the skeleton, the organs and the nervous system were already available. 'Blood etc.' is the title of the new package which consists of a video, supported by a website and materials to use in the classroom. Teachers can print out reading assignments and worksheets.

Online donor test

Sanquin continues to look for methods that make giving blood as easy and comfortable as possible. Within this context, we introduced the online donor test in 2009. In many cases, this donor test can prevent donors from going to a donor centre in vain. After all, there are many reasons why it would be better to postpone or cancel a donation, either in the interest of the donor's safety, or the safety of the recipient of donor blood. Many donors are aware that recent tattoos or piercings are reasons for postponing giving blood. However, fewer donors know that a waiting period also applies after a visit to certain countries.

The most common reasons for rejection have now been incorporated in an interactive questionnaire, which can be completed in five to ten minutes. Once completed, the test usually provides immediate clarity. Some questions are resolved by blood bank staff behind the scenes, who

will provide an answer at a later stage by phone or e-mail. Donors who are not allowed to give blood for a while, can make a new appointment at the end of the test. The online donor test can be found on the website.

World Blood Donor Day

Hundreds of "thank you's" from blood transfusion recipients, their relatives, but also from countless dignitaries and other well-known Dutch people. This was the result of World Blood Donor Day 2009. At "Plein" in The Hague, the then Minister of Health, Welfare and Sport, Ab Klink, wrote his word of thanks on the board Sanquin had placed there, as did the then State Secretary for Defence Jack de Vries and members of the Parliamentary Standing Committee on Health, Welfare and Sport.

Passers-by at Utrecht Central Station and visitors to the Sky Radio website could also express their gratitude. In Utrecht, people giving their thanks to the 400,000 blood donors in the Netherlands included Ciska Dresselhuys (former editor-in-chief of Opzij magazine) and Bert Meerstadt, CEO of Dutch Railways NS. Furthermore, Meerstadt promised to support a donor recruitment campaign among NS staff.

It was moving to see the reactions from those who had received a blood transfusion at some point in time as well as their relatives. Young mothers, who due to a blood transfusion would otherwise not be able to see their children growing up, grandfathers who are still enjoying their grandchildren, a daughter who was given another week to say goodbye to her mother, a sister who is happy that her baby brother is still with her. Some "thank you's" were filmed for Sanquin's internal television channel, reminding both donors and Sanquin staff of the significance of the blood bank's work.

Awareness campaign

Not a day goes by in the Netherlands without lives being saved with donor blood. This is a simple fact that many people fail to realise. Broad public support is desirable for an organisation relying on the contributions of 400,000 voluntary donors. This is the background to the awareness campaign launched by Sanquin in 2009. Radio commercials, internet banners, adverts in newspapers and magazines, the Sanquin fleet; all delivered a similar message: ordinary people can save lives while doing ordinary things. "Meanwhile, her blood is saving a leukaemia patient's life" was the caption for a photo of a young woman at the hairdresser's. And there were many variations on this theme. The campaign's target group were people between 18 and 45 years old. This young target group is not always aware of how important the work of the blood bank is. A survey held prior to the campaign revealed that there are many misconceptions. In 2010, the result of the campaign will be measured by a new survey. The basic concept – designed by L'eau advertising agency – is intended to dominate Sanquin's communications for at least the next five years.

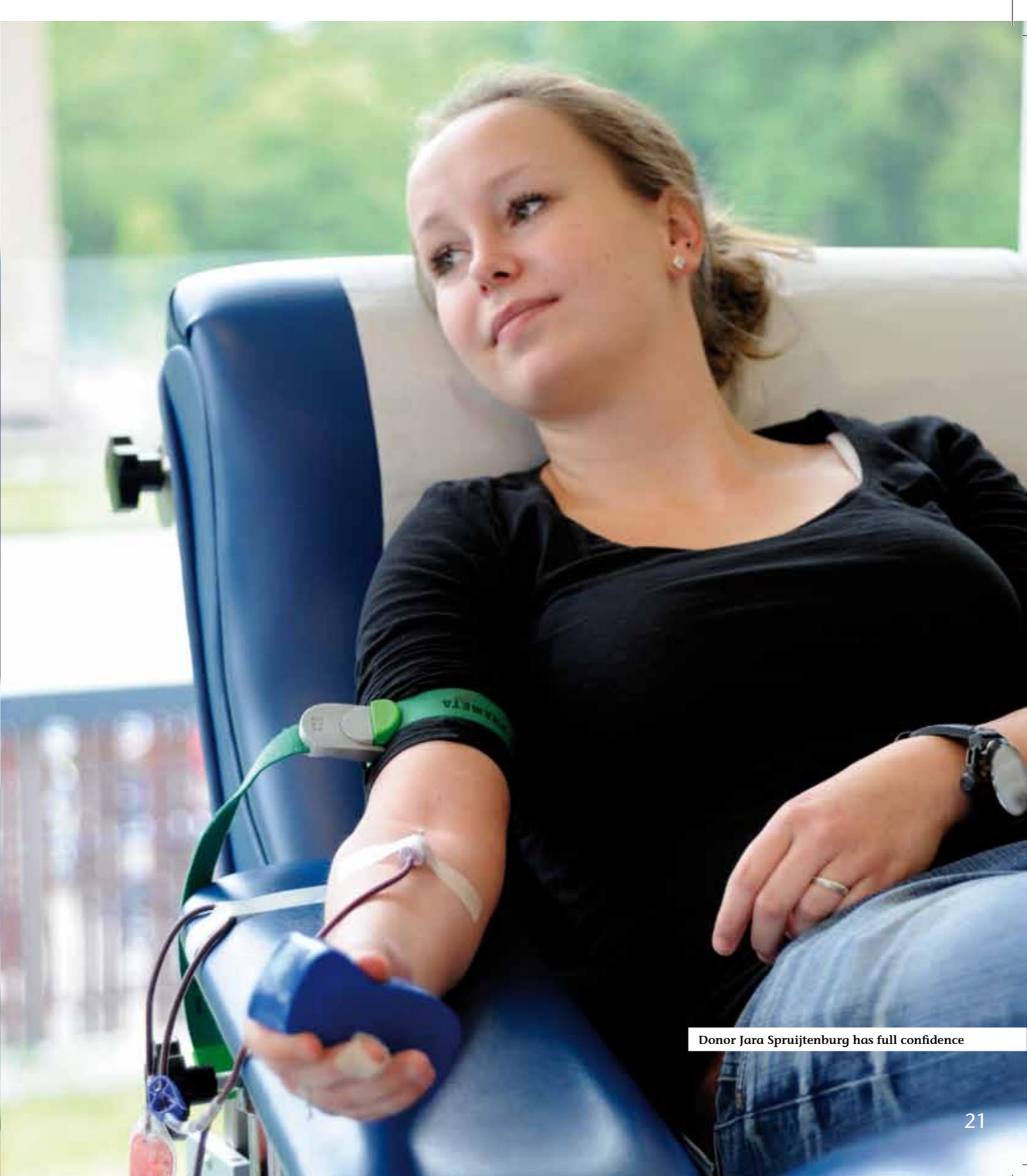
Within Sanquin we have already noticed the initial campaign results: the magnificent posters with their penetrating message about the heart of the work also seem to contribute to our staff's pride and commitment to their work.

Operation Blue Blood

Some recruitment campaigns hardly require any effort. One example is Operation Blue Blood, an initiative of the Groningen police force. The force launched a relay campaign in October 2008, in which police officers urged their colleagues to become blood donors. In 2009,



Donor assistant Paulien Lamers collects blood in Nijmegen



Donor Jara Spruijtenburg has full confidence

the initiative was also taken up by the National Police Services Agency in Driebergen.

In total, the police succeeded in recruiting dozens of new donors with this campaign.

Meanwhile, contacts have also been made with the Ministry of Defence to start a similar campaign among the military. During the meeting to celebrate World Blood Donor Day at "Plein" in The Hague, the then Defence State Secretary promised to give his 'absolute support' to a recruitment campaign among the armed forces. He pointed out that in recent years, 500 soldiers have received a total of 4,000 bags of blood.

Donormail and Sanquin TV

A narrowcast TV channel with items about processing donor blood into blood products, the delivery of these products to hospitals, World Blood Donor Day, and other Sanquin news. All shown on TV screens in the waiting rooms of seven Sanquin donor centres. It's a nice change from the usual magazines. The films on Sanquin TV are ten minutes long and are alternated with up-to-date weather forecasts and news. The objective is not only to make waiting more agreeable for donors, but also to tell them more about the Sanquin organisation and about



what is done with the blood. The short films will be refreshed every few months, so most donors will see a different programme at each visit. Sanquin TV started as a pilot in 2009. In 2010 we will decide whether to show the narrowcast channel at more locations.

Sanquin TV is one of the new communication channels with donors. Another example is Donormail, the digital sister of donor magazine Bloedverwant. Thanks to its shorter production time, Donormail is better able to respond to current affairs. And of course it is a more modern means of communication. Donormail is published once every two months. The first edition, published in November 2009, reached more than 110,000 donors.

Donor recruitment

In order to maintain blood supply at an adequate level, both now and in the future, we need to recruit new donors. We developed new PR-materials for this purpose in 2009.

This time we did not choose a centrally controlled publicity campaign, such as the awareness campaign which was also launched in 2009. Each region can

<< **Jara Spruijtenburg**, nursing student at the HAN University of Applied Sciences and Sanquin donor:
"My father was a blood donor for years. Ever since I was a child I wanted to give blood too, but I had to wait until I turned eighteen. Last week I gave blood for the first time. I am doing it to help others. The fact that I can help others by giving blood makes me feel good."

select the materials it needs from a range of products, such as a recruitment flyer or information and welcome packages.

Other elements of the campaign include a professional information stand for trade fairs and other public events, and a donor-recruits-donor mailing. The combination of all this material ensures a single external identity.

People between 30 and 45 years old are the target group for the recruitment campaign. This is an older target group than for the awareness campaign. This older group seems to be more open to recruitment campaigns. Blood donors in this age group generally have a somewhat steadier life than young people, and are therefore more loyal donors.

Supply supplemented

For forty years, rhesus negative mothers with rhesus positive babies in the Netherlands have been given anti-D prophylaxis, the anti-D injection. Since 1998 this is also given before birth. This injection removes all rhesus-positive blood from the baby in the mother's blood, so the mother will not produce any antibodies. This prevents haemolysis of the baby's blood. Haemolysis could result in serious brain damage or even death.

Due to this immunisation during pregnancy, fewer mothers produce anti-D antibodies. This makes it increasingly difficult to find sufficient donors to make the anti-D injection. Last year, 10 percent of the more than 200 anti-D donors reached the age of 70 – the age at which they have to stop giving blood. While the number of pregnant women receiving the anti-D injection has only increased over the years.

For the time being, the supply seems adequate. However, structural measures are needed in the long run. Sanquin is participating in research at the universities of Leiden and Aberdeen aimed at providing new alternatives.

National Medical Service Line

Donors can reach a donor doctor by telephone on weekdays from 8 am to 8 pm (on Fridays until 5 pm) for medical questions. This is a major improvement for our donors. Last year, a pilot project was carried out in the South East and North West Regions to test the idea, and the National Medical Service Line was launched at the beginning of February 2010. This initiative is another major step for Sanquin towards uniform and professional service. Donors who call, will first speak to someone from the donor information line who will be able to answer standard questions. If the question can only be answered by a doctor, or if the donor would like to speak to a doctor, they are immediately connected to the donor doctor in attendance.

Q fever

Last year, the rise of the Q fever bacteria in the Netherlands was reason to take preventative measures. Even though there is no evidence that this bacterium can be transmitted by blood transfusions, Sanquin believed it was necessary to devise a contingency plan because the DNA of the Q fever bacterium can be established in the blood before donors become ill. This plan was prepared in 2009 and can be implemented as soon as a new outbreak of Q fever is detected. One of the measures is to screen donor blood in regions with high infection pressure. Together with a number of hospitals, Sanquin has developed a test to demonstrate the presence of Q fever bacteria DNA in donor blood.

This is to prevent possible infectious blood from being used for transfusion purposes. Should the test capacity prove inadequate, a plan is in place to temporarily refrain from inviting donors to give blood in regions

with high infection pressure. Furthermore, scientific research is being conducted to find out whether Q fever can be transmitted by blood transfusions.

Key figures for Dutch blood supply (situation as at end 2009)

| | 2009 | 2008 |
|--|---------|---------|
| Donor database | | |
| Number of registered donors | 404,184 | 401,673 |
| Number of signed up donors * | 393,811 | 394,587 |
| Donation frequency for whole blood donors per annum | 1.70 | 1.69 |
| Donation frequency for plasmapheresis donors per annum | 5.34 | 5.27 |
| Number of donors per 1,000 inhabitants | 23.70 | 23.90 |
| Number of blood donations | | |
| Total number of blood donations | 906,767 | 865,816 |
| Number of whole blood donations | 575,050 | 569,753 |
| Number of aphereses | 331,717 | 295,953 |
| Use | | |
| Use of red blood cell concentrates | 564,290 | 554,334 |
| Number of thrombocytes (from whole blood in donor units) | 246,768 | 252,578 |
| Number of units fresh frozen plasma | 90,390 | 98,073 |
| Total kilos of plasma supplied (incl. apheresis) to Plasma Products division | 342,995 | 313,418 |

* Excluding donors who are registered but have not yet made a donation.

Ratio of donors and red blood cell supply

| | 2009 | 2008 |
|-----------------------|---------|---------|
| Whole blood donors | 331,738 | 336,203 |
| Erythrocytes supplied | 564,290 | 554,334 |

The use of erythrocytes in hospitals has dropped substantially in the past year. Together with the hospitals, Sanquin managed to provide improved care with fewer transfusions. Transfusions are lifesaving, more than ever. Sanquin has adjusted the number of donations required accordingly and only calls on donors when necessary.

Whole blood donors per blood group 2009

| Blood group | North East | South East | South West | North West | Total | In % | Index 2008=100 |
|--------------|---------------|---------------|---------------|---------------|----------------|-------------|----------------|
| O+ | 31,052 | 29,339 | 31,364 | 31,143 | 122,898 | 37.05% | 125,082 |
| O- | 10,222 | 8,719 | 10,017 | 9,800 | 38,758 | 11.68% | 38,906 |
| A+ | 26,576 | 25,381 | 26,187 | 26,372 | 104,516 | 31.51% | 105,267 |
| A- | 6,339 | 5,884 | 6,522 | 6,656 | 25,401 | 7.66% | 26,142 |
| B+ | 5,454 | 5,477 | 6,568 | 5,854 | 23,353 | 7.04% | 23,585 |
| B- | 1,379 | 1,299 | 1,666 | 1,410 | 5,754 | 1.73% | 5,854 |
| AB+ | 1,966 | 2,070 | 2,501 | 2,209 | 8,746 | 2.64% | 8,961 |
| AB- | 578 | 532 | 627 | 575 | 2,312 | 0.70% | 2,406 |
| Total | 83,566 | 78,701 | 85,452 | 84,019 | 331,738 | 100% | 336,203 |

Percentage 0 negative in population, donors and red blood cells supplied

| | |
|----------------------------|-------|
| % in population | 7.65 |
| % donors | 11.68 |
| % red blood cells supplied | 13.3 |

Whole blood logistics per blood bank (all figures in donor units)

| | |
|-----------------------------|---------|
| Whole blood donations | 575,050 |
| Red blood cells to hospital | 564,290 |

Overview of donor numbers with a positive result following tests for infections

Every donation is tested. Generally speaking infections are detected more frequently in first time donors. Naturally, blood products from donations where an infection has been shown are destroyed.

Syphilis

| Year | Donors | | Loyal/known | |
|------|--------|-------------|-------------|-------------|
| | New | Per 100,000 | Number | Per 100,000 |
| 2009 | 8 | 17 | 8 | 1.9 |
| 2008 | 11 | 39 | 8 | 2.2 |
| 2007 | 9 | 33 | 15 | 4.0 |
| 2006 | 13 | 41 | 10 | 2.5 |
| 2005 | 17 | 57 | 29 | 6.6 |
| 2004 | 19 | 44 | 19 | 3.7 |
| 2003 | 10 | 29 | 11 | 2.3 |
| 2002 | 10 | 20 | 11 | 2.3 |
| 2001 | 13 | 21 | 8 | 1.4 |
| 2000 | 10 | 17 | 2 | 0.4 |

Hepatitis B virus

| Year | Donors | | Loyal/known | |
|------|--------|-------------|-------------|-------------|
| | New | Per 100,000 | Number | Per 100,000 |
| 2009 | 21 | 45 | 13 | 3.2 |
| 2008 | 16 | 56 | 4 | 1.1 |
| 2007 | 15 | 55 | 4 | 1.1 |
| 2006 | 21 | 66 | 5 | 1.2 |
| 2005 | 26 | 87 | 9 | 2.1 |
| 2004 | 23 | 53 | 6 | 1.3 |
| 2003 | 22 | 63 | 9 | 1.9 |
| 2002 | 27 | 53 | 1 | 0.2 |
| 2001 | 23 | 38 | 7 | 1.3 |
| 2000 | 26 | 44 | 8 | 1.4 |

HIV-1/2

| Year | Donors | | Loyal/known | |
|------|--------|-------------|-------------|-------------|
| | New | Per 100,000 | Number | Per 100,000 |
| 2009 | 0 | 0 | 2 | 0.5 |
| 2008 | 3 | 10.5 | 0 | 0 |
| 2007 | 3 | 11 | 3 | 0.8 |
| 2006 | 1 | 3.1 | 4 | 1 |
| 2005 | 1 | 3.3 | 2 | 0.5 |
| 2004 | 0 | 0 | 4 | 0.9 |
| 2003 | 1 | 2.9 | 1 | 0.2 |
| 2002 | 0 | 0 | 8 | 1.7 |
| 2001 | 0 | 0 | 3 | 0.5 |
| 2000 | 2 | 3.4 | 1 | 0.2 |

Hepatitis C virus

| Year | Donors | | Loyal/known | |
|------|--------|-------------|-------------|-------------|
| | New | Per 100,000 | Number | Per 100,000 |
| 2009 | 10 | 21 | 0 | 0 |
| 2008 | 4 | 14 | 0 | 0 |
| 2007 | 3 | 11 | 1 | 0.3 |
| 2006 | 5 | 16 | 5 | 1.2 |
| 2005 | 10 | 33 | 1 | 0.2 |
| 2004 | 12 | 28 | 3 | 0.7 |
| 2003 | 9 | 26 | 0 | 0 |
| 2002 | 18 | 35 | 3 | 0.6 |
| 2001 | 5 | 8 | 1 | 0.2 |
| 2000 | 10 | 17 | 0 | 0 |

HTLV-I/II

| Year | Donors | | Loyal/known | |
|------|--------|-------------|-------------|-------------|
| | New | Per 100,000 | Number | Per 100,000 |
| 2009 | 2 | 4 | 0 | 0 |
| 2008 | 0 | 0 | 1 | 0.3 |
| 2007 | 0 | 0 | 1 | 0.3 |
| 2006 | 0 | 0 | 0 | 0 |
| 2005 | 1 | 3.3 | 0 | 0 |
| 2004 | 2 | 4.7 | 1 | 0.2 |
| 2003 | 2 | 5.7 | 0 | 0 |
| 2002 | 2 | 3.9 | 0 | 0 |
| 2001 | 3 | 4.9 | 1 | 0.2 |
| 2000 | 2 | 3.4 | 1 | 0.2 |

Close to the client

Positive points, negative points and ambitions

- +** - Sanquin took control of emergency blood deliveries to hospitals and made agreements with hospitals about accurate and speedy processing of emergency deliveries
- Direct contacts with clients/users of Sanquin products and services were intensified
- - Service to the client can be improved by using feedback given by users and clients
- >** - Provide greater clarity to new clients about who to contact at Sanquin regarding the various products and services
- Implement a professional client relationship management system

Last year, Sanquin intensified its contacts with hospitals, universities and other clients in the Netherlands and abroad. These contacts are crucial for Sanquin in order to maintain and enhance its position as a reliable supplier of high-quality products and services.

In addition to blood products, Sanquin also supplies medicines, diagnostic tests and laboratory reagents. In 2009 we continued to invest in reinforcing relationship with our clients. For example, transfusion doctors and medical specialists from the Clinical Consultation Services supported hospitals, for example by providing therapeutic haemapheresis, and Sanquin account managers were also active in the field. A new development for clients is the 'online blood supply', which can be consulted via the Sanquin website. Furthermore, the Sanquin Home Service increased its deliveries of

medicines to patients' homes. In addition, Sanquin continued its research, in collaboration with hospitals and universities, in the field of blood transfusion, therapy with plasma proteins and laboratory diagnostics. 2009 was an exciting year because of the swine flu and the new H1N1 influenza virus. Soon after the first reports, Sanquin set up a National Emergency Team. Countless measures were prepared to guarantee the blood supply to the hospitals. Fortunately only a few of them needed to be carried out.



Warehouse assistant Jeroen Schiphorst gets the orders ready for dispatch



Pharmacist Tim Roldaan in Utrecht receives the orders

Emergency deliveries

Since Sanquin takes control of its emergency blood deliveries to hospitals. Emergency deliveries to the North West, North East and South East Regions are coordinated centrally from Amsterdam. The South West Region manages its own emergency deliveries.

Last year we focused on training our emergency delivery drivers, for example in driving with visual and audio signals. They are now all certified and meet the strict conditions that apply to this form of transport. We agreed a protocol with hospitals which ensures an accurate and speedy processing of emergency deliveries. We also made arrangements with the National Police Services Agency to enable unhindered transport of priority deliveries.

We also paid attention to Sanquin's visibility. All twenty vehicles now display catchy phrases and the company logo. Next year we will continue to increase our brand recognition, for example by having our drivers wear company uniforms. Another key issue in 2010 will be to monitor and further develop the quality of this service.



Blood products benchmark

In 2009, the Minister of Health, Welfare and Sport commissioned research agency Plexus to conduct a benchmark study on prices of short shelf-life blood products and plasma across Europe. The agency also examined how the prices were established by analysing the cost structures. The countries participating in the study were the Netherlands, Finland, France, Ireland and Belgium. The Plexus report was published at the beginning of 2010.

The report shows that on average, the prices of Sanquin's short shelf-life blood products are seven percent higher than those in the surrounding countries. This is primarily caused by Sanquin's higher costs of ensuring maximum quality, such as extensive research and test procedures. The Plexus report also observed that the Sanquin blood banks, compared to the other participating countries, had below-average prices for plasma deliveries to the Sanquin Plasma Products division. This price will be raised to the average level in 2010.

<< **Tim Roldaan**, managing pharmacist at Red Swan Pharma Services in Utrecht: "Red Swan is a nationwide pharmacy offering specialist medication combined with nursing support directly to patients at home. We supply Sanquin's immunoglobulin product, an antibody, which is administered through a drip. We bring the immunoglobulin to the patients' home and provide all necessary nursing care."

Home

Sanquin Home Service, a joint initiative of Sanquin and Red Swan Pharma Services, enables home treatment. The medicine is delivered at the patient's home and administered to the patient at home by a nurse from the national network. This nursing care provided by Red Swan ranges from giving injections and inserting a drip to instructing patients and empowering them to do this themselves. For many patients, including children, the chronically ill, and elderly people, it is a relief to receive this care at home instead of in hospital. Last year, the Home Service became available to several new kinds of patients. In addition to immune deficiency diseases and neurological disorders, the service now also provides treatment for patients with haemophilia or hereditary angioedema and pregnant women with foetal thrombocytopenia. In 2009 the Home Service visited more than 4,000 patients.

Successful Diagnostic Services

The Diagnostic Services division can look back on a successful year. The Account Management department set to work enthusiastically, a strategic plan was developed and the diagnostic package was completed. Maintaining contact with clients, forwarding their questions to staff quickly and efficiently, and informing them about the Sanquin product and service range: the four account managers of the Diagnostic Services and Blood Bank divisions amply proved their worth last year. Two years ago, Sanquin started structuring and streamlining the Account Management department. In 2009, the account managers set to work enthusiastically. This has greatly improved the quality of the service to professionals in hospitals and laboratories.

Pillars

In 2008, the Diagnostic Services division developed a strategic plan for the future. The plan detailed the importance of a knowledge centre in the transfusion chain, as well as the need for sufficient scale to be able to continue to provide high-quality, demand-driven service. In 2009 a start was made on implementing this plan.

The plan is based on four pillars. Firstly, focussing on maximum efficiency in internal service provision, for example by clustering the departments within the Diagnostic Services division. Secondly, expanding the services provided to existing clients; last year, the Account Management department already played a significant role here. The third pillar involved introducing new services. This will be further explored in 2010, as will the last pillar: diversifying our clients and services.

Laboratory

In 2009, the Diagnostic Services division completed the diagnostic package for non-invasive foetal blood type testing. The laboratory also regularly carried out tests for laboratories in Belgium, Germany, Slovenia and Austria. This has established the reputation of the laboratory, both nationally and internationally.

Close to the relationship

Positive points, negative points and ambitions

- +** - Transparency to the outside world
- Improved relationships with donors
- New, modern facilities for course participants attending refresher courses offered by Sanquin, both at their own location and at Sanquin's head office.
- - Sanquin's brand recognition needs to be enhanced
- >** - Further strengthening of contact points for external clients
- Provide even greater clarity to the public about the complex organisation of Sanquin

Investing in the development from internal to external, increasingly responding to the needs of others: Sanquin further reduced the distance to the outside world in 2009.

For a complex knowledge organisation such as Sanquin, it is crucial to maintain a transparent and open relationship with both professional clients and the public at large.

The Open Days which Sanquin organised for the public were a great success. Hundreds of interested people were given a look behind the scenes and took part in one of the activities, such as the Blood Balance Quiz.

A close relationship is what Sanquin aims for. A striking example is the new Account Management department

for both the Diagnostic Services and the Blood Bank divisions. In 2009, the four account managers set to work enthusiastically. A single point of contact and quick and efficient service: this has greatly improved the quality for Sanquin's relationships. The courses Sanquin offers onsite to external professionals, for example in the area of immunohaematology diagnostics, also exemplify these close relationships.



A good match

The Clinical Consultation Services of the four blood banks form the link between Sanquin and the hospitals. The transfusion doctors and Clinical Consultation Services medical specialists supervise the delivery and use of the various Sanquin products and answer questions from hospitals. They also supervise the launch of new products and perform scientific research into their efficacy.

In 2009, an automated matching programme was implemented to deliver so-called HLA-matched thrombocytes. In the Netherlands there are some 100 new patients each year that have so many antibodies, that they can only receive platelet transfusions from an HLA-matched donor. The new matching programme has made the existing database of such blood donors accessible in a user-friendly way. Furthermore, it is now possible to do a national search for suitable donors. The programme also provides a good basis for further expertise development. The matching programme was developed in conjunction with Europdonor, the Dutch stem cell donor database.

Finnish contract not renewed

Sanquin's contract with the Red Cross in Finland was not renewed in 2009. Since 2005, the Finnish Red Cross had been supplying plasma to Sanquin, which in turn used it to produce medicines for the Finnish market. At the time, it was agreed to consider renewal of the contract every four years. Last year, this consultation did not lead to a new contract. However, Sanquin will maintain its distribution organisation in Finland. The Finnish Red Cross is looking for another supplier of plasma from voluntary donors to continue to meet the demand for Sanquin products in Finland. Products from

Dutch plasma that are not needed in the Netherlands will also be supplied.

New donor input

In 2008, the Executive Board and the National Donor Council evaluated the input donors have at Sanquin. The time was ripe to reconsider the structure. In 2009, Sanquin fleshed this out in conjunction with management consultancy Twynstra Gudde and took a decision on the new structure. This new structure for donor input will be launched in mid-2010.

In a nutshell, the most notable changes in the new structure are: clarity about the subjects addressed by the donor councils; clear descriptions of the various consultation rights and obligations of the councils; and a clearer position of the donor associations. The new National Donor Council comprises an independent chair and the chairs of the four regional donor councils. In addition, there are four seats for members appointed directly. These members are appointed following nomination by recognised national donor associations and, if this is not sufficient, as a reflection of the donor population. Specific profiles have been drawn up for this purpose.

Open houses

In 2009, Sanquin participated in the "October Knowledge Month" in four locations. This annual event is an initiative of the Ministry of Education, Culture and Science. More than 160 research institutes, companies, hospitals and universities opened their doors to the public. Since 2008 knowledge institute Sanquin takes part in the event.

The open houses in Amsterdam, Groningen, Eindhoven and Delft attracted hundreds of visitors, who took part



Relationship manager Ben Davenschot on the telephone...



....to Harry de Wit, clinical chemist in Leeuwarden

in activities such as taking blood from an artificial arm or testing their knowledge of blood in the Blood Balance Quiz. In Eindhoven, 200 participants had their blood type tested. A special audio tour – that could be listened to on headphones while lying in a donor chair – told the story of an accident that led to a life-saving blood transfusion. In Amsterdam, many experts were present to talk about scientific developments. Dozens of staff members volunteered to come to work to give visitors a look behind the scenes and explain their work at Sanquin to them.

Professor appointment

On 1 November 2009, Hans Zaaijer was appointed Professor of Blood-Transmissible Infections at the Faculty of Medicine of the University of Amsterdam (AMC UvA). The appointment followed exactly one year after Zaaijer's first workday as Head of the Blood-Transmissible Infections Department at Sanquin. Zaaijer works about one and a half days a week at the AMC, where he teaches students of medicine, biomedical sciences, medical informatics, and students at the

Amsterdam University College. He will also continue working there as a doctor/microbiologist. At Sanquin, Zaaijer is setting up a new research group focused on blood-transmissible infections. In 2009, a molecular biologist, two researchers and a student were hired to start various research projects, focusing on issues including Q fever, hepatitis B and parvovirus infection among donors.

Revised study programmes

Initiated in 2008 and completed in 2009: the revision of the study programmes for donor doctors and donor assistants. The existing study programmes for donor doctors, senior donor doctors and transfusion doctors have now been structured in various interlinked modules. This will promote transfer within the disciplines. In addition, teaching objectives and competencies have been defined for each position. Sanquin also submitted an application at the Royal Dutch Medical Association (KNMG) to have donor doctor recognised as an official subspecialisation within Social Medicine. It will then be a mature discipline.



<< **Harry de Wit**, clinical chemist in the Chemical Chemistry Laboratory at the Medical Centre in Leeuwarden: "Our laboratory conducts many diagnostic tests and is a regular customer of blood products. As chair of the Council of Users for the Northern Region – the official consultative body between Sanquin and clinical chemists – I have regular contact with Sanquin."

"The open houses in Amsterdam, Groningen, Eindhoven and Delft attracted hundreds of visitors"

To be well-prepared for this recognition being granted and to enable accreditation, Sanquin also set up a system in 2009 for continuing education for donor doctors, as is already realised for senior donor doctors and transfusion doctors. Furthermore, Dutch and foreign hospital specialists, including clinical chemists and haematologists, showed an interest in Sanquin's transfusion doctor study programme.

The revision of the donor assistant study programme was completed in 2009. It has been structured in convenient modules which are now the same throughout the country. The assistants' knowledge and capabilities have been clearly defined on the basis of a single guideline. In June 2010, the first new employees will be introduced to this revised study programme.

A few things have also changed for the practice supervisors who supervise donor assistants in their training. An extensive manual and an accompanying instruction programme have been developed to familiarise them with the new study programme. The topics addressed include: teaching objectives, recommendations for supervision, and conversation techniques.

Media policy

Not waiting for questions from clients and the public, but actively generating attention for the work of Sanquin or for important developments affecting blood supply: this is the core of Sanquin's proactive media policy, which was further developed in 2009. Press releases were issued to respond to current events, after the Turkish Airlines plane crash at Schiphol Airport, for example. In accordance with current disaster recovery plans, Sanquin supplied 450 units of blood of groups O and A within a few hours, of which no less than 329 units were used. More than 200 donors went to a donor centre of their own accord. Many media used Sanquin's press release in their coverage of the disaster. Proactive media policy also means creating your own news from time to time. As Sanquin did in the run-up to the awareness campaign it launched in 2009.

Close to the product

Positive points, negative points and ambitions

- +** - A cross-border approach, open to patients outside the Netherlands.
- More working demand-oriented
- - Communication with the public at large about new developments at Sanquin
- >** - Make technologies and knowledge/skills more visible to larger patient groups
- Foster the relationship with donors
- Continue on the road to the international marketplace

A scientific knowledge and service organisation with complex, high-quality products and technologies. This is one side of Sanquin. In recent years, however, Sanquin has realised that in addition to focusing on knowledge and product development, more attention should be given to an outward orientation.

In 2009, the market-oriented approach was further developed, both at the domestic and the international level. In the chain of donors, laboratories, hospitals and patients, the quality of the various Sanquin products is considered of paramount importance. In order to respond as effectively as possible to the wishes and needs in this chain, demand is an increasing determinant of supply.

In 2008, we started manufacturing the medicine Cinryze™ for patients in the United States. Demand

increased to such an extent that Sanquin immediately invested in expanding production. Anticipating developments in the marketplace also played a role during the imminent flu pandemic in 2009. Sanquin ensured an adequate supply of blood, taking account of donors and staff possibly falling ill.

Sanquin provides hospitals with facilities to develop new treatments which meet the highest quality standards, for example in the field of stem cells. In short, a focus on both the client and the product.



Cinryze™ in high demand

Last year, the Plasma Products division experienced significant growth with the production of Cinryze™. In 2008, this medicine (used to treat hereditary angioedema, an inherited and possibly life-threatening disease) was officially registered in the United States. Sanquin prepares the product in contract production in the Netherlands from American plasma for the American pharmaceutical company ViroPharma. Following approval from the US Food and Drug Administration, US demand soon increased dramatically, and is still witnessing a steady rise. Furthermore, contracts for Cinryze™ have been signed with ViroPharma for a large number of countries across the globe, except for the countries where Sanquin's partners are already active such as in the UK, France, Belgium, Finland, Turkey and Indonesia. In addition, agreements were made about other indications yet to be developed. In order to meet the soaring demand, a new production line will be phased in during 2010.

Despite the considerable pressure as a result of the increased demand for Cinryze™, production of the regular products was also very satisfactory. Moreover, inspections have demonstrated that the quality level of the Plasma Products division meets all national and international standards, even if these inspections are carried out unannounced, which is the current practice of the Dutch authorities.

Sufficient supply

Sanquin's blood supply is located at eleven distribution points in the Netherlands and for several years now, has been controlled and managed according to the same basic assumptions, with demand from hospitals being the guiding principle. Based on the demand from

customers, there is always a supply of red blood cells for at least eight delivery days.

Sanquin also responds to eventualities, for example during the imminent swine flu pandemic last year. In order to be prepared for reduced availability of donors as a result of this disease, a blood supply for ten delivery days was maintained until early January 2010.

Besides red cells, plasma and thrombocytes are also kept in stock, in line with the number of deliveries to hospitals. Plasma has a relatively long shelf-life and the stock is sufficient for two to six weeks of deliveries. Thrombocytes have a short shelf-life (five to seven days) and the supply is geared from two to four delivery days. The stock of these short shelf-life products has also been increased to guarantee the required safety.

Sanquin keeps its blood supply transparent. As of February 2009, current supplies of red blood cells can be consulted at www.sanquin.nl/bloedvoorraad. Hospitals, donors, donor associations, media, staff and other interested parties can now see, at a glance, how large the blood supply is. In addition, an easy-to-read diagram outlines how supplies are geared to the needs of patients in hospitals.

Reagents BU on the rise

New product developments and increasing turnover: the Reagents Business Unit looks back on 2009 with satisfaction. The Reagents BU develops and produces reagents – tools used in testing patient samples – for laboratories in hospitals, blood banks, universities, and other facilities. In 2009, turnover of the existing products increased as a result of new geographical markets and the supply to laboratories within Sanquin. Last year was also marked by various product innovations. Collaboration between the Reagents BU and the Dutch Cancer Institute resulted



Henny Kers is preparing the delivery of Sanquin products to the hospital



Products are prepared and delivered 24/7

in a new method for determining various markers of specific T-cells in small amounts of blood. After publication in a number of professional journals, various companies and institutes showed great interest in this method.

And finally, together with the Research and Diagnostic Services divisions, a project was launched to make test protocols and reagents available for immunomonitoring of patients treated for rheumatism or a different autoimmune disease.

Haemapheresis teams

The Clinical Consultation Services provide therapeutic haemapheresis for a number of hospitals.

Haemapheresis involves the removal of components of the patient's blood and (usually) replacement with components of donor blood or a plasma replacement. The exchanged components are plasma (plasmapheresis, in case of serious autoimmune disorders), red blood cells (exchange transfusion, e.g. in sickle cell crises), and white blood cells (leukapheresis, e.g. in leukaemia).

Haemapheresis is also used for harvesting stem cells (for autologous or allogeneic bone marrow transplantation).

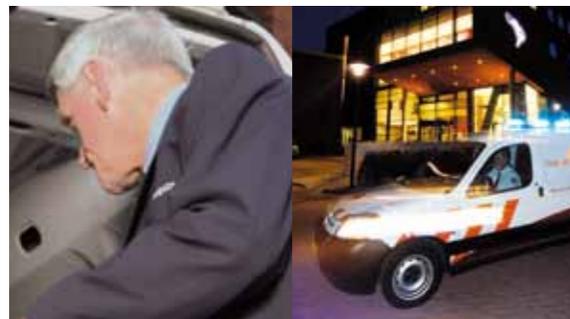
For many hospitals, maintaining a highly specialised service such as haemapheresis and training people for this service is a costly affair. In which case, surgery can be carried out on site in the hospital by Sanquin's therapeutic teams. These teams consist of specially trained nurses who are supervised by the Clinical Consultation Services transfusion doctors.

Complications research

Transfusion Related Lung Injury (TRALI) is one of the most dangerous complications of a blood transfusion. When this complication occurs, patients will become short of breath within six hours after receiving a blood transfusion. Pulmonary edema and inflammation in the lungs will develop, which is often fatal. The cause of TRALI is not entirely clear. Antibodies and other biologically active substances in the donor's blood probably trigger the acute reaction in the recipient.

In 2009 a large-scale study was concluded in which Sanquin scrutinised all cases of TRALI in the Netherlands for the presence of antibodies and antigens in the donor's and the recipient's blood. Of the 56 cases of TRALI reported between January 2005 and July 2007, 46 could be fully examined. In a disproportionate number of female donors, the plasma contained antibodies which could account for the development of TRALI. This is probably due to the fact that during pregnancy, women come into contact with bodily material of their baby and, in response, produce antibodies. The Sanquin-study was published in the authoritative scientific journal *Transfusion*.

Following the results of the TRALI study, Sanquin decided to stop using plasma from female donors for plasma transfusions for patients. In addition, only plasma from male donors will be added to thrombocyte products. Recipients of blood transfusions had already been excluded from giving blood in order to reduce the risk of TRALI. The effect of these measures will be assessed over the next few years.



<< **Henny Kers**, a Sanquin driver since 1982 : "My work is useful and therefore very rewarding. I like being able to do something for other people. I always feel very welcome at the hospitals I visit. I enjoy going to work every day. I feel appreciated."

Close to the employee

Positive points, negative points and ambitions

- +** - Implementation of a new personnel information system
- The new head office, equipped with all modern facilities, including new laboratories
- - Streamlining cooperation between different parts of the organisation
- More focus on the importance of the performance interviews
- >** - Prepare for the construction of new regional offices in Rotterdam
- Further work on the improvement projects arising from the Employee Satisfaction Survey

Working for Sanquin means working for an organisation of major social significance. Employees find it important to be involved in activities that contribute to public health. This sets Sanquin apart from many other employers. In the labour market this also proves to be an attractive and unique selling point.

In 2009, a new labour market communication campaign was developed, which has the social significance of Sanquin as its central theme. A new website was also built: www.werkenbijsanquin.nl (working at Sanquin). Incidentally, the awareness campaign launched in 2009 for the general public also had a positive effect on Sanquin staff. To be able to respond to the needs and wishes of employees, Sanquin conducts an Employee Satisfaction Survey once every two years. Last year, a number of

improvement projects were launched based on the outcomes of the latest survey. The recommendations resulting from these projects will be acted upon in 2010. Improvement areas include mutual cooperation and the work-life balance. And last but not least, Sanquin invested last year considerably in the development of its staff, for example in the Management Development programme and the revised study programmes for donor doctors and donor assistants.

Management Development

In 2009, the second batch of candidates successfully completed Sanquin's internal Management Development Programme. The first course started in 2006. The programme provides talented employees with maximum opportunities to qualify for a management position. Candidates are nominated by their manager. The latest course had eight participants, seven of them were female.

The two-year course contains both group-oriented activities as well as individual coaching. A great deal of attention is given to the development of knowledge and skills, for example in the area of financial management and decision-making and management techniques. Candidates must also work in another position within Sanquin for a certain period of time. This will enable them to gain in-depth knowledge of the organisation as well as build an extensive network. Once the programme has been concluded, the challenge is to take an appropriate next step within a reasonable time. Before we start a third management development programme, we will evaluate the first two programmes.

Safe supply

Sanquin Consulting Services contributes internationally to a safe blood supply by providing advice to blood providers and/or governments. Last year it was decided to move from Groningen to Amsterdam to increase cooperation and visibility in the entire organisation, and preparations were made to this end. The consequences of this relocation for the staff are limited, and a solution is being found for the employees concerned. With motivated consultants it is possible to contribute to projects aimed at improving the safety of blood transfusions in countries with developing economies,

in particular Zambia and Uganda. During the annual ISO audit, Sanquin Consulting Services emerged as the first Sanquin unit to meet the ISO 9001-2008 requirements.

Sanquin Research

Sanquin investigated people's motivation to become and stay a blood donor. Also was researched how donors can be used to recruit new donors. Five factors proved important for donors' motivation. Three are personal: the emotion evoked by donating blood; the feeling of personal responsibility; and the ability to give blood (knowing how to handle it, for example, with regard to fainting). Two other factors are more related to the environment: a subjective norm, determined by the environment, and a descriptive norm, which is shaped by models. These last two factors can be influenced by donors who recruit other donors in their circle of acquaintances. The first three factors can also be influenced in other ways, for example by providing information. However, it has not been demonstrated that better brochure content will lead to increased donor loyalty.

In 2009, the study into foetal sex determination, which is being carried out by the Department of Experimental Immunohematology at Sanquin Research, attracted a great deal of attention. In collaboration with the Department of Gynaecology at Utrecht University Hospital, a new method was tested to identify foetal DNA in as early as the seventh week of pregnancy in the mother's blood. In 200 pregnancies, the test was able to establish with 100 percent reliability whether the baby was a boy or a girl.

This research attracted a lot of publicity, particularly in the United States. Coverage there mainly focused on the risk of wrongful use of the test. However, Sanquin only performs the test as indicated by practitioners if there is a medical necessity, for example if there is a risk of a hereditary disease that only affects boys. If the foetus turns out to be female, invasive chorionic villus sampling will not be needed.

Other research stirring interest was the Triplate study. This study compared three platelet products: platelets in plasma or a plasma replacement, respectively, and a platelet product treated with UV rays to reduce the number of pathogens. Patients receiving the irradiated product had fewer platelets afterwards and haemorrhaged more frequently. For this reason, the safety committee of the clinical trial recommended abandoning the administration of irradiated platelets. The provisional results of the Triplate study were presented at the congress of the American Association of Blood Banks. The study is due to be published in 2010.

A decade-old trick is to give patients a blood transfusion prior to receiving an organ transplant. At Leiden University Medical Center, extensive research has been carried out into these pretransplant blood transfusions. Sanquin is investigating the immunological mechanism behind these blood transfusions. From a group of 118 patients with diabetes and renal failure who were given a kidney and pancreas transplantation it emerged that people who were first given a blood transfusion experienced 50% less serious acute rejection episodes. The mechanism has not yet been explained. But we do have a hypothesis related to the way HLA antigens are recognised on white blood cells. The donor's HLA molecules are recognised in an indirect way by the

recipient's immune system. This might trigger the regulatory cells which can suppress the immune response to a transplanted organ.

Since a blood transfusion can also have negative consequences and transplantation outcomes have improved considerably, the pros and cons of a pre-transplant transfusion balance each other out. That is why such transfusions are rarely given anymore. More information about the scientific research can be found in the highlights edition and in the English scientific annual report 2009.

New head office

After more than 15 years of preparation, Sanquin's new head office at Plesmanlaan in Amsterdam was finally opened in 2009. The newly built head office, designed by Wytze Patijn of KuipersCompagnons, comprises two buildings. Building H houses the offices. Building Q accommodates the laboratories. Together they make up HQ, Sanquin's new headquarters.

The first plans for the new building at Plesmanlaan date back to 1993. In 1998, the building plans were overtaken by organisational developments: the establishment of Sanquin. A new design was needed. The spacious (8,000 m²) and transparent building houses a splendid donor facility for regular blood donation. It also accommodates the National Screening Laboratory. The building was opened on 12 June 2009 by Theo Buunen, chairman of the Executive Board.

Crisis team

Blood supply must always be guaranteed. And this is why Sanquin has established a National Crisis Team. Because, will there always be enough donors to come and give blood? And will there always be enough



Driver Faroek Habib prepares himself for a new working day



At the end of her working day employee Christa Gerrits-Eerden cycles 18 kilometres to her home

Sanquin personnel available to carry out all the necessary work? The National Crisis team prepared numerous measures to guarantee blood supply. Some of these measures were in fact implemented. For example the stock of blood products was gradually increased from eight to ten days.

Turnaround North East Region

In order to achieve the blood collection objectives in Sanquin's North East region, a number of far-reaching changes were initiated in 2009. The organisation was centralised so that it is now more responsive. The logistics of blood collection were also drastically revised. One major improvement has been to expand the donor centre opening times and to make these the same everywhere in the region. All donor centres are now open from 8 am to 8 pm in blocks of two contigu-

ous sessions. Donor teams work in fixed blocks of four or eight hours. In addition, the transport department is now responsible for setting up and dismantling the donor centre. This means that the donor teams can spend all their time collecting blood, which will reduce waiting times for donors. Donors were informed of the changes by letter, under the motto 'On the way to new times for blood donors'. But the extended opening times were not the only change; we also reduced the number of donor centres from one hundred to fifty. New is that donors are now invited at least four times a year to give blood. This used to be twice a year for the small mobile donor centres. Much effort was put into communicating these changes. Donors who did not respond to the letter were phoned, and more than 75% has given their commitment to the new blood collection logistics.



<< **Christa Gerrits-Eerden**, communication department assistant in Nijmegen "Sanquin is a secure home for me. We have a fantastic working relationship and super colleagues. Sanquin has an important role to play in society, and that gives my work a sense of urgency. That's what I like about it. I have had two blood transfusions myself. I see my work as an extension of my daily existence. I have rheumatism, and despite my limitations, I can still work here and I am appreciated."

Milestones for Sanquin Pharmaceutical Services

Last year Sanquin Pharmaceutical Services made significant progress in several areas. Research institute TÜV inspected the production processes and quality control for a certain protein which is an essential part of a medical device for the proposed treatment of people with leukaemia or myocardial infarction. The American pharmaceutical company that manufactures the device had submitted a registration application for it. Also in 2009 we developed a quality control standard for the vaccination industry. Together with a Scandinavian vaccine manufacturer, Sanquin Pharmaceutical Services developed and validated a test for one of their products. Lastly, another key activity for Sanquin Pharmaceutical Services last year was establishing a process validation model for prion removal. A prion is a specific aberrant protein, that can that cause a serious transmissible disease which is known as Creutzfeldt-Jakob in humans. Such a model is very important for the Plasma Products division, as it demonstrates the extent to which specific process steps are able to remove prions. The validation model is expected to be operational by mid-2010 and then an accreditation application can be submitted. Another milestone is the Good Laboratory Practices (GLP) accreditation for the archive process in the Viral Safety Services department, which is part of Sanquin Pharmaceutical Services. Following a re-inspection in early 2009 the solution found now fully meets the quality and safety requirements set by this regulatory framework.

Sanquin new style

Sanquin's communication resources to attract personnel will be given a face-lift. They will match the style used

in the donor recruitment campaign which was developed some time ago. As such the various communication media will reinforce each other and contribute to increasing Sanquin's brand recognition in the market.

Last year we prepared new recruitment communications which will be launched in May 2010 in printed form as well as on the website www.werkenbij-sanquin.nl. We focused on the attractiveness of the job ads and of the online job pages and company information. During 2010 we will review the texts for Sanquin vacancies on external recruitment sites.

Satisfied employees

Last year Sanquin's employees gave the organisation a 7 out of 10. Even though this is up to the mark, there is always room for improvement and we are working on this through the project entitled 'More Satisfied'. In 2009, Sanquin's Employee Satisfaction Survey was conducted by an external bureau for the first time. Not only were the results presented in an effective and structured manner, they were also included in an external benchmark with more than three hundred other companies in the Netherlands. Sanquin scored well with a very satisfactory mark. Our personnel were satisfied, but they also indicated a number of areas where improvements are needed. The 'More Satisfied' project is addressing these points, both in the regions and throughout the Sanquin organisation, and will draw up suggestions for improvement.



Works Council

In 2009 the Works Council met several times with the Executive Board. During these meetings following issues were discussed:

- Implementing the periodic individual career advice interview
- The commuting allowance; as a result of these consultations the allowance is now paid in the same way to all employees and in accordance with the collective bargaining agreement
- The employee satisfaction survey
- Bearing excess for WGA (Resumption of Work (Partially Fit Persons) Regulation)
- Arrangements concerning registration of company vehicles and the telephone system for the donor administration

ICT

During 2009, Sanquin's ICT department was able to resolve some of the ICT problems. The focus was on maintaining the continuity of business operations which meant that some temporary solutions were required. 2010 will be the year for structural improvements for the whole organisation.

The Blood Bank Organisation in particular was faced with many interruptions in network services since 2008 due to problems caused by the transition to new technology and new software packages. Last year a great deal of attention was paid to analysing the causes. By the end of 2009 the problems were fully identified so that we can now start work on preparing and implementing improvements in various areas.

Many of the technical problems were tackled and stabilised last year and further resolved at the beginning of 2010. Furthermore, we have started talks to make

different agreements with the supplier. A major development is that the user organisation now receives better service. We have established an ICT board, in which representatives from all divisions take place and who will be involved in the decision-making concerning ICT. The ICT department has also given presentations to end users within Sanquin to inform them about the current situation and the plans.

Because most of the effort last year went to resolving the ICT problems at the Blood Banks, other divisions located at the Plesmanlaan had to take second place. However, this year these departments will have priority. Networks and equipment will be adjusted to meet the requirements set by today's digital age.

New Collective Bargaining Agreement

In 2009 Sanquin completed negotiations for a new collective bargaining agreement (CBA). This was implemented retrospectively from 1 March 2009 and will expire on 1 March 2011.

The highlights are:

- A 1% salary increase per 1 July 2009 and per 1 July 2010
- Step-by-step growth of the end of year bonus; in 2009 this increased from 5% to 6%
- A one-off bonus of 0.3% in December 2009
- Changes to the distribution of pension contributions
- Introduction of the personal life phase budget to replace the previous system of extra time off related to age

Employees

| | Per 31-12-2009 | Per 31-12-2008 |
|---------------------|----------------|----------------|
| Number of employees | 2,892 | 2,807 |
| of whom | | |
| Men | 936 | 885 |
| Women | 1,956 | 1,922 |
| Number of FTEs | 2,095 | 1,984 |

Research

| | Per 31-12-2009 | Per 31-12-2008 |
|--|----------------|----------------|
| Total number of theses | 10 | 8 |
| Total number of publications (peer reviewed) | 122 | 137 |
| Total number of other publications | 19 | 40 |

Workforce per 31-12-2009 (Number of employees and FTEs)

| | Permanent employment | | | | Temporary employment | | | | Total 1 | | Total 2 | | | |
|------------|----------------------|--------|-----------|--------|----------------------|--------|-----------|--------|-----------|----------|-----------|--------|-------|----------|
| | Full-time | | Part-time | | Full-time | | Part-time | | Full-time | | Part-time | | | |
| | Number | FTEs | Number | FTEs | Number | FTEs | Number | FTEs | Number | FTEs | Number | FTEs | | |
| 2009 Men | 592 | 595.80 | 169 | 99.11 | 117 | 117.77 | 58 | 25.64 | 709 | 713.57 | 227 | 124.75 | 936 | 838.32 |
| 2008 Men | 562 | 563.83 | 177 | 102.69 | 93 | 93.11 | 53 | 21.96 | 655 | 656.94 | 230 | 124.65 | 885 | 781.59 |
| 2009 Women | 332 | 332.80 | 1,351 | 725.66 | 93 | 93.00 | 180 | 105.07 | 425 | 425.80 | 1,531 | 830.73 | 1,956 | 1,256.53 |
| 2008 Women | 329 | 329.33 | 1,371 | 709.57 | 87 | 87.00 | 135 | 76.35 | 416 | 416.33 | 1,506 | 785.92 | 1,922 | 1,202.25 |
| 2009 Total | 924 | 928.60 | 1,520 | 824.77 | 210 | 210.77 | 238 | 130.71 | 1,134 | 1,139.37 | 1,758 | 955.48 | 2,892 | 2,094.85 |
| 2008 Total | 891 | 893.16 | 1,548 | 812.26 | 180 | 180.11 | 188 | 98.31 | 1,071 | 1,073.27 | 1,736 | 910.57 | 2,807 | 1,983.84 |

In 2009 Sanquin had 16 employees who received disability benefit, 13 women and 3 men.

Number of years with Sanquin 2009 (number of staff)

| | Men | Women | Total 2009 | Total 2008 |
|--------------|------------|--------------|--------------|--------------|
| < 1 | 198 | 329 | 527 | 493 |
| 2 - 3 | 106 | 202 | 308 | 194 |
| 4 - 5 | 71 | 121 | 192 | 307 |
| 6 - 9 | 171 | 412 | 583 | 573 |
| 10 - 14 | 125 | 274 | 399 | 350 |
| 15 - 19 | 79 | 226 | 305 | 340 |
| 20 - 24 | 90 | 188 | 278 | 259 |
| 25 - 29 | 38 | 108 | 146 | 149 |
| 30 - 34 | 46 | 72 | 118 | 100 |
| 35 and older | 12 | 24 | 36 | 42 |
| Total | 936 | 1,956 | 2,892 | 2,807 |

Employee turnover; number of staff leaving in 2009 (number of staff)

| Reason | 2009 | 2008 | |
|---|------------|------------|---|
| Career elsewhere | 79 | 155 | In 2009, employee turnover declined from 13.9% to 11.3%. Even more as in previous years, termination of a temporary employment contract was the main reason for leaving the organisation, but clearly the 'career elsewhere' reason for leaving was much less important in 2009. In 2009 it was generally speaking much easier to fill vacancies. At the end of 2009 there were 26 unfilled vacancies, no less than 31 less than in 2008. |
| Personal circumstances | 11 | 17 | |
| Working conditions | 1 | 1 | |
| Incapacity | 4 | 2 | |
| Unmotivated absence | 0 | 0 | |
| Substantial reason | 0 | 4 | |
| Restructuring | 6 | 10 | |
| Bridging allowance / Flex / TOP / Pension | 29 | 48 | |
| Termination of temporary employment | 122 | 52 | |
| Occupational disability | 5 | 5 | |
| Death | 3 | 3 | * including transfers and dismissal during probationary period |
| Other* | 68 | 93 | |
| Total | 328 | 390 | |

Age structure (number of staff)

| Age | Men | Woman | Total 2009 | Total 2008 |
|--------------|------------|--------------|--------------|--------------|
| 0 - 24 | 43 | 69 | 112 | 90 |
| 25 - 34 | 192 | 330 | 522 | 518 |
| 35 - 44 | 254 | 508 | 762 | 763 |
| 45 - 54 | 287 | 669 | 956 | 936 |
| 55 - 59 | 102 | 266 | 368 | 353 |
| 60 and older | 58 | 114 | 172 | 147 |
| Total | 936 | 1,956 | 2,892 | 2,807 |
| Average age | 43.34 | 44.65 | 44.23 | 44.16 |

Absence due to illness including and excluding maternity leave (in percentages)

| Year | Men | Woman | | Total | |
|-----------------------|------|-------|-------|-------|-------|
| | | Incl. | Excl. | Incl. | Excl. |
| 2009 | 3.96 | 5.70 | 4.73 | 5.14 | 4.49 |
| 2008 | 3.82 | 5.76 | 4.71 | 5.07 | 4.38 |
| For comparison (2009) | | | | | |
| 'Health care' sector | 4.73 | 7.74 | 6.08 | 7.12 | 5.80 |
| Hospital sector | 4.13 | 7.04 | 5.31 | 6.36 | 5.03 |

The absence due to illness percentage (excluding maternity leave) rose slightly from 4.38% in 2008 to 4.49% in 2009, but for the first time in 2009 was not only lower than in the total health care sector (5.80%), but also lower than in the hospital sector (5.03%).

In 2009, just as in 2008, an analysis was made per division to determine to which levels absenteeism should drop. Agreements have been made in the MTS (division directors' meetings) and in consultation with the HR managers. The new objectives should be achieved no later than May 2010.

Duration of absence due to illness, including and excluding maternity leave (in days)

| Year | Men | Woman | | Total | |
|------|-------|-------|-------|-------|-------|
| | | Incl. | Excl. | Incl. | Excl. |
| 2009 | 11.41 | 15.00 | 13.00 | 13.89 | 12.50 |
| 2008 | 11.35 | 14.72 | 12.64 | 13.75 | 12.22 |

Frequency of absence due to illness, including and excluding maternity leave

(average number of notifications)

| Year | Men | Women | | Total | |
|------|------|-------|-------|-------|-------|
| | | Incl. | Excl. | Incl. | Excl. |
| 2009 | 1.47 | 1.61 | 1.57 | 1.56 | 1.54 |
| 2008 | 1.43 | 1.64 | 1.60 | 1.58 | 1.55 |

Employees according to pay scale 2009

| Scale | Youth pay scale | | Preliminary pay scale | | Functional pay scale | | Total |
|--------------|-----------------|----------|-----------------------|-----------|----------------------|--------------|--------------|
| | Men | Women | Men | Women | Men | Women | |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | 0 | 0 | 0 | 0 | 4 | 16 | 20 |
| 25 | 0 | 0 | 3 | 0 | 87 | 71 | 161 |
| 30 | 0 | 0 | 0 | 7 | 44 | 286 | 337 |
| 35 | 0 | 0 | 7 | 2 | 121 | 677 | 807 |
| 40 | 0 | 0 | 1 | 2 | 102 | 159 | 264 |
| 45 | 0 | 0 | 9 | 10 | 110 | 239 | 368 |
| 50 | 0 | 0 | 0 | 1 | 69 | 121 | 191 |
| 55 | 0 | 0 | 0 | 1 | 63 | 61 | 125 |
| 60 | 0 | 0 | 1 | 1 | 95 | 102 | 199 |
| 65 | 0 | 0 | 1 | 1 | 37 | 20 | 59 |
| 70 | 0 | 0 | 0 | 0 | 24 | 9 | 33 |
| 75 | 0 | 0 | 0 | 0 | 18 | 15 | 33 |
| 80 | 0 | 0 | 0 | 0 | 11 | 1 | 12 |
| Other | 0 | 0 | 0 | 0 | 129 | 154 | 283 |
| Total | 0 | 0 | 22 | 25 | 914 | 1,931 | 2,892 |

The income statement, balance sheet and other financial data as stated in this section have been derived from Sanquin's 2009 financial statements, which have been approved by the auditor. The financial statements are available as a separate document which can be found on the website: www.sanquin.nl.

Financial results and financial position

Operating revenues

In 2009 the total operating revenues rose by € 12.0 million to € 353.2 million (+4%). This is mainly due to increased turnover, while other income decreased. The key developments concerning operating revenues can be summarised as follows:

- The blood banks achieved an increase in turnover of € 1.5 million. At stable prices this represents a slightly higher turnover of 1%.
- Supply of plasma products resulted in an increase in turnover of € 11.4 million (+8%). This increase is mainly attributable to the production of Cinryze™ for the American market.
- In 2009 the turnover of diagnostic services on blood samples for Dutch healthcare institutions grew by € 0.6 million (+4%) due to an expansion of the services provided combined with a regular price increase.
- The turnover for research and development was more or less stable due to the continuation of external subsidy income and contract research. Financing a research programme that is effective for the organisation continues to demand special attention.
- The operating revenues include the item 'Movement in stocks of finished product and work in process'. This amounts to € 12.3 million positive in 2009 compared to € 10.3 million positive in 2008. This revenue item can be explained by the increase in the balance sheet item 'Stocks'.

- Other revenues in 2009 decreased by € 3.9 million to € 4.7 million. In 2008 a number of incidental costs were passed on, but this has not taken place in 2009.

Operating costs

In 2009 operating costs for incidental transactions rose by € 14.9 million to € 329.6 million (+5%). The key factors causing this increase were:

- Costs for 'Raw and auxiliary materials' decreased by € 2.6 million (-/-3%), despite increased production.
- Staff costs, including wages and salaries, social security payments and pension contributions rose in 2009 by € 9.4 million. The main reason for this rise is the increased staffing level in the Plasma products division in line with the increase in turnover. Furthermore, in accordance with the Sanquin CBA 2009-2011 salaries increased by 1% as per 1 July 2009, the year-end bonus increased by 1%, and employees received a one-off benefit of 0.3% of their salary.
- Depreciation on tangible fixed assets rose by € 2.4 million (+15%) in line with the higher investment level and the accompanying higher depreciation charges.
- The other regular general expenses rose by € 5.7 million (+6%). This is mainly due to increases in costs for ICT and Communication and Publicity.

Result

The operating revenues and expenses in 2009 result in a slightly lower operating result for incidental transactions of € 23.6 million compared to € 26.6 million in 2008. In 2009 an incidental transaction of € 19.8 million was reported in the result due to the release of the so-called Busquin tax liabilities in Belgium. In 2009, interest income balanced out at € 0.7 million (2008: € 0.5 million). In addition a one-off income was realised with the sale of CAF-DCF shares to the value of € 1.9 million. This concerns an update on the sales price received in 2008 for the shares then sold as a result of the release of the Busquin tax liabilities.

The Taxes item has a negative influence on the result of € 7.0 million, almost entirely due to the release of the Busquin tax liabilities in Belgium. This means that the offsettable loss for the profits tax in Belgium has been fully applied.

The Minority interests of -/- € 6.6 million is included in the consolidated result of Sanquin in which CAF is included for 100%, to correct for the minority interest in CAF that is not in Sanquin's control.

The items mentioned ultimately lead to a result after tax of € 32.4 million in 2009, compared to € 30.0 million in 2008.

The increase in the result from ordinary business operations before tax to the value of € 17.4 million compared to 2008 can be specified as follows:

| (* € 1,000) | | |
|---|----------|------------------|
| Increase in total operating revenues | | 12,005 |
| Decrease in raw and auxiliary materials | 2,565 | |
| Increase in salaries and social security costs | -/-9,437 | |
| Increase in depreciation costs | -/-2,361 | |
| Increase in other regular operating expenses | -/-5,711 | |
| Increase in total operating costs | | -/-14,944 |
| Decrease in operating result for incidental transactions | | -/-2,939 |
| Release Busquin tax liabilities | 19,794 | |
| Increase in total of financial income and expenses | 594 | |
| Increase in results from ordinary business operations before tax | | 17,449 |

Financial position

The liquidity and financial position of the Foundation improved as a result of the positive results in 2009. Sanquin's working capital can be specified as follows:

| | 31/12/2009 | 31/12/2008 |
|---------------------------|----------------|----------------|
| Cash and cash equivalents | 70,537 | 59,161 |
| Short-term receivables | 60,682 | 68,196 |
| Stocks | 92,770 | 78,496 |
| Current liabilities | -/-64,697 | -/-80,490 |
| Working capital | 159,292 | 125,363 |

Due to the release of the Busquin tax liabilities and the increase in activities at the Plasma Products division in particular, the Foundation's working capital increased by € 33.9 million to € 159.3 million.

The preferred means of financing investments in tangible fixed assets is through resources available to the Foundation in the long term. The following specification shows that this has been achieved:

| | 31/12/2009 | 31/12/2008 |
|------------------------------------|------------|------------|
| Tangible fixed assets | 130,970 | 126,504 |
| Financing with long-term resources | 290,262 | 251,867 |

The financing with long-term resources can be specified as follows:

| | 31/12/2009 | 31/12/2008 |
|---|----------------|----------------|
| Group capital | 250,914 | 211,917 |
| Provisions | 10,537 | 10,159 |
| Long-term liabilities | 28,811 | 29,791 |
| Financing with long-term resources | 290,262 | 251,867 |

It can be derived from this balance that Sanquin's solvency (Group capital / Total assets) rose from 64% in 2008 to 71% in 2009.

Consolidated balance sheet as per 31 December 2009 (before profit appropriation)

| (* € 1,000) | Ref. | 31 December 2009 | | 31 December 2008 | |
|-------------------------------|------|------------------|---------|------------------|---------|
| | | € | € | € | € |
| Assets | | | | | |
| Fixed assets | | | | | |
| Intangible fixed assets | | 0 | | 0 | |
| Tangible fixed assets | 5 | 130,970 | | 126,504 | |
| Financial fixed assets | 6 | 0 | | 0 | |
| | | | 130,970 | | 126,504 |
| Current assets | | | | | |
| Stocks | 7 | 92,770 | | 78,496 | |
| Receivables | 8 | 60,682 | | 68,196 | |
| Cash and cash equivalents | 9 | 70,537 | | 59,161 | |
| | | | 223,989 | | 205,853 |
| | | | 354,959 | | 332,357 |
| Equity and liabilities | | | | | |
| Group capital | | | | | |
| Equity base | 10 | 233,518 | | 201,083 | |
| Minority interests | 11 | 17,396 | | 10,834 | |
| | | | 250,914 | | 211,917 |
| Provisions | | | | | |
| Long-term liabilities | 13 | | 10,537 | | 10,159 |
| | | | 28,811 | | 29,791 |
| Current liabilities | | | | | |
| | 14 | | 64,697 | | 80,490 |
| | | | 354,959 | | 332,357 |

Consolidated income statement 2009

| (* € 1,000) | Ref. | 2009 | | 2008 | |
|---|------|---------|----------------|---------|----------------|
| | | € | € | € | € |
| Net revenue | 16 | 336,247 | | 322,320 | |
| Movement in stocks of finished products and work in process | | 12,303 | | 10,334 | |
| Other operating revenues | | 4,655 | | 8,546 | |
| Total operating revenues | | | 353,205 | | 341,200 |
| Cost of raw and auxiliary materials | | 90,575 | | 93,140 | |
| Wages and salaries | 17 | 105,746 | | 97,773 | |
| Social security costs incl. pensions | 17 | 21,285 | | 19,821 | |
| Depreciation on tangible fixed assets | 21 | 18,010 | | 15,649 | |
| Other operating expenses | 22 | 93,978 | | 88,267 | |
| Total operating costs for incidental transactions | | | 329,594 | | 314,650 |
| Operating result for incidental transactions | | | 23,611 | | 26,550 |
| Release Busquin tax liabilities | 22 | | 19,794 | | 0 |
| Operating result | | | 43,405 | | 26,550 |
| Revenue financial fixed assets | 24 | | 1,893 | | 1,479 |
| Interest income | 24 | | 3,594 | | 4,885 |
| Interest expenses | 24 | | -2,917 | | -4,388 |
| Results from ordinary business operations before tax | | | 45,975 | | 28,526 |
| Tax on results from ordinary business operations | 26 | | -6,979 | | 948 |
| Minority interests | | | -6,561 | | 562 |
| Result after tax | | | 32,435 | | 30,036 |

To: The Supervisory Board and Executive Board of Stichting Sanquin Bloedvoorziening

Auditors' report

Introduction

We have audited whether the accompanying abbreviated financial statements of Stichting Sanquin Bloedvoorziening (Sanquin Blood Supply Foundation), Amsterdam, for the year 2009 as set out on pages 65 to 69 have been derived consistently from the audited financial statements of Stichting Sanquin Bloedvoorziening for the year 2009. In our auditors' report dated 19 May 2010 we expressed an unqualified opinion on these financial statements. The Sanquin management Board is responsible for the preparation of the abbreviated financial statements in accordance with the accounting policies as applied in the 2009 financial statements of Stichting Sanquin Bloedvoorziening. Our responsibility is to express an opinion on these abbreviated financial statements.

Scope

We conducted our audit in accordance with Dutch law. This law requires that we plan and perform the audit to obtain reasonable assurance that the abbreviated financial statements have been derived consistently from the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, these abbreviated financial statements have been derived consistently, in all material respects, from the financial statements.

Emphasis of matter

For a better understanding of the company's financial position and results and the scope of our audit, we emphasize that the abbreviated financial statements should be read in conjunction with the unabridged financial statements, from which the abbreviated financial statements were derived and our unqualified auditors report thereon dated 19 May 2010. Our opinion is not qualified in respect of this matter.

Amsterdam, 19 May 2010
PricewaterhouseCoopers Accountants N.V.

Originally signed by drs. N.J. van der Wal RA

Appendices

Advisory bodies, complaints committee and consultative bodies

On 31 December 2009 the following advisory bodies and consultative bodies were active:

National Donor Council

The National Donor Council makes recommendations to the Executive Board concerning donor policy.

Composition: on the recommendation of Regional Donor Council of South West Region: J.W.J. van Leeuwen (chair) and Mrs P. F.A.M. Kohlman-Bakbier, on the recommendation of the Regional Donor Council of North East Region: H. van der Mark and Mrs I. Keulen, on the recommendation of the Regional Donor Council of South East Region: J.H.W.J. Peeters and H. Seijkens, on the recommendation of the Regional Donor Council of North West Region: Mrs E.C.I.G. Zoetman-Hermans and R. Stuijt, on the recommendation of the Dutch Red Cross: R.C. Labadie, further: F.J.M. Jehee, Sanquin national manager donor affairs and Mrs D.E. Loeff-Wolthuizen, official secretary.

Ethical Advisory Board (EAR)

The Ethical Advisory Board makes recommendations to the Executive Board concerning medical and ethical policy.

Composition: Prof. E. van Leeuwen (chair), M. Bins, Prof. H.F. P. Hillen, Prof. J.K.M. Gevers, Dr J. Over, Dr T.A.S. Tomson, A.J. Wilhelm (from April), Mrs H.M.H. de Bruijn-van Beek (secretary).

Medical Advisory Board (MAR)

The Medical Advisory Board makes recommendations to the Executive Board concerning medical and pharmaceutical policy.

Composition: Prof. E. Briët (chair), Dr F.J.M.L. Haas, Dr C.P. Henny, Dr J.H. Marcelis, Dr J. Over, Dr D. Overbosch, Prof. D.J. van Rhenen, Dr M.R. Schipperus, M. Tjoeng and Dr C.L. van der Poel (secretary).

Scientific Advisory Board (WAR)

The Scientific Advisory Board makes recommendations to the Executive Board concerning scientific and scientific technology policy.

Composition: Prof. E. Briët (chair), Prof. A. Brand, Prof. M.M. Levi, Prof. D.E. Grobbée, Prof. R.R.P. de Vries, Prof. A.F. Cohen, Prof. D.J. van Rhenen, Prof. C.E. van der Schoot and J.W. Smeenk (secretary).

National Complaints Committee

Complaints from donors are dealt with in two phases; at blood bank division level and at national level. Donors who are dissatisfied with the way a complaint is processed in the division can take their complaint to the National Complaints Committee. The National Complaints Committee deals with the complaints and makes recommendations to the Executive Board.

Composition: Dr L. Vervuurt (chair from June 2009), Dr B. Kool, H. van der Mark, M. Brinksma (from June 2009), Dr P.C. van Krimpen (consultant to the committee), H.M.H. de Bruijn-van Beek (secretary). In June 2009 the committee thanked and said farewell to Mrs A.E. Duursma-Olthuis, who had been chair from June 2001.

National Council of Users

The National Council of Users makes recommendations to the Executive Board regarding the blood supply logistics and service provided.

Composition: Dr A. Castel (chair), E.P. Mauser-Bunschoten, deputy: Dr R.E.G. Schutgens (NVvH), F. Berends, Regional Users Council (North Holland Region), deputy: Dr C. J. Pronk-Admiraal, C.J.W. van den Brink (NVHP), deputy: M. Degenaar, Prof. E. Briët (member of the Sanquin Executive Board and chair of MAR), Dr T. Bruin (Ijssellanden Region), deputy: Dr H.J.M. Salden, Dr T.J.F. Buunen (Sanquin Executive Board chair), Dr R. C.R.M. Vossen (NVKC/VHL), Dr L. van Pampus, deputy: F. Willekens (Geldersche Rivieren Region), Dr W.J.D. Hofhuis (NVK), Dr F. Hudig (Leiden Haaglanden Region), deputy: Dr G.A.E. Ponjee, Dr A.W.M.M. Koopman-van Gemert (NVA), Dr R.J. Kraaijenhagen (Midden Nederland Region), (NVZ) vacancy, M.A.M. Overbeeke (Sanquin

Other positions held by members of the Supervisory Board and Executive Board

In the overview given below the most important positions are stated of the members of Sanquin's Supervisory Board or Executive Board.

Supervisory Board

J.H. Schraven (1942)

chair from May 2006, appointed May 2006, due to retire in May 2010, eligible for reappointment.

Plasma products, Research, Diagnostics), deputy: Dr J.J. Zwaginga, vacancy (NVvH), deputy: Dr J. Th. M. de Wolf, J.J.W. Ros (NVZA), deputy: Dr P.D. Knoester, Dr J.W. Soons (de Meierij), deputy: Dr J.D. Oosting, Prof. D.R. van Rhenen (Sanquin Blood Bank South West Region), Dr P.A.W. te Boekhorst (ZWN Rijnmond/West Brabant/Zeeland Region) deputy: Dr R.N. Idema, Dr M.P.G. Leers (Limburg Region), deputy: Dr Y.M.C. Henskens, H.J.C. de Wit (Sanquin Executive Board), M. de Brown-van Beek (Sanquin corporate staff, secretary)

Animal Experiments Committee

The Animal Experiments Committee is responsible for the ethical review of all tests conducted by Sanquin on animals in accordance with the Act on Animal Testing. The composition of the committee is in accordance with this Act.

Main position:

- chairman of the supervisory board of Corus Nederland B.V. and non-executive director of Tata Steel Limited (India)

Other positions:

- chairman of the board of the Netherlands Normalisation Institute
- member of the Board of the Carnegie Foundation
- chairman of the Board of the International Longevity Centre/Zorg voor Later Foundation
- chairman of the Board of SEO Economic Research

- chair and member of the Supervisory Board of Stork B.V., NUON Energy B.V. and BNP Paribas OBAM N.V.

Prof. L.J. Gunning-Schepers (1951)

appointed March 2005, due to retire September 2010

Main position:

- chair of the Executive Board of AMC
- member of the Supervisory Board of DSM
- member of the Supervisory Board of Arbo Unie
- chair of the Supervisory Board of the Rijksacademie voor Beeldende Kunsten
- chair NFU
- conference Concertgebouw
- member of the Nieuwe Kerk Advisory Council

M.J. van Rijn (1956)

appointed May 2008, due to retire May 2012, eligible for reappointment.

Main position:

- chair Executive Committee PGGM

Other positions:

- member of the Supervisory Board of the Ymere housing corporation (until June 2009)
- member of the Board of Governors of NSOB
- member of the Supervisory Board Rijnland Zorggroep
- member of the advisory body to the Dutch Healthcare Authority (NZa)
- chair of the Supervisory Board of Cardea
- chair of the Supervisory Board of Espria

J.C.M. Schönfeld (1949)

appointed October 2003, due to retire October 2011, not eligible for reappointment.

Other positions:

- member of the Supervisory Board of Arcadis N.V.
- member of the Supervisory Board S&B Industrial Minerals S.A. Athens, Greece
- chair of the Supervisory Board Skyline Diagnostics
- member of the Supervisory Board of the Delft University of Technology
- member of the Supervisory Board of the Royal Academy of Art, The Hague
- chair of the Stork Pension fund
- member of the board of the Vereniging Effectenuitgevende Ondernemingen
- member of the Financial Markets Authority (AFM) committee on Financial Reporting

Prof. B. Löwenberg (1946)

appointed May 2005, due to retire May 2013, not eligible for reappointment.

Main position:

- professor of Haematology and department head at Erasmus MC Rotterdam

Other positions:

- member of the Royal Netherlands Academy of Arts and Sciences (KNAW)
- member of the Board of the Society of the Dutch Journal of Medicine
- scientific director at Skyline Diagnostics B.V.
- member of the Health Council of the Netherlands
- member of the International Scientific Advisory Board, Lund Strategic Center for Stem Cell Biology and Cell Therapy, Lund University, Sweden

- member of the External Scientific Advisory Board Tumorzentrum Ludwig Heilmeyer-Comprehensive Cancer Center, Freiburg, Germany
- member of the International Scientific Advisory Board, Department of Biomedicine, University of Basel, Switzerland
- chair of the International Scientific Committee, European School of Haematology, Paris

Executive Board

Dr T.J.F. Buunen (1949)

Main position:

- chair of the Executive Board of Sanquin

Other positions:

- treasurer to the Executive Board of the Slotervaart Medical Centre Foundation
- chair of the Supervisory Board of Sanquin Oy, Helsinki (consolidated in the Sanquin financial statements)
- chair of the Executive Board of CAF, Brussels (consolidated in the Sanquin financial statements)
- member of the Board of the International Plasma Fractionation Association
- delegated Supervisory Director of Euroclone b.v., Amsterdam (consolidated in the Sanquin financial statements)
- director of the Landsteiner Foundation for Blood Transfusion Research
- treasurer of the Joghem van Loghem Foundation
- chair of the Supervisory Board Bevolkingsonderzoek Midden-West (Mid-West Population Screening Foundation)

H.J.C. de Wit (1953)

Main position:

- deputy chair of the Executive Board of Sanquin

Other positions:

- chair of the Executive Board of the European Blood Alliance
- chair of the Committee of Experts on Blood Transfusion of the EDQM (European Directorate on the Quality of Medicines) of the Council of Europe
- member of the board of IDTM
- member of the Board of the Tekke Huizinga Fund Foundation
- member of the Medical Ethics Committee of the LUMC

Prof. E. Briët (1945)

Main position:

- member of the Executive Board of Sanquin

Other positions:

- professor at AMC-UvA (without teaching and research remit)
- professor of epidemiology of the LUMC UL blood transfusion
- member of the Health Council of the Netherlands
- chair of the Supervisory Board of the IKA Foundation
- vice-chair of the committee for the evaluation of regulations and deputy chair of the ZonMw innovative prevention research committee
- member of the Board of the Haemophilia Foundation