LIFE10 ENV/SE/037

Progress Report 1
Covering project activities from 01/03/2012 to 31/01/2013 and budget from 01/09/2011 to 31/12/2012

Reporting Date
01/02/2013

LIFE+ PROJECT NAME and Acronym
Public healthcare and plastic makers demonstrate how to remove barriers to PVC-free blood bags in the spirit of REACH
PVCfreeBloodBag

Data Project

Project location	Sweden, Finland, Denmark, Italy
Project start date:	01/09/2011
Project end date:	31/03/2016
Total budget	€2,204,464
EC contribution:	€1,091,040
(%) of eligible costs	49.49%

Data Beneficiary

Name Beneficiary	Jegrelius Institute for Applied Chemistry/ Regional Council of Jämtland
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Project Website	www.pvcfreebloodbag.eu

Notes:

According to the Common Provisions Article 12 – Technical activity reports, the coordinating beneficiary must provide the Commission with:

- progress reports with the delay between consecutive reports which does not exceed 18 months;

The progress report shall contain the necessary information for the Commission to evaluate the state of implementation of the project, the respect of the work plan, the financial situation of the project and whether the project's objectives have been achieved or are still achievable.

Identical copies of any progress report, in both paper and electronic versions, shall be simultaneously forwarded to the Commission and to the external monitoring team designated by the Commission, both of them receiving one complete copy of the technical reports, including annexes.

- Progress reports *must* be submitted following the timetable *as foreseen in the final version of the proposal attached to the Grant Agreement*, unless modified with agreement of the Commission.
- A progress report would normally contain approximately 10 pages (maximum 20), excluding annexes. Please use font Times New Roman 12 or eqivalent.
- The technical part should contain a concise statement of the tasks undertaken and a forecast for the next reporting period. Any problems encountered during the period and possible deviations from project plans must be covered.
- Progress reports can be accompanied by annexes such as specific technical reports on issues relating to the project or reports and dissemination deliverables or other outputs from the project.
- Progress reports should be submitted in paper and electronic form.

Comment from Project Manager:
This Progress report covers project activities from 1 March 2011 to 31 Jan 2013. It covers the budget up to 31 Dec 2012.

The Inception Report covers the period before March 2011.

An amendment to the Agreement regarding the reporting time for the Mid-term report will be sent separately with this Progress report.

1. Table of contents

2. List of abbreviations

PMG – Project Management Group
CB – Coordinating Beneficiary
PM – Project Manager
EC – European Commission
CO – Communication Officer
OpenMeeting – The platform/software used for PMG virtual meetings
Karolinska – Karolinska University Hospital, Beneficiary 2
HCWH – Health Care Without Harm
EBA – European Blood Alliance
PVC – PolyVinylChloride
DEHP – Dietyl Hydroxi Phtlalate, plasticizer
LCC – Life Cycle Cost
LCA – Life Cycle Assessment. A method for analysing the impact on health and environment from a product's lifecycle.
C2DS – Comité pour le Développement Durable en Santé
ECVM – European Council of Vinyl Manufacturers
SCHENIR – The Scientific Committee on Emerging and Newly Identified Health Risks
NHS – National Health Services (UK)

3. Executive summary

3.1 General progress

The actions regarding communication and dissemination of information are running according to plan.
The Partnership Agreement was signed on 15 May 2012 and the shares have been delivered to all associated beneficiaries.
Actions 12-17, regarding the production and evaluation of bags, have been delayed which mean that that two of the milestones are not going to be achieved before the deadline. It appears there are no remaining obstacles and the first film has been produced and delivered to Beneficiary 6. However, the time delay gives a shift of consumed cost, especially the personnel costs.
Consequently, an amendment to the agreement regarding the **delivery date of the Mid-term Report** will be sent separately.

3.2 Assessment as to whether the project's objectives and work plan are still viable.

The project's objectives are still intact and the prerequisites for success remain in place. However, the delays in production have increased since the last report. The actions are highly interdependent and a delay in action 12 causes delays in actions 13-17.

The new deadline for the "Production of the first PVC-free prototype" is estimated to be 01/04/2013. The "First evaluation of prototype performed" will hence be delayed, with 01/10/2013 as the new deadline.

Production at Haemotronic facilities is up and running at full capacity after the earthquake. Production is back on track and the first batch of film has been delivered from Wipak. Since the production phase has been delayed the corresponding input in personnel cost have not been added, which means there is less than planned in the budget.

We do not know the full consequences of the delays to the project yet, but there is a risk of changes to the **duration of the project**. If so, we will provide information and apply for an amendment according to Common Provision Article 15. The project's total time depends on how many prototypes are needed before a satisfying prototype is found. Five different prototypes are planned for, but if fewer prototypes need to be tested, the project may gain time. The status will be more apparent after the first evaluation and the decision to apply for an amendment to prolong the project, or not, will thus be made later.

3.3 Problems encountered

There has been a change of personnel at Beneficiary 5, Totax Plastics A/S. Peter Michael Haugvik, who was in the PMG, left the company and Krzysztof Debski has replaced him as a member of the PMG. This change delayed the partnership agreement and, as a consequence, investments in action 13/ Film production were put on hold.

The delivery of compound from beneficiary 3 to beneficiary 4 was also delayed since the first production trial had to be run outside the company. A confidentiality agreement had to be signed before compound could be delivered. These delays result in a domino effect in the supply chain and so the evaluation start also is postponed.

The earthquake in northern Italy at the end of May caused a lot of material damage for Beneficiary 6/Haemotronic in addition to the loss of four lives. One of the production sites was destroyed and equipment and materials have been moved from Mirandola to Carbonara. Production is now back on track and bag production will start when material has been received from Beneficiary 4/Wipak.

The production by Totax is being moved to Poland and from next year (2013) Totax Plastics A/S will belong to Primo Poland instead of Primo Denmark. Krzystof Debski and Primo would very much continue to contribute and be part of the project next year. The change in the ownership structure, i.e. the change in legal status, requires an amendment according to Article 15 of the Common provisions. PM visited the production plant in Poland to go through the changes and get confirmation of their commitment. PM will apply for an amendment to the agreement to EC as soon as all data is available.

The project website has been hacked several times since October 2012. There has been an infection of codes by a "worm" that destroys documents. A temporary solution has now been installed, with an automatic update of the correct version every 5th minute. The programming code in the software Joomla has to be updated to the latest version to avoid further intrusions. This will be done by the administration department of IT support, Regional Council of Jämtland.

4. Administrative part

4.1 Project organisation

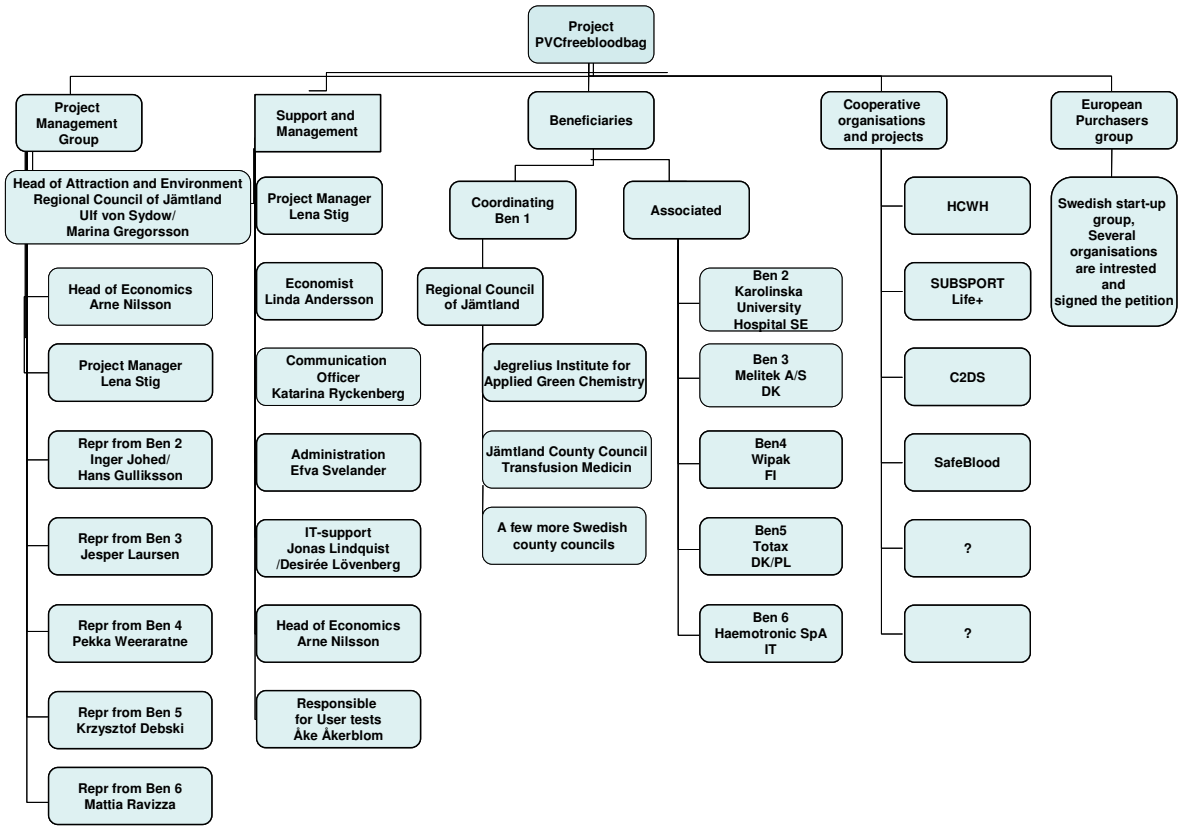

Figure 1. Project organisation

The management team consists of

Project Manager	Lena Stig
Head of Economics	Arne Nilsson
Economist	Linda Andersson
Administrator	Efva Svelander
Communication Officer	Katarina Ryckenberg
IT Support	Jonas Lindquist / Desirée Lövenberg/ Mathias Friman

Responsible for User Test: Åke Åkerblom at Jämtland County Council

The PMG consists of
Head of Attraction and Environment/Region Council of Jämtland,
Ulf von Sydow/Marina Gregorsson (shared leadership)
Head of Economics Arne Nilsson
Project Manager Lena Stigh
Hans Gulliksson and Inger Johed represent Beneficiary 2, Karolinska
Jesper Laursen represents Beneficiary 3, Melitek
Pekka Weeraratne and Heikki Weijo represent Beneficiary 4, Wipak
Krzysztof Debski represents Beneficiary 5, Totax
Mattia Ravizza represents Beneficiary 6, Haemotronic

The European Buyers Group/ Demand Group
This group originates from the Swedish group of healthcare organisations and will expand through activities in Action 10 – Increase Demand.

Cooperation organisations
HCWH
Life+ Project SubsPort with Swedish representation from ChemSec.
Safe Blood, project also working with Melitek and Haemotronic
C2DS, Comité pour le Développement Durable en Santé
Swedish National Substitutions Group on Chemicals in Articles

4.2 Description of project management activities

Activities are presented in more detail in section 5.3. The Partnership Agreement has been signed and the shares have been delivered to the associated beneficiaries.
PMG meetings are held regularly and protocols and instructions are published on the project's web site.
Both the former monitor and the new monitor have visited CB in Östersund.
Instructions regarding reporting times and costs have been revised and updated. The LCA have been useful in the dissemination of information and the project's participation in the CleanMed conference was appreciated. The project was mentioned in plenary last day as a good example.
Melitek have contributed a lot to sharing information about the project and its objectives in phasing out hazardous substances.
PM have visited Beneficiary 3 in Denmark and Beneficiary 5 in Poland.

4.3 Deliverables

Deliveries	Delivered	Original deadline
– Project website	21/10/2011	(01/10/2011)
– Notice Boards	18/11/2011	(01/11/2011)
– A plan for the implementation phase		(01/12/2011)
– Monitoring protocol	27/03/2012	(01/12/2011)
– Initial Report	21/03/2012	(30/11/2011)
– LCA of PVC blood bag	23/03/2012	
– Presentation of the LCA	08/02/2012	
– Inception Report	30/03/2012	(01/04/2012)
– Progress Report 1	30/09/2012 *not to EC*	(01/08/2012)
– Progress Report 2		01/02/2013
– Mid-term Report		30/10/2013

After communication with both monitor and EC, the first progress report was not requested and therefore was only sent to the monitor. Instead, Progress report 2 also contains the status covered in progress report 1.

5. Technical part - Actions and activities

5.1 Action list

Estimated changes from the original plan are in the last column, Revised.
All beneficiaries are involved in actions marked in green. Core actions are marked in pink.

Nr	Ben	Action	Start	End	Revised
1	CB	Project management	Sep2011	Mar2016	
2	CB	Website and media work	Oct2011	Mar2016	
3	CB	Notice boards and the dissemination of project information	Oct2011	Jun 2015	
4	CB	Project meetings for the Project Management Group	Sep2011	Mar2016	
5	CB	Monitoring the project's progress	Oct2011	Mar2016	
6	2	Organisation of First Seminar Action 7	Oct2011	Dec2011	
7	2	First Seminar	Jan2012	Mars2012	
8	CB	Networking with other projects	Apr2012	Jun2015	
9	CB	Audit	Jul2015	Sep2015	
10	CB	Increase demand	Jan2012	Jun2015	Start Dec 2011
11	CB	Production of brochures, reports, posters, invitations etc	Oct2011	Mar2016	
12	3	Production of compounds for films and tubes used in blood bags	Oct2011	Mar 2013	Dec 2011-Sep 2013
13	4	Production of film for the blood bags	Jan 2012	Jun2013	Dec 2012-Oct 2013
14	5	Production of tubes to be used in blood bags	Jan 2012	Jun2013	Feb 2013- Oct 2013
15	6	Production of a PVC-free blood bag	Apr 2012	Dec2013	Jan 2013- May2014
16	2	Evaluation and monitoring of blood bags	Jul 2012	Dec2014	End - May2015
17	CB	User test including economic feasibility study of PVC-free blood bags	Apr 2013	Mar2015	Aug 2013-Aug 2015
18	CB	After-LIFE Communication plan	Oct2014	Sep2015	
19	CB	Final layman's report	Oct2014	Mar2016	
20	2	Technical publication based on the evaluation results of blood bags	Apr 2014	Jun2015	Sep 2014-Nov 2015
21	CB	Organisation of Concluding Workshops action 22	Jan2014	Mar2015	End May2015
22	CB	Concluding Workshops	Apr2015	Jun2015	Aug 2015- Oct 2015
23	CB	Final project report	Jan2015	Mar 2016	

As seen in the table above, the delays cause a chain reaction so the earliest start for the evaluation of a prototype is March 2013.

5.2 Actions

5.2.1 Action 1 Project Management

The Partnership Agreement was signed on 15 May 2012 and the shares were distributed according to the partnership agreement.
PMG meetings are held regulary and minutes are placed on the project's website. http://www.pvcfreebloodbag.eu/index.php?option=com_docman&Itemid=128

The former monitor Diderick Velthoen visited CB on 24 May. On 2 July, PM was informed that we had a new monitor, Pekka Hänninen. He visited Östersund on 22 August and met PM, economist Linda Andersson and head of economics Arne Nilsson. One result of the meeting was that the instructions and templates about how to report time

and cost have been changed and are valid from the 1 October 2012.
http://www.pvcfreebloodbag.eu/index.php?option=com_docman&Itemid=146

Examples of a timesheets are attached as Annex 7.1 and an example of registration of cost is provided in Annex 7.2.
The LCA gave general information about the difference between PVC and Polyethylene in the disposal phase, but we are searching for more statistics on the number of purchased blood bags in Europe and the number of blood transfusions carried out.

PM visited Beneficiary 3 on 22 October and Beneficiary 5 on 6 November. These two visits were prioritized since Beneficiary 3/Melitek has contributed with a major part in the project. Beneficiary 5 was chosen because there have been changes in personnel and the production site has been moved to Poland from Denmark. On both visits we went through project-related issues of reporting time and costs. PM was shown the production facilities including monitoring, quality control and waste management.

5.2.2 Action 2 Website and Media Work

Monitor Diderick Velthoen requested that we make the connection to EU funding clearer, so the website has been updated with an additional text next to the Life logotype. It now says "With financial support from EU's Life+ programme". The same text will also be used in other material meant for dissemination. The flag on the start page is also linked to the EU's Life+ website.

News published on the website since the last report is as follows.

- Attendance innovation day, Sundsvall
- Presentations at regional transfusion medicine days in Örebro, Sweden
- Life Cycle Assessment of PVC blood bag ready
- Visit from monitor 24 May
- Life+ 20 years! Celebrate and walk with us
- Meet us at CleanMed Europe
- The project included in a publication by the Danish eco council
- Our comments on the LCA
- CleanMed SUBSPORT workshop
- CleanMed PVC replacement strategies in healthcare
- Project presentation for a non-toxic environment
- Article in Medical Plastic News
- Melitek presented by the Danish Ministry for Science, Innovation and higher Education.
- France bans the use of tubing containing DEHP in certain hospital wards (not project news, but nevertheless news in line with project objectives)

The last press release presented the LCA performed by Raul Carlson and commissioned by our project. It has aroused some attention from plastics industry. PM contacted the monitor to discuss the situation and he then contacted the commission's representative. We agreed on that the study and the results only complement the SCHENIR report and that the study is in line with project objectives. We choose not to take action.

On 23 July, the European Council of Vinyl Manufacturers sent out a press release about the LCA and we have added the link on Linked In.
A link to their press release is presented on our website, together with a statement from the project.
http://www.pvcfreebloodbag.eu/index.php?option=com_content&view=article&id=165:our-comments-on-the-lca&catid=19:nyheter&Itemid=28
The author Raul Carlsson has been available to answer regarding the content and quality of the LCA.

The Scientific Committee on Emerging and Newly Identified Health Risks requested a new scientific opinion "On the safety of medical devices containing DEHP (di (2-ethylhexyl) phthalate) plasticized PVC on groups possibly at risk." with a reference to the LCA. Hans Gulliksson from Karolinska University Hospital/Beneficiary 2 was invited and is now a member of the expert committee.

Both PM and Jesper Laursen from Melitek have been interviewed by the editor of Medical Plastics News for an article focusing on DEHP in medical devices. The magazine is audited and the print circulation covers 6,000 medical plastic device manufacturers in Europe and 15,000 digital subscribers around the world. A link to the article is among the news.

Media activities by Melitek have resulted in a part of a publication from the Danish eco-council about the substitution of hazardous substances. Melitek is also presented as as a good example of creating innovative growth, in an article including their work for PVC free blood bags. It was published in national Danish morning newspapers on 23 October and the article was also published in English in connection with a conference in Copenhagen.
http://www.europe-innova.eu/web/guest;jsessionid=70E09E7F8BED946B4FDAB4D61C188823

Melitek has been interviewed on national Danish TV.

In Denmark, a film is being produced for education at nursing schools. Both blood bags and the hazardous PVC/DEHP are topics covered in the film.

Wipak has reported on project activities in their newsletter.

5.2.3 Action 3 Notice boards and the dissemination of project information

Activities in action 3 are performed in parallel with actions 10, 2 and 8.
Communication channels have been seminars, press releases, mail, telephone, LinkedIn and the website. We target the Red Cross, European Blood Alliance and the NHS.

PM attended a regional innovation conference in Sundsvall, Sweden, on 29 February 2012. At the adjacent stand, the project banner and hand-outs, along with a power point presentation, were presented.

Hans Gulliksson, Karolinska and PM presented the project at two lectures at the regional Transfusion Medicine days in Örebro, Sweden, 13-14 March 2012.

PM has been contacted by the French organisation C2DS, Comité pour le Développement Durable en Santé, in order to work together on information about why PVC should be phased out from healthcare. HCWH have also been in contact with the project manager for more information about blood bags as a medical device.

Additional dissemination materials have been produced. See section 5.2.8 and Annex 7.4.

All beneficiaries have project information on their web site except Beneficiary 5. Haemotronic have launched a new and improved company website which will make it easier to disseminate information. A link to the project will be added.

Beneficiary 2/Karolinska:
http://www.karolinska.se/en/Departments/Administration/The-Department-of-Environment/PVC-free-blood-bags/
Beneficiary 3/Melitek:
http://www.melitek.com/content/us/news/melitek_take_part_in_a_unique_cooperation_with_healthcare_sector
Beneficiary 4/Wipak:
http://www.winnovations.wipak.com/project/non-pvc-bloodbags
Beneficiary 5/Totax: (2011)
http://www.totax.dk/Latest-news.670.aspx

Beneficiary 5 Totax/Primo will release a new website in January 2013, where there will be an introduction to the project.

In actions 1, 8 and 10, dissemination of project information is a synergy effect.

CleanMed Europe in Malmö was a success. The project made a lot of new and important contacts, had new signings of the petition and the project was picked as one of the best examples and presented in plenum. The workshop was well attended and resulted in fruitful discussions and networking with similar European projects – both public and within the industry - with the same aim – that of phasing out PVC/DEHP. See section 5.7.2 for details.
Presentations from all speakers at the workshop are on the website.

PM and CO also participated in the HCWH board meeting that discussed the planning of the next CleanMed Europe. It will be held in Oxford, 17-19 September 2013.

On 15 October PM represented PVCfreeBloodbag at the Swedish Chemical Agency's annual conference in Stockholm, Forum for a non-toxic environment.

The project had an abstract accepted for the Swedish Medical National Conference 2012 in the Transfusion Medicine section. A new Prezi presentation was made for a 15-minute presentation, but unfortunately PM had to cancel due to illness.

5.2.4 Action 4 Project Meetings for the PMG group

Two changes have been made in the composition of the PMG group. The Regional Council of Jämtland had a re-organisation, meaning there is no Head of Jegrelius any longer. Instead the Head of the unit were Jegrelius belongs will attend the PMG meetings. The unit leadership is a shared leadership between Marina Gregorsson and Ulf von Sydow.

The second change is that Krzysztof Debski is replacing Peter Michael Haugvik as the representative from Totax.

Wipak has now made the arrangements so they are able to attend OpenMeetings.
PM and Pekka Weeraratne from Wipak had a test meeting.

There have been six meetings so far and all minutes include an updated action plan.
See the meeting's minutes on the website under Documents/Minutes.
http://www.pvcfreebloodbag.eu/index.php?option=com_docman&Itemid=38

5.2.5 Action 5 Monitoring the project's progress

A monitoring protocol has been prepared and can be accessed via the web site. It was last updated on 23 January 2013.

Website visitors are monitored with Google Analytics. The Google team has changed the presentation format so the reports do not have the same format over the whole period. The average number of visitors to the project's website has increased from 230 per month to 250 per month since the Inception report.

The number of website visitors increased around the Kick-off, CleanMed and around press releases.
Articles on the internet have increased from 7 to 47 over this period.
The Output Indicator table is attached as Annex 7.3

5.2.6 Action 8 Networking with other projects

CleanMed made new opportunities for networking with other projects. PM and CO attended the Life +SUBSPORT workshop.
The Life + project CLIRE LIFE09/ENV/SE0347 attended the CleanMed conference, but their presentation was at the same time as our seminar. PM has contacted the project along with one more Life+ project, but has not yet got a response.
The project MediSafeLIFE 05/ENV7UK/0131 that we intended to work with, turned as not successful and has ended.

5.2.7 Action 10 Increase Demand

In order to increase demand we want to map European healthcare and those organisations that buy blood bags. PM has sent out request to organisations linked to the European Blood Alliance for contacts and information.
Amitis Moazedian, Bachelor's student in environmental engineering, has helped us with this mapping and started a survey of how many blood bags are bought annually and how many blood transfusions are performed in Europe. We are initially targeting the Red Cross, European Blood Alliance and the NHS. A working document with countries, organisations and contact information is being used and updated. Statistics from WHO and EC have been searched for, but so far results are scarce.

The project was responsible for one session at the CleanMed conference in Malmö on 27 Sep 2012. The title of the session was "B3 PVC Replacement Strategies in Healthcare" Responsible person: Katarina Ryckenberg, Communication Officer, Jegrelius Institute for Applied Green Chemistry.
The five lectures of maximum 15 minutes were.

- Vendula Krcmarova, **Arnika Association**, Czech Republic, "Mapping the Options to Eliminate PVC in Czech Hospitals to Reduce Patient Exposure to Harmful Phthalates"

- Lena Stigh, **Jegrelius Institute for Applied Green Chemistry**, Sweden, "PVC free Blood Bag Wanted"

- Dirk de Man, **University Hospital of Antwerp**, "Experiences with rubber flooring as an alternative use of PVC"

- Peter Skals, **Coloplast A/S**, Denmark, "Phasing out PVC and Phthalates from a Producer Point of View"

- Eva Dalenstam& Linda Linderholm, **Swedish National Substitution Group on Chemicals in Goods**, Sweden, "The Substitutionlist -Guiding You on a Non-toxic Healthcare"

More than 50 persons attended the session and there were a lot of reflections and questions. All presentations are available as pdfs on the web site.
CleanMed gave contacts with United Nations Development Programme, WHO, Ecological Physicians Society/German Affilitae of ISDE, along with some others.

5.2.8 Action 11 Production of brochures, reports, posters, invitations

Hand-outs, poster, plain note books with Life+ and project logotypes have been prepared for CleanMed and coming events. Project presentations have been prepared and they are tailored depending on the audience and time limits.
The CleanMed presentation is on the website.
New material is attached as annexes 7.4.1 to 7.4.3

5.2.9 Action 12 Production of compounds

The material specifications were completed on 01/06/2012. In order to make them properly, both the required specifications and transfusion units' requests were evaluated. The delivery of compound from beneficiary 3 to beneficiary 4 was also delayed since the first production trial had to be run outside the company. A confidentially agreement had to be signed before compound could be delivered. Melitek delivered compound to Wipak on 20/11/2012.
Compound will be delivered to Beneficiary 5 in Poland in February 2012.

Compound production is set up to minimize all waste. Waste is collected for recycling as follows:
- all plastic packaging of raw materials is collected, pressed and sold for recycling.
- all cardboard packaging of raw materials is collected, pressed and sold for recycling
- all production waste generated at production start-up is collected as blocks and sold to a local incineration plant that uses it as a catalyst in their incineration process
- all production waste generated as off-spec pellets is collected and sorted into transparents and colours; this pellet waste is sold and used in recycling for impact modification of various plastic goods.
- most of our production water is recycled internally; waste water is filtered and returned to the local water station.

There is no other variable production waste.

5.2.10 Action 13 Production of films for the blood bags

The production start was delayed due to both a delayed partnership agreement and the delayed delivery of compound. There are two parallel productions to consider at Wipak, one external and one internal, and these two needed to be synchronized. A little extra time was needed to get the design as good as possible from the beginning.
The first trial production was successful. Film was shipped to Haemotronic 16/01/2012

5.2.11 Action 14 Production of tubes to be used in blood bags

Delayed start by at least five months due to delayed delivery of compound.
The production of the tubes has been moved from Denmark to Poland.
From January 2013, the production of tubes will belong to Primo Poland instead of Primo Denmark. The commitment to the project remains and an amendment to the agreement will be sent to EC as soon as the details are decided.
First delivery of tubes to Beneficiary 6 for production of bags will be in the end of February 2013.
The waste residues from the production of tubes are very low. Residues are reused in the production of other products. Residues of too low a quality is sent to a municipal plant for incineration, producing energy. There is no waste disposal into landfills. ?

5.2.12 Action 15 Production of a PVC-free blood bag

There have been several intense months at Haemotronic since the earthquake at the end of May 2012. One of the factories was destroyed and production was moved from Mirandola to Carbonara. They have been able to move back to their former offices and production is

up at full speed. They are able to produce bags as soon as they get material. The first delivery of film will be enough for first production trials, but the quality of the film is not good enough for bags intended for evaluation.

Waste management primarily means internal reuse for suitable applications. When there is no internal use, the material is re-grained and sold for external use.
First delivery of bags to Beneficiary 2 for evaluation of bags is estimated to April 2013.

5.2.13 Action 16 Evaluation and monitoring of blood bags

Method work and promising tests have been performed, but tests on the actual prototypes have been delayed as a consequence of the delays in actions 12-15.
Pre-laboratory work and training has started. Preparation for in vitro red cell storage studies in blood bags manufactured from non-PVC plastic has been performed. Trained members of laboratory staff are available.
Negotiations with external company (Fenwal Inc) regarding supply of specific red cell storage solution are ongoing. CB helped out with legal issuses concerning the agreement between Karolinska and the company delivering the storage solution.
Delivery of bags is estimated to be April 2013 at the earliest. Setting up the evaluation may start earlier then the actual evaluation, but Karolinska is on stand-by.
Estimated evaluation start is April 2013. This means that the first results may be available in October 2013.
The end-of-life of the evaluated bags will be standard incineration with heat recovery. The bags are sent to "Vattenfall Värme Uppsala" in containers, according to hospital routines.

5.2.14 Action 17 User test including economic feasibility study of PVC-free blood bags

Jämtland County Council's participation will start this year. PM will make another introduction presentation to the whole department. They will start to set up user test protocols with other county councils in Sweden. The protocol from the intended user tests will be circulated for approval from other Swedish county councils that are willing to do tests.

5.3 Envisaged progress until next report.

During the next few months, the new and enhanced film will be produced at Wipak and tubing will be produced in Poland. The production of bags will start at Haemotronic and prototypes will be delivered to Karolinska for evaluation.
The first result from the evaluation will be available in September or October if the prototypes are good enough.

PM will visit Beneficiary 4 in Finland and Beneficiary 6 in Italy when normal production is up and running.

The mapping of European organisations and surveys to obtain more statistics will continue. The project will attend at least one European conference with the intention to increase awareness within the buyers group and thereby also increase the demand for PVC free blood bags.

The project will apply for one amendment of to the agreement for the delivery time of the Mid-term report and, if this is approved, the Mid-term report will be moved from xx toxx

The project will also apply for amendment to the agreement, considering an additional Beneficiary in parallel with the existing Beneficiary 5.

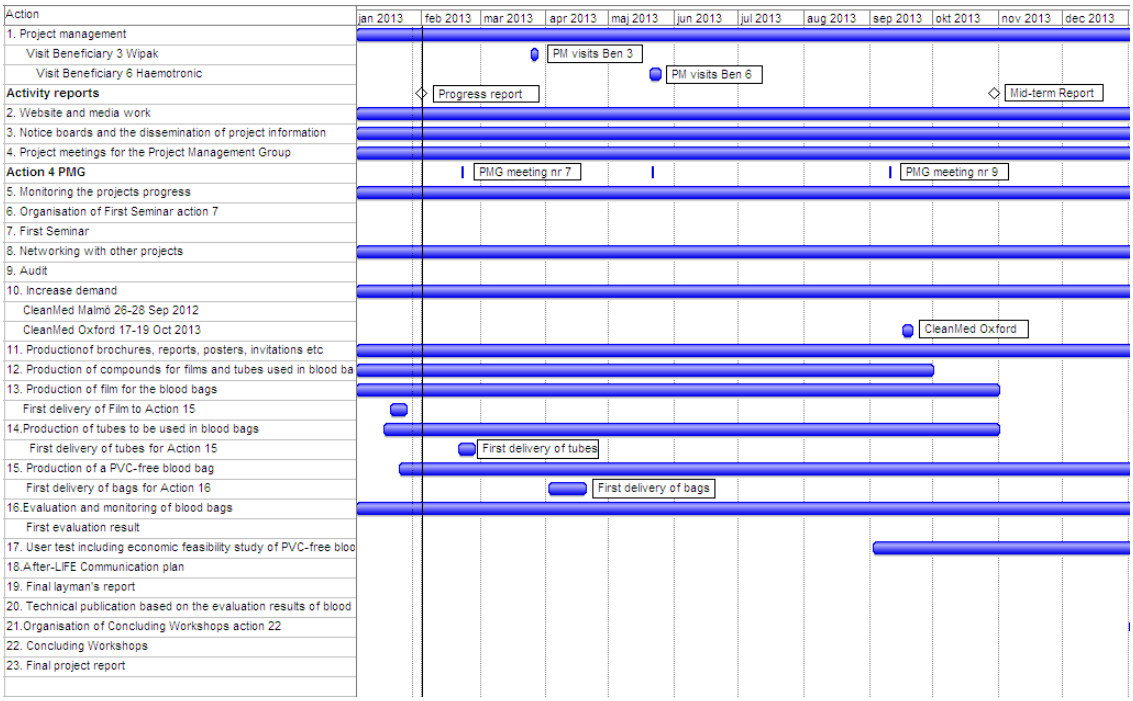

Figure 2.Gant schema of the next period of time

5.4 Impact:

Environmental Policy & Governance:

Information and Communication: The project has received attention via press releases and the LCA. The awareness of the target audience is diffuse, as is that of the healthcare organisations in Europe. The purchasing procedure for medical devices like blood bags differs between countries. This was expected before the project started and there is great potential for increasing demand by raising awareness.

Indirect impacts: The project is a good example of long-term work on how to drive innovation towards non-toxic healthcare.

5.5 Outside LIFE: In September 2012, a CleanMed conference was arranged in Malmö by HCWH, Region Skåne, TEM and Sustainable Business Hub. The project took part and was responsible for the session on "PVC Replacement Strategies in Healthcare." The outcome of the CleanMed conference was an increased awareness.

The EC mentioned the LCA as one of the reasons for getting a new scientific opinion on DEHP in medical devices. Hans Gulliksson will be a member of the committee and has attended the first meeting.

6. Financial part

6.1 Costs incurred

Budget breakdown categories	Total cost in € According to Form FA	Costs incurred from the start date to 31.12.2012in €	% of total costs
1. Personnel	1,367,686	167993	12,3%
2. Travel and subsistence	127,250	15028	11,8%
3. External assistance	192,210	28061	14,6%
4. Durable goods			
Infrastructure	0	0	
Equipment	0	0	
Prototype	174,000	0	
5. Land purchase / long-term lease	0	0	
6. Consumables	146,867	8569	5,8%
7. Other Costs	52,234	3118	5,9%
8. Overheads	144,217	13432	9,3%
TOTAL	2204464	236200	10,7%

As explained earlier in the report due to delays in action 12-16, the 30 % threshold value of total costs is not expected to be reached in time for the planned Mid-term report.

Form FB of the proposal contains the projected final costs:

Action number and name	Foreseen costs	Spent so far	Remaining	Projected final cost
Action 1 Project Management	Personnel Travel and subst	90091	76199	166290
Action 2 Web sites and media work	Personnel Ext assistance	24126	40495	64622
Action 3 Notice boards and dissemination of project information		15314	28241	43556
Action 4 Project meetings for the Project Management group		6904	22436	29341
Action 5 Monitoring the project's progress		5912	68462	74375
Action 6 Organisation of First seminar action 7		3874	5166	9040
Action 7 First Seminar		20017	51820	71838
Action 8		2944	5811	8756
Action 9		0	44618	44618
Action 10 Increase Demand		33773	0	32697
Action 11 Production of brochures, reports, posters, invitations	Personnel Ext Assistance	1680	34756	36437
Action 12		25076	158214	183290
Action 13		554	171867	172421
Action 14		0	68460	68460
Action 15		174,	614096	614270
Action 16		5756	155286	161042
TOTAL		236200	1545929	1781053

At this point the costs in action 10 has exceeded the forseen costs with 1076 €. One reason is that the cost for the LCA was originally in action 1, but moved to action 10 since it is a way of increasing awareness. The background of this is explained in the Inception report.

7. Annexes

7.1 Timesheet examples

7.2 Example of registration of costs

7.3 Output indicator table

7.4 Dissemination material

7.4.1 Poster CleanMed Sep 2012

7.4.2 Poster 15 Oct 2012

7.4.3 Handout General

7.4.4 Handout Wanted

7.4.5 Note book