Plasma Safety

John M. "Johnny" Adams
JAdams@AgingIntervention.org
Austin TX (512) 717-2583 Boca Raton FL (954) 493-3414 Newport Beach CA(949) 922-9786

https://AgingIntervention.org/PlasmaSafety.pdf

Last updated 3/17/2026 Check for frequent updates

Disclaimer: This is not medical advice. It's a result of research, my positive personal experience, and that of others including information from professionals in the area who I trust. Not for diagnosis or treatment of any disease. Consult your doctor before doing health therapies.

---

1. Read These Documents

Nature's Golden Gift opinion article.pdf
https://agingintervention.org/Nature's%20Golden%20Gift%20opinion%20article.pdf

The Weaponization of the FDA against young and convalescent plasma (2026)
https://agingintervention.org/The%20Weaponization%20of%20the%20FDA%20against%20young%20and%20convalescent%20plasma%20(2026)..pdf

UCLA GRG communications September 2025 .pdf
https://agingintervention.org/UCLA%20GRG%20communications%20September%202025%20.pdf

FDA Reports
https://www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/transfusiondonation-fatalities

Spectrum Plasma referenced opinion editorial
https://agingintervention.org/SpectrumPlasmaReferencedOpinionEditorial.pdf

Transform American Healthcare
https://agingintervention.org/TransformAmericanHealthcare.pdf

---

As reported annually by the FDA, the nation's blood and plasma supplies are extraordinarily safe. The FDA reported that between 2012 and 2022 there were a total of eight avoidable plasma-related deaths in the United

States, all attributed to transfusion-related acute lung injury (TRALI), during which time approximately 30 million units of plasma were transfused. The implied risk of death per unit of plasma is approximately 1 in 3,750,000.[1] By comparison, all-cause mortality risk over the same one-year age intervals at ages 60, 70, 80, and 90 is orders of magnitude higher.

Exact age	Male (1-yr risk)	Male (≈1 in N)	Female (1-yr risk)	Female (≈1 in N)
60	1.4267%	**1 in 70**	0.8687%	**1 in 115**
70	2.7050%	**1 in 37**	1.7329%	**1 in 58**
80	6.4617%	**1 in 15.5**	4.6324%	**1 in 21.6**
90	17.4458%	**1 in 5.7**	13.7152%	**1 in 7.3**

U.S. all-cause 1-year mortality risk (probability of dying between exact age x and x+1) from the Social Security 2021 period life table: Evolving TRALI risk across apheresis and whole blood platelet products in the United States: An 18-year American Red Cross hemovigilance analysis

Michael Slatterly
https://www.age-regression.com/young-plasma
Complete document
https://agingintervention.org/PastPresentandFuturePerspectivesontheScienceofAging.pdf

2. Watch this Video
Over 35 years, as an OB/Gyn working with large numbers of bleeding women while giving birth, Dian Ginsberg MD has infused countless liters of plasma.
The plasma saved the patients' lives.

Watch her video near the top of this web page, and review the information at **https://www.youngplasmastudy.com/**

The quotes below are from Dr Ginsberg.
"*I agree-- I POURED blood and plasma into bleeding patients and never had any of those TACO etc side effects--look at the data that is reported for TRALI and TACO."*

Re Electrolyte imbalance: "higher chance of that happening in these clinics that do all the IV drips."

Re HYPOthermia: "I have never seen that."
End quotes

3. Read Information and My Personal Experience, and That of Other Trusted Friends and Associates

Here are reasons I am not concerned about side effects of 2-3 liters of carefully screened and matched young plasma infusion in controlled clinics with competent and trained providers like the one I went to in Texas. This can be a matter of ones own research and physician consultation, and personal choice. Amounts as low as 20 mL are available.

- My learning from those who collect and frequently infuse young plasma
- Myself having young plasma infused and experiencing the positive effects
- Having my colleague and personal friend share a very positive review,
  and two other close personal friends having 3 liters each (one commenting she was still having positive effects one year later)
- Reviewing numerous positive testimonials
- Learning that the one man who once died had received plasma from an HLA-positive woman. It needs to be sex matched
- Learning my source Spectrum Plasma
  - passed a 2024 AABB audit with exceptional rating, and
  - has provided over 1400 liters of plasma to doctors in Texas – 700 patients/subjects averaging 2 liters each treatment.
  - It's sex and blood type matched
  - Spectrum tests it far beyond standard plasma collection centers which are considered safe (image below). Female donors are tested for HLA, to be double-safe and because even females should not be exposed to HLA
- Learning presently in the US, between 6,500 units (1,300 liters) and 10,000 units (2,000 liters) (depending on the quoted source) are infused each day
- Blood and plasma are among, of not the, most safety reported biologics on earth, with in the FDA's own annual reports, since April 2000 the supply has been extraordinarily safe, with on the last report

one entirely avoidable plasma-related fatality (TRALI) out of 3,000,000 multiple-unit transfusions of plasma.

This puts it in a real-world light. It tells me adverse reactions are directly related to medical incompetence, negligence, or error.

Three liters of plasma are not infused on the same day. My friends who had 3 liters had their third liters infused two days later.

Sometimes plasma is first removed, but usually around 1 liter of whole blood is removed to make room (reducing or eliminating risk of TACO), then two liters plasma infused.

If three liters, the subject/patient typically stays for another 2 days. Next day there is communication with the doctor to make sure all is OK, then the next day comes back for the 3rd liter.

Plasma is 92% water, so after urinating overnight, if all goes well, you can receive the 3rd liter on the second day.

This is much different and controlled than an emergency room bleeding situation, or when a woman is bleeding profusely while giving birth.
I've never been a patient in either of these, but I understand it's quite chaotic and things are happening very fast, so too much plasma can be infused -
and the plasma is not sex matched, not blood type matched, it's pooled and a range of ages of donors.

Neither electrolytes nor hypothermia are risks from properly collected and **warmed** young plasma.

Even ER plasma should be blood type matched. Under the worst of circumstances, 'O' blood or 'AB' plasma becomes infused as they are each respectively universal, other than blood should be Rh matched. Rh is not a factor with plasma matching.

The plasma my friends and I, and those from others I do not personally know who have given testimonials, had was from Spectrum Plasma.

Spectrum recruits only donors 18-25 years of age and from a nearby college campus, a demographic that's different from those recruited by major plasma collection companies.
It's matched for sex and blood type. Spectrum is the only plasma that is both donor sex-matched and age-identified.

Major plasma collection companies pool it from a range of donors generally younger but not specifically from 18-25 year olds.

It's legal in Texas with doctor's prescription.

And it's been approved as a clinical trial by an investigational review board (IRB). The IRB is a panel of experts, who evaluate a research study – primarily to protect subjects/patients.

My own plan involving variations in plasma infusion (which I am not now implementing) had also been approved by an IRB.

Plasma has been used since WWI.

The doctors in Texas who administer young plasma are well trained.

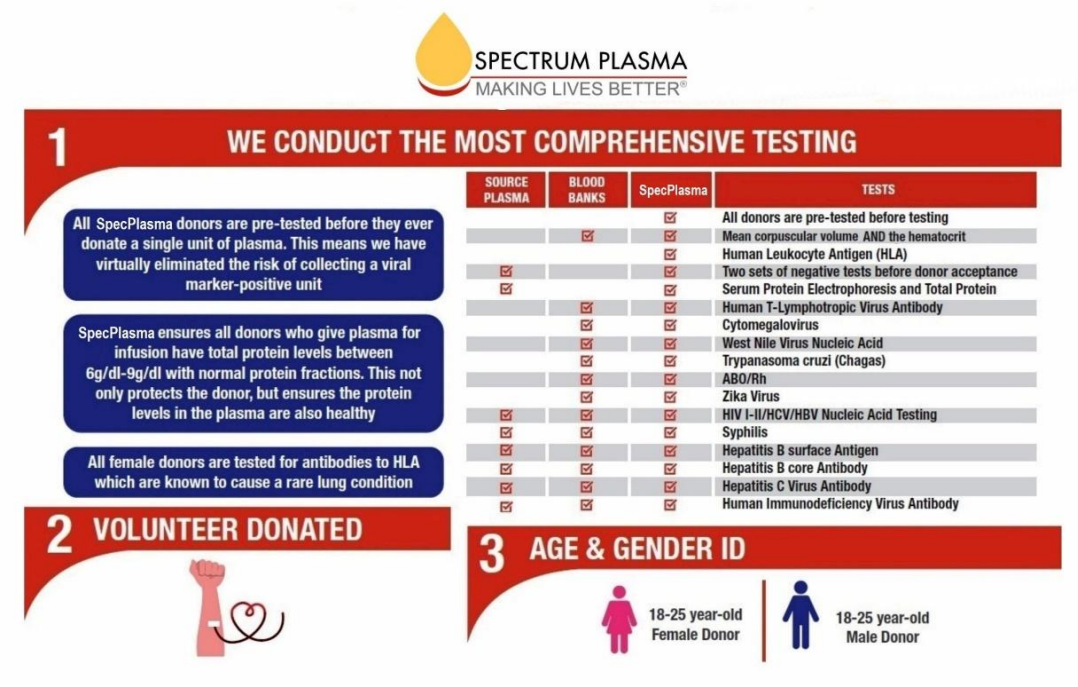
In general, infection from plasma is extremely rare - nonexistent other than infections introduced by the procedure, not in twenty-four years from properly pathogen-tested plasma.

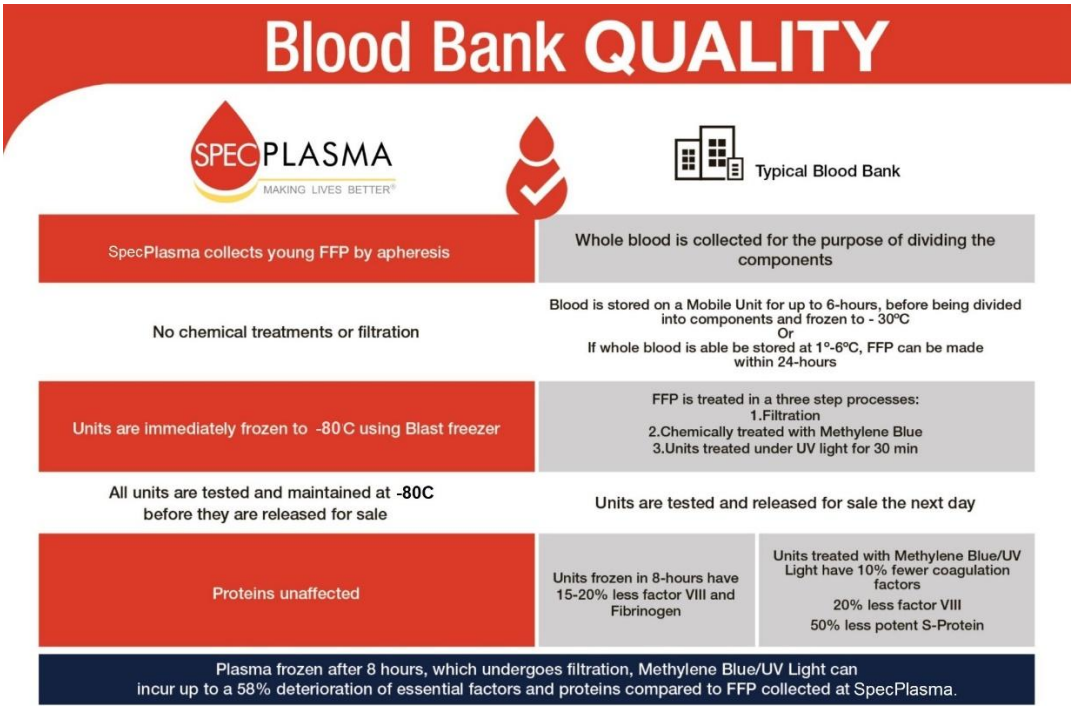
Aging is not rare. Aging is 100% fatal.

To help prevent immunologic infusion reactions, the subject is pre-treated with the H1-blocker Claritin (Loratadine) or Zyrtec (Cetirizine), along with H2-blocker Pepcid AC (Famotidine) before the infusion begins to prevent or minimize any hives, fever and histamine release. If medically advised, prednisone may also be required.

To me, that's effects are minor compared to the benefits.

Neither electrolytes nor hypothermia are risks from properly collected and **warmed** young plasma.





Reference

Fatalities Reported to FDA Following Blood Collection and Transfusion Annual Summary for Fiscal Year 2021
https://www.fda.gov/media/172382/download?attachment

Addendum and Recap

Transfusion-Associated Circulatory Overload (TACO)
TACO can occur with ANY IV, be it saline-dextrose-lactated ringers-whatever. It is NOT plasma nor blood related –
it is directly related to medical incompetence, negligence, or error.

Same for Transfusion-related acute lung injury (TRALI)

Allergic Reactions: These can range from mild to severe and include symptoms such as hives, itching, and anaphylaxis.

Anaphylaxis is the result of your body's immune system overreacting to a harmless substance, such as food or a bee sting. Substances that trigger allergic reactions are known as allergens. For FY2017 through FY2021, 17 anaphylactic reactions were identified out of approximately three hundred million transfusions. Anaphylaxis usually develops within minutes of exposure to an antigen, which is why plasma is infused slowly for the first fifteen minutes.
Tom Casey is the owner of Spectrum Plasma and has been in the plasma business for decades. He advises: I am aware of **NO** cases of anaphylaxis related to plasma transfusions.

Re the word Severe - Transfusion reactions are almost exclusively “hives” which is easily avoided or minimized by the administration of over-the-counter Benadryl (H1 blocker) and Pepcid (H2 blocker).

Infections: Although rare, yes there can be a risk of transmitting infections through plasma transfusions. However there have been no reported infections from plasma in twenty-four years since the institution of advanced testing in April 2000.
The only infections reported are introduced by medical incompetence, negligence, or error in handling and infusing blood products.

Volume Overload: Re “Infusing a large volume of plasma can lead to fluid overload, especially in patients with heart or kidney conditions.”

Same as TACO discussed above.

Electrolyte Imbalances: Re “Plasma contains various electrolytes, and infusing a large volume can disrupt the body's electrolyte balance.”

This appears to be conflating plasma exchange (TPE) with saline with infusions of plasma. Yes, electrolyte balance disruption is a common consequence of TPE when saline and not plasma is the replacement fluid. Plasma infusions from a healthy donor have a complete balance of cohorts, including electrolytes. It is IMPOSSIBLE to have electrolyte imbalance from an infusion of healthy, organic plasma.

Hypothermia: Re “Rapid infusion of large volumes of plasma can lower the patient's body temperature.”

Those who administer must employ a PLASMA WARMER to thaw plasma to body-temperature prior to infusion.

Aging is risky, in fact it is 100% fatal.