Change Notification for the UK Blood Transfusion Services

Date of Issue: 17 February 2026 **Implementation:** to be determined by each Service

No. 05 - 2026

Bleeding Disorder

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue – Deceased Donors	TL-DSG Tissue – Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Bleeding Disorder	○	○	○	○	○	●	○

Dr Jayne Hughes
Chair, Standing Advisory Committee on Care & Selection of Donors (SACCSD)

Dr Stephen Thomas
Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	~~deleted text~~

1. Changes apply to the **Whole Blood and Components DSG**

Bleeding Disorder (revised entry)

Includes	Coagulation factor deficiencies: • Factor I (one) fibrinogen deficiency (afibrinogenaemia, hypofibrinogenaemia) • Factor II (two) prothrombin deficiency • Factor V (five) deficiency • Factor VII (seven) deficiency • Factor VIII (eight) deficiency (Haemophilia A) • Factor IX (nine) deficiency (Haemophilia B, Christmas Disease) • Factor X (ten) deficiency • Factor XI (eleven) deficiency • Factor XIII (thirteen) deficiency • Von Willebrand disease (types 1, 2 and 3)
Excludes	Platelet disorders – see Platelet Disorders Individuals who received Coagulation Factor Concentrates (including Prothrombin Complex Concentrates): • To treat and prevent the coagulopathy associated with trauma and/or massive transfusion • To reverse the effect of anticoagulants such as warfarin (see Transfusion)
1. Affected individuals and carriers	
Obligatory	**Must not donate if:** a. Diagnosed with Haemophilia A (Factor VIII deficiency), Haemophilia B (Factor IX deficiency), Type 2 Von Willebrand Disease, Type 3 Von Willebrand Disease b. The donor has received a transfusion since 1st January 1980. c. The donor has ever: • received coagulation factor concentrates, including blood derived and recombinant products, and/or • received or is currently on treatment to reduce or prevent excessive bleeding e.g. desmopressin, tranexamic acid, oral contraceptive pill and similar hormone therapies. d. The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure. e. There is a history of excessive bleeding or bruising. f. The donor is requiring monitoring and/or follow-up. g. There is associated organ involvement e.g. liver damage. h. For acquired disorders, the underlying cause or treatment precludes donation e.g. malignancy, monoclonal antibody therapy.

Discretionary	**If the donor has Type 1 Von Willebrand Disease and:** a. has not received a transfusion since 1st January 1980, andhas never received any type of coagulation factor treatment, and b. has never received any other treatment to reduce or prevent excessive bleeding, and c. has not received or been advised that they will require prophylactic treatment, and d. has never had any excessive bleeding or bruising, and e. is not requiring monitoring or follow-up, and f. the underlying cause and/or treatment does not preclude donation, accept. **If the donor is a carrier of a coagulation factor deficiency, and:** a. has not received a transfusion since 1st January 1980, and b. has never received any type of coagulation factor treatment, and c. has never received any other treatment to reduce or prevent excessive bleeding, and d. has not received or been advised that they will require prophylactic treatment, and e. has never had any excessive bleeding or bruising, and f) is not requiring monitoring or follow-up, accept.
See if Relevant	Autoimmune Disease Ehlers Danlos Syndrome Malignancy Monoclonal antibody therapy and other Biological modalities Platelet Disorders Transfusion
Additional Information	Coagulation factor deficiencies can be inherited or can be acquired, associated with haematological, neoplastic, cardiovascular, liver or autoimmune disease. Some deficiencies cause significant bleeding, either spontaneously or in response to even minimal trauma or minor procedures. Individuals will have been assessed and advised about their condition and bleeding risk. They may have received treatment or been informed regarding the need for treatment in the future. The donor may have also been provided with a Bleeding Disorders Information Card. Some people with the carrier state (trait) may be at risk of bleeding (symptomatic carriers). The diagnosis of the milder forms or carrier status of coagulation factor deficiencies may arise from family screening, or through testing during investigation for menorrhagia (heavy periods), or bleeding during pregnancy or childbirth. If someone has had problems with bleeding or bruising, they may be at increased risk of complications from donation. The guidance contained in this entry is not intended for use for donors without a coagulation factor deficiency, for example for someone who may have taken tranexamic acid for heavy periods due to an underlying gynaecological cause. The current International Society on Thrombosis and Haemostasis (ISTH) classification recognises three types of Von Willebrand Disease: Type 1 is a partial quantitative

	deficiency of Von Willebrand Factor and is typically a milder form; the levels of von Willebrand Factor may overlap with the levels found in unaffected individuals. More severe effects are usually seen with Von Willebrand Disease types 2 and 3. Care should be taken to determine the type of Von Willebrand Disease, as only donors with type 1 are potentially eligible.
Information	Part of this entry is a requirement of the Blood and Safety Quality Regulations 2005.
~~***2. Family members, carers and sexual partners of individuals treated with blood derived coagulation factor concentrates***~~	
~~*Obligatory*~~	~~***Must not donate if:***~~ ~~*a. Treated with blood derived coagulation factor concentrates.*~~ ~~*b. A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.*~~ ~~*c. Less than four months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an affected individual.*~~ ~~***d.** Diagnosed as affected (even mildly) by the disorder.*~~
~~*Discretionary*~~	~~*If three months or more from the last sexual contact, accept.*~~
~~*See if Relevant*~~	~~*Non-Consented Exposure to Human Body Fluids*~~ ~~*Transfusion*~~
~~*Additional Information*~~	~~*Blood derived coagulation concentrates are made from the blood of many hundreds of individual donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners and anyone suffering an inoculation injury.*~~ ~~*Many bleeding disorders are inherited. Family members that are blood relations may be affected by the bleeding disorder. They could be at risk of excessive bleeding or bruising. Most close blood relations would have been screened by a haematologist from whom additional information may be available.*~~ ~~*Waiting three or four months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the Blood and Tissues Services will be picked up.*~~ ~~*This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.*~~
~~*Information*~~	~~*Part of this entry is a requirement of the Blood and Safety Quality Regulations 2005.*~~
Reason for Change	«Removal of section containing criteria for family members, carers and sexual partners of individuals treated with blood derived coagulation factor concentrates.» ~~*Expansion of the Includes section and addition of an Excludes section to clarify the scope of the guidance contained in this entry.*~~ ~~*Expansion of obligatory and discretionary criteria applicable to affected individuals and carriers.*~~