Change Notification for the UK Blood Transfusion Services

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

No. 06 - 2026

Transgender and Non-Binary Individuals

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. Transgender and Non-Binary Individuals	○	○	○	○	○	●	○

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**

Transgender and Non-Binary Individuals (revised entry)

Definitions	**Transgender and non-binary individuals** Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including (but not limited to) transgender, non-binary or gender queer. Gender affirming hormone therapy may be used as part of transition by transgender and non-binary individuals.
Discretionary	a) If the donor is taking masculinising hormone therapy (e.g. testosterone) to support their transition, the donor is well and the donor has been on treatment for more than 12 months, accept. b) If the donor is taking feminising hormone therapy, and the donor is well, accept.
See if Relevant	Anti-Androgens Haemoglobin Estimation ~~*Hormone Replacement and Sex Hormone Therapy*~~ Surgery
Additional Information	The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. Testosterone therapy will result in the haemoglobin concentration rising. The opposite will be true if a person is taking feminising therapy. «Donors should be counselled regarding the association between sex hormones (both endogenous and exogenous) and haemoglobin, and the significance in terms of ensuring safe haemoglobin assessment. This is particularly important where haemoglobin is being assessed using the wider limits (125 g/L to 180 g/L) for donors who have not disclosed their sex. Services may offer donors who have been established on gender-affirming hormone therapy a revised haemoglobin screening range. This range should be consistent with their therapy (e.g. haemoglobin 135 to 180 g/L for donors taking testosterone, and 125 g/L to 165 g/L for donors taking feminising therapy). Further guidance for haemoglobin assessment for transgender and non-binary donors is included in the JPAC position statement 'Donor Selection and Donation Management for Transgender and Non-Binary Donors' available on the Position Statements page. Donors should be advised to inform the Blood Service if their treatment changes or discontinues. A high haemoglobin (polycythaemia) can be a complication of masculinising therapy and blood donation may mean this complication is not recognised.» Waiting 12 months after starting masculinising hormone therapy ensures that donation does not interfere with the assessment and laboratory monitoring of their treatment. ~~*A high haemoglobin (polycythaemia) can be a complication of this therapy and blood donation may mean this complication is not recognised. Once treatment is stabilised, it may be appropriate to offer the donor an individualised haemoglobin screening range consistent with their therapy (e.g.*~~

	~~*Haemoglobin 135 to 180 g/L for donors taking testosterone). Donors must be counselled to inform the Blood Service if their treatment changes or discontinues.*~~ As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming treatment. This may include hormone blockers, such as anti-androgens, which could affect the donor's eligibility. For blood services that use leucocyte antibody screening as a TRALI risk reduction measure, donors who were assigned female at birth should be included.
Reason for Change	«Additional information that donors should be counselled regarding the significance of sex and hormone therapy in haemoglobin assessment. Clarification that donors taking either feminising or masculinising therapy may be offered individualised haemoglobin assessment. The See if Relevant section has been updated.» ~~*Entry title changed. Instruction to base haemoglobin screening on gender removed. Addition of guidance re gender-affirming hormone therapy.*~~