

**Change Notification for the UK Blood Transfusion Services**

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

No. 07 - 2026

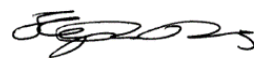
## Testosterone Replacement Therapy

This notification includes the following changes:

	BM-DSG <small>Bone Marrow &amp; Peripheral Blood Stem Cell</small>	CB-DSG <small>Cord Blood</small>	GDRI <small>Geographical Disease Risk Index</small>	TD-DSG <small>Tissue - Deceased Donors</small>	TL-DSG <small>Tissue - Live Donors</small>	WB-DSG <small>Whole Blood &amp; Components</small>	Red Book <small>Guidelines for the BTS in the UK</small>
1. Testosterone Replacement Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Hormone Replacement Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Polycythaemia and Raised Haemoglobin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Erectile Dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Changes to the A-Z index	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



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



**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»	<del>deleted text</del>
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1. Changes apply to the **Whole Blood and Components DSG**

**«Testosterone Replacement Therapy»**

**(new entry)**

<i>«Includes</i>	Men taking hormone medication to treat testosterone deficiency.
<i>Excludes</i>	Women taking testosterone for menopausal symptoms. See <a href="#">Hormone Replacement Therapy</a> . Masculinising hormones taken to support gender transition. See <a href="#">Transgender and Non-Binary Individuals</a> .
<i>Obligatory</i>	<b>See:</b> Is there an entry for the underlying condition for which the hormones are being given?  <b>Must not donate if:</b> a) The medication is not prescribed and monitored by a UK registered practitioner. b) The donor has known polycythaemia, or a raised haematocrit and/or haemoglobin. c) The medication is used for malignancy or other condition which precludes donation. d) The donor is a recipient of human gonadotrophin of pituitary origin.
<i>Discretionary</i>	If: a) Treatment is prescribed and monitored by a UK registered practitioner, and b) The donor is otherwise eligible with regards to the underlying cause of testosterone deficiency, and c) The donor has a normal haemoglobin and/or haematocrit, and d) If treated with gonadotrophins, these are exclusively non-pituitary derived, and e) If donor meets haemoglobin estimation criteria, accept.
<i>See if Relevant</i>	<a href="#">Addiction and Drug Abuse</a> <a href="#">Adrenal Failure</a> <a href="#">Anti-Androgens</a> <a href="#">Blood Safety Entry</a> <a href="#">Erectile Dysfunction</a> <a href="#">Haemochromatosis</a> <a href="#">Hormone Replacement Therapy</a> <a href="#">Malignancy</a> <a href="#">Polycythaemia and Raised Haemoglobin</a> <a href="#">Prion Associated Diseases</a> <a href="#">Steroid Therapy</a> <a href="#">Thyroid Disease</a> <a href="#">Transgender and Non-Binary Individuals</a>

<p><i>Additional Information</i></p>	<p>Testosterone deficiency (TD) affects around 2.1% of men aged between 40 and 79 years of age. TD can result from an issue with testicular function, or with parts of the brain that signal testosterone production. Causes of TD include, but are not restricted to, aging, obesity, injury, medications, diabetes, cardiovascular disease, some genetic conditions, haemochromatosis, cancer treatment and anabolic steroid misuse.</p> <p>Treatment is recommended for men who have symptoms associated with low testosterone levels, e.g. fatigue, low mood or erectile dysfunction. Treatment includes taking testosterone, which may be combined with other hormone medications, e.g. gonadotrophins (HCG) and anastrozole. The use of human gonadotrophin of pituitary origin stopped in the UK by 1986.</p> <p>Individuals taking testosterone must have ongoing follow up with a UK registered health practitioner (haematocrit monitoring is required because testosterone therapy can cause polycythaemia). Blood donation should not be used to prevent medication associated polycythaemia/raised haematocrit. Treatment for polycythaemia/raised haematocrit includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.</p>
<p><i>Reason for Change</i></p>	<p>This is a new entry.»</p>

## 2. Changes apply to the **Whole Blood and Components DSG**

### Hormone Replacement ~~and Sex Hormone~~ Therapy (revised entry)

<p><i>Includes</i></p>	<p><b>Hormone Replacement Therapy (HRT):</b>          «Includes tablets, patches or topical gels as treatments for menopausal symptoms.»  <i>Includes any form of sex hormones, such as:</i></p> <ul style="list-style-type: none"> <li>• <del>Tablets, patches or topical gels) as treatment for menopausal symptoms</del></li> <li>• <del>Testosterone replacement therapy</del></li> </ul> <p><b>Gender Affirming Hormone Therapy:</b>  <i>Masculinising or feminising hormones taken to support transition</i></p>
<p>«Excludes</p>	<p>Masculinising or feminising hormones taken to support gender transition. See <a href="#">Transgender and Non-Binary Individuals</a>.          Testosterone replacement therapy for treatment of male testosterone deficiency. See <a href="#">Testosterone Replacement Therapy</a>.»</p>
<p><i>Obligatory</i></p>	<p><b>See:</b>          Is there an entry for the condition for which the hormones are being given?</p> <p><b>Must not donate if:</b></p> <ol style="list-style-type: none"> <li>a) Used for malignancy.</li> <li>b) A recipient of human gonadotrophin of pituitary origin.</li> <li>c) A recipient of human pituitary growth hormone.</li> <li>d) A recipient of replacement adrenal steroid hormones.</li> </ol>
<p><i>Discretionary</i></p>	<ol style="list-style-type: none"> <li>a) If treatment is for the menopause, its symptoms, or for osteoporosis prevention, accept.</li> <li><del>b) If treatment is for a shortage of sex hormones, e.g. in some cases of erectile dysfunction and is not related to the treatment of malignancy, accept.</del></li> </ol> <p>«b)» e) If treated with growth hormone that was exclusively recombinant, accept.</p> <p>«c)» d. If treated with gonadotrophins that were exclusively non-pituitary derived, accept.</p>
<p><i>See if Relevant</i></p>	<p><a href="#">Adrenal Failure</a>  <a href="#">Anti-Androgens</a>  <a href="#">Haemochromatosis</a>  <a href="#">Malignancy</a>  <a href="#">Prion Associated Diseases</a>  <a href="#">Steroid Therapy</a>  <a href="#">«Testosterone Replacement Therapy»</a>  <a href="#">Thyroid Disease</a>  <a href="#">Transgender and Non-Binary Individuals</a></p>

<p><i>Additional Information</i></p>	<p>There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual.</p> <p><del>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.</del></p> <p>If there is a risk to the safety of the donor, as may be the case with a deficiency of adrenal steroid hormones, then a donation should not be taken.</p>
<p><i>Information</i></p>	<p>Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.</p>
<p><i>Reason for Change</i></p>	<p>«<a href="#">Guidance for gender affirming therapy and male testosterone deficiency has been removed from this entry. Users are now directed to the 'Transgender and Non-Binary Individuals' and 'Testosterone Replacement Therapy' entries.</a>»</p> <p><del>The title and scope have been changed to include cross sex hormone therapy.</del></p>

### 3. Changes apply to the **Whole Blood and Components DSG**

## **Polycythaemia and Raised Haemoglobin** (revised entry)

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If specialist investigation has excluded Polycythaemia Rubra Vera, <del>or</del> another myeloproliferative neoplasm, <b>«or any other cause which precludes donation,»</b> and no treatment or further investigation is planned, the donor can be accepted for whole blood donation or for double red cell donation. Donors with a haemoglobin above the normal range should not usually be accepted for plasma or platelet donation.
<i>See if Relevant</i>	<p><u>Cardiovascular Disease</u></p> <p><u>Haematological Disease</u></p> <p><u>Haemoglobin Disorders</u></p> <p><u>Haemoglobin Estimation</u></p> <p><u>Respiratory Disease</u></p> <p><b>«Testosterone Replacement Therapy»</b></p>
<i>Additional Information</i>	<p><b>«Repeat testing is advised for donors with a haemoglobin concentration of more than 180 g/L in men or 165 g/L in women. If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.»</b></p> <p><del>In men, haemoglobin concentrations in excess of 180 g/L or red cell counts in excess of <math>6.5 \times 10^{12}</math> and in women, haemoglobin concentrations in excess of 165 g/L or red cell counts in excess of <math>5.6 \times 10^{12}</math> should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.</del></p> <p>Polycythaemia is commonly linked to malignant or pre-malignant conditions or to the body's response to a shortage of oxygen. Apparent polycythaemia is caused by a decreased plasma volume. All of these are reasons not to accept a donation, either because of the association with malignancy, or because of the potential to harm the donor.</p> <p>Individuals with 'high affinity' haemoglobins can develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons they should not be accepted.</p> <p><b>«Individuals taking testosterone therapy for testosterone deficiency can develop polycythaemia. Individuals taking testosterone therapy must have ongoing follow up with a UK registered health practitioner. Blood donation should not be used to prevent medication associated polycythaemia/raised haematocrit. Treatment for polycythaemia includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.»</b></p>
<i>Reason for Change</i>	<p><b>«Addition of link and information relating to Testosterone Replacement Therapy.»</b></p> <p><del>Clarification of the suitable donation types for donors with a haemoglobin above the normal range has been added.</del></p>

#### 4. Changes apply to the **Whole Blood and Components DSG**

### Erectile Dysfunction

(revised entry)

<p><i>Obligatory</i></p>	<p>«<b>See:</b> Is there an entry for the cause of the condition?»</p> <p><b>Must not donate if:</b></p> <p>« a) Injectable medication is not prescribed by a registered practitioner. b) Used for malignancy or other condition which precludes donation.»</p> <p><del>Oral or injectable therapy has been obtained abroad or from the Internet from a non-UK registered medical practitioner.</del></p>
<p><i>See if Relevant</i></p>	<p><u>Blood Pressure - High</u></p> <p><u>Cerebrovascular Disease and Intracranial Haemorrhage</u></p> <p><u>Diabetes Mellitus</u></p> <p><u>Prostate Problems</u></p> <p>«<u>Testosterone Replacement Therapy</u>»</p>
<p><i>Additional Information</i></p>	<p>Treatment for erectile dysfunction (including self-injection of UK prescribed drugs) should not normally prevent donation but the underlying cause of the erectile problem might.</p> <p>Drugs obtained while travelling abroad or from non-regulated sources may pose unknown health risks.</p>
<p><i>Reason for Change</i></p>	<p>«Clarification of guidance relating to injectable medication and underlying cause of ED. Addition of link for new 'Testosterone Replacement Therapy' entry.»</p> <p><del>Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.</del></p>

## 5. Changes apply to the **Whole Blood and Components DSG**

The following redirections will be amended in the **A-Z index**

Cross-sex hormone therapy	» <a href="#">Transgender and Non-Binary Individuals</a> <del><a href="#">Hormone Replacement and Sex Hormone Therapy</a></del>
Gender-affirming hormone therapy	» <a href="#">Transgender and Non-Binary Individuals</a> <del><a href="#">Hormone Replacement and Sex Hormone Therapy</a></del>
Testosterone replacement therapy	» <a href="#">Testosterone Replacement Therapy</a> <del><a href="#">Hormone Replacement and Sex Hormone Therapy</a></del>