Change Notification for the UK Blood and Tissue Services

Notification date 1 September 2026
Effective date 17 September 2026
Implementation To be determined by each Service

CN 31-2026

Transgender and non-binary individuals

Please note that this document supersedes CN 31-2026 (v1.0), circulated on 20 August 2026.

A correction has been made. This is highlighted in green on **page 3**.

	Content changed	Type of change	Guidelines affected
1	Transgender and non-binary individuals	Updated entry	**Whole blood**

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Note: this document indicates inserted and ~~deleted~~ text. This formatting will not apply in the published text.

1. Transgender and non-binary individuals

Guidelines affected	Reason for change
Whole blood	Additional information section has been revised.

Essential information

Definition(s)	**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	1. 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. 2. If the donor is taking feminising hormone therapy, and the donor is well, accept.

Supporting information

See if relevant	• Anti-androgens • Haemoglobin estimation • 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. A high haemoglobin level (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 the individual's treatment. Haemoglobin levels may fall with feminising therapy due to reduced testosterone levels. ~~*The opposite will be true if a person is taking feminising therapy.*~~ Anaemia is not an expected complication of treatment and therefore no deferral period is required.

As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming care. This may include hormone blockers, such as anti-androgens, which could affect the donor's eligibility.

The WB-DSG uses sex registered (assigned) at birth to inform donor and recipient safety measures. These include haemoglobin screening, blood volume estimation and transfusion-related acute lung injury (TRALI) risk reduction. Blood services can develop procedures to change haemoglobin screening and blood volume assessment for donors on gender-affirming care:

- Donors on masculinising therapy for 12 months or more can be assessed against a haemoglobin range of 135 g/L to 180 g/L and a male blood volume estimate.
- Donors on feminising therapy can move to a haemoglobin range of 125 g/L to ~~160~~ 165 g/L and a female blood volume estimate when they start gender-affirming care.

Any change in these donor selection criteria must be documented and follow the blood service's approved policy and/or procedure.

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 registered (assigned) at birth.

~~*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 g/L 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.*~~

~~*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 transfusion-related acute lung injury (*~~TRALI~~*)*~~ risk reduction measure, donors who were registered ~~*assigned*~~ female at birth should be included.