

Change Notification for the UK Blood and Tissue Services

Notification date 20 August 2026
Effective date 17 September 2026
Implementation To be determined by each Service

CN 33-2026

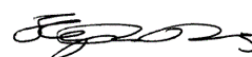
Lymphopenia and platelet apheresis donation

Content changed	Type of change	Guidelines affected
1 Chapter 5: Collection of a blood or component donation	Updated chapter	Red Book



Dr Jayne Hughes

Chair, Standing Advisory Committee on Care and Selection of Donors (SACCSD)



Dr Stephen Thomas

Professional Director, JPAC

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

1. Chapter 5: Collection of a blood or component donation

Guidelines affected	Reason for change
Red Book	Updated guidance on lymphopenia as a recognised adverse event associated with platelet apheresis donation. Advice on steps to minimise red cell loss for donors, in line with EDQM guidance, has been included. Minor amendments to guidance on monitoring of the return phase of any apheresis procedure.

The following section of the chapter will be updated. The rest of the chapter is unchanged.

5.8: Component donation by apheresis

Guidance for collection procedures is identical to that for normal whole blood donations except for the points listed below.

5.8.1: Performance of the venepuncture

Once the venepuncture is performed, subsequent procedures such as releasing clamps on the bleed line should follow the protocol for the particular type of apheresis procedure being undertaken.

5.8.2: Anticoagulation

This occurs automatically in apheresis, but instructions are needed to ensure apheresis machine operators monitor the flow of anticoagulant.

Consideration should be given to withdrawing donors who repeatedly show signs and/or symptoms of citrate toxicity from the apheresis panel. Prophylactic oral supplementation with calcium should be discouraged.

5.8.3: Blood flow and monitoring

Blood flow occurs automatically in apheresis, unless a satisfactory flow rate cannot be maintained.

Instructions are needed for the apheresis operator in the event of a low-flow or no-flow situation. Particular attention must be given to procedures for monitoring the return phases of any apheresis procedure, as haematomas can form rapidly if the needle becomes misplaced. ~~Particular care is needed when monitoring the return flow rate since most apheresis procedures operate with a pumped red cell return such that haematomas can rapidly form unless appropriate action is taken to prevent this from occurring.~~

5.8.4: Sample collection

In apheresis, sampling should take place at the beginning of a component donation.

5.8.5: Donor care

Routine blood samples and residual blood in apheresis sets can result in red cell loss. Blood services should take steps to minimise red cell loss during component donation by reducing blood sample volumes and considering rinse-back procedures which increase red cell return to the donor. Lymphopenia has also been reported in some regular platelets donors, specifically associated with apheresis kits equipped with leucocyte reduction system (LRS) chambers. The incidence of lymphopenia can also be reduced by enhanced rinse-back using plasma from the donor.

5.8.6 ~~5.8.5~~: Completion of the donation and quality control samples

Local procedures must give clear instruction on the removal of the apheresis ~~set~~ harness, sealing of the component bag(s) and the removal of the needle for all apheresis set ~~harness~~ types in use. All used disposable equipment must be discarded in such a way as to prevent any risk to personnel, according to Health and Safety regulations.

5.8.7 ~~5.8.6~~: Final donation inspection

The collected apheresis components must be inspected routinely for the presence of haemolysis, unwanted red cell contamination, other abnormal appearance or evidence of clotting. Such changes may require a review of the apheresis procedure and/or equipment. Any suspected apheresis component abnormality must be recorded, and the donation must be identified and reported in accordance with local quality systems.