Change Notification for the UK Blood and Tissue Services

Notification date 8 September 2026
Effective date 6 October 2026
Implementation To be determined by each Service

CN 35-2026

Bleeding disorder

	Content changed	Type of change	Guidelines affected
1	Bleeding disorder	Updated entry	**Bone marrow**
2	Bleeding disorder	Updated entry	**Cord blood**

Dr Kenneth Douglas
Chair, Standing Advisory Committee on Cellular Therapy Products (SACCTP)

Dr Stephen Thomas
Professional Director, JPAC

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

1. Bleeding disorder

Guidelines affected	Reason for change
Bone marrow	Entry expanded to clarify which affected individuals may or may not donate. The 'Affected Individuals' scenario has been renamed 'Affected Individuals and Carriers'. The deferral of family members, carers or sexual partners of individuals treated with blood-derived coagulation factor concentrates has been removed.

Essential information

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) ~~Carriers~~
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')

Scenarios

▼ Affected individuals and carriers

Obligatory	**Must not donate if:**
	1. Diagnosed with haemophilia A (Factor VIII deficiency), haemophilia B (Factor IX deficiency), type 2 von Willebrand disease, type 3 von Willebrand disease.
	2. The donor has received a transfusion since 1 January 1980.
	3. The donor has ever:
	   a. Received coagulation factor concentrates, including blood-derived and recombinant products, and/or
	   b. Received or is currently on treatment to reduce or prevent excessive bleeding (e.g. desmopressin, tranexamic acid, oral contraceptive pill and similar hormone therapies).
	4. The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure.
	5. There is a history of excessive bleeding or bruising.
	6. The donor is requiring monitoring and/or follow-up.
	7. There is associated organ involvement (e.g. liver damage).
	8. For acquired disorders, the underlying cause or treatment precludes donation (e.g. malignancy, monoclonal antibody therapy).
	~~1. Treated with blood derived coagulation factor concentrates.~~
	~~2. There is a history of excessive bleeding or bruising.~~

Discretionary	**If the donor has type 1 von Willebrand disease and:** 1. Has not received a transfusion since 1 January 1980, and 2. Has never received any type of coagulation factor treatment, and 3. Has never received any other treatment to reduce or prevent excessive bleeding, and 4. Has not received or been advised that they will require prophylactic treatment, and 5. Has never had any excessive bleeding or bruising, and 6. Is not requiring monitoring or follow-up, and 7. The underlying cause and/or treatment does not preclude donation, accept.

	If the donor is a carrier of a coagulation factor deficiency, and: 1. Has not received a transfusion since 1 January 1980, and 2. Has never received any type of coagulation factor treatment, and 3. Has never received any other treatment to reduce or prevent excessive bleeding, and 4. Has not received or been advised that they will require prophylactic treatment, and 5. Has never had any excessive bleeding or bruising, and 6. Is not requiring monitoring or follow-up, accept. ~~***Carrier state:***~~ ~~*This does not necessarily prevent donation. Refer to a Designated Clinical Support Officer who will liaise with the haematologist that investigated the donor.*~~
See if relevant	• Autoimmune disease • Malignancy • 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 Disorder 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 abnormal 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. ~~*People who have received blood derived coagulation concentrates (these are made from the blood of many hundreds of individual donors) may have been put at risk of infections that can be passed through donations.*~~ ~~*If someone has had problems with bleeding or bruising, taking blood or bone marrow could be harmful.*~~ ~~*Some people with the carrier state (trait) for some bleeding disorders may be at risk of bleeding themselves.*~~

~~***▼ Family members, carers and sexual partners of individuals treated with blood-derived coagulation factor concentrates***~~	
~~***Obligatory***~~	~~***Must not donate if:***~~ ~~1. *Treated with blood derived coagulation factor concentrates.*~~ ~~2. *A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.*~~ ~~3. *Less than 3 months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an affected individual.*~~ ~~4. *Diagnosed as affected (even mildly) by the disorder.*~~
~~***Discretionary***~~	~~*If 3 months or more from last sexual contact or inoculation injury, accept.*~~
~~***See if relevant***~~	~~• *Inoculation injury*~~ ~~• *Transfusion*~~
~~***Additional information***~~	~~***Blood-derived coagulation concentrates:***~~ ~~*These are made from the blood of many donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners.*~~ ~~*Many bleeding disorders are inherited. Family members that are blood relations may be affected by the bleeding disorder so would 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 3 months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the UK Blood and Tissues Services will be picked up.*~~

2. Bleeding disorder

Guidelines affected	Reason for change
Cord blood	Entry expanded to clarify which affected individuals may or may not donate. The 'Affected Individuals' scenario has been renamed 'Affected Individuals and Carriers'. The deferral of family members, carers or sexual partners of individuals treated with blood-derived coagulation factor concentrates has been removed.

Essential information

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')

Scenarios

▼ Affected individuals and carriers

Obligatory	**Must not donate if:** 1. Diagnosed with haemophilia A (Factor VIII deficiency), haemophilia B (Factor IX deficiency), type 2 von Willebrand disease, type 3 von Willebrand disease. 2. The donor has received a transfusion since 1 January 1980. 3. The donor has ever: a. Received coagulation factor concentrates, including blood-derived and recombinant products, and/or b. Received or is currently on treatment to reduce or prevent excessive bleeding (e.g. desmopressin, tranexamic acid, oral contraceptive pill and similar hormone therapies). 4. The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure. 5. There is a history of excessive bleeding or bruising. 6. The donor is requiring monitoring and/or follow-up. 7. There is associated organ involvement (e.g. liver damage). 8. For acquired disorders, the underlying cause or treatment precludes donation (e.g. malignancy, monoclonal antibody therapy). ~~*Treated with blood derived coagulation factor concentrates.*~~
Discretionary	**If the donor has type 1 von Willebrand disease and:** 1. Has not received a transfusion since 1 January 1980, and 2. Has never received any type of coagulation factor treatment, and 3. Has never received any other treatment to reduce or prevent excessive bleeding, and 4. Has not received or been advised that they will require prophylactic treatment, and 5. Has never had any excessive bleeding or bruising, and 6. Is not requiring monitoring or follow-up, and 7. The underlying cause and/or treatment does not preclude donation, accept.

	If the donor is a carrier of a coagulation factor deficiency, and: 1. Has not received a transfusion since 1 January 1980, and 2. Has never received any type of coagulation factor treatment, and 3. Has never received any other treatment to reduce or prevent excessive bleeding, and 4. Has not received or been advised that they will require prophylactic treatment, and 5. Has never had any excessive bleeding or bruising, and 6. Is not requiring monitoring or follow-up, accept.
See if relevant	• Autoimmune disease • Malignancy • 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 Disorder 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 abnormal 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. ~~*People who have received blood derived coagulation concentrates (these are made from the blood of many hundreds of individual donors) may have been put at risk of infections that can be passed through donations.*~~

~~***▼ Family members, carers and sexual partners of individuals treated with blood-derived coagulation factor concentrates***~~	
~~***Obligatory***~~	~~***Must not donate if:***~~ ~~*1. Treated with blood derived coagulation factor concentrates.*~~ ~~*2. A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.*~~ ~~*3. Less than 3 months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an affected individual.*~~
~~***Discretionary***~~	~~*If 3 months or more from last sexual contact or inoculation injury, accept.*~~
~~***See if relevant***~~	~~• *Inoculation injury*~~ ~~• *Transfusion*~~
~~***Additional information***~~	~~***Blood-derived coagulation concentrates:***~~ ~~*These are made from the blood of many donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners.*~~ ~~*Waiting 3 months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the UK Blood and Tissues Services will be picked up.*~~