

Position Statement

17 September 2026

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Donor selection and donation management for transgender and non-binary donors

Introduction

Blood Services should welcome all donors regardless of sex or gender (see [Glossary](#) for definitions). This includes the use of inclusive language.

Donor selection policies and procedures need to adapt to meet the needs of transgender and non-binary donors. A survey of Scottish donors found that at least 0.8% of participants do not identify as male or female¹.

Blood Services must ensure that any changes to donor selection do not undermine donor and patient safety.

The term ‘donor sex’

‘Donor sex’ is relevant to recipient safety because past pregnancy may be associated with the development of human leucocyte antigen (HLA) and human neutrophil antigen (HNA) antibodies.

Within the context of the JPAC guidelines, ‘donor sex’ is the sex registered (assigned) at birth. The term ‘male’ refers to individuals who were assigned (or registered) male at birth (AMAB) and ‘female’ refers to individuals who were assigned (or registered) female at birth (AFAB).

The JPAC guidelines specify that several components should be manufactured from donations collected from male donors only (e.g. fresh frozen plasma, cryoprecipitate)². This is an important safety step to reduce the risk of transfusion-related acute lung injury (TRALI).

Blood Services may use this approach for the manufacture of other plasma-rich components (e.g. red cells for neonatal exchange transfusion).

¹ Scottish National Blood Transfusion Service (SNBTS) Top Box Survey 2022

² [JPAC | Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK | Chapter 7: Specifications for blood components](#)

HLA and HNA antibody screening can be used to allow female donors to donate apheresis platelets. Changing or extending the use of white cell antibody screening will not be considered in this document.

Donor questions about previous pregnancy have not been used as a TRALI reduction measure by UK Blood Services. This is because of concerns that donors may not want to disclose details of a pregnancy, or donors may not be aware of an early pregnancy loss.

Where a donor does not wish to disclose their sex registered at birth, their donations should be managed using the same criteria as donations collected from a female donor.

Donor safety

The key issues for donor safety are haemoglobin testing and blood volume.

Haemoglobin testing

Haemoglobin testing aims to stop donors becoming anaemic because of donation and to identify anaemic donors who should not donate. It also helps to ensure the quality of red cell components.

The European Directive [2002/98/EC](#), on which the UK's [Blood Safety and Quality Regulations 2005](#) (BSQR) are based, was written over twenty years ago and provides haemoglobin limits for male and female donors. Men have a higher haemoglobin level than women and this is recognised in the limits within BSQR. The higher haemoglobin level in men is related to testosterone levels. Individuals taking masculinising hormones have a higher haemoglobin level and the opposite is true for individuals taking feminising hormones.

Some transgender and non-binary individuals will use a range of treatments as part of gender-affirming care, including testosterone, oestrogens, gonadotropin-releasing hormone (GnRH) agonists and surgery. These treatments may or may not continue long term.

It may take a year or more to reach a stable dose of testosterone, which is assessed by clinical and laboratory testing^{3,4}. During this time, individuals on masculinising therapy should not be accepted for donation. This is to prevent any interference with the monitoring of their response to therapy. Once established on a stable therapy, donors can be accepted.

No deferral period is required for donors commencing feminising therapy.

³ Personal communication, L McLintock.

⁴ Statement 12.9 within Coleman E, et al. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgender Health*, 23(sup1), S1–259. <https://doi.org/10.1080/26895269.2022.2100644>

Blood volume

Blood volume estimates inform faint reduction measures as well as the criteria for apheresis donation. These calculations are available for males and females.

Hormone therapy will have effects on plasma volume as well as haemoglobin. Other factors (e.g. previous therapy with puberty blockers) may need to be considered too.

An individual's body mass index (BMI) will rise after 12 months on masculinising therapy, and these individuals can be assessed using male blood volume calculation after one year of treatment.

Female blood volume estimates are lower for a given height and weight. Donors on feminising therapy should be assessed using female blood volume calculations once they have started treatment.

Gender identity

Gender identity alone is not a robust way of managing donors or their donations. Blood Services need to develop procedures to allow the safe assessment of all donors and management of their donations.

Asking donors for their sex registered at birth acts as a direct replacement for our current use of 'donor sex'⁵. This is also known as 'sex assigned at birth'. Sex registered at birth is used by some NHS organisations to gather information and make treatment decisions. Obtaining this information will allow Services to make full use of donations collected from AMAB donors, and to manage the safety of donors and the blood supply. Sex registered at birth should not be asked in isolation but in addition to questions about the individual's gender identity.

As an alternative, Services can ask donors their gender and whether they have a trans history. 'Trans' or 'transgender' 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 variety of terms including 'non-binary'. Some non-binary people don't see themselves as trans, so it is important to define the terminology used in donor questions and information, and to ensure clear explanation is available for donors⁶.

Blood Services must recognise that some donors may choose not to disclose their sex registered at birth or trans history. Services should offer an option for donors who 'prefer not to answer'.

Recording donor information

Once an approach is chosen, Blood Services must implement processes to ensure the correct information is recorded for all active donors.

⁵ [NHS Digital service manual | Inclusive content | Sex, gender and sexuality](#) (accessed 12 August 2026)

⁶ [Stonewall UK | 10 ways to step up as an ally to trans and non-binary people](#) (accessed 12 August 2026)

Sex registered at birth, or gender identity and trans history, must not be deduced or assumed from historical records. Any change must be supported by staff training and donor information.

If Services ask the donor for their sex registered at birth, this information can be used to determine haemoglobin limits, blood volume and the selection of blood components.

For donors who do not disclose their sex registered at birth, a haemoglobin limit of 125 g/L to 180 g/L is proposed for whole blood donation, blood volume should be assessed with the formula for females, and plasma-rich components* should not be manufactured from donations collected from these donors, with consideration of HLA and HNA antibody testing before platelet donation.

** Plasma-rich components from whole blood donations include fresh frozen plasma, cryoprecipitate, red cells in plasma, red cells for neonatal exchange transfusion and whole blood (with or without platelets).*

If Services choose to ask for gender identity and trans history, similar criteria could be used for non-binary donors and any donor who reports a trans history.

Recommendations

- Blood Services should develop donor selection processes that include transgender and non-binary donors.
- Asking donors their sex registered at birth can inform decisions about haemoglobin screening, whole blood donation frequency, blood volume estimation and safe blood component manufacture.
- As an alternative, Blood Services can ask donors about their gender identity and trans history. In a similar manner to asking for sex registered at birth, this can inform decisions about haemoglobin screening, whole blood donation frequency, blood volume estimation and safe component manufacture, although it may mean fewer donations will be identified as suitable for the manufacture of plasma-rich components.
- If donors are on stable gender-affirming hormone care, haemoglobin screening targets and blood volume estimates can be modified to take account of the expected changes.
- The rationale for asking such questions should be explained to donors and supported by donor information resources and staff training.
- It is essential to recognise individual identity, and donors should not be asked for their sex registered at birth in isolation. Donors must not be put under pressure to report their sex registered at birth, gender identity or trans history. Donor questionnaires and systems must provide options for donors who choose not to disclose this information.
- Proposals for managing donors and donations by sex registered at birth are presented in Table 1.

Table 1: Donor selection and donation management for Blood Services recording sex registered at birth

Sex registered at birth*	Haemoglobin limits for whole blood donations	Whole blood donations per year	Blood volume equation ⁷	Plasma-rich components for transfusion?
Male	135–180 g/L	4	Male	Yes
Female	125–165 g/L	3	Female	No
Not disclosed	125–180 g/L	3	Female	No

* For donors on stable gender-affirming hormone treatment, haemoglobin and blood volume limits can be modified to take account of the expected changes. Further guidance is given in the *Whole Blood and Components Donor Selection Guidelines*⁸.

Glossary

Apheresis	A type of donation where a machine is used to collect only specific parts of the donor's blood. This means that other parts of the donor's blood are given back to the donor.
Assigned female at birth (AFAB)	AFAB people may or may not identify as female, some or all of the time.
Assigned male at birth (AMAB)	AMAB people may or may not identify as male, some or all of the time.
Components	Blood is separated into individual parts (components) so patients can be given the type of treatment they need. The four main components are plasma, red blood cells, white blood cells and platelets.
Cryoprecipitate	A frozen blood component used to prevent or control bleeding.
Fresh frozen plasma (FFP)	A frozen blood component used to prevent or control bleeding.
Gender or gender identity	A person's innate sense of their own gender, whether male, female or something else (see Non-binary below), which may or may not correspond to their sex registered at birth ⁹ .
Haemoglobin	The red-coloured protein in blood cells which transports oxygen around the body.
Human leucocyte antigen (HLA) and human neutrophil (HNA) antibodies	Antibodies which target white blood cells.
Neonatal exchange transfusion	A transfusion received by newborn babies during which the baby's own red cells are removed and replaced by donor cells. This is most often needed when babies have severe jaundice.

⁷ JPAC | [Whole Blood and Components Donor Selection Guidelines | Weight](#)

⁸ JPAC | [Whole Blood and Components Donor Selection Guidelines | Transgender and non-binary individuals](#)

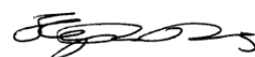
⁹ [Stonewall UK | List of LGBTQ+ Terms and Inclusive Definitions](#) (accessed 12 August 2026)

Non-binary	A term for people whose gender identity does not sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely ⁹ .
Person with a trans history	Someone who identifies as male or female, or a man or woman, but was assigned the opposite sex at birth. This is increasingly used by people to acknowledge a trans past.
Plasma	The straw-coloured part of blood which contains clotting factors and antibodies.
Red (blood) cells	These cells contain haemoglobin which carries oxygen in the blood.
Sex	See Sex registered at birth below
Sex registered at birth (also sex assigned at birth)	The biological classification - male or female - recorded on an infant's birth certificate, based on physical genitalia.
Trans or transgender	A 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, transsexual, genderqueer, genderfluid, non-binary, agender, trans man, trans woman, trans masculine and trans feminine⁹.



Dr Jayne Hughes

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



Dr Stephen Thomas

Professional Director, JPAC