Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines (BM-DSG)

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Issue 1

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Using these guidelines

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Updates

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Accident

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Trauma

Obligatory

Must not donate if:

1. Not recovered.
2. Still under follow-up.
3. Has a plaster-cast.

Supporting information

See if relevant

- Neurosurgery
- Surgery
- Tetanus immunisation
- Transfusion

Additional information

An unhealed wound or sore is a risk for bacteria entering the blood. Bacteria in blood can be a serious threat to anybody receiving stem cells. This is because the bacteria can multiply to dangerous levels.

A plaster-cast can hide a wound or sore.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Acetylcholinesterase (AChE) deficiency

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Bone marrow donor:

Must not donate.

Discretionary

PBSC donor:

Accept.

Supporting information

Additional information

Bone marrow donation requires a general anaesthetic and acetylcholinesterase deficiency is an anaesthetic risk.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Addiction and drug abuse

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Has injected, or has been injected with, drugs in the past 12 months.
2. Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent.
3. Has injected, been injected with, or taken non-parenteral chemsex drugs in the past 3 months. See Tissues safety.

Discretionary

1. Accept if has not injected, or been injected with, other non-prescription drugs (other than drugs of addiction), such as bodybuilding drugs or injectable tanning agent within the past 3 months.
2. Accept if has not injected, or been injected with, drugs of addiction within the last 12 months.
3. If has not injected, or been injected with, drugs of addiction within the last 3 months, refer to Designated Clinical Support Officer. The donor may be accepted with individual risk assessment. See **Additional information** below.
4. May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.
5. Previous use of non-parenteral drugs does not necessarily require exclusion.

Supporting information

See if relevant

- Tissues safety

Additional information

Injecting drugs has been linked with the passing on of many infections, including hepatitis and HIV. It can be many years before any infection shows itself. Former drug users often do not realise that they can still pass infection on to others many years after they last used drugs themselves. The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation. This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change

Anyone obviously affected by alcohol or other drugs that can affect the mind, cannot give valid consent or fully understand why they are being asked certain questions.

Reason for change: Obligatory section updated as a part of the implementation of recommendations from the FAIR III report, including addition of chemsex drugs.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Adrenal failure

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Addison's disease

Obligatory **Must not donate.**

Supporting information

Additional information

Adrenal failure is due to the adrenal glands producing insufficient steroid hormones to maintain health. There are many causes, including autoimmune disease, infection, and congenital adrenal hyperplasia.

Affected individuals take replacement steroid hormones. The dose of these must be increased during times of stress.

Bone marrow donors are deferred, because of the increased risk of a general anaesthetic.

PBSC donation could pose a risk to a donor, as the stress of donation could cause an increase in their cortisol requirements and fluid shifts during apheresis may not be well tolerated.

There is also a possibility of transmission of autoimmune adrenal failure to the recipient.

Reason for change: Changed PBSC donation from discretionary to obligatory 'must not donate,' as with bone marrow donors. 'Additional information' added.
Version details: BM-DSG Edition 203 Release 54 (29 January 2024)

African trypanosomiasis

Bone Marrow and Peripheral Blood Stem Cell

Also known as: sleeping sickness

Essential information

Obligatory	**Must not donate.**

Reason for change: 'Sleeping sickness' added as an 'Also known as' term.
Version details: BM-DSG Edition 203 Release 59 (1 May 2026)

Age

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Over 60 years of age.
2. Under 17 years of age.

Supporting information

Additional information

The lower age limit takes account of national laws on age of consent. The upper age limit for recruitment to the British Bone Marrow Registry is 50 years.

Reason for change: The upper age limit for acceptance has been raised from fifty-seven to sixty years.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Allergy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Ensure:

1. Procedures will not expose the donor to something they are allergic to, e.g. iodine, latex, lidocaine (previously known as lignocaine).
2. **Inform Transplant Centre if:**
   Cells are from an individual with a known allergy.

Supporting information

See if relevant

- Asthma
- Steroid therapy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Anaemia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Inform Transplant Centre if:

Cells are from a donor that has an inherited disorder.

Discretionary

1. **History of anaemia:**
   This must be assessed regarding its cause, current status and what treatment has been received.
2. **Iron deficiency:**
   a. If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.
   b. Medication to prevent, as opposed to treat, may be acceptable.
3. **Other types:**
   a. Accept or exclude according to the guidelines.
   b. In other cases, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- Haemoglobin disorders
- Haemolytic anaemia

If treated with blood components or products or by plasma exchange or filtration:

- Transfusion

Additional information

A successful transplant will mean the recipient will produce the same blood as the donor. This would be unacceptable for a homozygous (major) form of blood disorder but would probably be acceptable for a heterozygous (minor form, or trait).

By informing the transplant centre, details can be passed on to the person receiving the transplant. This can avoid unnecessary problems in the future. For example, searching for the cause of small red cells or anaemia in a person who has had a transplant from a donor with thalassaemia minor (trait).

Donating bone marrow will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.

Giving PBSC by apheresis results in a smaller loss of haemoglobin.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Anaesthetic

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Bone marrow donor:

Must not donate if:
Previous severe reaction to general anaesthetic.

Supporting information

See if relevant

- Accident
- Dental treatment
- Surgery
- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Angina pectoris

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Supporting information

See if relevant

- Cardiovascular disease

Additional information

A history of angina means that the donor has coronary artery disease. Removing blood from the circulation may put the donor at risk of having a heart attack.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Animal bite, non-human

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Snake bite

Obligatory

All donors:

Must not donate if:

1. Ever bitten by a non-human primate
2. Any wound is infected or not healed.
3. Less than 24 months since bitten anywhere in the world by a bat or by any other mammal outside of the British Isles (UK and Ireland).
4. The donor is not fully recovered.

Supporting information

See if relevant

- Infection, general
- Inoculation injury
- Rabies
- Surgery

Additional information

Being bitten by a non-human primate should result in permanent deferral. Risks include simian T-lymphotropic virus, herpes B, simian foamy virus and other as yet unknown viruses. Non-human primates include chimpanzees, gorillas, orangutans, gibbons, monkeys (old and new world), tarsiers, lemurs and lorises.

Animal bites may result in many different infections. Allowing all wounds to heal and for any obvious infection to have resolved should avoid problems.

As well as local care of the bite, donors may receive other treatments such as antibiotics or immunisation; these may affect the donor's eligibility. Bites from venomous snakes can cause extensive local tissue damage that can take a long time to heal and may require surgery. Depending on the species of biting snake, their venom can cause problems with blood clotting and, in severe cases, require transfusion of blood components (e.g. plasma or cryoprecipitate).

Rabies, and similar diseases, have long incubation periods and do not show as a wound infection. There is no evidence that these infections have ever been transmitted through a blood transfusion. These diseases appear to be confined to the nervous system during their incubation periods. There is evidence that they have been transmitted through organ, tissue and ocular transplants. For this reason, there are different rules for material that may contain nervous system tissue.

Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, or woken to find that a bat has been with them while asleep, should be considered at risk of rabies. Bat bites are usually insignificant and easily overlooked. Merely being in a place where bats roost is not considered a risk.

Reason for change: Guidance on snake bites is now included in this entry. A reminder to assess treatments beyond local wound care has been added to the 'Additional information' section. The 'See if relevant' links have been updated.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Ankylosing spondylitis (AS)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Autoimmune disease

Must not donate if:

The cardiovascular system is involved.

Discretionary

If mild and affecting the locomotor system only, accept.

Supporting information

See if relevant

- Disabled donor
- Nonsteroidal anti-inflammatory drugs

Additional information

Ankylosing spondylitis can affect the heart valves and the major artery of the body (aorta).

Removing blood from the circulation may put the donor at risk of having a heart problem.

Reason for change: A link to 'Autoimmune Disease' added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Anthrax

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Infection

Obligatory

See: Infection, acute

Exposure

Discretionary

Even if on prophylactic antibiotics, accept.

Additional information

Anthrax infection most commonly affects the skin through direct contact with infected material such as animal hides. If spores have been inhaled, there is no evidence that there is any spread to the bloodstream until the person has developed signs of infection. For this reason, it is considered safe to accept exposed donors provided they have not shown signs of infection, even if they have been given prophylactic antibiotics.

Immunisation

Obligatory

See: Immunisation, non-live

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Antibiotic therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Infection, general

Supporting information

Additional information

Treatment with antibiotics is not of itself a reason for deferral but the reason for the treatment may be. When treatment is being given to prevent infection, rather than to treat it, see if there is a relevant entry. If not, discuss with a Designated Clinical Support Officer.

Reason for change: Additional Information has been added for clarity.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Anticoagulant therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Taking anticoagulant treatment.
2. Treatment was for cardiovascular disease.
3. Treatment was for axillary vein thrombosis.
4. Treatment was for repeated thrombophlebitis or thrombosis.

Discretionary

If treatment has been completed more than 7 days ago and a specific cause, not of itself a reason for exclusion, has been identified for an isolated deep vein thrombosis or pulmonary embolism, accept.

Supporting information

See if relevant

- Cardiovascular disease
- Thrombosis and thrombophilia

Additional information

Treatment with anticoagulants will make it more likely that a donor will bleed or bruise after donation. The effect of treatment wears off over some days and after 7 days, the blood clotting mechanisms should be back to normal.

If the donor has cardiovascular disease, removing blood from the circulation will put the donor at risk of having a heart problem.

Some causes of thrombosis make it more likely that blood clots will happen again. This could be made worse by donating.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Anticonvulsant therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Taken for epilepsy.

Discretionary

If used for treating bipolar disorder or chronic pain syndromes and the underlying condition is not a reason to exclude, accept.

Supporting information

See if relevant

- Epilepsy
- Mental health problems

Additional information

Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy.

It may also cause difficulties with the Driver and Vehicle Licensing Agency (DVLA) and/or employment in a person who has been free from fits for some time.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Antihistamine tablets

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Allergy

Reason for change: Entry carried over from previous Edition.

Arrhythmias

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   a. Symptomatic or requires treatment.
   b. The donor is undergoing investigation.
   c. The donor has a history of an arrhythmia (e.g. atrial fibrillation, atrial flutter, supraventricular tachycardia, ventricular tachycardia) even if their symptoms have now settled.
2. **In other cases:**
   Refer to a Designated Clinical Support Officer.

Discretionary

1. Donors with a previous history of an arrhythmia triggered by a non-cardiac medical condition which has now been treated (e.g. thyrotoxicosis), refer to a Designated Clinical Support Officer.
2. Donors who have been treated by ablation therapy for supraventricular tachycardia (including Wolff-Parkinson-White syndrome), refer to a Designated Clinical Support Officer.
3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, accept.

Supporting information

See if relevant

- Cardiovascular disease

Additional information

Some heart irregularities may be made worse through blood loss or by a general anaesthetic. This includes a risk that donation could trigger a recurrence in someone with a history of a previous arrhythmia. In cases where the donor's eligibility is not clear, Designated Clinical Support Officer referral ensures further information can be sought regarding their condition.

Reason for change: This entry has been revised to clarify the obligatory and discretionary criteria.
Version details: BM-DSG Edition 203 Release 47 (31 May 2022)

Arthritis

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Ankylosing spondylitis
- Autoimmune disease
- Osteoarthritis
- Psoriasis
- Rheumatoid arthritis

Reason for change: A link has been added for Autoimmune Disease.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Asthma

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Bone marrow donor:**
   Must not donate if:
   Dependent on medication other than inhalers.

2. **Bone marrow and PBSC donor:**
   Must not donate if:
   a. Asthma is symptomatic.
   b. Taking, or has completed, oral or parenteral steroids within the last 7 days.

Discretionary

If exercise induced, accept.

Supporting information

See if relevant

- Infection, general
- Steroid therapy

Additional information

The risk associated with a general anaesthetic is increased in people with asthma.

Taking a donation from a person with symptomatic asthma will lower the amount of oxygen the blood can carry and could make them worse.

Steroid therapy can hide the signs and symptoms of infection. Stem cells from an infected donor could be dangerous to the person receiving them.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Autoimmune disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there an entry for the condition?

1. **Must not donate if:**
   The donor has needed treatment to suppress the condition in the last 12 months.
2. **Inform Transplant Centre if:**
   Cells are from a donor that has an autoimmune disorder.

Supporting information

See if relevant

- G-CSF
- Liver disease

If treated with immunoglobulin or plasma exchange or filtration:

- Transfusion

Additional information

PBSC donors:

G-CSF may cause a flare of some autoimmune diseases. The risk should be assessed by the Designated Clinical Support Officer and discussed with the donor.

Treatment to suppress the condition may be with steroids, immunosuppressive drugs, antimetabolites, antibodies directed against parts of the immune system as well as other therapies. These will affect the donor's immune system. This may make the donor more susceptible to certain types of infection and also will make some infections more difficult to diagnose.

Autoimmune disease is caused by the body attacking itself. This is with antibodies that are in the fluid part of the blood (plasma), and with immune cells directly attacking target cells in the part(s) of the body affected.

Transfusion of antibodies, or transfer of immune cells, could lead to similar damage in the people receiving them.

Reason for change: A note and link have been added about G-CSF flare of autoimmune disease. Additional Information has been added to clarify treatment that may have been used to suppress the condition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Babesiosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Bacillus Calmette-Guérin (BCG)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. The inoculation site has not yet healed.
2. Less than 4 weeks after inoculation.

Supporting information

Additional information

BCG is an immunisation with live bacteria. By 4 weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed, it is possible that there may still be infection present. We do not want to pass BCG, or other infections, on to people receiving donated material.

Reason for change: Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunisations other than smallpox.
Version details: BM-DSG Edition 203 Release 09 (21 June 2011)

Back problems

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Bone marrow donor:**
   Must not donate if:
   a. Surgery within last 5 years.
   b. Disc problem/sciatica.
   c. Chronic pain requiring ongoing medical treatment.

2. **PBSC donor:**
   See: is there an entry for the underlying condition?

3. **Must not donate if:**
   Not able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).

Discretionary

1. **Bone marrow donor:**
   If the pain is infrequent, related to exertion or strain, accept.

2. **PBSC donor:**
   If the donor can tolerate the procedure, accept.

Supporting information

See if relevant

- Disabled donor
- Neurosurgery
- Surgery

Additional information The operation to remove bone marrow could make any problem worse.

Reason for change: An entry has been added for PBSC Donors. An additional link has been added for 'Disabled Donor'.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Basal cell carcinoma (BCC)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Still receiving treatment.
2. Any wound has not healed.

Supporting information

Additional information

Although basal cell carcinoma is a form of cancer, it only spreads locally. As it does not spread by the blood stream, it is not a risk to people receiving donated material.

An unhealed wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving donated material. This is because the bacteria can multiply to dangerous levels.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Beta blockers

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Used for the treatment of cardiovascular disease.
2. Used to control symptoms of thyroid disease.

Discretionary

If used for non-cardiovascular disease or the donor has controlled hypertension, accept.

Supporting information

See if relevant

- Blood pressure, high
- Migraine

Additional information

Beta blockers are often used to treat serious heart disease such as coronary artery disease (angina and after a myocardial infarction) and arrhythmias (abnormal heart rhythm). They may also be used to control the symptoms associated with an overactive thyroid gland. Patients with these disorders must not donate.

They are often used as treatment for hypertension (high blood pressure). There is evidence that shows that donors taking beta blockers do not have an increased incidence of adverse events related to donation.

They are also used to treat many other conditions such as migraine, tremor, anxiety and glaucoma. In most situations, this should not prevent donation.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2011)

Bleeding disorder

Bone Marrow and Peripheral Blood Stem Cell

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).

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.

Reason for change: Entry expanded to clarity 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.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Blood pressure, high

Bone Marrow and Peripheral Blood Stem Cell

Also known as: hypertension

Essential information

Obligatory

Must not donate if:

1. The cause of hypertension is under investigation.
2. Anti-hypertensive medication has been altered in the last 4 weeks.
3. Is having problems with feeling faint, fainting or giddiness.
4. Has suffered from heart failure.
5. Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow-up for their renal impairment.
6. Has required surgery for a blocked or narrowed artery including any type of amputation.
7. Has or has had gangrene.

Discretionary

1. If the donor is being regularly assessed for high blood pressure but treatment has not been commenced, accept.
2. If the donor is taking medication for raised blood pressure and neither the type nor the dose has been changed in the last 4 weeks and they are otherwise well, accept.
3. If gangrene was not related to diabetes or peripheral vascular disease (e.g. it was due to hypothermia or meningococcal meningitis) and all wounds are fully healed, even if amputation was required, accept.

Supporting information

See if relevant

- Cardiovascular disease
- Central nervous system disease
- Intermittent claudication

Additional information

In the UK, about 1 in 20 individuals have hypertension. Most people with hypertension are in good health and are fit to donate blood.

It is however important that complications due to raised blood pressure are carefully assessed and, where necessary, donors are excluded from donating (e.g. those with heart failure or damage to their kidneys or those experiencing hypotensive side effects from their medication).

Reason for change: The rationale for not accepting donors on medication, other than beta blockers or diuretics, for the treatment of hypertension was reviewed by the Standing Advisory Committee for the Care and Selection of Donors in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications.
Version details: BM-DSG Edition 203 Release 11 (06 December 2011)

Blood pressure, low

Bone Marrow and Peripheral Blood Stem Cell

Also known as: hypotension

Essential information

Discretionary If the donor is in good health and does not have faints or dizzy spells, accept.

Supporting information

Additional information Low blood pressure is not normally a problem. It is common in women and seems to be linked with levels of the female sex hormone oestrogen.

Low blood pressure can be caused by serious heart disease. In such cases, a donation would not be taken.

Fainting can put a donor at risk of injury. Any donor who has problems with faints or dizzy spells should not donate.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Blood volume estimation

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate:

If the estimated blood volume (EBV) is less than 3.8 litres.

Supporting information

See if relevant

- Weight

Additional information

It is recommended that no donor should lose more than 13% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting and becoming anaemic. There is a minimum donor weight at which a donation can be accepted. This is not always appropriate. Obesity also makes it desirable to use factors in addition to the donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals, the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse incident.

Reason for change: This is a new entry to take account of increasing levels of obesit
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Body piercing

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Derma-rolling, ear and body piercing, permanent and semi-permanent makeup, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials, ritual self-flagellation.

Obligatory

Must not donate if:

Less than 3 months after last piercing.

Discretionary

Piercings performed within the UK in a commercial setting:

Accept.

Piercings performed outside the UK or within the UK in an unlicensed non-commercial premises more than 3 months ago:

Accept.

Painting, stencilling or transfers applied to the skin without piercing:

Accept.

Supporting information

Additional information

Under all current legislation, it is a criminal offence to trade without registration (licensing) or to be in breach of the relevant bylaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.

In the UK, local authorities are responsible for regulating and monitoring businesses providing semi-permanent skin colouring procedures (micropigmentation, semi-permanent make-up and temporary tattooing). The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government (Miscellaneous Provisions) Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make bylaws.

For piercings performed outside the UK or within the UK in an unlicensed, non-commercial establishment less than 3 months ago, the donor may only be accepted following documented individual risk assessment and discussion with the transplant centre if the risk of delaying transplant outweighs the risk of transmission of infections.

Piercing has passed infection from person to person. Waiting 3 months helps to ensure that the infections tested for by the UK Blood and Tissues Services will be picked up.

Platelet rich plasma (PRP) facials (also known as 'vampire facials') have been associated with HIV transmission.

Ritual self-flagellation is carried out by some religious groups. The practice includes beating or flogging oneself with sharp objects. It may be associated with exposure to blood from other participants, either directly or through contamination of shared equipment.

This guidance presumes that a validated NAT test for HIV, HBV and HCV is

negative; if this test is stopped for any reason, the guidance will change

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Reason for change: To add Derma-rolling, ear and body piercing, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials and ritual self-flagellation to the entry and to add information regarding PRP facials and ritual self-flagellation.
Version details: BM-DSG Edition 203 Release 44 (16 March 2022)

Breast lump

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Surgery

Must not donate if:

1. Malignant.
2. Not fully investigated and cleared of malignancy.

Supporting information

See if relevant

- Malignancy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Bronchitis

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute bronchitis

Obligatory

See: Infection, acute

Chronic bronchitis

Obligatory

Must not donate if:

1. Repeated regular attacks of cough with sputum.
2. Dyspnoea at rest or on minimal exertion.

See if relevant

- Infection, general
- Steroid therapy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Brucellosis

Bone Marrow and Peripheral Blood Stem Cell

Also known as: undulant fever

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Cardiac surgery

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

If for congenital heart disease and has no residual disability, does not require antibiotic cover, and is not excluded because of their transfusion history, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- Cardiovascular disease
- Endocarditis
- Surgery
- Transfusion

Additional information

Individuals who have had cardiac surgery, other than for congenital abnormality, are unlikely to be fit enough to safely have a large volume of blood removed. An individual who has had congenital abnormalities corrected can often lead a normal lifestyle and may be able to give blood safely. If the criteria under **Discretionary**above are met, the Designated Clinical Support Officer can make a documented decision based on the individual's medical history.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Cardiomyopathy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Cardiovascular disease (CVD)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   a. Has ischaemic heart disease.
   b. Recurrent thrombophlebitis or thrombosis.

2. **Bone marrow donor:**
   Discuss with the anaesthetist if the donor has any other form of cardiovascular disease.

Discretionary

If asymptomatic mitral valve prolapse only, accept.

Supporting information

See if relevant

- Angina pectoris
- Blood pressure, high
- Cardiac surgery
- Cardiomyopathy
- Endocarditis
- Myocarditis
- Thrombosis and thrombophilia

Reason for change: Additional links have been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Catarrh

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute catarrh

Obligatory

See: Infection, acute

Chronic catarrh

Obligatory

If on prescribed medication, refer to a Designated Clinical Support Officer.

Discretionary

If using a nasal decongestant only, accept.

See if relevant

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Central nervous system (CNS) disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Excludes

Cerebrovascular disease, including stroke, cerebral haemorrhage, embolus or transient ischaemic attack. See Cerebrovascular disease.

Obligatory

Must not donate if:

1. Has dementia (e.g. Alzheimer's disease).
2. History of CNS disease of unknown or suspected infective origin, e.g. multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, transverse myelitis, Creutzfeldt-Jakob disease (CJD).
3. Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).
4. CNS tumour.
5. Parkinson's disease.
6. Having symptoms related to hypotension while taking dopamine receptor agonist drugs such as rotigotine, ropinirole and pramipexole.

Discretionary

1. Individuals who have had Bell's palsy more than 4 weeks ago and have discontinued any treatment for the condition for at least 7 days, once investigated and discharged from specialist follow-up, even if they have residual paralysis, accept.
2. If a definite diagnosis of transient global amnesia has been made, accept.
3. If the cause of the disease is not established, refer to Designated Clinical Support Officer.
4. If taken for a condition other than Parkinson's disease, as long as not having symptoms of hypotension related to dopamine receptor agonist drugs such as rotigotine, bromocriptine, ropinirole and pramipexole, accept.

Supporting information

See if relevant

- Cerebrovascular disease
- Epilepsy
- Malignancy
- Neurosurgery
- Prion-associated diseases
- Rabies

Additional information

As donation can result in a drop in blood pressure, there is the possibility that this could lead to further problems. Although the level of risk will vary from person to person, it is not acceptable to put an individual at increased risk, for what could be a severe adverse event, to any unnecessary further risk.

Transient global amnesia is a temporary and isolated disorder of memory. Affected individuals are usually over 50 years of age and there is an association with migraine. There is no association with cerebrovascular disease.

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Obligatory section updated to move 'stroke, transient ischaemic attack/s or cerebral embolus' to the new entry created for 'cerebrovascular disease'. Revisions to the text of the 'Discretionary' and 'Additional information' sections.

Cerebrovascular disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Diseases of the vasculature of the brain include stroke, cerebrovascular accident (haemorrhagic or embolic), transient ischaemic attack.

Cerebral haemorrhage includes haemorrhages or haematomas that are intracerebral, subdural, subarachnoid, or epidural.

Includes

Cerebrovascular haemorrhage.

Obligatory

Must not donate.

Discretionary

If a berry aneurysm has been treated by interventional radiology, and the person has not had a stroke or suffered neurological deficit, refer to Designated Clinical Support Officer for individual risk assessment.

Supporting information

See if relevant

- Central nervous system disease

Additional information

Both embolic stroke and cerebral haemorrhage (includes haemorrhages or haematomas that are intracerebral, subdural, subarachnoid, or epidural) may pose a risk of causing adverse events in stem cell donors. In order to reduce this risk, donors with a history of cerebrovascular disease must be excluded.

As regards cerebral haemorrhage after trauma, there is a concern that donors with previous traumatic brain injury may be at risk of further brain haemorrhage after stem cell donation. A small number of cases of cerebral haemorrhage in stem cell donors have been reported. In the few that occurred within 36 hours of donation, some of the donors had had previous traumatic brain injury (concussion).

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 55 (18 April 2024)

Cervical dysplasia

Bone Marrow and Peripheral Blood Stem Cell

Also known as: cervical intraepithelial neoplasia, CIN

Essential information

Obligatory

Must not donate if:

1. Undergoing investigation or treatment.
2. Diagnosed with invasive cervical carcinoma.

Discretionary

1. If the donor had colposcopy treatment for abnormal cervical cells and has been discharged to routine screening, accept. It is not necessary to wait for a normal smear result before donating.
2. If only having regular review of smears, accept.

Supporting information

Additional information

Cervical screening includes testing for high risk human papillomavirus (HR-HPV). Women who are positive for HR-HPV may be called for routine smear tests at more frequent intervals. They can donate, provided they are not undergoing other tests or awaiting colposcopy investigation.

Women with abnormal cells on a smear test are triaged according to their risk of developing cervical carcinoma. Women at higher risk will be referred for investigation and treatment via colposcopy.

Abnormalities identified at colposcopy include cervical intraepithelial neoplasia (CIN, Grades 1-3) and cervical glandular intraepithelial neoplasia (CGIN). CIN-3 is also known as cervical carcinoma in situ. By definition, patients with CIN or CGIN do not have invasive cervical carcinoma, so can be accepted once treated, fully healed and discharged. There is no need to wait for the results of their next routine smear, usually at 6 months post treatment, unless the donor has been advised that follow-up will be necessary at the colposcopy clinic.

Reason for change: Updated to clarify the scope of entry, when a donor can be accepted after treatment for cervical dysplasia and the significance of HR-HPV testing.
Version details: BM-DSG Edition 203 Release 44 (18 March 2022)

Chickenpox

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory | **See:** Infection, acute

Contact with an affected individual

Obligatory | **See:** Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Chiropody

Bone Marrow and Peripheral Blood Stem Cell

Also known as: podiatry

Essential information

Obligatory

Must not donate if:

There are open wounds or infection.

Supporting information

See if relevant

For fungal infection:

- Infection, chronic

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Chondromalacia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Clinical trials

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Participating in a clinical trial. This includes the use of drugs of any kind (e.g. oral, injected, parenteral, transcutaneous) and applies to healthy individuals participating as volunteers, for example in 'phase 1' clinical trials.

Discretionary

If a Designated Clinical Support Officer has examined and agreed the trial protocol, accept.

Supporting information

See if relevant

- Complementary therapy
- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Clopidogrel

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

If prescribed for primary prevention of cardiovascular disease, discuss with Designated Clinical Support Officer.

Supporting information

Additional information

Clopidogrel is an antiplatelet drug which is used in the treatment and secondary prevention of cardiovascular disease and stroke. In this case, the underlying condition would be a contraindication to donation, in the interests of donor safety.

Occasionally, clopidogrel is used for primary prevention in patients who are intolerant of or hypersensitive to aspirin. Donor needs to be assessed by the Designated Clinical Support Officer for the suitability of withholding clopidogrel for the relevant procedure.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 47 (31 May 2022)

Coeliac disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Colostomy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

For malignancy or inflammatory bowel disease.

Discretionary

If the reason for the colostomy is not of itself a reason to exclude and the stoma is healthy, accept.

Supporting information

See if relevant

- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Communication difficulties

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **All donors must:**
   a. Fully understand the donation process.
   b. Give their informed consent to the process and to the testing of their blood for diseases that may affect its suitability for use.

2. **Third party interpreters:**
   If they are to be present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified healthcare professional, they must:
   a. Understand the importance of providing an accurate and truthful translation of the information provided, to enable the tissue/cell establishment to comply with regulatory requirements
   b. Not be personally known to the donor.
   c. Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.

Supporting information

See if relevant

- Disabled donor

Additional information

The UK Blood and Tissue Services are aware of their duties under Race Relations and Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for individuals whose first language is not English, or who have other difficulties in communicating. Potential donors with such difficulties are advised to seek advice from their local Blood and Tissue Service before offering to donate stem cells to see if their needs can be met.

Every donor must:

1. Be provided with accurate educational materials, which are written in terms which can be understood by members of the general public.
2. Complete a health and medical history questionnaire and undergo a personal interview performed by a healthcare professional.
3. Provide written informed consent to proceed with the donation process which must be countersigned by the qualified health professional responsible for obtaining the health history.

A qualified healthcare professional may assist a donor in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Blood Service. To facilitate comprehension, it is permissible to use alternative formats (e.g. a language other than English, audio, computer, Braille) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present, there is no standardised way of assessing comprehension so this will be a personal judgement made by the healthcare professional.

Use of third party interpreters

It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified healthcare professional. The third party must not however be present during any exchange of confidential information, unless they are not personally known to the donor and understand the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

Rationale

There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified healthcare professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the need to accurately and truthfully communicate all the information, including personal and confidential information, provided by the person giving consent, this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Tissue Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the Human Tissue Act and Health and Safety Regulations, no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

Reason for change: To clarify that interpreters and translators do not need to understand all the regulatory requirements of the Human Tissue Act, but are aware of the importance of providing a truthful and accurate translation to enable the tissue/cell establishment to comply with regulatory requirements. To clarify that interpreters and translators have a duty of confidentiality.
Version details: BM-DSG Edition 203 Release 20 (17 March 2015)

Complementary therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   The condition for which treatment was given is not acceptable.

2. **Therapies involving penetration by needles or other invasive procedures:**
   Must not donate if:
   Less than 3 months from completing treatment.

Discretionary

1. If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept

2. For all other therapies involving penetration by needles or other invasive procedures:

   Performed within the NHS:
   If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.

   Performed outside of the NHS

   a. If performed by a Qualified Health Care Professional registered with the General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Dental Council (GDC), The General Chiropractic Council (GCC), The General Optical Council (GOC), The General Osteopathic Council (GOsC), General Pharmaceutical Council (GPhC), Pharmaceutical Society of Northern Ireland (PSNI), or The Health and Care Professions Council (HCPC) (which regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Physiotherapists, Prosthetists and Orthotists, Radiographers, and Speech and Language Therapists), accept.
   b. Treatments performed within commercial premises in the UK, accept.
   c. If performed within unlicensed, non-commercial premises in the UK, or for any treatment performed outside the UK more than 3 months ago, accept.

Supporting information

Additional information

Equipment that has been reused has passed infection from person to person. Therapists who are subject to discipline from statutorily constituted professional authorities are unlikely to re-use needles.

Commercial premises may be based in shops and clinics and also include operators running an acupuncture business from a residential premise such as their own homes. Under all current legislation, it is a criminal offence to trade as an acupuncturist without registration (licensing) or to be in breach of the relevant bylaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.

In the UK, local authorities are responsible for regulating and monitoring businesses providing tattooing, cosmetic piercings, semi-permanent skin colouring (micropigmentation, semi-permanent make-up and temporary tattooing), electrolysis and acupuncture. The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government (Miscellaneous Provisions) Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make bylaws.

Healthcare professionals registered with statutory body may not need to register with the local authority as their statutory body is responsible for their regulation.

This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change.

When there is any doubt about infection being passed on, waiting 3 months means infections are more likely to be picked up by the tests used by UK Blood and Tissue Services.

Reason for change: The regulatory organisations for Pharmacists in the UK have been added. The HCPC ceased to be the regulatory authority for Social Workers in England in 2019. The list of health and care professionals regulated by the HCPC has been amended.
Version details: BM-DSG Edition 203 Release 43 (22 February 2022)

Congo fever

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Less than 12 months following recovery or from return to the UK, if occurred abroad.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Contraceptive implant

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Contraceptive injection

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Contraceptive pill

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Corneal transplant

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Supporting information

See if relevant

- Prion-associated diseases

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Coronary thrombosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes	Heart attack, myocardial infarct.
Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Coronavirus infection

Bone Marrow and Peripheral Blood Stem Cell

Also known as: COVID-19

Essential information

Includes

COVID-19 disease (due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV).

Supporting information

See if relevant

- Coronavirus vaccination
- Infection, acute
- Infectious diseases, contact with

Additional information

Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for tissue transplant recipients. Since 2002, there have been outbreaks in humans of new strains of coronavirus, associated with severe pulmonary infections and mortality rates of 10–35% (e.g. SARS and MERS).

COVID-19 is an illness characterised by respiratory symptoms, including coughing and breathlessness, and fever. It is caused by infection with a newly identified coronavirus, SARS-CoV-2. Its full pathogenesis remains unknown but individuals with certain underlying chronic conditions, the elderly and immunocompromised individuals are at risk of more severe disease.

Some persons with SARS-CoV-2 infection may be asymptomatic. It is possible that they may have undergone testing for occupational health reasons (for example).

Some individuals will have symptoms for a protracted length of time after the systemic and respiratory symptoms of the acute infection have resolved. A wide range of symptoms, including cardiac and neurological, have been reported. It is important to identify any of the specific ongoing symptoms such as chest pain, palpitations, shortness of breath, fatigue, even if seemingly mild or infrequent, that suggest that a donor may not have fully recovered to their pre-COVID-19 state of health, and that may put a donor at risk of an adverse event.

There is no evidence at present that SARS-CoV-2 can be transmitted by tissue/cell transplantation.

For bone marrow (HPC-M) donations, donation should be scheduled in accordance with current guidance from the Royal College of Surgeons and Association of Anaesthetists and in discussion with the collection centre.

Post donation illness

Donors must be provided with information about contacting the registry co-ordinating their donation and the collection centre they donated at if they develop any illness within 14 days after donation.

Scenarios

Person with confirmed symptomatic COVID-19

Obligatory

Must not donate if:

Less than 14 days since resolution of symptoms.

Discretionary

1. If more than 14 days have passed since resolution of symptoms, accept.
2. If less than 14 days since resolution of symptoms, refer to Designated

Clinical Support Officer for individual risk assessment, if donation is urgent and cannot be delayed.

See **Additional information** below.

Person with confirmed SARS-CoV-2

Obligatory

Must not donate if:

Less than 14 days since confirmation of infection by positive results in a diagnostic test.

Discretionary

If less than 14 days have passed since confirmation of infection by positive results in a diagnostic test, refer to Designated Clinical Support Officer for individual risk assessment, if donation is urgent and cannot be delayed.

See **Additional information** below.

Person with suspected COVID-19

Discretionary

1. If more than 14 days have passed since resolution of symptoms, and donor has been tested and advised they do not have COVID-19, and the donor remains well, accept.
2. If less than 14 days have passed since resolution of symptoms, and
   a. Donor has been tested and advised they do not have COVID-19, and the donor remains well, or
   b. If the donor has not been tested to exclude the diagnosis of COVID-19, refer to Designated Clinical Support Officer for advice.

Reason for change: Additional Information' section updated following removal of NICE recommendation to test donors.
Version details: BM-DSG Edition 203 Release 54 (29 January 2024)

Coronavirus vaccination

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Less than 14 days after the last immunisation, if the vaccine given was nucleic acid (mRNA) vaccine.
2. Less than 28 days after the last immunisation, if the vaccine given was virus-vector-based (non-replicating virus) vaccine.

   See **Additional information** below for further information on different types of vaccine.

3. If donor felt unwell due to unexpected complications (other than common side effects) after any vaccination, refer to Designated Clinical Support Officer for individual risk assessment.

Timings above refer to interval between vaccination and start of G-CSF or general anaesthetic for bone marrow donation.

Discretionary

If the transplant cannot be delayed, donors may be accepted less than 14 days (nucleic acid vaccines) or 28 days (viral vector vaccines) after the date of the most recent vaccination, subject to individual risk assessment. See **Additional information** below.

Supporting information

See if relevant

- Coronavirus infection

Additional information

All COVID-19 vaccines currently licensed in the UK are non-live. Normally, no deferral period is applied after immunisation with non-live vaccines. However as the effects of the newly developed coronavirus vaccines on donor health and donation safety are not fully established yet, as a precautionary principle, a 14 to 28 day post vaccine deferral period, depending on the type of vaccine is recommended.

Immune thrombocytopenia (ITP) can occur after all types of COVID-19 vaccines. There have been a small number of reports of vaccine induced thrombosis and thrombocytopenia syndrome (VITTS), in people receiving virus vector based (non-replicating) coronavirus vaccine. VITTS patients have severe clinical symptoms whilst ITP may be sub-clinical and go unnoticed on symptoms alone. The incidence is unclear but may be similar to other vaccine induced ITP. Therefore, a 14-day deferral period has been recommended after vaccination with mRNA vaccines.

G-CSF administration carries a small risk of inflammation associated thrombosis and thrombocytopenia. There is a theoretical concern that G-CSF could exacerbate the immune response related to VITTS. Headaches and abdominal pain are side effects of G-CSF which are primary symptoms associated with cerebral venous thrombosis and splanchnic vein thrombosis respectively, due to VITTS. As a precautionary measure the post vaccination deferral period for bone marrow and PBSC donors receiving virus vector based (non-replicating virus) vaccines has been extended to 28 days, for donor protection. As the reported events are extremely rare, donors may be accepted less than 28 days after vaccination subject to a careful individualised risk assessment.

Consideration of checking a platelet count after vaccination to rule out thrombocytopenia is recommended. This could be included as a part of medical assessment if undertaken 14 days or more after vaccination. If less than 14 days between vaccination and medical assessment, or vaccination was given after medical assessment, an additional full blood count should be done before commencing G-CSF or general anaesthetic (frozen cells) and before commencing patient conditioning (for fresh cells).

For donors who have commenced G-CSF, the vaccination (first or second dose) must be delayed at least until 72 hours after stem cell collection (both PBSC and bone marrow donation). This is a precautionary advice to avoid vaccination when receiving G-CSF and allow for post donation recovery period.

For donors vaccinated as part of a clinical trial or outside of the UK, the type of vaccine used should be established to determine the appropriate deferral period.

There may be new types of vaccine that become available, and it may not be known which type of vaccine was used for immunisation. In situations where information about vaccine type is missing or the vaccination is experimental, a 4-week deferral period should be applied. The British Society for Immunology has published an infographic to explain to the general public the different types of COVID-19 vaccines, including brand names, available in the UK, in other countries, and in clinical trials.

Reason for change: To update the obligatory and discretionary sections.
Version details: BM-DSG Edition 203 Release 55 (18 April 2024)

Dementia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Dental treatment

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Less than 7 days since root canal treatment, dental capping or having a tooth removed.
2. Less than 24 hours since a filling, scale and polish or other superficial treatments.
3. All wounds are not healed.
4. There is any infection.

Discretionary

If inspection or dental impressions only, accept.

Supporting information

See if relevant

- Infection, general
- Surgery

Additional information

Dental extractions and other treatments can result in bacteria getting into the blood stream. The waiting times after treatment are to allow healing and for any bacteria that have entered the blood stream to be cleared.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Dermatitis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Venepuncture or harvest site is affected.
2. Using systemic therapy.

Discretionary

If the area affected is small, the venepuncture or harvest site is unaffected and using topical treatment only, accept.

Supporting information

See if relevant

- Allergy
- Infection, general
- Steroid therapy

Reason for change: To add a link to Alitretinoin.
Version details: BM-DSG Edition 203 Release 17 (31 March 2014)

Diabetes insipidus

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Diabetes mellitus

Bone Marrow and Peripheral Blood Stem Cell

Also known as: type 1 and type 2 diabetes, sugar diabetes

Essential information

Obligatory

Must not donate if:

1. Requires treatment with insulin.
2. Has had a transplant of pancreatic tissue.
3. Has significant end-organ complication. See **Discretionary** below.
4. Suffers from hypoglycaemic attacks.
5. Diabetes is poorly controlled. See **Additional information** below.

Discretionary

The donor needs to be reviewed by the Designated Clinical Support Officer if they suffer from complications of diabetes mellitus which may cause a health risk to the donor or recipient. Complications include peripheral vascular disease, renal impairment, autonomic neuropathy and cardiovascular disease.

Hypoglycaemic attacks are less common in type 1 diabetes but can still be a complication of some medications.

Supporting information

Additional information

Diabetes mellitus can result in acute illness, chronic morbidities and death, and hence national guidelines recommend maintaining good glycaemic control to prevent or minimise macrovascular and microvascular complications.

It is estimated that 3.8 million of the UK population have diabetes (8.6%) [The state of the nation 2019: A review of diabetes services in Wales].

Type 1 diabetes (T1DM) comprises the minority (<10%) and the patients are insulin dependent, more prone to have hypoglycaemic events. It is, at least in part, considered to be genetically inherited. A review of the medical literature suggests that T1DM may be transmitted to the recipient after a successful transplant.

Type 2 diabetes (T2DM) is more common and many people with this type are in good health and do not require insulin treatment.

It is, however, important that complications due to diabetes are carefully assessed and, where necessary, donors are excluded from donating (e.g. those at risk of postural hypotension due to autonomic neuropathy or those at risk of bacteraemia due to unhealed ulcers).

Diabetic patients are advised to maintain good glycaemic control (HbA1c 7–8%, 52–64 mmol/mol) to prevent macrovascular and microvascular complications.

UK Blood and Tissue Services accept donors who are on oral medications for diabetes following 2008 review and recommendation by the Standing Advisory Committee on Care and Selection of Donors (SACCSD), and later this recommendation was reviewed to accept donors using some non-insulin derived injectable drugs. Serious Hazards of Transfusion (SHOT) donor haemovigilance has not reported any donor adverse events related to diabetes. (SHOT 2009–2021).

The Blood Safety and Quality Regulations 2005 require UK Blood and Tissue Services not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.

Reason for change: Updating the guideline.

Diarrhoea

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Diarrhoea and vomiting (D & V), enterocolitis, food poisoning, gastric flu, gastroenteritis.

Obligatory

Must not donate if:

1. Chronic or associated with inflammatory bowel disease.
2. Less than 2 weeks since full recovery.

Supporting information

See if relevant

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Digoxin

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Dilatation and curettage

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Disabled donor

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **All donors must:**
   a. Fully understand the donation process
   b. Give their informed consent to the process and to the testing of their blood for diseases that may affect the suitability of their stem cells for use.

2. **Third party interpreters:**
   If they are to be present at any part of the selection procedure were there is an exchange of confidential information between the donor and the qualified healthcare professional, they must:
   a. Understand the requirements of the Human Tissue Act relevant to the donation process.
   b. Not be personally known to the donor.

3. **PBSC donor:**
   Must be able to use the bleed facilities provided without risking their own safety or the safety of others (donors must not be bled in a wheelchair).

4. **Bone marrow donor:**
   Discuss with anaesthetist.

Discretionary

Donors with difficulty in reading:

Ensure by questioning the donor that they:

1. Understand and fully complete the tick-box questionnaire.
2. Give valid consent to donation and to the testing of their blood for diseases that may affect its suitability for use.

Supporting information

See if relevant

- Self-catheterisation
- Spina bifida

Additional information

The UK Blood and Tissues Services are aware of their duties under Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for disabled individuals. Potential donors with such difficulties are advised to seek advice from their local Blood and Tissue Service before offering to donate stem cells to see if their needs can be met.

Every donor must:

1. Be provided with accurate educational materials, which are written in terms which can be understood by members of the general public.
2. Complete a health and medical history questionnaire and undergo a personal interview performed by a healthcare professional.

3. Provide written informed consent to proceed with the donation process which must be countersigned by the qualified healthcare professional responsible for obtaining the health history.

A qualified healthcare professional may assist a donor in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Service. To facilitate comprehension, it is permissible to use alternative formats (e.g. audio, Braille, computer or alternative language) for the donor information leaflets, the health and medical history questionnaire and consent statements. The donor must be able to clearly demonstrate they have understood this material. At present, there is no standardised way of assessing comprehension so this will be a personal judgement made by the healthcare professional.

Use of third party interpreters

It is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified healthcare professional. The third party must not however be present during any exchange of confidential information, unless they are not personally known to the donor and understand the requirements of that part of the Human Tissue Act relevant to the donation process. Confidential parts of the process include the evaluation of the health and medical history questionnaire, the medical interview and the obtaining of valid consent. Any third party, with the permission of the donor, may accompany the donor through other parts of the donation process that do not include the exchange of confidential information.

Rationale

There is concern that the use of third parties during any exchange of confidential information between the donor and the qualified healthcare professional may compromise the confidentiality of the donor and the safety of any donated material. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the potential donor in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the individual's eligibility to donate. If a third party is not fully aware of the relevant aspects of the Human Tissue Act this may make the interpretation of information incomplete and potentially put both the donor and the blood supply at risk. There is also a requirement to communicate the results of any testing performed by the Tissue Services that may be of relevance to the donor's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain donor confidentiality, should be taken into account when deciding if an individual donor may be accepted.

To comply with both the Human Tissue Act and Health and Safety Regulations no donor can be accepted if it unnecessarily puts their own safety or the safety of others at risk.

Reason for change: This is a revised entry to clarify the use of interpreters by the Blood & Tissue Services.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Disease of unknown aetiology

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there is a specific entry for the disease?

Must not donate.

Discretionary

If safety and quality of the donation is unlikely to be affected, discuss with Designated Clinical Support Officer.

See **Additional information** below.

Supporting information

Additional information

When the cause of an illness is not clear, there is an unknown risk to any recipient of donated material.

In certain circumstances, the aetiology could be multi-factorial, although it is not clearly established, there are no concerns relating to person to person transmission. In these cases, cells could be accepted for clinical use, based on current available evidence, after taking into consideration the impact of the donation on the donor's health.

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: To clarify that if the safety and quality of the tissues and cells is not impacted, donation can be permitted.
Version details: BM-DSG Edition 203 Release 44 (16 March 2022)

Diuretics

Bone Marrow and Peripheral Blood Stem Cell

Also known as: water tablets

Essential information

Discretionary If taken for pre-menstrual syndrome, or to treat hypertension as either the only drug or in conjunction with beta blockers, accept.

Supporting information

See if relevant

- Blood pressure, high

Reason for change: Entry carried over from previous Edition.

Diverticulosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Drug treatment

Bone Marrow and Peripheral Blood Stem Cell

Also known as: medication

Essential information

Obligatory

See: any specific entry for the disease being treated or the drug taken.

The taking of some drugs may make a donor ineligible. This could be due to the underlying disease or to the medication.

Discretionary

Self-medication with some drugs (e.g. vitamins, aspirin, sleeping tablets) need not prevent a donation being accepted, providing the donor meets all other criteria.

Supporting information

See if relevant

- Addiction and drug abuse
- Nonsteroidal anti-inflammatory drugs

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Electrolysis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Emphysema

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Endocarditis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Active infection.
2. Has a heart defect and has been told to take antibiotics when having treatment (e.g. dental) that may result in bacteraemia.

Supporting information

See if relevant

- Infection, general

Reason for change: This new entry replaces the previous entry for 'Subacute Bacterial Endocarditis'. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Endometriosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Epilepsy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Requiring treatment for epilepsy.
2. Has had an epileptic episode in the last 3 years.

Discretionary

Previous epilepsy:

A person with a past history of epilepsy who for the past 3 years has neither required anticonvulsant therapy, nor been subject to fits, may be considered as a donor.

Supporting information

See if relevant

- Malignancy
- Neurosurgery

Additional information

Faints following donation can lead to epileptiform convulsions due to a lack of oxygen reaching the brain. This could lead to a true epileptic fit in a person with a recent history of epilepsy.

It may also cause difficulties with the Driver and Vehicle Licensing Agency (DVLA) and/or employment in a person who has been free from fits for some time.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Eye disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate for bone marrow or PBSC if:**
   a. Active ocular inflammation.
   b. History of malignancy.
   c. Ocular tissue transplanted.

2. **Must not donate for PBSC if:**
   a. History of inflammatory eye disease (e.g. uveitis, scleritis, iritis, episcleritis, conjunctivitis).
   b. Associated with severe or multisystem autoimmune disease.
   c. History of detached retina or any eye condition/injury that affects blood vessels of eye.
   d. History of bleeding or clots in the eye or retina such as optic neuritis, optic neuropathy, or autoimmune retinopathy

Discretionary

1. History of inflammatory eye disease:
   a. If transient viral conjunctivitis, which is fully resolved, accept.
   b. For others, where a clear infectious aetiology has been identified, and the inflammation is resolved, seek advice from Designated Clinical Support Officer.

2. If it is an isolated autoimmune inflammatory process, or if it is a recurring inflammation or increased risk or recurrence (e.g. HLA-B27) or exacerbation (toxoplasma chorioretinitis), accept for bone marrow only, subject to advice from Designated Clinical Support Officer.

Supporting information

See if relevant

- Autoimmune disease
- Central nervous system disease
- Glaucoma
- Infection, general
- Malignancy
- Ocular surgery
- Ocular tissue recipient
- Steroid therapy
- Tissue and cell allograft recipients

Additional information

Inflammatory eye disease can be due to:

- Infectious causes (e.g. toxoplasmosis, CMV, leptospirosis, tuberculosis)
- Isolated autoimmune or non-infectious (e.g. HLA-B27 associated, traumatic/ sympathetic ophthalmopathy, drug induced)
- Associated with systemic diseases (e.g. Behçet's disease, arthritis, connective tissue diseases).

Infectious eye diseases can aggravate years after initial treatment and the role of G-CSF in response to infectious agents is not fully understood.

Uveitis has been reported as a side effect of G-CSF. A history of eye inflammation in association with systemic disease usually requires deferral due to the underlying condition. If such an association cannot be excluded at medical examination, consider bone marrow only. Acceptable for donation only by bone marrow method if recurring inflammation or increased risk for recurrence (e.g. HLA-B27).

Reason for change: 'Obligatory' and 'Discretionary' sections expanded. 'Additional Information' section added.
Version details: BM-DSG Edition 203 Release 54 (29 January 2024)

Eye drops

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Determine what they are being used to treat.

See: is there a relevant entry?

Supporting information

See if relevant

- Autoimmune disease
- Glaucoma
- Infection, general
- Steroid therapy

Additional information

Eye drops are used to treat a wide range of conditions, some of which would prevent the person from donating. It is important to know exactly why the drops are being used.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Faints

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

PBSC donor:

Must not donate if:
History of either a severe syncopal attack or 2 consecutive faints following whole blood donation.

Discretionary

If the donor is accepted, careful observation is required.

Supporting information

Additional information

A previous history of being prone to faints increases the likelihood of an adverse reaction to donation.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Fertility

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Infertility

Obligatory

Must not donate if:

1. Under investigation
2. Any underlying cause or reason for fertility treatment precludes donation
3. Undergoing current fertility treatment and monitoring for pregnancy, or being monitored for pregnancy following recent completion of fertility treatment
4. Has ever been given human gonadotrophin of pituitary origin
5. The donor knows that they have ever been treated with Metrodin HP®. Note that any donor who has only received fertility treatment after 2003 in the UK will not have received Metrodin HP®.

Discretionary

1. If the donor:
   a. Is not undergoing fertility investigation or treatment, and
   b. Is fully recovered from any fertility-related procedure as applicable, and
   c. Is not being monitored for pregnancy, and
   d. Does not have any underlying or associated condition that precludes donation, and
   e. Has never received treatment with human gonadotrophin of pituitary origin, and
   f. Has never received any other treatment that precludes donation, accept.

2. If a recipient of donated egg(s), embryo(s) and/or sperm is otherwise eligible in regard to fertility investigation and treatment, and any underlying or associated condition, accept.

Supporting information

See if relevant

- Prion-associated diseases
- Surgery

Additional information

The use of human gonadotrophin of pituitary origin (follicle-stimulating hormone [FSH] and luteinizing hormone [LH]) had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.

The exclusion of donors undergoing current monitoring for pregnancy following fertility treatment is an additional safeguard to avoid taking a donation early in a pregnancy.

There is no evidence that transfer of tissues (eggs or embryos) between individuals might lead to the spread of vCJD.

Metrodin HP® was withdrawn by the Committee on Safety of Medicines in 2003 and, following advice from the Medicines and Healthcare products Regulatory Agency (MHRA), the precautionary principle has been applied to withdraw donors who have been treated with this product. Donors treated for infertility after 2003 in the UK will not have been treated with this product, and there is then no need

to confirm that the donor was not treated with Metrodin HP®. Donors who received fertility treatment prior to 2003, or who received treatment outside the UK after 2003, could potentially have received Metrodin HP®. However, such donors who have no recollection of having received Metrodin HP® may be accepted, with the Transplant Centre informed.

Recipients of donated eggs, embryos and sperm are eligible to donate. This is in accordance with the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) microbiological safety guidelines. Donors who have undergone egg donation, egg collection for fertility preservation, or surgical sperm retrieval should be assessed regarding any hormone treatment they have received and by using the Surgery entry.

Fertility preservation is available for:

- individuals undergoing treatment (for cancer but also for some benign conditions) that puts them at risk of becoming infertile
- individuals considering gender transitioning
- elective social egg freezing for individuals who wish to delay fertility

Reasons that donors may be undergoing treatments and procedures for fertility include polyendocrine metabolic ovarian syndrome (PMOS; formerly polycystic ovary syndrome, PCOS), endometriosis, testicular problems and genetic conditions. For 1 in 4 individuals, the cause of their fertility problems may not be known. Sensitive questioning may be needed to establish any underlying cause or associations that may be relevant to the donor's health and eligibility.

Donors with inherited conditions (e.g. mitochondrial disease) may undergo fertility-related diagnostic and assistance treatments and procedures. Unaffected carriers may be eligible to donate if they otherwise fulfil the criteria.

Reason for change: The eligibility of recipients of donated eggs or embryos is now specified. Inclusion of criteria regarding underlying or associated conditions. Replacement of reference to specific drugs with criteria to preclude donation whilst being monitored for pregnancy. Addition of 'See if relevant' link to Surgery entry to facilitate assessment of donors who have had fertility-related procedures. Further additional information for donors who have had a fertility-related procedure not due to a primary fertility problem.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Filariasis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Gall bladder disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Symptomatic.
2. Associated with an inherited haemolytic anaemia (e.g. spherocytosis).

Discretionary

If recovered or has asymptomatic gallstones, accept.

Supporting information

See if relevant

- Haemolytic anaemia
- Infection, general
- Malignancy
- Surgery

Reason for change: A link has been added for Haemolytic Anaemia and for Malignancy.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Giardiasis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

Additional information This is a local intestinal infection that does not affect donation.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Glaucoma

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Received transplant of sclera during glaucoma surgery.

Discretionary

If treatment is complete, no scleral transplant was given, or if treated by eye drops only, accept.

Supporting information

See if relevant

- Ocular tissue recipient
- Surgery
- Tissue and cell allograft recipients

Additional information

If surgery was performed after 1997 and the sclera was supplied through UK Transplant, this information will be stored on the National Transplant Database.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Glucose-6-phosphate dehydrogenase (G6PD) deficiency

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   Severe.

2. **If accepted, must inform:**
   Transplant Centre, Collection Centre and, if bone marrow donor, the anesthetist.

Supporting information

Additional information

This is an X-linked red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a Designated Clinical Support Officer. The condition would be transmissible to recipient of stem cells so Transplant Centres need to undertake their own risk assessment.

Reason for change: To improve clarity and provide additional information.
Version details: BM-DSG Edition 203 Release 29 (24 April 2018)

Glycogen storage disease (GSD)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Supporting information

Additional information

GSD is the result of defects in the processing of glycogen synthesis or breakdown within muscles, liver, and other cell types. GSD in humans is genetic, caused by an inborn error of metabolism (genetically defective enzymes) involved in these processes. Donation may present a risk to the donor, even for milder forms of glycogen storage disease

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Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 29 (24 April 2018)

Gout

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

1. **For bone marrow donors:**
   Accept.

2. **For PBSC donors:**
   Discuss with Designated Clinical Support Officer.
   See **Additional information** below.

Supporting information

Additional information

Gout is an acute arthritis caused by build-up of uric acid crystals in the joint space. There have been reports of severe exacerbation of gout following administration of G-CSF.

In the interests of donor protection, caution should be exercised before considering donors with gout for PBSC donation. In these circumstances, donors should be counselled about the possibility of exacerbation of their condition and consent to this before proceeding to receive G-CSF.

Affected individuals should be excluded from PBSC donation unless permitted by Designated Clinical Support Officer based on individual risk assessment.

Reason for change: Exclude affected individuals from donation of PBSC unless permitted by DCSO.
Version details: BM-DSG Edition 203 Release 54 (29 January 2024)

Granulocyte colony-stimulating factor (G-CSF)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

PBSC donors:

The donor must be advised of the adverse events associated with this drug.

Supporting information

See if relevant

- Autoimmune disease
- Sickle cell trait

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Granuloma inguinale

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Growth hormone (GH)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Has ever received human pituitary derived growth hormone.

Discretionary

If treated exclusively with recombinant-derived growth hormone, accept. In the UK, this has been since 1987.

Supporting information

See if relevant

- Prion-associated diseases

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Guillain-Barré syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Refer to a Designated Clinical Support Officer:

Must not donate if:

1. Less than 24 months from resolution.
2. There has been any recurrence of symptoms.
3. The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barré syndrome that recovered completely within 12 months.

Supporting information

See if relevant

If treated with immunoglobulin or plasma exchange:

- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Haematological disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Malignant.
2. Clonal disorder such as primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).

Discretionary

If polycythaemia or thrombocytosis is secondary to a non-malignant/clonal condition, accept.

Supporting information

See if relevant

- Anaemia
- Haemoglobin disorders
- Immune thrombocytopenia
- Therapeutic venesection

Additional information

Clonal disorders result from the proliferation of a single cell. Because they have the potential to become malignant, they are treated in the same way as malignancy.

Reason for change: Monoclonal gammopathy of unknown significance (MGUS) has been added as an example of a clonal disorder. 'Additional Information' has been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Haematuria

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Due to infection.
2. Due to malignancy.

Supporting information

See if relevant

- Kidney disease

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Haemochromatosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Haemoglobin disorders

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Thalassaemia major or intermedia.
2. Sickle cell disease (HbSS, HbSC, HbSBthal, HbSD).
3. High affinity haemoglobin.
4. Other clinically significant structural or functional haemoglobinopathies.

Discretionary

1. Donors with traits for abnormal haemoglobin, accept. Inform Transplant Centre.
2. Donors with sickle cell trait, accept for bone marrow only.

Supporting information

See if relevant

- Anaemia
- Haemoglobin disorders
- Sickle cell trait
- Transfusion

Additional information

Stem cells from a donor who is heterozygous for a haemoglobin disorder may be accepted for transplant after a risk assessment by the transplant centre. There is no evidence of clinically significant sickling during PBSC collection in those with sickle cell trait. However, subclinical sickling has been demonstrated with PBSC collection, so those with sickle cell trait must donate by bone marrow only.

Reason for change: Stem cells from a donor who is heterozygous for a haemoglobin disorder may be accepted for transplant after a risk assessment by the transplant centre. There is no evidence of clinically significant sickling during PBSC collection in those with sickle cell trait. However, subclinical sickling has been demonstrated with PBSC collection, so those with sickle cell trait must donate by BM only.
Version details: BM-DSG Edition 203 Release 29 (24 April 2018)

Haemolytic anaemia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there an entry for the condition?

If not, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- Autoimmune disorder
- G6PD deficiency
- Haemoglobin disorders
- Hereditary elliptocytosis
- Hereditary spherocytosis
- Pyruvate kinase deficiency
- Transfusion

Reason for change: To include an entry for haemolytic anaemia.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Haemorrhoids

Bone Marrow and Peripheral Blood Stem Cell

Also known as: piles

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Anaemia
- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hazardous activity

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

PBSC donor:

Must not donate if:

1. Required to undertake a hazardous activity the same working day.
2. Donors must be advised of the risks of delayed faints and told not to perform a hazardous occupation or hobby on the same day.

Discretionary

Hazardous occupation:

If going off duty, accept.

Supporting information

Additional information

If a donor has an adverse event after donating, some activities (occupations or hobbies) may lead to harm to the donor or others.

Examples of hazardous activities include, but are not limited to, climbing, diving (all types), flying, motor sport, and parachuting.

Examples of hazardous occupations include air traffic controller, ambulance driver, climbing ladders or scaffolding, crane or heavy machine operator, diver, fire crew, flying, Large Goods Vehicle (LGV, HGV over 7.5 tonnes), bus or train driver, miner working underground.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Headache

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Occasional headache

Discretionary Accept.

See if relevant

- Migraine

Regular headache

Obligatory

> **Must not donate if:**
>
> Not investigated.

Discretionary If investigated and diagnosis does not contraindicate donation, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Heaf test

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate until:

Healing.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Healthcare worker

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

History of inoculation injury

Obligatory | **See:** Inoculation injury

No inoculation history

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Henna painting

Bone Marrow and Peripheral Blood Stem Cell

Also known as: hina, mehndi

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Body piercing

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hepatitis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Note:

Hepatitis has a number of causes including infection and hypersensitivity to drugs.

Our concern is with viral hepatitis.

Discretionary

If fully recovered from non-viral hepatitis, accept.

Supporting information

See if relevant

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Hepatitis of unknown origin

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hepatitis A

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory

Must not donate if:

- Less than 6 months from recovery, or
- Less than 6 months since the donor was diagnosed with hepatitis A infection following laboratory testing, if the recipient has not yet started transplant conditioning therapy. If the recipient has already started transplant conditioning therapy then the Transplant Centre must be informed immediately to allow a clinical risk assessment on the best way forward for the donor. Refer to **Additional information** below.

Discretionary

If less than 6 months from infection, but fully recovered, documented HAV RNA negative and anti-HAV IgG positive after recovery, accept.

See if relevant

- Travel

Additional information

Hepatitis A is spread by the faecal-oral route and by sewage-contaminated food and water. It can also be spread sexually. There is no long-term infection with the virus but there are many reports of transmission by transfusion. Infection may be symptom free but can be serious and occasionally fatal. The Blood Services do not test for this infection.

Blood services may screen for hepatitis A infection using a test for hepatitis A virus RNA. Donors who are diagnosed with hepatitis A infection during pre-donation screening (i.e. before the recipient has started transplant conditioning therapy) or as part of an outbreak investigation must be deferred for 6 months, even if they do not have any symptoms of the disease. After 6 months, they may donate without further testing.

Rarely, a donor may test positive for hepatitis A infection on the day of donation, after the recipient has already started transplant conditioning therapy. The Transplant Centre must then carry out an immediate clinical risk assessment regarding the risk of using the donation. Sometimes, when no good alternative HPC donor is available in a timely manner, the risk to the recipient from using the donation may be less than a significant delay to transplant to attempt to source an alternative donor.

Current or former sexual partner of an affected individual

Obligatory

Must not donate if:

Less than 6 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.

Discretionary

If shown to be immune, accept.

Additional information

There is a risk of transmitting the infection through sexual activity. Infection may be symptom free but can be serious and occasionally fatal. The 6-month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.

Person currently or formerly sharing a home with an affected individual

Obligatory

Must not donate if:

> Less than 6 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.

Discretionary

If shown to be immune, accept.

Additional information

Because hepatitis A is spread by the faecal-oral route household contacts may easily become infected. Infection may be symptom free but can be serious and occasionally fatal. The 6-month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.

Immunisation

Obligatory

> **Known exposure:**
>
> **Must not donate if:**
> Less than 6 months after vaccine or intramuscular immunoglobulin was given.

Discretionary

No known exposure:

Accept.

See if relevant

- Hepatitis B
- Travel

Additional information

Hepatitis A immunisation is advised before travel to parts of the world where other infections relevant to donating such as malaria are common. The donor should be asked about any relevant travel history.

Hepatitis A immunisation may be combined with hepatitis B immunisation.

If less than 6 months from immunisation following known exposure, the donor may be accepted following individual risk assessment if the risk of delaying transplant outweighs the risk of transmission of hepatitis A.

Reason for change: Some UK blood services have introduced universal donor testing for hepatitis A, using a test for hepatitis A virus RNA. Asymptomatic bone marrow, PBSC or lymphocyte donors may therefore rarely test positive either at pre-donation screening, or on the day of donation when pre-donation screening has been negative.
Version details: BM-DSG Edition 203 Release 58 (13 October 2025)

Hepatitis B

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Person with current hepatitis B infection

Obligatory

Must not donate.

Additional information

Hepatitis B is a serious viral infection that can lead to chronic liver disease and liver cancer (hepatoma).

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Cases are often linked to place of birth, or mother's place of birth. The condition is very common in many parts of the world and vertical spread from mother to baby is often a major route of transmission. Hepatitis B may also be acquired by injecting drug use, sexual transmission and more rarely tattoos and piercings

Person with previously diagnosed (recovered) hepatitis B infection

Obligatory

Must not donate if:

Less than 12 months since diagnosis.

Discretionary

If more than 12 months since diagnosis of HBV infection, and if they have successfully cleared the infection, accept.

Refer to the Designated Clinical Support Officer if advice on interpretation of test results is required.

See if relevant

- Tissues safety

Additional information

Leaving 12 months from diagnosis before testing allows sufficient time for a donor to clear any acute infection or develop markers of a chronic infection which will be detected on screening.

If less than 12 months from diagnosis, the donor may be accepted if the risk of delaying transplant outweighs the risk of transmission of hepatitis B subject to documented individual risk assessment.

Anti-HBc is required as a mandatory test under the EU Cell and Tissue Directive for cell and tissue donations, and is therefore a regulatory requirement. If the donor is HBsAg negative and HBV DNA negative anti-HBs testing is not required. Anti-HBc must be carried out to comply with regulation and there is no requirement for anti-HBs levels. However, some international stem cell registries require anti-HBs status to determine donor suitability.

Current or former sexual partner of an infected individual

Obligatory

Obtain history (including time since last sexual contact, and the dates that HBV immunisation given).

Must not donate if:

Less than 3 months from last sexual contact.

Discretionary

If more than 3 months since last sexual contact, accept.

If less than 3 months since last sexual contact, and the donor is shown to be

naturally immune, accept.

Additional information

A donor with a period of less than 3 months since the last sexual contact with an infected individual may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B. A shortened time between last sexual contact and testing increases the risk of not detecting a recently acquired infection on screening.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

Current or former sexual partner of person who had recovered from hepatitis B infection at the time of last sexual contact

Obligatory

Obtain history (including time since last contact, date that the partner was diagnosed with HBV infection and the date that HBV immunisation of the donor commenced).

Must not donate if:

Less than 3 months from last sexual contact with the a partner who has been diagnosed with HBV infection less than 12 months ago.

Discretionary

1. If more than 3 months since last sexual contact, regardless of when the partner was diagnosed with the HBV infection, accept.
   or
2. If partner was diagnosed with HBV infection more than 12 months ago and has cleared the infection at the time of last sexual contact, accept.

Additional information

A donor who had sexual contact less than 3 months ago with a partner who had been diagnosed with the HBV infection less than 12 months ago at the time of sexual contact, may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

Person sharing a home with a person with hepatitis B infection

Obligatory

Obtain history to determine if they are still sharing a home, and if not, the time since sharing ceased.

Must not donate if:

Less than 3 months since sharing ceased.

Discretionary

If more than 3 months since sharing ceased, accept.

If less than 3 months since sharing ceased, and the donor is shown to be naturally immune, accept.

See if relevant

- See **Immunisation** below

Additional information

A person sharing a home with a person infected with hepatitis B within the past 3 months may be accepted following individual risk assessment if the risk of delaying transplant outweighs the risk of transmission of hepatitis B.

Immunisation

Obligatory	1. **If immunised following known exposure:** **Must not donate.** 2. **If immunised with no known exposure:** **Must not donate if:** Less than 7 days after the last immunisation was given.
Discretionary	1. **If immunised following known exposure:** If more than 3 months from immunisation, accept. 2. **If Immunised with no known expsure:** If more than 7 days after the last immunisation was given, accept.
See if relevant	• Hepatitis A
Additional information	Immunisation post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg. Generally, immunoglobulin would only be given after a known exposure to hepatitis B. There is no requirement to monitor the anti-HBs level. May be combined with hepatitis A immunisation. Sensitive assays for HBsAg may be positive following recent immunisation. This is why a 7-day deferral is required.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 27 (27 November 2017)

Hepatitis C

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory

Must not donate.

Discretionary

If the individual has been told that they are HCV antibody negative, then samples should be taken to determine eligibility.

See if relevant

- Liver disease
- Tissues safety

Additional information

Hepatitis C is a serious viral infection that can lead to chronic liver disease, liver cancer (hepatoma) and chronic fatigue syndrome. It has also been linked with malignant lymphomas and autoimmune disease. The infection is very easily spread by transfusion.

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Many cases are linked to previous drug use and, before the introduction of HCV screening of blood donations, to transfusion.

Individuals who have had hepatitis C infection in the past, and have been told that they have been successfully treated, will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before their donation can be issued, their tissues/cells cannot be used.

Current or former sexual partner of an affected individual

Obligatory

Must not donate if:

Less than 3 months from the last sexual contact.

Discretionary

1. If less than 3 months from the last sexual contact and the donor/donor family reports that their current or former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for at least 6 months prior to the last sexual contact and continues in sustained remission, accept.
2. If more than 3 months since last sexual contact, accept.

See if relevant

- Tissues safety

Additional information

Confirmation of the success of treatment of the HCV positive partner is not required.

Individuals who remain HCV RNA negative 6 months after completing treatment are likely to have been 'cured', with a risk of relapse of less than 1%

In the UK, sexual transmission of HCV from an infected individual to a sexual partner is low, but not zero.

As the treated individual would have a very low (<1%) risk of relapse of infection and sexual transmission of the hepatitis C virus is rare, the transmission of hepatitis C from a successfully treated individual to a sexual partner is most unlikely. This guidance presumes that a validated NAT test for HCV is negative; if this test is stopped for any reason, the guidance will change.

Person currently or formerly sharing a home with an affected individual

Discretionary	Accept.
See if relevant	• **Current or former sexual partner of an affected individual** above
Additional information	Hepatitis C is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood route. For these reasons, household contacts do not need to be deferred.

Reason for change: To include guidance for persons with treated and successfully cleared past Hepatitis C infection. 'Additional information' added.
Version details: BM-DSG Edition 203 Release 31 (30 September 2019)

Hepatitis E

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

Additional information

Hepatitis E is an infectious hepatitis that is usually spread through contaminated food or water. Infection may be associated with travel to countries with poor hygiene/sewage conditions but increasingly, cases of hepatitis E are being identified in the UK usually due to consumption of undercooked contaminated meat. Hepatitis E can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion and transplant. Infection in healthy individuals is often symptom free but in people with underlying problems in their immune systems, it can be serious and occasionally fatal. The UK Blood and Tissue Services currently test for this infection.

Scenarios

Affected individual

Obligatory

Must not donate if:

Less than 6 months from recovery.

Discretionary

If less than 6 months from recovery and HEV RNA negative and anti-HEV IgG positive, accept.

See if relevant

- Travel

Reason for change: The obligatory deferral has been reduced from 12 to 6 months and a discretion to accept on full recovery added. Additional Information has been updated. The deferral for household and sexual contacts has been removed.
Version details: BM-DSG Edition 203 Release 29 (24 April 2024)

Hepatitis of unknown origin

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory

Must not donate if:

Less than 24 months from recovery.

Discretionary

1. If more than 12 months, but less than 24 months from recovery, obtain history and blood samples and refer to a Designated Clinical Support Officer.
2. If more than 24 months from recovery, accept.

Additional information

If more than 12 months and less than 24 months from recovery:

1. If negative for all markers of hepatitis B, accept.
2. If HB core antibody is positive and HBsAg is negative and HBV DNA is negative, accept.

Sexual partner of an affected individual

Obligatory

Must not donate if:

Less than 12 months from recovery of partner.

Person sharing a home with an affected individual

Obligatory

Must not donate if:

Less than 12 months from recovery of the last affected person in the home.

See if relevant

- **Sexual partner of an affected individual** above

Additional information

Most hepatitis of unknown origin will have been due to hepatitis A or hepatitis E (or non-viral causes). Additional testing for those who give a history of hepatitis between 12 and 24 months before donation will exclude the rare case of HBV which may have delayed clearance of infection and therefore will still present a risk through donation.

Reason for change: Clarification regarding hepatitis B markers has been added to the additional information. To remove the requirement for anti-HBs levels to be >100 iu/l for acceptance of stem cell donations from donors who are anti-HBc-positive provided the HBV DNA result is negative.
Version details: BM-DSG Edition 203 Release 17 (31 March 2014)

Hereditary elliptocytosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   Clinically significant haemolysis.

2. **Inform Transplant Centre if:**
   Cells are from a donor with hereditary elliptocytosis.

Supporting information

Additional information

Hereditary elliptocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a Designated Clinical Support Officer.

Reason for change: This entry replaces the previous entry for Elliptocytosis.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hereditary spherocytosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   Clinically significant haemolysis.

2. **Inform Transplant Centre if:**
   Cells are from a donor with hereditary spherocytosis.

Supporting information

Additional information

Hereditary spherocytosis is a variably inherited but usually dominant condition. Suitability as a donor should be discussed with a Designated Clinical Support Officer.

Reason for change: The entry has been changed to be consistent with the guideline for 'Hereditary Elliptocytosis'.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Herpes simplex

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Herpes, genital
- Herpes, oral

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Herpes zoster

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Infection, acute
- Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Herpes, genital

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Fresh lesions.

Discretionary

If lesions are healing, provided there is no history of other sexually transmitted diseases, accept.

Supporting information

See if relevant

- Sexually transmitted disease

Additional information

There is no need to defer donors who have a sexual partner with herpes if the donor themselves is asymptomatic.

Reason for change: Addition of 'Additional Information' section, to include clarification regarding sexual partners.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Herpes, oral

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** Fresh lesions.
Discretionary	If lesions are healing, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hormone replacement therapy (HRT)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Used for malignancy.
2. A recipient of human gonadotrophin of pituitary origin.
3. A recipient of human pituitary growth hormone.

Discretionary

1. If treated with gonadotrophins that were exclusively non-pituitary derived, accept.
2. If treated with growth hormone that was exclusively recombinant, accept.
3. If treatment for menopausal symptoms or osteoporosis prevention, accept.

Supporting information

See if relevant

- Prion-associated diseases
- Thyroid disease

Reason for change: The discretionary entry has been re-worded for clarity
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Human immunodeficiency virus (HIV)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Acquired immunodeficiency syndrome (AIDS)

Scenarios

Affected individual

Obligatory

Must not donate.

See if relevant

- Tissues safety

Current or former sexual partner of an affected individual

Obligatory

Must not donate if:

Less than 3 months from last sexual contact.

See if relevant

- Tissues safety

Additional information

HIV infection can be spread through sexual activity, including oral and anal sex. Despite regular sexual contact, transmission of infection may not happen. It may however not be transmitted for a long time into a relationship. This could be because the infection becomes more active in the infected partner, the uninfected partner acquires another infection or injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (condoms etc.). In the early stages of infection, the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion or transplantation.

Waiting 3 months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services. This guidance presumes that a validated NAT test for HIV is negative; if this test is stopped for any reason, the guidance will change.

Person currently or formerly sharing a home with an affected individual

Discretionary Accept.

See if relevant

- **Current or former sexual partner of an affected individual** above

Additional information

HIV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons, household contacts do not need to be deferred.

Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017. The current and former sexual partner entries have been combined. Additional information section added.
Version details: BM-DSG Edition 203 Release 27 (27 November 2017)

Human T-cell lymphotropic virus (HTLV)

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory

Must not donate.

See if relevant

- Tissues safety

Current or former sexual partner of affected individual

Obligatory

Must not donate if:

Less than 3 months from last sexual contact.

See if relevant

- Tissues safety

Additional information

There is no defined infectious window period for HTLV. The risk of missing recent infection with individual sample testing is low after 3 months.

Person currently or former sharing a home with an affected individual

Discretionary

Accept.

See if relevant

- **Current or former sexual partner of an affected individual** above.

Additional information

HTLV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons, household contacts do not need to be deferred.

Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.
Version details: BM-DSG Edition 203 Release 27 (27 November 2017)

Huntington's disease

Bone Marrow and Peripheral Blood Stem Cell

Also known as: Huntington's chorea

Essential information

Obligatory	**Must not donate if:** Symptomatic.
Discretionary	Asymptomatic carriers, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hydatid disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hydrocephalus

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Has an indwelling shunt.

Supporting information

See if relevant

- Neurosurgery
- Spina bifida

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hypercholesterolaemia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Has caused symptomatic disease.
2. Associated with cardiovascular disease.

Discretionary

If has not led to symptomatic disease, even if on treatment, accept.

Supporting information

See if relevant

- Cardiovascular disease

Additional information

Hypercholesterolaemia occurs when the level of cholesterol in the blood is outside of the reference range for the donor's age and sex. Usually this is managed by modifying the diet and often by the use of drugs. High levels of cholesterol are of themselves not a reason to defer a donor. If the hypercholesterolaemia has led to symptomatic disease, such as cardiovascular problems or transient visual or neurological problems, the donor should not be accepted, even if their cholesterol has returned to normal levels.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Hypnotics

Bone Marrow and Peripheral Blood Stem Cell

Also known as: sedatives

Essential information

Includes	Sleeping tablets
Discretionary	Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ileostomy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. For malignancy.
2. Inflammatory bowel disease.

Discretionary

If the reason for the ileostomy is not of itself a reason to exclude and the stoma is healthy, accept.

Supporting information

See if relevant

- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Immune thrombocytopenia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Symptomatic.
2. Chronic.
3. Recovered, but less than 6 months from recovery.

This applies to both adult and childhood disease.

Supporting information

See if relevant

If treated with immunoglobulin or plasma exchange:

- Transfusion

If treated with immunosuppressive therapy:

- Immunosuppression

Reason for change: The links have been revised. The phrase, 'Recovered, but has ever had a recurrence' has been removed and 'five years from recovery' has been reduced to six months as both were considered unnecessarily restrictive.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Immunisation

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Non-exposed

Obligatory

See:

- Immunisation, live
- Immunisation, non-live

If you do not know if an immunisation is live or not, see the specific entry for the type of immunisation or refer to a Designated Clinical Support Officer.

Post exposure

Obligatory

1. **BCG:** see BCG
2. **Hepatitis A:** see Hepatitis A
3. **Hepatitis B:** see Hepatitis B
4. **Rabies:** see Rabies
5. **Smallpox:** see Smallpox immunisation
6. **Tetanus:** see Tetanus immunisation

Reason for change: Update the 'Hepatitis A' part of the 'Post-exposure' section to refer directly to the 'Hepatitis A' entry.
Version details: BM-DSG Edition 203 Release 42 (04 August 2021)

Immunisation, live

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

No exposure:

Must not donate if:
Less than 8 weeks from administration.

Discretionary

If more than 4 weeks from administration of a live immunisation, other than smallpox immunisation, and the inoculation site has healed, accept.

Supporting information

See if relevant

- BCG
- Smallpox immunisation

Additional information

Live immunisations use living viruses or living bacteria that will stimulate the immune system but do not normally cause a severe illness. They may, however, cause severe illness in people who are already unwell and have a weakened immune system. By 4 weeks, any infection caused by the immunisation should have been controlled and so should not be passed on through donated material. There are special rules for BCG and smallpox immunisations.

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunisations other than smallpox.
Version details: BM-DSG Edition 203 Release 09 (21 June 2011)

Immunisation, non-live

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

No exposure:

1. **Hepatitis B:**
   Must not donate:
   If less than 7 days from when the last immunisation was given.

2. **Coronavirus:**
   See Coronavirus vaccination.

Discretionary

Other non-live immunisations, accept.

Supporting information

See if relevant

- Immunisation (post-exposure)

Additional information

Sensitive assays for HBsAg may be positive following recent immunisation. Full screening for hepatitis B may be required.

Non-live immunisations do not use material that can cause infection. This means there is no risk to people receiving stem cells.

Reason for change: To add Coronavirus Vaccination to obligatory section.
Version details: BM-DSG Edition 203 Release 39 (16 December 2020)

Immunoglobulin A (IgA) deficiency

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Immunoglobulin therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Immunosuppressed.

Donors with recovered immunodeficiency:

Refer to a Designated Clinical Support Officer.

Discretionary

1. If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.
2. Routine ante- and post-natal use of anti-D immunoglobulin, accept.
3. If single dose prophylactic immunoglobulin has been given, accept.

Supporting information

See if relevant

- Hepatitis A
- Hepatitis B
- Rabies
- Tetanus immunisation

If treated with intravenous or subcutaneous human immunoglobulin:

- Transfusion

Additional information

Immunoglobulin used before 1980 is unlikely to be affected by vCJD.

Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD.

Regulatory information

This advice reflects advice from the MSBTO committee of the Department of Health.

Reason for change: A link to 'Transfusion' has been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Immunosuppression

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Immunosuppressed.

Donors with recovered immunodeficiency:

Refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- Autoimmune disease
- Immunoglobulin therapy
- Steroid therapy

Regulatory information This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Additional links have been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Infection, acute

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there is a specific entry for the disease you are concerned about?

Must not donate if:

1. Infected.
2. Less than 2 weeks from recovery.
3. Less than 7 days from completing systemic antibiotic, antifungal or antiviral treatment.

Discretionary

1. Common viral respiratory tract infections such as colds, sore throats and seasonal influenza, if not severe, accept.

2. Other types of infection:
   See **Additional information** below.

3. If the patient has started conditioning:
   Refer to Designated Clinical Support Officer.
   See **Additional information** below.

4. Cold sores, genital herpes: accept.

Supporting information

See if relevant

- Coronavirus infection
- Herpes, genital
- Herpes, oral
- MRSA
- Myocarditis
- Steroid therapy
- Viral haemorrhagic fever
- West Nile Virus

Additional information

Many infections can be spread by donated material. It is important that the donor does not pose a risk of giving an infection to a recipient. Waiting 2 weeks from when the infection is better and seven days from completing systemic antibiotic, antifungal or antiviral treatment makes it much less likely that there will still be a risk of the infection being passed on. It also serves to protect the safety of the donor.

There is no evidence that cold sores or genital herpes can be passed on by transfusion but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.

Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any

outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.

Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.

Donors with mild symptoms or recovering from seasonal influenza may be considered for donation following review by the Designated Clinical Support Officer to confirm that the donor if fit enough to undergo the donation process.

If the patient has started conditioning:

Common respiratory infections: There is no evidence that common respiratory infections such as colds and sore throats can be transmitted by transfusion. G-CSF may cause side effects that overlap with those of common viruses (e.g. headache, myalgia, fatigue) but there is no evidence that G-CSF alters the course of such infections. Therefore, the decision on whether a donor can proceed depends on the severity of their symptoms, whether they would tolerate a possible worsening of them and whether they are well enough to travel and undergo a collection procedure or general anaesthetic (for bone marrow).

Other types of infection:

Liaison with the transplant centre is key. Sometimes, conditioning can be stopped or paused. Discussion with a microbiologist and the transplant centre may be needed to risk assess whether the donation can proceed. If the donor has a potentially serious infection, the donation may need to be postponed regardless of the patient's status.

Unusual bacterial/fungal/protozoal infections:

Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.

Regulatory information

Part of this advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Additional guidance including for situations where the patient has started conditioning and information relating to common respiratory infections and other types of infection added.
Version details: BM-DSG Edition 203 Release 56 (13 August 2024)

Infection, chronic

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

1. **Acne:**
   Most donors with acne can be accepted.

2. **Chronic fungal infections:**
   a. If on local therapy for superficial infections only, accept.
   b. If on systemic antifungal treatment only for treatment of a localised, non-systemic fungal infection, and there are no complications, accept.
   c. If otherwise more than 7 days from completing systemic antifungal therapy, accept.

3. **Typhoid and paratyphoid:**
   If more than 7 days from completion of antibiotic course and last symptoms, accept.

Supporting information

See if relevant

- Steroid therapy

Additional information

Typhoid and paratyphoid are gastrointestinal infections which rarely have a chronic carrier state. It is usually caught while travelling. It is passed by the faecal-oral route and is not transmitted by tissue or cell transplantation.

Unusual bacterial/fungal/protozoal infections:

Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.

Local fungal infections (e.g. nail infection or athlete's foot):

Systemic oral antifungal treatment may be prescribed to treat localised fungal nail infections or athlete's foot which are difficult to eradicate. Despite the systemic treatment, due to the fact that the infection is localised to the nails/digits, the risk to donated tissue/cells is considered to be remote.

Regulatory information

Part of this advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: To add guidance for acceptance of donors on oral antifungal treatment for localised nail infections or athlete's foot.
Version details: BM-DSG Edition 203 Release 38 (07 October 2020)

Infection, general

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there a specific entry for the disease?

Supporting information

See if relevant

Decide if the infection is of short duration with no long lasting carrier stage (e.g. flu):

- Infection, acute

Or if lasting a long time (more than a few weeks) and possibly with long lasting carriage of the infecting organism (e.g. malaria or typhoid):

- Infection, chronic

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Infection, tropical

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Filariasis or leishmaniasis.

Supporting information

See if relevant

- Congo fever
- Malaria
- South American trypanosomiasis, risk of
- Viral haemorrhagic fever

Other infections, see:

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Infectious diseases, contact with

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there a specific entry for the disease with which there has been contact?

Must not donate if:

Within the incubation period for the condition or, if this is not known, less than 4 weeks from last contact.

Discretionary

1. If the infection is known to lead to permanent immunity (e.g. chickenpox, measles, mumps, rubella, whooping cough) and there is a definite history of past infection with the disease with which contact has occurred, accept.
2. Contact with common upper respiratory tract infections (e.g. colds, sore throats, influenza, SARS-CoV-2), accept.
3. Contact with norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept.
4. Contact with skin conditions which are not transmissible by donated material (such as scabies, ringworm, tinea) if no signs of infection, accept.
5. Individuals who have been prescribed prophylactic antibiotics after contact with meningitis, anthrax or chlamydia, provided they are symptom free, accept.

Supporting information

See if relevant

- Coronavirus infection
- Hepatitis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- HIV
- HTLV
- Meningitis
- Mpox
- Sexually transmitted disease
- Smallpox immunisation
- Syphilis
- Tuberculosis

Additional information

Many infectious diseases can be passed on through donated material, even before a potential donor develops any symptoms of the infection. This may lead to serious infection in the person receiving a donation.

Many diseases are not infectious and so are not normally a risk.

Contacts with meningitis or anthrax are often prescribed prophylactic antibiotics. These should prevent the disease from developing, so provided the potential donor is well, they may be accepted.

If in doubt, contact a Designated Clinical Support Officer.

Reason for change: To add 'discretionary' and 'additional information' sections and to update the 'see if relevant' section with

additional links.
Version details: BM-DSG Edition 203 Release 49 (13 December 2023)

Inflammatory bowel disease (IBD)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Crohn's disease, ulcerative colitis.

Obligatory

Must not donate.

Discretionary

Refer to Designated Clinical Support Officer. Donor may be considered if in stable remission and off treatment, but should not receive G-CSF, so could donate bone marrow only.

Supporting information

See if relevant

- Infection, general
- Malignancy
- Radiation therapy

Additional information

The cause of these conditions is not fully understood and may include infection. Lesions caused by the disease can increase the risk of bacteria entering the blood stream. There is a risk of adoptive transfer of disease-causing cells which should be discussed with the recipient.

Reason for change: 'See if Relevant' section has been added.
Version details: BM-DSG Edition 203 Release 42 (04 August 2021)

Inherited diseases

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: is there a specific entry for the condition?

If not, refer to a Designated Clinical Support Officer.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Inoculation injury

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

An **inoculation injury** is a non-consented injury or assault in which an individual is exposed to potentially infective material that could be transferred through donation. The causes may range from a sharps injury to bites, punches and abrasions, or sexual assault where mucous membranes have been contaminated with human blood or other body fluids. It also applies to any inoculation injury with abnormal prions from any species.

Includes

Human bite.

Obligatory

Must not donate if:

1. The incident involved any material containing abnormal prions.
2. Less than 3 months after the date of an inoculation injury, or contamination of mucosa or non-intact skin with blood or body fluids.
3. Under ongoing investigations following exposure, refer to Designated Clinical Support Officer.

Supporting information

See if relevant

- Animal bite, non-human
- Hepatitis
- HIV
- HTLV
- Prion-associated diseases
- Tissues safety
- Xenotransplantation

Additional information

Human blood or body fluids may be contaminated with infective material such that the infection may then be passed on by donated material. Waiting 3 months (if validated tests for infectious markers that include HBV, HCV HIV NAT are negative) helps to ensure that any infection is not passed on.

Donors who are under investigation may be accepted subject to individual risk assessment.

Reason for change: The 'Definitions' section was updated as part of the implementation of recommendations from the FAIR III report. Additional 'see if relevant' links added. 'Additional information' section updated.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Intermittent claudication

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Irritable bowel syndrome (IBS)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Jaundice

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Jaundiced or has a history of jaundice.
2. If the cause of the jaundice was viral, see the specific entry for that condition.
3. If the cause of the jaundice was not known, treat as Hepatitis of unknown origin.

Discretionary

1. If fully recovered from a non-viral cause of jaundice (this includes, but is not limited to, physiological jaundice of the newborn, gall stones and drug reactions), accept.
2. If due to Gilbert's syndrome, accept.

Supporting information

See if relevant

- Gall bladder disease
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Hepatitis of unknown origin
- Liver disease

Additional information

Many things can cause jaundice. The concern is with infectious causes that might be passed on by donation.

Reason for change: In 'Obligatory' the link to Hepatitis B' has been changed to 'Hepatitis of Unknown Origin'. There have been other minor changes to improve clarity and to avoid the unnecessary exclusion of donors.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Kidney disease

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute nephritis

Obligatory

Must not donate if:

Less than 12 months since recovery.

Discretionary

All tissues:

1. Self-limiting renal disease (e.g. single attacks of glomerulonephritis, pyelitis) from which recovery has been complete, do not necessarily disqualify the donor.
2. If there is doubt about the diagnosis, refer to a Designated Clinical Support Officer.

Additional information

If the donor is well and has not received treatment to suppress the condition in the last 12 months, it is unlikely that their donation will pose a risk to the recipient.

Chronic nephritis

Obligatory

Must not donate.

Reason for change: To align the guidance with that for blood donors, the deferral period following an attack of 'Acute Nephritis' has been reduced from five years to 12 months.
Version details: BM-DSG Edition 203 Release 17 (31 March 2014)

Klinefelter syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Laser treatment

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

For malignancy.

Discretionary

1. If for basal cell carcinoma, treatment is completed and fully recovered, accept.
2. If for cervical carcinoma in situ, see Cervical dysplasia.
3. If for cosmetic purposes, accept when healed.
4. If laser refractive surgery to the cornea, accept when healed.

Supporting information

See if relevant

- Basal cell carcinoma
- Cervical dysplasia

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 44 (16 March 2022)

Leishmaniasis

Bone Marrow and Peripheral Blood Stem Cell

Also known as: kala-azar

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Leukaemia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Liver disease

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Non-alcoholic fatty liver disease (NAFLD)

Excludes

- Alcoholic fatty liver disease (AFLD)

Obligatory

Must not donate if:

- Diagnosed with non-alcoholic steatohepatitis (NASH).
- Diagnosed with cirrhosis.

Discretionary

A diagnosis of non-alcoholic fatty liver disease does not necessarily prevent donation. If the donor is otherwise well and managed with diet and lifestyle changes such as exercise, accept.

Additional information

NAFLD is a common medical condition, caused mainly by lifestyle factors such as weight, type 2 diabetes, high blood pressure and high cholesterol. There is no drug treatment for this condition. It is usually managed with diet and lifestyle changes along with treatment of any associated medical conditions. Regular monitoring of the condition (e.g. blood tests and liver scans) should not preclude donation.

Non-alcoholic steatohepatitis (NASH) is an advanced form of NAFLD. It is caused by an excessive accumulation of fat in the liver. This can progress to chronic liver inflammation and can result in cirrhosis if untreated.

Alcohol-related liver disease

Obligatory

Must not donate.

Discretionary

If the donor is well, and

- Not under specialist follow-up, and
- Has not been diagnosed with alcohol related hepatitis or cirrhosis,

accept.

Refer to a Designated Clinical Support Officer if there is uncertainty about the diagnosis or the extent of liver damage.

See if relevant

- Addiction and drug abuse

Additional information

Alcohol-related liver disease is common but preventable liver damage that is caused by drinking too much alcohol. It is reversible in the early stages when it is characterised mainly by fatty liver changes. In some individuals, it may progress to alcoholic hepatitis and alcoholic cirrhosis.

Infective liver disease

Includes

- Liver abscess, glandular fever, viral hepatitis.

Obligatory

Refer to the entry for the condition.

If there is no specific entry, **must not donate.**

Discretionary

If the donor is fully recovered and there is no specific guidance for the condition, refer to Infection, general.

See if relevant

- Infection, general
- Hepatitis

For glandular fever:

- Infection, acute

Autoimmune liver disease

Includes

- Autoimmune hepatitis (AIH), primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC).

Obligatory

Must not donate.

See if relevant

- Autoimmune disease
- Hepatitis
- Steroid therapy

Additional information

Autoimmune liver disease in its early stages may be asymptomatic or present with mild symptoms such as itchy skin (pruritis) and fatigue. The donor may require no treatment or treatment for symptom control only for an extended period.

Drug or pregnancy induced liver disease

Includes

- Acute liver failure

Obligatory

Must not donate if:

- Under active investigation, treatment or follow-up by a specialist.
- Has received a liver transplant.
- Has chronic liver failure.

Discretionary

If the donor has recovered, is not on treatment and has been discharged from follow-up, accept. If there is doubt about the diagnosis, refer to a Designated Clinical Support Officer.

See if relevant

- Addiction and drug abuse
- Tissue and cell allograft recipients

Additional information

Liver failure may be acute or chronic. Acute liver failure (also known as fulminant liver failure) can be caused by drugs, such as paracetamol overdose, prescription medications, herbal preparations and ingestion of toxins. Liver problems can also occur during pregnancy, e.g acute fatty liver of pregnancy (AFLP) and intrahepatic cholestasis of pregnancy (ICP). Acute liver failure can occur in an individual with no pre-existing liver disease. It is often reversible with full recovery if adequately treated.

Chronic liver failure is caused by longstanding liver disease such as autoimmune liver disease, hepatitis, alcohol related liver disease, liver cirrhosis, haemochromatosis and Wilson's disease.

Liver cirrhosis

Obligatory	**Must not donate.**
Additional information	Cirrhosis can be caused by many different conditions and by several different liver conditions in combination. Transmissible viruses, some of which are not detected in transfusion service testing, can cause some cases. Because cirrhosis is a sign of worsening or progressive liver disease, it is considered safest not to accept individuals with cirrhosis.

Liver tumours

Includes	• Liver cancer, hepatocellular carcinoma, bile duct cancer.
Obligatory	**Must not donate.**
Discretionary	Donors with benign liver cysts or adenomas who are fit and well, even if regularly monitored, refer to Designated Clinical Support Officer.
See if relevant	• Malignancy
Additional information	If in doubt about the diagnosis, refer to a Designated Clinical Support Officer.

Inherited disease affecting the liver

Obligatory	Refer to the entry for the condition. If there is no specific entry, refer to a Designated Clinical Support Officer.
Discretionary	1. If the donor is well and stable on treatment for Wilson's disease, refer to Designated Clinical Support Officer. 2. If the donor has Gilbert's syndrome, accept.
See if relevant	• Inherited diseases
Additional information	Wilson's disease is caused by an excessive accumulation of copper in the liver and other organs (e.g. brain). If diagnosed and treated early with chelating agents, such as penicillamine and trientine, and avoidance of high copper foods, the prognosis is good and individuals can lead a normal life. If there is uncertainty about the donor's health or treatment, refer to a Designated Clinical Support Officer. Alpha-1-antitrypsin deficiency can occasionally cause liver disease in adults. This may lead to liver failure and the need for liver transplantation. Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice (yellowing of the whites of the eyes).

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 51 (04 July 2023)

Malaria

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Resident: a donor who has ever been present in a malaria risk area (or areas), for a continuous period of 6 months or more (at any point in their lifetime)

Visitor: a donor who has visited or travelled through a malaria risk area (or areas) within the past 12 months

Unexplained febrile illness: a donor who had undiagnosed fever (that could have been malaria) while present in, or within 4 months of leaving, a malaria risk area.

Previous diagnosis of malaria: a donor who previously had a confirmed diagnosis of malaria, at any point in their lifetime.

Malaria risk area: risk area for country as defined by the Geographical Disease Risk Index.

MAT: Malarial Antibody Test

NAT: Nucleic Acid Test (for malaria)

Obligatory

Must not donate (if no testing is available):

Applies to all groups as defined above.

Discretionary

1a. **Previous malaria:**

- If less than 4 months have passed since anti-malaria therapy has been completed, and symptoms caused by malaria have resolved, refer to Designated Clinical Support Officer. See **Additional information** below.
- If more than 4 months have passed since anti-malaria therapy has been completed, and symptoms caused by malaria have resolved, obtain a blood sample for MAT and NAT test. See information below in this section.

1b. **Unexplained febrile illness:**

- If less than 4 months from the date of recovery of symptoms of unexplained febrile illness that could have been malaria, refer to Designated Clinical Support Officer. See **Additional information** below.
- If more than 4 months from the date of recovery of symptoms of unexplained febrile illness that could have been malaria, obtain a blood sample for MAT and NAT. See information below in this section.

1c. **Resident:**

- If less than 4 months since date last present in a malaria risk area, obtain a blood sample for MAT and NAT. See information below in this section.
- If more than 4 months since date last present in a malaria risk area, obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release stem cells. See information below in this section.

1d. **Visitor:**

- If less than 4 months since return, obtain a blood sample for MAT and NAT.

Donors may be accepted with individual risk assessment with expert advice. See information below in this section.

- If more than 4 month and less than 12 months since return, obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release stem cells. See information below in this section.
- If more than 12 months since return: testing not required, accept.

Please note: consider *T. cruzi* or a tropical virus risk if the area is also identified as a risk area for these infections.

The results of MAT and NAT tests must be reviewed as a part of donor medical clearance to determine the suitability of stem cells for clinical use. If the exposure or, for donors with a history of malaria where treatment was completed and symptoms have resolved, is less than 4 months prior to donation, NAT must be done and shown to be negative, irrespective of MAT results. If the exposure or, for donors with a history of malaria where treatment was completed and symptoms have resolved, was more than 4 months prior to donation and MAT is negative, NAT is not required. In case of positive MAT results with a confirmed negative NAT test, a risk assessment can be performed for accepting stem cells for clinical release after seeking expert opinion.

Supporting information

See if relevant

- Geographical Disease Risk Index for countries with a current endemic malaria risk

Additional information

Symptoms and signs of possible malaria include fever, flu-like illness, (including shaking chills, headache, muscle aches, and tiredness), anaemia, jaundice, nausea, vomiting, diarrhoea and cough.

Cases of malaria transmission have occurred many years after the donor was last at risk of becoming infected with malaria. This is mainly a problem in people who have had repeated episodes of infection with malaria. This is uncommon, but before allowing someone who has had, or may have had malaria to donate, it is safer to test for malaria antibodies rather than to wait a specific length of time. Malaria may be fatal.

For bone marrow/stem cell donors, if it is an emergency and due to the live saving nature of the treatment, donors may be accepted with individual risk assessment and expert advice for interpretation of MAT and NAT results, at any time point following exposure/recovery. If the donor informs of active malaria infection at donor assessment, they could be treated before donation. If the stem cells are not required for life saving treatment immediately, a 4-month deferral should apply. Between 4 months and 12 months following recovery, either a negative MAT or a positive MAT/negative malaria NAT and risk assessment should be applied.

Some countries have malaria as well as tropical viral risk. Both risks have to be considered if the donor had symptoms after travel or stay.

Reason for change: This guidance was updated based on advice from the SACTTI parasitology sub-group.
Version details: BM-DSG Edition 203 Release 50 (12 April 2023)

Malaria - contact in the UK

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Malignancy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

1. If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required, refer to Designated Clinical Support Officer.

2. If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli, prostatic intraepithelial neoplasia (PIN) or Barrett's oesophagus) that is being regularly monitored, or has had a similar condition cured and has been discharged from follow-up, accept.

3. If the potential donor has been cured of a carcinoma in situ (CIS) and discharged from follow-up, accept. Donors who have been returned to routine screening following treatment for cervical CIS can be accepted. Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS) and Bowen's disease.

4. If the potential donor has had a diagnosis of melanoma in situ (including lentigo maligna), refer to Designated Clinical Support Officer to confirm they have not had an invasive melanoma (e.g. lentigo maligna melanoma).

5. Potential donors with a high risk of cancer due to family history or following genetic tests, even if had or having prophylactic surgery or on prophylactic medication (e.g. Tamoxifen), or on routine follow-up, accept.

Supporting information

See if relevant

- Basal cell carcinoma
- Cervical dysplasia
- Liver disease
- Surgery
- Transfusion

Additional information

Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons, it is considered safer not to accept blood from people who have had a malignancy.

Basal cell carcinoma (rodent ulcer) does not spread through the blood, therefore people who have had successful treatment may donate.

The term carcinoma in situ (CIS) refers to a group of abnormal cells which have not invaded deeper tissue or spread to another part of the body. Donors who have been cured and discharged from follow-up may donate. For cervical CIS, donors can be accepted if treatment is complete and any follow-up smear, if performed, did not show abnormal cells. Regular screening smears are not defined as follow-

up.

Premalignant conditions are very common, particularly in older donors. Regular monitoring should prevent donors with invasive malignancy from being accepted. However donors with a haematological clonal pre-malignant condition should not be accepted for tissue donation.

Melanoma in situ which has been cured by excision is not associated with a risk of metastasis. Patients with a confirmed diagnosis of melanoma in situ (i.e. Breslow thickness of 0 and no regression) do not require ongoing follow-up beyond the initial post-operative appointment.

Lentigo maligna is a form of melanoma in situ found on the head and neck. It should be distinguished from lentigo maligna melanoma which is a true malignant melanoma.

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Advice has been added for basal cell carcinoma treated systemically.
Version details: BM-DSG Edition 203 Release 31 (30 September 2019)

Mantoux test

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate unless:

Negative and no further investigations planned.

Supporting information

See if relevant

- Tuberculosis

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Marfan syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** Cardiac involvement.
Discretionary	Otherwise accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Measles

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory | **See:** Infection, acute

Contact with an affected individual

Obligatory | **See:** Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Meningitis

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory | **See:** Infection, acute

Contact with an affected individual

Discretionary Even if on prophylactic antibiotics, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Menopause

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Hormone replacement therapy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Mental health problems

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Not able to fully understand and consent to the donation process and to the testing of their blood for diseases that may affect its suitability for use.

Supporting information

See if relevant

- Communication difficulties

Additional information

Many people have mental health problems that can be controlled with regular medication. Providing individuals are well on the day of donation and have the mental capacity to give full informed consent, there is no reason why they cannot donate whether on medication or not. Individuals who are over anxious, depressed, manic or psychotic cannot always give valid consent, or fully understand why they are being asked certain questions.

Reason for change: To ensure that all donors with mental health conditions can donate if they are well enough to do so and have the mental capacity to give full informed consent.
Version details: BM-DSG Edition 203 Release 17 (21 March 2014)

Methicillin resistant staphylococcus aureus (MRSA)

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Infection, general

Additional information

Staphylococcus aureus is a widely occurring skin commensal organism. The carrier status or exposure of the donor is not relevant to donation.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Migraine

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Attacks are frequent, severe, and require regular treatment.
2. On prophylaxis with clonidine.

Discretionary

If on prophylaxis with betablockers or pizotifen (Sanomigran®), accept.

Supporting information

See if relevant

- Headache

Additional information

Migraine is caused by a disturbance in the normal blood flow to parts of the brain. In its more severe forms, it can be severely disabling. By not accepting people with the more severe forms of migraine, we hope to prevent precipitating an attack through the process of donating blood. Any donor who has had severe migraine associated with giving blood on more than 1 occasion should be advised not to continue as a donor.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Mosquito-borne viruses

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Mosquito-borne virus risk areas are shown in the Geographical Disease Risk Index which includes details of the specific viral risks present

The day that a donor leaves a risk area is defined as Day 0.

Includes

- Chikungunya Virus, also known as CHIKV
- Dengue Virus, also known as Dengue Fever
- Yellow Fever, also known as YF
- Zika Virus, also known as ZIKV, and Zika Virus Fever

Obligatory

Must not donate if:

1. It is less than 4 months since the donor has been diagnosed with Chikungunya, Dengue, Yellow Fever, or Zika virus infection.
2. It is less than 4 months since the donor was last in a mosquito-borne virus risk area and the donor has either had a history of symptoms suggestive of Chikungunya, Dengue, Yellow Fever or Zika virus infection whilst there or following their return to the UK.
3. In other cases, it is 28 days or less since the donor was last in a mosquito-borne virus risk area.

Discretionary

All donors may be accepted 4 months after their return from an affected area or resolution of symptoms. If the donor has not had a diagnosis of a mosquito-borne virus, nor has symptoms suggestive of infection, they may be accepted once more than 28 days have passed since they were last in a risk area.

If donor clearance is being carried out at less than 28 days since the donor has returned to the UK, a risk assessment will be required as to whether to proceed or delay the donation so that there is a clear 28 days since return to the UK and the donor has remained well.

Supporting information

See if relevant

- Geographical Disease Risk Index for countries with a current mosquito-borne virus risk
- Infection, general
- Infection, tropical
- Malaria
- South American trypanosomiasis
- South American trypanosomiasis, risk of

Additional information

When an allogeneic stem cell donor who has been asymptomatic has returned from a mosquito-borne virus risk area, the preferred option is to wait for 28 days from return before clearing the donor if the stem cell collection can be delayed.

In exceptional circumstances, and if there is a pressing clinical need to proceed to clearing the donor or collection within 28 days of return, a risk assessment should

be undertaken in conjunction with the transplant centre clinicians as to how they will manage their patient. This should include awareness of the timing of the return of the donor from the mosquito-borne virus risk area, the likelihood of receiving a mosquito-borne virus positive donation (with its associated risks) from an asymptomatic donor, and the option of delaying the clearance of the donor and stem cell collection plus conditioning of the patient as far as possible towards day 28 of the return of the donor.

In a situation where a risk assessment is being undertaken to clear a donation for clinical use before the preferred 28-day return from a mosquito-borne virus risk area due to urgent clinical need, consideration should be given to referring samples for any relevant available laboratory testing (e.g. to the Porton Down reference laboratory). Please note, if testing for these viruses (if available) is negative, it does not necessarily mean there is no risk of transmission at less than 28 days post travel.

Chikungunya, Dengue, Yellow Fever and Zika viruses are spread by the day-flying mosquito species *Aedes aegypti* and *Aedes albopictus*.

These mosquitos are typically found in tropical and subtropical regions including the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, South East Asia, the Indian sub-continent, Hawaii and northern parts of Australia.

The range of *Aedes albopictus* is increasing into more temperate zones, leading to outbreaks of mosquito-borne virus disease in new areas. This includes seasonal outbreaks of Dengue and Chikungunya in parts of Europe. The GDRI entry for mosquito-borne virus risk areas will indicate whether a risk should be applied all year or can be applied seasonally.

Position statements on mosquito-borne viruses are available.

Chikungunya Virus:

Chikungunya is an alphavirus that can cause a wide spectrum of disease. This may range from no or minimal symptoms to death. Most commonly it causes arthritis (typically in the knee, ankle and small joints of the extremities), high fever and a maculopapular rash.

Chikungunya Virus is found in countries in Asia, Africa, Central and South America, and in the islands of the Caribbean. It is known to be spread by blood in symptomatic cases and, on theoretical grounds, could be spread by transfusion and transplantation of tissues and organs from people with pre-symptomatic or asymptomatic disease. A number of visitors returning from endemic areas to the UK have been diagnosed with this infection.

Dengue Virus:

Dengue Virus is a flavivirus that typically gives rise to abrupt high fever with a range of accompanying symptoms.

Dengue fever (DF) is the most common insect-borne disease worldwide. Dengue is currently considered endemic in over 140 countries.

Overall, up to 75% of cases are asymptomatic or mild. If symptoms occur, they can range from non-specific acute febrile illness to severe disease including dengue haemorrhagic fever and dengue shock syndrome. Mild cases may be misdiagnosed as other febrile illnesses.

Yellow Fever Virus:

Yellow Fever Virus is a flavivirus which is found in Africa, South America, Central America and parts of the Caribbean.

Symptoms of Yellow Fever include high temperature, headache, nausea and vomiting, muscle pains and backache. One in four individuals may suffer from jaundice and bleeding from the gastrointestinal tract and other sites.

Zika Virus:

Zika Virus is a flavivirus which was known to occur in Africa and parts of Southeast Asia. More recently, Zika Virus has been associated with epidemic outbreaks in the Pacific region and in the Americas. As well as mosquito-borne infection, Zika Virus can be spread through sexual transmission.

Infection is usually asymptomatic or presents as a mild self-limiting febrile illness. More severe disease and hospitalisation are rare but infection during pregnancy carries a high risk of congenital abnormalities in the baby. Zika Virus infection may be mistaken for Chikungunya or Dengue infections as these viruses often co-circulate.

Reason for change: Entry renamed from 'Tropical viruses' to 'Mosquito-borne viruses' with equivalent changes to terminology throughout the text. The deferral period after illness in a mosquito-borne virus risk area has been reduced from 6 months to 4 months. Information about seasonal risk has been added to 'Additional information'.
Version details: BM-DSG Edition 203 Release 60 (11 August 2026)

Mpox

Bone Marrow and Peripheral Blood Stem Cell

Also known as: monkeypox, previously

Supporting information

Additional information

Mpox was previously known as Monkeypox. In November 2022, WHO recommended mpox as the new name for Monkeypox disease. Mpox is endemic in some African countries. During 2022, a multi-country outbreak was identified with cases in the UK, Europe, North America and other regions.

The incubation period of mpox is up to 21 days. The initial symptom are fever, myalgia, fatigue and headache. These symptoms are followed by a rash starting from the site of the primary infection, this rash develops into vesicles and pustules followed by scabs. Infectivity may start during initial symptoms and lasts until the rash clears and all scabs have dropped off.

Staff should be alert for donors who report rashes and illnesses consistent with mpox, regardless of sexual behaviour, travel history or other risk factors.

Mpox does not spread easily between people. Human-to-human transmission occurs through contact with:

- infectious material from skin lesions
- respiratory droplets in prolonged face-to-face contact
- virus-contaminated objects such as bedding or clothing

During the 2022 multi-country outbreak, the predominance of cases among men who have sex with men (MSM) and the distribution of the mpox skin rash at presentation, suggests mpox transmission is associated with direct contact during sex.

Contacts may have received vaccination, to reduce the risk of serious illness. Usually, vaccination will be with Imvanex® or other third generation vaccine against smallpox. Contacts are eligible to donate once they satisfy the requirements of **Contact with an affected individual** and **Immunisation for contact or risk** above.

Healthcare workers may also have received vaccination to protect against mpox in the event of possible exposure to mpox during their work. They will be working in accordance with Infection Prevention and Control policies and with suitable personal protective equipment, which if not breached means they are eligible to donate.

Other recipients of vaccination for mpox must be assessed according to **Immunisation for contact or risk** above.

Imvanex® is a live attenuated non-replicating third generation smallpox vaccination. For donor selection purposes, this can be assessed as a non-live vaccine but primarily donors must be assessed according to their individual risk of exposure to mpox. The deferral of some donors for 4 weeks from the date of a non-live vaccination allows symptoms of mpox from prior exposure to become evident (incubation period up to 21 days) and encompasses the time for maximum efficacy of the immunisation (up to 4 weeks). Donors should be deferred until completion of a course of vaccination.

Scenarios

Affected individual

Obligatory

Must not donate.

Discretionary

If the donor has recovered from confirmed or suspected mpox infection, and

- It is at least 28 days since the diagnosis of mpox was made, and
- It is at least 14 days since recovery, and the donor remains well, and
- It is at least 14 days since all skin lesions have healed, and
- It is more than 7 days since completing any antiviral or antibiotic therapy, and
- The donor has been discharged from all follow-up (including public health surveillance),

accept.

Additional information

Post donation illness:

Donors must be provided with information about contacting the registry coordinating their donation and the collection centre they donated at if they develop any illness within 21 days after donation. Seek public health advice to determine the risk.

Contact with an affected individual

Includes

- Individuals who have been identified by public health teams as a close contact of an individual with mpox.

Obligatory

Must not donate.

Discretionary

If it is more than 21 days since last contact, and

- The donor has no symptoms of mpox, and
- The donor has completed any isolation period, and
- The donor has been discharged from all follow-up (including surveillance by public health), and
- The donor fulfils the criteria in **Immunisation for contact or risk** below regarding vaccination, if applicable,

accept.

Additional information

Post donation illness:

If the donor has retrospectively reported contact with mpox in the incubation period, seek public health advice to determine the risk.

Immunisation for contact or risk

Excludes

- Individuals who have received vaccination because they work in a health care setting – see 'Immunisation - no known contact' below.

Obligatory

Must not donate.

Discretionary

If the donor fulfils the criteria in **Contact with an affected individual** above and:

- It is more than 4 weeks since the most recent dose of a non-live or attenuated smallpox vaccination (e.g. Imvanex®) and
- The course of vaccination (if more than 1 dose) is complete,

accept.

If less than 4 weeks since most recent dose, refer to Designated Clinical Support Officer for individual risk assessment. See **Additional information** below.

Immunisation - no known contact

Includes

- Individuals who have received vaccination because they work in a health care setting.

Discretionary

An individual who has received routine vaccination with Imvanex® or another third-generation smallpox vaccination in an occupational setting, can be accepted provided that they are not deemed to be at risk due to an exposure episode.

See if relevant

- Immunisation

Reason for change: The title and contents have been updated with the new name as recommended by WHO. Inclusion of sections for donors who have received vaccination either because they could be a close contact, have risk of exposure, or have received vaccination because they are health care workers. Additional Information applicable for the whole entry contained within one section.
Version details: BM-DSG Edition 203 Release 50 (12 April 2023)

Multiple sclerosis

Bone Marrow and Peripheral Blood Stem Cell

Also known as: MS

Essential information

Obligatory

Must not donate.

Supporting information

Additional information

As the cause of multiple sclerosis is not certain and there is a possibility that there is an underlying infectious agent, donation is not permitted.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Mumps

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory | **See:** Infection, acute

Contact with an affected individual

Obligatory | **See:** Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Muscular dystrophy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Bone marrow donor:

Must not donate.

Discretionary

PBSC donor:

Accept if able to tolerate the length of the procedure.

Supporting information

See if relevant

- Disabled donor

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Myasthenia gravis (MG)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Myelodysplastic syndrome (MDS)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory | **Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Myeloproliferative syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: This entry has been added to clarify the eligibility of donors with this condition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Myocarditis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Less than 12 months from recovery.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ménière's disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Narcolepsy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Neurofibromatosis (NF)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   History of malignant change.

2. **Bone marrow donor:**
   Inform anaesthetist.

Supporting information

Additional information The anaesthetist should be informed because of the risk of pheochromocytoma.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Neurosurgery

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

1. If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.
2. If burr hole surgery only, accept.
3. If it can be shown that dura mater was not used during surgery and there is no evidence of malignancy, the donor may be accepted by a Designated Clinical Support Officer.

Supporting information

See if relevant

- Malignancy
- Prion-associated diseases
- Surgery

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Night sweats

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** Unexplained.
Discretionary	If due to menopause, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Non-specific urethritis (NSU)

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute NSU

Obligatory

See: Infection, acute

Chronic NSU

Obligatory

Must not donate.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Assess reason for treatment and see relevant entry.

Must not donate if:

Taken for a serious long-term illness including cardiovascular disease.

Discretionary

If medication is self-prescribed and the donor meets other criteria, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ocular surgery

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Eye disease
- Laser treatment
- Malignancy
- Ocular tissue recipient
- Tissue and cell allograft recipients

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ocular tissue recipient

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Prion-associated diseases

Must not donate if:

Has received a corneal, scleral or limbal tissue graft or limbal or corneal epithelial cells.

Supporting information

Additional information

If the surgery was performed after 1997 and the tissue was supplied through UK Transplant, this information will be stored on the National Transplant Database.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Operations

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Surgery

Supporting information

See if relevant

- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Organ donor

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory **See:** Surgery

Discretionary Accept.

Supporting information

See if relevant

- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Organ recipient

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**
Discretionary	Refer to a Designated Clinical Support Officer for individual risk assessment.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 51 (04 July 2023)

Osteoarthritis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

It is less than 7 days from any invasive treatment or investigation, including but not limited to joint injections.

Discretionary

If the donor has been treated by joint injection, and:

1. Treatment was performed within the NHS, or treatment was performed by a Qualified Health Care Professional (as defined in the Complementary therapy entry), and
2. It is at least 7 days from any joint injection with steroid, and
3. It is at least 7 days from any joint injection with autologous platelet rich plasma (PRP), and
4. Any wound or puncture mark is fully healed without any evidence of infection, accept.

Supporting information

See if relevant

- Complementary therapy (for the approved list of Qualified Health Care Professionals)
- Disabled donor
- Nonsteroidal anti-inflammatory drugs
- Steroid therapy
- Surgery

Additional information

Donors who have severe pain or disability that makes it difficult for them to get on or off the donation couch should not donate. Nonsteroidal anti-inflammatory drugs (NSAIDs) taken for arthritis may affect platelet function. See the Nonsteroidal anti-inflammatory drugs entry if relevant.

Some individuals may undergo arthroscopy as part of the assessment and investigation of their condition; this is usually performed by a rigid endoscope.

Some individuals may receive joint injections to relieve the symptoms of osteoarthritis. These may be intra-articular (into the joint) or periarticular (around the joint). Treatments may include steroids, hyaluronic acid or platelet rich plasma (PRP). Individuals who have received joint injections must wait at least 7 days before donation to avoid potential risks of bacteraemia. If the donor is uncertain about the treatment that was given, refer to a Designated Clinical Support Officer.

The rigour of sterile precautions for any procedure involving PRP should be taken into consideration when accepting donors. Procedures carried out for osteoarthritis within the NHS by licensed UK health professionals are not likely to raise concerns regarding the rigour of sterile precautions, although the 7-day deferral should still be applied.

Reason for change: Guidance on the acceptance of donors treated with joint injection has been added. 'See if relevant' links have been added.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Osteomalacia

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Disabled donor

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Osteomyelitis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** Less than 2 years from completing treatment and cure.
Discretionary	Sometimes it is difficult to be certain that all infection has been eliminated. Waiting 2 years minimises the risk of any infection being passed on by a donation.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Osteoporosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Bone marrow donor:

Must not donate.

Discretionary

PBSC donor:

If on treatment to prevent or treat, accept.

Supporting information

See if relevant

- Disabled donor
- Steroid therapy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ovarian cyst

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Malignant.

Supporting information

See if relevant

- Malignancy
- Surgery

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Paget's disease of bone

Bone Marrow and Peripheral Blood Stem Cell

Also known as: osteitis deformans

Essential information

Includes Osteitis deformans

Supporting information

See if relevant

- Disabled donor
- Nonsteroidal anti-inflammatory drugs

Additional information Paget's disease of bone is very common in the UK, affecting about 1 in 20 adults aged over 50 years. The cause is not known. Many people with the condition have no symptoms and so will be accepted by the blood and tissue services. There is no evidence that it is spread by donation. It is most commonly treated with painkillers and bisphosphonates. The use of these drugs is accepted for other conditions, so there seems no reason why individuals with Paget's disease of bone on treatment should not be accepted, provided that they are otherwise acceptable.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Painkillers

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Assess reason for treatment and see relevant entry.

Must not donate if:

Taken for a serious long-term illness.

Supporting information

See if relevant

- Nonsteroidal anti-inflammatory drugs

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Parvovirus B19

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Human parvovirus B19, slapped cheek syndrome, erythema infectiosum, fifth disease.

Supporting information

See if relevant

- Infectious diseases, contact with

Additional information

Parvovirus B19 is a viral infection which occurs most commonly in children. The virus can be transmitted through droplet spread (respiratory), or from mother to baby, or via blood transfusion. Outbreaks of parvovirus B19 occur every 3 to 4 years during the late winter and early spring period. Following exposure, the incubation period is 14 to 21 days.

Infection may be asymptomatic or may result in a mild self-limiting illness presenting with fever, malaise, upper respiratory tract symptoms and abdominal pain. Children often develop a bright red facial rash ('slapped cheek') 1 to 2 weeks later, followed after a few days by a light pink rash on the chest, stomach, arms and thighs. Adults have similar symptoms but are less likely to have a facial rash. Adults are also more likely to have joint pain (polyarthropathy), especially in the hands, wrists, feet and ankles. Rashes and joint pain can persist for several weeks or months after someone has recovered from the infection and do not prevent donation.

Individuals with parvovirus B19 are infectious during early stages of infection, before and while experiencing systemic and upper respiratory tract symptoms. Once a rash has appeared, an individual is no longer infectious through the respiratory route. People who have recovered from parvovirus B19 infection have lifelong immunity to the virus.

Parvovirus B19 may cause more serious illnesses, including transfusion-dependent anaemia and bone marrow failure (aplastic crisis) in non-immune individuals who are also immunocompromised. If acquired during pregnancy, parvovirus B19 may result in severe foetal anaemia (hydrops fetalis), miscarriage and stillbirth. Note that due to the potential risk of bone marrow failure in the context of allogeneic bone marrow or peripheral blood stem cell (PBSC) transplant, the standard deferral period after parvovirus B19 infection is necessarily much longer for bone marrow or PBSC donors than for whole blood and components donors (6 months rather than 4 weeks).

Although a drop in plasma viral load of several orders of magnitude is typically seen within 4 weeks of initial infection, viral DNA can remain detectable for months or years. Current knowledge indicates that after a certain period has elapsed from the point when peak viral load and peak IgG titres have been reached, parvovirus B19 virus infectivity in blood is unlikely. There is currently insufficient data to guarantee at which point transmission by hematopoietic progenitor cell transplant would not occur following a primary infection. Measurement of IgG, IgM and sequential viral load are helpful to inform assessment of risk from the donation. A precautionary approach is generally advised, with individualised risk assessment being carried out jointly with the Transplant Centre for any donors who are between 4 weeks and 6 months following confirmed parvovirus B19 infection.

Scenarios

Affected individual

Obligatory	**Must not donate.**
Discretionary	1. If it is more than 6 months following confirmed infection and resolution of acute clinical symptoms, if present, accept 2. If it is more than 4 weeks but less than 6 months following confirmed infection and resolution of acute clinical symptoms, if present, refer to a Designated Clinical Support Officer. An individualised risk assessment will be required jointly with the Transplant Centre. See **Additional information** below.

Close contact with an affected individual

Obligatory	**Must not donate if:** Less than 3 weeks since contact with an individual with suspected or confirmed parvovirus B19 infection. This includes individuals diagnosed through blood donation screening.
Discretionary	1. If the donor has a definite past history of parvovirus B19 infection (IgG positive in a sample taken prior to the exposure), accept. 2. If any contact in the previous 3 weeks has only been with someone in the post-infectious phase (i.e. after the rash has appeared), accept.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Peptic ulcer

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Gastric and duodenal ulcer and erosions

Obligatory

Must not donate if:

Associated with malignant change.

Supporting information

See if relevant

- Surgery
- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Periods

Bone Marrow and Peripheral Blood Stem Cell

Also known as: menstruation

Essential information

Obligatory

Must not donate if:

Period has been missed.

Discretionary

If pregnancy can be excluded and the donor is well, accept.

Supporting information

See if relevant

- Pregnancy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Perthes disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Phlebitis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. More than 1 episode in 12 months.
2. Less than 7 days off treatment.

Discretionary

If recovered, accept.

Supporting information

See if relevant

- Anticoagulant therapy
- Nonsteroidal anti-inflammatory drugs

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Pituitary extract, human

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Adrenocorticotrophic hormone, follicle stimulating hormone, gonadotrophin, growth hormone, luteinising hormone, thyroid stimulating hormone.

Obligatory

Must not donate if:

Has ever received injection(s) of human pituitary extract.

Supporting information

See if relevant

- Growth hormone
- Prion-associated diseases

Additional information

Human pituitary extracts have been contaminated with abnormal prions and have led to the spread of Creutzfeldt-Jakob disease (CJD). They have been used to treat growth hormone deficiency and infertility. They have also been used in diagnostic tests to see if other endocrine glands such as the thyroid and adrenal work normally. They have not been used in the UK since 1985 and it is thought that all those exposed to these extracts have been notified of their increased risk of CJD. It is uncertain as to when their use stopped in other countries.

Donors that have been given only synthetic pituitary hormones or gonadotrophin made from urine may be accepted.

Reason for change: Additional information has been added for clarity.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Platelet disorders

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Causes excessive bleeding or bruising.
2. Has thromboctocytosis.

Supporting information

See if relevant

Haematological disease

Immune thrombocytopenia

Additional information

Platelet counts in excess of 500×109/L should be repeated. If found to be persistently raised, the donor should not be accepted and referred for investigation.

Reason for change: Relevant links have been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Pleurisy

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Infection, general
- Malignancy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Pneumothorax

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Spontaneous pneumothorax

Obligatory

Must not donate if:

1. Not recovered.
2. Associated with emphysema.

Traumatic pneumothorax

Obligatory

See: Accident

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Poisoning

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

There is evidence that the individual (donor/or mother of cord blood donor) has ingested, or been otherwise exposed to toxic substances that could be transmitted in donated material in dosages that could endanger the health of recipients.

Discretionary

If the individual is being monitored following exposure and the levels of the agent in question are within safe limits, accept.

Supporting information

See if relevant

- Addiction and drug abuse

Additional information

Advice may be sought from the National Poisons Information Service if required.

Regulatory information

This is a requirement of the Human Tissue Authority (HTA) Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 28 (17 January 2018)

Polycystic kidney disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Bone marrow donor:

Request an anaesthetic assessment.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Polycythaemia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Porphyria

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Suffers from porphyria.

Discretionary

If the potential donor suffers from acute intermittent porphyria (AIP), varigate porphyria (VP) or hereditary coproporphyria (HCP), accept.

Supporting information

See if relevant

- Hepatitis
- Liver disease

Additional information

Porphyria cutanea tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin.

Erythropoietic protoporphyria (EPP) and congenital erythropoietic porphyria (CEP) have porphyrins in the red cells causing the red cell life span to be reduced.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 11 (06 December 2011)

Post-viral fatigue syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Myalgic encephalopathy (ME), chronic fatigue syndrome (CFS).

Obligatory

Must not donate if:

Not resolved.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Pre- and post-exposure prophylaxis (PrEP, PEP) for HIV prevention

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Donor has taken oral pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) in the previous 3 months.
2. The donor has received an injection for PrEP in the previous 24 months.

Assess any donor using PrEP or PEP for tissue safety risks relating to sexual activity.

Discretionary

If:

- It is over 3 months since the donor last used oral PrEP or PEP, and/or
- It is over 24 months since the donor last received an injection for PrEP, and
- There is no other tissue safety risk,

accept.

Supporting information

See if relevant

- HIV
- Inoculation injury
- Tissues safety

Additional information

Pre-exposure prophylaxis (PrEP):

The use of PrEP to prevent HIV is increasing. Individuals taking PrEP are unlikely to be eligible to donate due to criteria within the Tissues safety entry. However, PrEP is also available via private prescription and/or online pharmacies and may be used by individuals who would not otherwise be deferred.

PrEP is normally given in tablet form but longer-acting injectable PrEP e.g. cabotegravir (Apretude®), may also be used in individuals who are not suitable for oral medication. Cabotegravir injections are given on an 8-weekly basis to ensure adequate HIV protection. Low levels of cabotegravir can be detected for many months in treated individuals, even after injections have been stopped.

Use of PrEP may interfere with testing for HIV by delaying seroconversion or giving unclear results in a positive donor. For this reason, it is important that donors who have taken oral PrEP in the previous 3 months, or injected PrEP in the previous 24 months, are not accepted to donate, even if they do not have another tissue safety risk.

Post-exposure prophylaxis (PEP):

PEP has a similar mechanism of action to PrEP and may also interfere with testing results. In the UK, PEP is prescribed to people who have been exposed to someone who may have HIV. This includes through sexual activity or exposure through a needle stick injury. Donors who have received PEP will usually be ineligible to donate for the same reason they were given PEP.

If the underlying reason for taking PrEP or PEP warrants a longer deferral period,

this should be applied.

Reason for change: Addition of a 24-month deferral for recipients of injectable PrEP.
Version details: BM-DSG Edition 203 Release 58 (13 October 2025)

Pregnancy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Pregnant.
2. Less than 1 week has passed for every completed week of a recent pregnancy, up to a maximum of 6 months.
3. Resulted in a malignant (invasive) hydatidiform mole.
4. Resulted in a non-malignant (non-invasive) hydatidiform mole and treatment and follow up is ongoing.
5. It is less than 7 days from the last dose of methotrexate.

Discretionary

If more than 6 months post-partum, accept. Donors may need advice regarding the safety of continuing to breast feed, if relevant.

Supporting information

See if relevant

- Surgery
- Transfusion

Additional information

Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. A week is needed for any residual methotrexate to clear the system.

For donors donating by PBSC, it is recommended that mothers who wish to continue breast-feeding after donation should not feed their infant (but may express and discard milk) from the point of first G-CSF administration to one week following the last dose of G-CSF.

For donors donating by bone marrow, it is recommended that mothers who wish to continue breast-feeding after donation should not feed their infant (but may express and discard milk) from the point of administration of any sedating agent to 24 hours following the last dose of sedating anaesthetic or opiate analgesia.

Reason for change: The deferral period for pregnancies lasting six months or more has been reduced as iron stores are known to recover 6 months post delivery. Registries should give donors advice about breast-feeding such as that given by the WMDA.
Version details: BM-DSG Edition 203 Release 29 (24 April 2018)

Prion-associated diseases

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Sporadic, familial and variant Creutzfeldt-Jakob disease (CJD), Gerstmann-Strãussler-Scheinker disease, fatal familial insomnia.

Obligatory

Must not donate if:

1. Diagnosed with any form of CJD, or other human prion disease.

2. Identified at increased risk of developing a prion associated disorder. This includes:

   a. Individuals at familial risk of prion-associated diseases (have had 2 or more blood relatives develop a prion-associated disease or have been informed following genetic counselling they are at risk).

   b. Individuals who have been told that they have been put at increased risk from surgery, transfusion or transplant of tissues or organs.

   c. Individuals who have been told that they may be at increased risk because a recipient of blood or tissues that they have donated has developed a prion related disorder.

   d. Recipients of dura mater grafts.

   e. Recipients of corneal, scleral or other ocular tissue grafts.

   f. Recipients of human pituitary derived extracts.

   g. **Since 1 January 1980:**
   Recipients of any allogeneic human tissue.

Discretionary

If the donor has had 2 or more blood relatives develop a prion-associated disease and, following genetic counselling, they have been informed that they are not at risk, accept.

This requires confirmation by a Designated Clinical Support Officer.

Supporting information

See if relevant

- Organ recipient
- Pituitary extract, human
- Tissue and cell allograft recipients
- Transfusion

Additional information

A Position Statement on Creutzfeldt-Jakob disease is available.

Regulatory information

This advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over donors who have been previously transfused.
Version details: BM-DSG Edition 203 Release 22 (18 January 2016)

Psoriasis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Autoimmune disease and Immunosuppression

Must not donate if:

1. Generalised or severe.
2. Associated with arthropathy.
3. There is secondary infection.
4. Immunosuppressed.

Discretionary

1. If mild, the venepuncture/harvest site is unaffected and only using topical treatment, accept.
2. If the donor is on immunosuppressive medication, see Immunosuppression.

Supporting information

Additional information

Psoriasis is primarily a skin condition caused by an autoimmune process. About 1 in 10 people with psoriasis may develop joint problems (psoriatic arthropathy). Sometimes the disease is treated with powerful drugs to suppress the underlying autoimmune process. This may alter the body's defence mechanisms to infection. In such cases, donations should not be taken.

Reason for change: Treatment with Etretinate/Neotigason is no longer a reason for deferral. Link to 'immunosuppression' entry added.
Version details: BM-DSG Edition 203 Release 44 (16 March 2022)

Pyrexia

Bone Marrow and Peripheral Blood Stem Cell

Also known as: fever

Scenarios

Not related to travel in malarious areas

Obligatory

Must not donate if:

Less than 2 weeks from an episode of pyrexia.

Discretionary

If related to a common cold or other upper respiratory tract infection from which the donor is now recovered or recovering, accept.

See if relevant

- Infection, general

Additional information

A raised temperature may be a sign of an infection, which could be passed on through a donation. Waiting 2 weeks from when the temperature returns to normal reduces the risk of infection being transmitted by the donation.

There is no evidence that common colds and upper respiratory tract infections can be passed on by donation but it is still necessary to wait until any such infection is obviously getting better before allowing donation.

Related to travel in malarious areas

Obligatory

See: Malaria

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Pyruvate kinase deficiency (PKD)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   Severe.

2. **If accepted, must inform:**
   a. Anaesthetist.
   b. Transplant Centre.

Supporting information

Additional information

This is an autosomal recessive red cell enzyme deficiency that is variable in its severity. Suitability as a donor should be discussed with a Designated Clinical Support Officer.

Reason for change: The entry has been brought into line with the guideline for 'G6PD Deficiency'.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Q fever

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Rabies

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Infection

Obligatory

Must not donate.

See if relevant

- Animal bite, non-human

Immunisation - post exposure

Obligatory

Must not donate until:

At least 24 months post exposure and fully cleared by treating physician.

Immunisation - non-exposed

Discretionary If non-exposed, accept.

Reason for change: To extend the deferral period post exposure to 24 months.
Version details: BM-DSG Edition 203 Release 37 (15 July 2020)

Radiation therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

For malignancy other than basal cell carcinoma.

For other treatments:

Refer to a Designated Clinical Support Officer.

Discretionary

1. If fully recovered and is acceptable according to immunosuppression advice, accept.
2. If for basal cell carcinoma or ductal carcinoma in situ of the breast, all treatment has been completed, the donor has been discharged from follow-up and is eligible under the Malignancy guideline, accept.

Supporting information

See if relevant

- Basal cell carcinoma
- Immunosuppression
- Malignancy

Additional information

Radiation therapy is sometimes used for non-malignant conditions, particularly for some skin conditions. It is often used as a substitute for other treatments that work by suppressing the immune system such as high dose steroids and cytotoxic drugs. More information is likely to be required before a decision can be made as to if an individual can donate. This why a referral to a Designated Clinical Support Officer is required.

Reason for change: Additional discretionary acceptance for basal cell carcinomas and ductal carcinoma in situ of the breast. A link had been added to autoimmune disease, and additional information has been added.
Version details: BM-DSG Edition 203 Release 27 (27 November 2017)

Radionuclides

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Radioactive iodine therapy:**
   Must not donate if:
   a. For malignancy.
   b. Administered in the preceding 6 months.

2. **Other treatment or investigation:**
   Refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- Malignancy
- Thyroid disease

Additional information

In general, those used for diagnostic purposes are cleared within 24 hours. Some (e.g. radioactive iodine) have long half-lives and affected donors must not be accepted unless at least 6 months have passed.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Raynaud's syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Part of a multisystem disorder.
2. On treatment with vasodilators.

Discretionary

If this is an isolated condition and the donor is not taking vasodilators, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Recipients of normal human immunoglobulin

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Transfusion

Supporting information

See if relevant

- Hepatitis A
- Immunoglobulin therapy
- Immunosuppression

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Reiter's syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary	If fully recovered, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Renal colic

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Symptomatic.
2. Under investigation.

Supporting information

See if relevant

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Respiratory disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Out of breath on minimal exertion.

Supporting information

See if relevant

- Infection, general
- Steroid therapy

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Retinitis pigmentosa (RP)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Disabled donor

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Rheumatic fever

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Has had more than 1 attack.
2. It is less than 2 years from any symptomatic disease.
3. Requires antibiotic cover for dental treatment.

Supporting information

Additional information

Rheumatic fever can cause damage to the heart valves and this could make it unsafe to donate.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Rheumatoid arthritis (RA)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Autoimmune disease

Discretionary

If mild and the only treatment is nonsteroidal anti-inflammatory drugs (NSAIDs), accept.

Supporting information

See if relevant

- Disabled donor
- Nonsteroidal anti-inflammatory drugs

Reason for change: This entry is now linked to 'Autoimmune Disease'.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Ringworm

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Affecting site of venepuncture or harvest.
2. On systemic treatment.

Discretionary

If on local treatment only, accept.

Supporting information

See if relevant

- Infection, general

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Rubella

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute infection

Obligatory

See: Infection, acute

Contact with an infected individual

Obligatory

See: Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Sarcoidosis

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Acute sarcoidosis

Obligatory

Must not donate if:

1. Not recovered.
2. Less than 5 years from both finishing all treatment and full recovery.

Discretionary

If more than 5 years since finishing all treatment and full recovery, accept.

Additional information

Acute sarcoidosis is normally a self-limiting disease and does not require treatment in about 90% of cases. The cause is not known but there appears to be an immune defect that can run in families. Because of the uncertainty with this condition, only potential donors who have fully recovered and been off all treatment for at least 5 years may donate.

Chronic sarcoidosis

Obligatory

Must not donate.

Additional information

Chronic sarcoidosis can cause a range of problems, particularly with the lungs but also with the heart, that may pose risks for a potential donor. The treatments used may also cause immunosuppression. For these reasons, people with this condition should not donate.

Reason for change: To align the guidance with that for blood donors, new guidance to accept donors who required treatment but who have made a full recovery and have been off all treatment for at least five years has been added. 'Additional Information" has been added.
Version details: BM-DSG Edition 203 Release 17 (31 March 2014)

Self-catheterisation

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Supporting information

Additional information

Donors who need to self-catheterise are likely to have bacteraemia following the procedure. Bacteria in a donation can lead to severe and even fatal reactions.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Sex worker

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

In this context, **sex** is defined as vaginal, oral or anal sex with or without a condom/protective.

Obligatory

Must not donate.

Discretionary

If 3 months or more has elapsed since the donor last received money or drugs for sex, accept.

Supporting information

See if relevant

- Addiction and drug abuse
- Hepatitis of unknown origin
- HIV
- HTLV
- Infection, general

Additional information

This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change.

If received injectable drugs of addiction for sex, see Addiction and drug abuse entry as a 12-month deferral may apply.

Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Sexually transmitted disease (STD)

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Herpes, genital
- Infection, acute
- Infectious diseases, contact with
- Syphilis
- Tissues safety
- Warts, genital

Scenarios

Affected individual

Obligatory

See: is there is a specific entry for the disease?

Must not donate.

Discretionary

If fully treated, at least 3 months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the donor.

Current or former sexual partner of an affected individual

Obligatory

See: is there is a specific entry for the disease with which there has been contact?

Must not donate if:

1. Donor required treatment and it is less than 3 months since completing that treatment.
2. Donor did not require treatment and it is less than 3 months from the last sexual contact with the infected partner.

Discretionary

1. Donor did not require treatment and it is more than 3 months since the infected partner has completed treatment, accept.
2. Donor required treatment: if fully treated, and if it is at least 3 months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the donor.
3. If the donor's sexual partner has been diagnosed with chlamydia (except lymphogranuloma venereum, see **2** above), genital warts or genital herpes and the donor is asymptomatic and not undergoing treatment or investigation, accept.

Additional information

Guidelines (NICE, BASHH) recommend that current sexual partners of lymphogranuloma venereum (LGV) probable or confirmed individuals should receive testing and empiric treatment with a chlamydial regimen. They can be accepted 3 months after completion of treatment.

Reason for change: 'See if Relevant' links have been updated.
Version details: BM-DSG Edition 203 Release 61 (13 October 2025)

Shingles

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory | **See:** Herpes zoster

Contact with an affected individual

Obligatory | **See:** Infectious diseases, contact with

Reason for change: The links have been changed for clarity.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Sickle cell trait

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Bone marrow donor:**
   Inform Transplant Centre if:
   Cells are from a donor that has sickle cell trait.

2. **PBSC donor:**
   Must not donate.

Supporting information

Additional information

PBSC donors with sickle cell trait may be at risk of their red cells sickling if the WBC becomes very raised following treatment with G-CSF.

Reason for change: PBSC donors with sickle cell trait must not donate.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Skin disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. The condition is infected or infectious.
2. Malignant.
3. Affecting site of venepuncture or harvest.

Discretionary

If malignancy was a basal cell carcinoma and treatment is completed, accept.

Supporting information

See if relevant

- Dermatitis
- Infection, general
- Malignancy
- Psoriasis

Reason for change: Malignancy has been added to Obligatory and additional links have been included.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Smallpox immunisation

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Immunised individual

Obligatory

Must not donate if:

1. The inoculation site has not fully healed.
2. Any secondarily infected site has not fully healed.
3. Less than 8 weeks from inoculation or from the appearance of any secondarily infected site.

Additional information

Smallpox immunisation is with live virus. By 8 weeks, the infection caused by the inoculation should have been controlled. If the wound has not healed, it is possible that there may still be infection present. We do not want to pass the virus, or other infection, on to either donors or staff, or to people receiving stem cells.

Contact with an immunised individual

Obligatory

Must not donate if:

1. Any secondarily infected site has not yet healed.
2. Less than 8 weeks after secondarily infected site appeared.

Discretionary

If no new skin lesions, accept.

Additional information

Close contacts of vaccinees (household or direct bodily contact) may become secondarily infected from direct skin contact with an infected inoculation site or from virus on clothing, bedding, dressings etc. If infection occurs, a new skin rash, blister or sore appears at the site of contact, which could be anywhere on the body. The rash represents a secondary vaccination site and presents exactly the same potential risk to patients, other donors and staff as that of a person who has been intentionally immunised.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Smoking cessation

Bone Marrow and Peripheral Blood Stem Cell

Also known as: anti-smoking treatments

Essential information

Obligatory

Must not donate if:

Experiencing symptoms related to treatment.

Discretionary

If well, accept donors using nicotine replacement therapy (e.g. patches, sprays) or bupropion (Zyban®, Amfebutamone®).

Supporting information

See if relevant

- Complementary therapy (acupuncture)

Additional information

Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected may make these problems worse.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Snake bite

Bone Marrow and Peripheral Blood Stem Cell

Reason for change: This entry has been removed. Guidance on snake bites is now included in the 'Animal bite, non-human' entry, which now includes 'snake bite' as a search term.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

South American trypanosomiasis

Bone Marrow and Peripheral Blood Stem Cell

Also known as: Chagas disease

Essential information

Obligatory

Must not donate.

Supporting information

See if relevant

- South American trypanosomiasis, risk of

Reason for change: 'Chagas disease' added as an 'Also known as' term.
Version details: BM-DSG Edition 203 Release 59 (1 May 2026)

South American trypanosomiasis, risk of

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Born in South America or Central America (including Mexico).
2. Mother was born in South America or Central America (including Mexico).
3. Has had a transfusion in South America or Central America (including Mexico).
4. Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.

Discretionary

1. If at least 4 months from the date of last exposure, including transfusion abroad, and a validated *T. cruzi* antibody test is negative, accept.
2. If less than 4 months following the date of last exposure, discuss with a Designated Clinical Support Officer.
3. If transfused after 1 January 1980, discuss with the Designated Clinical Support Officer who will decide if the donor may be accepted following a documented risk assessment. This must take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donor.

Supporting information

See if relevant

- Geographical Disease Risk Index for countries with a current *T. cruzi* risk
- Transfusion

Additional information

Infection with *T. cruzi* is very common in many parts of South or Central America and is often symptomless. It can be passed from an infected mother to her unborn baby and by transfusion. The insect that passes the infection on is only common in rural areas and the greater time that an individual has spent living in housing conditions with thatched roofs or mud lined walls which harbour the insect vector, the greater their risk of becoming infected. Testing is available and should be performed if there is a possibility of infection. Waiting 4 months from the last time of exposure allows time for the antibodies that are tested for to develop.

Camping or trekking in the jungle in South or Central America (including Mexico) is not considered of high enough risk to merit exclusion.

Reason for change: To reduce deferral period following last date of exposure from six to four months. To permit individual risk assessment if transfused after 1st January 1980. To also align this entry with the Geographical Disease Risk Index and change the reference to "Southern Mexico" to "Mexico".
Version details: BM-DSG Edition 203 Release 38 (07 October 2020)

Spina bifida

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Has an indwelling shunt.
2. Uses a catheter.
3. Has a pressure sore.

Supporting information

See if relevant

- Disabled donor

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Spinal surgery

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Neurosurgery
- Surgery
- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Splenectomy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. For malignancy.
2. For a myeloproliferative disorder.
3. For immune thrombocytopenia (ITP).
4. For haemolytic anaemia.

Discretionary

1. If for trauma, when recovered, accept.
2. If taking prophylactic antibiotics, accept.

Supporting information

See if relevant

- Immune thrombocytopenia
- Malignancy
- Surgery
- Transfusion

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Steroid therapy

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   a. Regularly taking steroid tablets, injections or enemas, or applying creams over large areas.
   b. The donor has needed treatment to suppress an autoimmune condition in the last 12 months.
   c. Less than 7 days after completing a course of oral or injected steroids for disorders associated with allergy.

2. **Bone marrow donor:**
   Inform anaesthetist if:
   Course of steroids in last month.

Discretionary

1. If occasional use of creams over small areas of skin for minor skin complaints, accept.
2. If using steroid inhalers for prophylaxis, accept.

Supporting information

See if relevant

- Autoimmune disease
- Liver disease
- Skin disease
- Tissue and cell allograft recipients

Additional information

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

Regulatory information

Part of this advice is a requirement of the EU Tissue and Cells Directive.

Reason for change: To clarify when donors who have used steroid therapy may donate.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Stroke

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Surgery

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Major surgery for the purposes of donor selection:

Any surgical procedure where recovery is not achieved within 2 months.

Recovery from surgery:

Donors can be considered to be recovered if they:

- Are well,
- Are back to activities of daily living (e.g. housework, employment, driving),
- Have regained mobility.

Obligatory

Must not donate if:

1. For malignancy or other condition that would preclude donation.
2. All wounds are not healed.
3. There are signs or symptoms of any infection.
4. Not fully recovered.
5. Less than 4 months after major surgery.
6. Less than 7 days after other surgery.
7. Requiring post-operative treatment or follow-up that might indicate further intervention is required, excluding routine follow-up or physiotherapy.
8. If waiting for surgery that is:
   a. Expected to occur within 3 months, or
   b. Required due to possible malignancy or other condition that would preclude donation.
9. Less than 7 days after completing postoperative prophylactic anticoagulant treatment.

Discretionary

1. If less than 4 months from the major surgical procedure, discuss with the Designated Clinical Support Officer who will decide if the donor may be accepted on a balance of risks following discussion with the Transplant Centre.
2. If the donor is waiting for surgery that is not required for possible malignancy, and:
   a. The procedure is not expected to take place within 3 months, or
   b. The procedure is minimally invasive, and it is not expected to take place within 1 month, accept.
3. If it is less than 3 months since any surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met, discuss with the Designated Clinical Support Officer. See **Additional information** below.

Supporting information

See if relevant

- Anaesthetic
- Anticoagulant therapy
- Basal cell carcinoma
- Cervical dysplasia
- Dental treatment

- Neurosurgery
- Ocular surgery
- Tissue and cell allograft recipients
- Transfusion
- Xenotransplantation

Additional information

Surgery may cause significant blood loss. It is important that donors waiting for an operation should not be put at risk of anaemia or poor iron stores by donating prior to planned surgery. Unless the type of surgery planned is unlikely to result in significant blood loss, the donor should be deferred until after their planned surgery. This will minimise their own chance of needing a transfusion, which would of course prevent them from continuing as a donor. It is also important not to hinder the recovery of the donor. This requires waiting until they are fully recovered before they donate again.

Surgery may place the donor at risk of infection, either from unhealed wounds or due to infection risks from infected staff or equipment. Although these risks are very small, it is important to wait long enough for the risks to have gone or until the tests performed by the UK Blood and Tissues Services can pick up any infection that they test for that may have been transmitted to the donor by surgery.

The entry has been revised to include a definition of recovery and amendment of the definition of major surgery. The deferral after major surgery has been shortened.

Specific guidance for donors awaiting surgery and postoperative thromboprophylaxis has been added.

As there may be uncertainty about additional risks for surgery performed outside of the UK and ROI, which may vary between countries, referral to Designated Clinical Support Officer for individual risk assessment is advised.

Reason for change: Definition of major surgery changed. 'Obligatory', 'Discretionary' and 'Additional Information' sections updated. 'See if Relevant' links added.
Version details: BM-DSG Edition 203 Release 51 (04 July 2023)

Syphilis

Bone Marrow and Peripheral Blood Stem Cell

Scenarios

Affected individual

Obligatory	**Must not donate.**
Discretionary	If fully treated in the past and confirmatory tests exclude recent infection, discuss with a Designated Clinical Support Officer.
Additional information	The interpretation of syphilis testing is often difficult. The advice of an experienced microbiologist may be required before a decision on safety can be made.

Current or former sexual partner of an affected individual

Obligatory	**Must not donate if:** 1. The potential donor was diagnosed with syphilis. See **Affected individual** above. 2. It is less than 3 months since last sexual contact with an infected partner.
Discretionary	1. If it is more than 3 months from the last sexual contact with an infected partner, accept. 2. If it is more than 3 months since an infected partner has completed treatment, accept.
See if relevant	• Tissues safety

Reason for change: The deferral period after sexual contact with an infected person has been reduced to three months.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Systemic lupus erythematosus (SLE)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Tamoxifen

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

See: Maligancy

Discretionary

Less than 12 weeks after completion of treatment with tamoxifen, refer to Designated Clinical Support Officer.

Supporting information

See if relevant

- Infertility

Reason for change: To clarify that use of Tamoxifen for non-malignant conditions is not a contraindication to donation.
Version details: BM-DSG Edition 203 Release 38 (07 October 2020)

Tetanus immunisation

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** Less than 4 weeks from exposure.
Discretionary	If non-exposed, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Thalassaemia major

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Therapeutic venesection

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Discretionary

1. If for haemochromatosis, accept.

2. **Bone marrow donors:**
   If for confirmed secondary polycythaemia, ask for anaesthetic opinion.

Supporting information

See if relevant

- Haemochromatosis

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Threadworms

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary	Even if on treatment, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Thrombosis and thrombophilia

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

1. **Must not donate if:**
   a. Due to atherosclerosis (e.g. coronary thrombosis).
   b. Recurrent thrombosis.
   c. Less than 7 days after completing anticoagulant therapy.
   d. Has a thrombophilic trait and has had 1 or more episodes of thrombosis.
   e. History of vaccine induced thrombotic thrombocytopenia (VITT), thrombotic thrombocytopenic purpura (TTP) or heparin induced thrombocytopenia (HIT).

2. **Bone marrow donor:**
   Inform anaesthetist of past history of thrombosis.

Discretionary

1. If a specific cause for an isolated deep vein thrombosis or pulmonary embolism has been identified, not of itself a reason for exclusion, and anticoagulant therapy has been stopped for at least 7 days, accept.

2. If the potential donor has a thrombophilia, refer to Designated Clinical Support Officer for expert clinical advice.

3. If the potential donor has a history of axillary vein thrombosis, refer to a Designated Clinical Support Officer. See **Additional information** below.

4. If the potential donor has a history of superficial thrombophlebitis, and
   a. The donor is not on antithrombotic therapy, and
   b. No underlying cause has been identified which precludes donation, accept. If in doubt, refer to Designated Clinical Support Officer.

Supporting information

See if relevant

- Anticoagulant therapy
- Autoimmune disease
- Cardiovascular disease
- Coronavirus vaccination
- Malignancy
- Nonsteroidal anti-inflammatory drugs

Additional information

G-CSF may induce a transient prothrombotic or hypercoagulable state in donors. Surgery (in bone marrow donation) is a well-known risk factor for thrombosis. The literature suggests several severe thrombotic events including a death in (related) donors donating bone marrow as well as PBSC. (Halter et al, 2009)

This has led to a generally accepted policy to defer donors with (risk factors or a predisposition to) thrombotic events.

Thrombophilia is a broad medical term which describes a multifactorial condition where the blood has an increased tendency to clot. Individuals with thrombophilia

can present with arterial or venous thrombosis. The causes of thrombophilia include inherited and acquired disorders, and a combination of causes may be present.

Inherited causes of thrombophilia may be discovered through family testing. These include:

- Antithrombin, Protein C and Protein S deficiency
- Factor V Leiden and prothrombin gene mutations

Acquired causes of thrombophilia may present later in life and can be associated with:

- Malignancy including myeloproliferative neoplasms
- Antiphospholipid syndrome and other autoimmune connective tissue disorders. These may be associated with a lupus anticoagulant and/or anticardiolipin antibodies on laboratory testing.

VITT, TTP and HIT are rare disorders characterised by arterial or venous thrombosis in combination with a low platelet count (due to platelet consumption). Donors who recover from these disorders are unlikely to be eligible to donate due to the therapy they received (e.g the primary treatment for TTP is plasma exchange with FFP) or an underlying condition (e.g. the indication for heparin therapy that triggered HIT). VITT was recognised as a complication of some SARS-CoV-2 (COVID-19) vaccinations.

Axillary vein thrombosis can be precipitated by excessive use of the arm (e.g. sports or working above head level) but other precipitants include venous compression in thoracic outlet syndrome, diabetes, smoking, malignancy and venous canulation. The donor may be eligible to donate if the underlying cause has been identified and corrected, but this should be balanced with the remote risk of local complications from a subsequent donation.

Superficial thrombophlebitis is inflammation of a vein just under the skin, usually in the leg, which can be accompanied by a small blood clot. This is different to, and less serious than, a deep vein thrombosis (DVT). If the superficial clot extends to where the superficial and deep veins join, a DVT can develop. Superficial thrombophlebitis normally settles within 2 to 6 weeks. Some individuals may be treated with anticoagulants to reduce the risk of extension.

Reason for change: Align with the recently updated WB-DSG entry. This entry has been renamed and revised to include more detail about a range of thrombotic and thrombophilic disorders.
Version details: BM-DSG Edition 203 Release 50 (12 April 2023)

Thrush, oral

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Unexplained.
2. Related to immunodeficiency.

Supporting information

See if relevant

- Infection, chronic

Reason for change: This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.
Version details: BM-DSG Edition 203 Release 42 (04 August 2021)

Thrush, vaginal

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Related to immunodeficiency.

Supporting information

See if relevant

- Infection, chronic

Reason for change: This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.
Version details: BM-DSG Edition 203 Release 42 (04 August 2021)

Thyroid disease

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. Under investigation.
2. Malignant.
3. Less than 6 months from treatment with radioactive iodine therapy.
4. Less than 24 months from stopping treatment with anti-thyroid tablets.

Discretionary

If on stable maintenance treatment with thyroxine, accept.

Supporting information

See if relevant

- Autoimmune disease
- Beta blockers
- Surgery

Reason for change: Links to 'Autoimmune Disease' and 'Beta Blockers' have been added.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Tissue and cell allograft recipients

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Excludes

Xenograft recipients, recipients of biological grafts of non-human origin and bio-prosthetic grafts, organ recipients.

Obligatory

All donors:

Must not donate if:

1. Dura mater transplanted at any time.
2. Ocular tissue transplanted at any time.
3. Any other allogeneic human tissue or cell transplanted since 1 January 1980, refer to Designated Clinical Support Officer.

Discretionary

1. If an autologous tissue, or cells, has been transplanted at any time, and there is no other reason to exclude the donor, accept.
2. If an allogeneic tissue (except dura mater or ocular tissue) or cell transplant was performed before 1 January 1980, and there is no other reason to exclude the donor, accept.

Supporting information

See if relevant

- Immunosuppression
- Ocular tissue recipient
- Organ recipient
- Prion-associated diseases
- Surgery
- Transfusion
- Xenotransplantation

Additional information

The transfer of tissues or cells between individuals has led to the spread of infection. The above guidelines are intended to minimise these risks.

People who have received a tissue or cell transplant since 1980 are normally excluded from donation as a precautionary measure against the risk of transmission of variant Creutzfeldt-Jakob disease (vCJD) in the same way as recipients of transfusion are.

The Designated Clinical Support Officer should consider the availability of alternative donors and discuss the risks and benefits with the physician of the intended recipient. This risk assessment should be shared with the recipient, or their next of kin as appropriate

Dura mater and ocular tissue allografts have been implicated in iatrogenic CJD. Iatrogenic CJD refers to the transmission of prions via inadvertent medical exposure. Recipients of dura mater and ocular tissue recipients are excluded.

Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 51 (04 July 2023)

Tissues safety

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Individual risk is based on the donor's sexual behaviour, including new partners and the number of partners in the 3 months prior to donation.

Partner risk is based on sexual contact with a partner who may, at a population level, be at higher risk of acquiring infection, as described in this entry.

Sexual contact is defined as oral, vaginal or anal sex.

Anal sex is defined as penile-anal intercourse only. It does not apply to oro-anal sex or the use of sex toys.

Chemsex is sex while using stimulant drugs taken for the specific purpose of enhancing sexual experience and reducing inhibitions. Chemsex does not refer to sex after using alcohol or recreational drugs for other purposes, nor the use of drugs (e.g. Viagra® or Cialis®) to treat erectile dysfunction.

Obligatory

Information must be provided so that those at risk do not donate.

1. **You must not donate if:**
   You think you need a test for HIV/AIDS, HTLV or hepatitis.

2. **You must never donate if:**
   a. You are HIV positive.
   b. You are HTLV positive.
   c. You are a hepatitis B carrier.
   d. You are a hepatitis C carrier.

3. **You must not donate for at least 12 months:**
   After stopping habitual use of injected drugs of addiction.

4. **You must not donate for at least 3 months if:**
   a. You have taken pre-exposure prophlyaxis (PrEP) / Truvada® by mouth to prevent HIV.
   b. You have taken or been prescribed post-exposure prophylaxis (PEP) by mouth to prevent HIV.

   If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

5. **You must not donate for at least 24 months if:**
   You have received PrEP as an injection to prevent HIV, e.g. cabotegravir (Apretude®).

   If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

6. **You must not donate for at least 3 months if:**
   a. You have received money or drugs for sex.
   b. You have injected, or been injected with, non-prescription drugs, even only once. This includes, for example, bodybuilding drugs or injectable tanning agents. You may be able to donate if a doctor prescribed the drugs. Please ask.
   c. You have injected, been injected with, or used non-parenteral chemsex drugs.

7. **Individual risk criteria (FAIR):**
   You must not donate for at least 3 months if:
   a. You have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact.
   b. You have been diagnosed with gonorrhoea. You must wait for at least 3 months after you have successfully completed treatment and been discharged from further follow-up.
   c. You have had more than 1 sexual partner in the last 3 months AND you have had anal sex with any of these partners.
   d. You have had anal sex with a new sexual partner. For the purpose of donor selection, a new partner is someone that you have not had sex with before or a previous partner with whom you have restarted a sexual relationship in the last 3 months.

      If you are in a sexual relationship with 1 partner only, you can donate once it is 3 months from the date of first sexual contact, even if you are having anal sex.

8. **You must not donate for at least 3 months after sex (even if you used a condom or other protective) with:**
   A partner who is, or you think may be:
   a. HIV or HTLV positive.
   b. A hepatitis B carrier.
   c. A hepatitis C carrier.
   d. A partner who has received money or drugs for sex.
   e. A partner who has injected, or been injected with, non-prescription drugs. This includes, for example, bodybuilding drugs or injected tanning agents. You may be able to give if a doctor prescribed the drugs, please ask.

Supporting information

See if relevant

- Addiction and drug abuse
- Hepatitis B
- Hepatitis C
- Hepatitis of unknown origin
- HIV
- HTLV
- Infection, general

- Pre- and post-exposure prophylaxis for HIV prevention
- Sexually transmitted disease
- Syphilis

Additional information

The For the Assessment of Individualised Risk (FAIR) report (2020) recommended changes to blood donor selection policy to allow a more individualised risk-based approach. This approach was approved by ministers in devolved administrations and has now been implemented by the UK Transfusion Services.

The FAIR III working group recommended that a similar approach could be applied to tissue and cell donors in principle, acknowledging that the current donor selection policies already permit an individual risk assessment approach for life saving tissues and cells.

FAIR identified several factors associated with a higher risk of blood borne infections. These include the recent diagnosis of a bacterial sexually transmitted disease and the following sexual behaviours:

- new or multiple sexual partners
- anal sex
- participation in chemsex activity

Drugs used for chemsex include methamphetamine, mephedrone and GHB/GBL, but other drugs may be used (e.g. ketamine, poppers, cocaine). Chemsex is a high risk activity because it usually involves multiple sexual partners, sometimes for extended periods of time. The drugs involved also reduce inhibition leading to riskier sexual activity.

The drugs used in both pre- and post-exposure prophylaxis for HIV (PrEP and PEP) may interfere with the routine HIV screening tests carried out on all tissue and cell donors. For this reason, donors who have taken oral PrEP or PEP in the previous 3 months, or received injectable PrEP in the previous 24 months, should not donate. This applies even if they are otherwise eligible under individual risk criteria.

The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation.

Reason for change: Addition of a 24-month deferral for recipients of injectable PrEP.
Version details: BM-DSG Edition 203 Release 58 (13 October 2025)

Topical medication

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate if:** There is broken or infected skin at the site of venepuncture or harvest.
Discretionary	If the condition being treated does not exclude, accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Toxoplasmosis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

Less than 6 months from recovery.

Supporting information

Additional information

This is a common parasitic infection, often spread by cat faeces or eating undercooked meat. It can be spread through transfusion. It may have serious consequences or even prove fatal for the recipient. Usually it does not cause symptoms, as the body's immune system easily overcomes the parasite. If the infection has caused symptoms that has lead to it being diagnosed, waiting 6 months from recovery will make it unlikely that it will be passed on by donation.

Reason for change: Entry has been simplified following a risk assessment by SACTTI.
Version details: BM-DSG Edition 203 Release 14 (29 June 2012)

Transfusion

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Treatment with blood components, products and derivatives.

Obligatory

1. **Must not donate if:**
   At any time the donor has:
   a. Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis. See **Discretionary** below for exceptions.
   b. Has received regular treatment with blood derived coagulation factor concentrates.

2. **Since 1 January 1980:**
   a. Anywhere in the world, the donor has received, or thinks they may have received, a transfusion of blood or blood components, or intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intrauterine transfusion.
   b. Had a plasma exchange performed.

3. **Before 1 January 1999:**
   Treated with prothrombin complex to reverse over-anticoagulation.

Discretionary

1. **If:**
   a. On medical inquiry, it is unlikely that the donor has been transfused, accept.
   b. Received, or thinks they may have received, a transfusion of blood or blood components before 1 January 1980, accept. See **3** below if transfused abroad.
   c. Treatment with human immunoglobulin has been limited to small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin etc), accept.
   d. Treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1 January 1999, accept.

2. **Autologous transfusion:**
   If only the donor's own blood has been used, accept.

3. **Donor transfused in a country endemic for malaria or South American trypanosomiasis:**
   Check the Geographical Disease Risk Index. If transfused in an at-risk endemic country, and a validated malarial antibody test and/or (as appropriate) a validated test for *T. cruzi* antibody is negative, at least 4 months after exposure, accept. If transfusion happened after 1 January 1980, see **4** below.

4. **Donor transfused since 1 January 1980:**
   Discuss with the Designated Clinical Support Officer who will decide if the donor may be accepted following a documented risk assessment. This must

take into account the availability of alternative donors, the risks of vCJD transmission and the expected benefits of using a particular donor.

Supporting information

See if relevant

- Bleeding disorder
- Geographical Disease Risk Index
- Immunoglobulin therapy
- Immunosuppression
- Malaria
- Prion-associated diseases
- South American trypanosomiasis, risk of

Additional information

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

All transfused donors:

Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections before accepting the donor.

Coagulation concentrates:

People who have received blood derived coagulation concentrates (these are made from the blood of many donors) regularly may have been put at risk of infections that can be passed through blood.

Donors transfused since 1980:

In the autumn of 2003, a UK recipient of blood, taken from a healthy donor who later developed variant Creutzfeldt-Jakob disease (vCJD), died from vCJD. Since then there has been a very small number of cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD.

In view of this, people transfused or possibly transfused since 1980 should not normally be accepted. Any history of transfusion after 1980 must be recorded and remain part of the documentation associated with the donation.

Plasma exchange results in the patient having been exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.

Commonly used PCCs, such as Beriplex or Octaplex, currently used in the UK, are prepared from non-UK donors. They are administered as one-off doses to reverse anticoagulation or peri-operative prophylaxis. Since 1999, coagulation factors prepared from UK donors have no longer been used as a risk reduction measure for vCJD transmission.

Reason for change: To remove information only relevant to deceased tissue donors. To update guidance relating to South American Trypanosomiasis risk. To add guidance relating to donors transfused since January 1st 1980. To harmonise the definition of what constitutes a transfusion.
Version details: BM-DSG Edition 203 Release 38 (07 October 2020)

Transgender individuals

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

Cisgender (cis) describes someone whose gender identity is the same as the sex they were assigned at birth.

Transgender (trans) describes someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Obligatory

Assessment of the donor suitability should be according to the gender assigned at the time of donation. See **Additional information** below.

Discretionary

Accept.

Supporting information

See if relevant

- Tissues safety
- Surgery

Additional information

Consideration should be given to the medications used during gender re-assignment. An individual risk assessment is required with regard to potential effects on the donor, donated material and any potential risk to the recipient.

Assessment of haemoglobin concentration should be according to the gender assigned. The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. Testosterone levels will rise if a person who was assigned female at birth receives hormone therapy as part of transitioning. This will result in the haemoglobin concentration rising to the higher range seen in cis men. The opposite will be true if a person who was assigned male at birth transitions.

Reason for change: This entry was revised to support the implementation of the FAIR III report; the additional information section has been revised to reflect the circumstances of tissue and cell donations.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Transient ischaemic attack (TIA)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Travel

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- Geographical Disease Risk Index
- Infection, tropical
- Malaria
- South American trypanosomiasis, risk of

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Trypanosoma cruzi infection

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate.

Supporting information

See if relevant

- South American trypanosomiasis, risk of

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Tuberculosis (TB)

Bone Marrow and Peripheral Blood Stem Cell

Supporting information

See if relevant

- BCG
- Heaf test
- Mantoux test

Scenarios

Affected individual

Obligatory

Must not donate if:

1. Infected.
2. Less than 24 months from completing treatment.
3. Under follow-up.

Discretionary

1. If donor with a history of tuberculosis or latent tuberculosis has been successfully treated, with treatment being completed at least 24 months previously, been discharged from follow-up, and has remained well and asymptomatic, accept.
2. Donors with a diagnosis of latent tuberculosis currently not undergoing investigation, or more than 7 days after completion of treatment, refer to Designate Clinical Support Officer for individual risk assessment.

Contact with an affected individual

Obligatory

Must not donate until:

Screened and cleared.

Discretionary

If the donor has been informed that they do not need to be screened, accept.

Additional information

Tuberculosis (TB) can be present in many tissues and be spread through the blood stream. It is sensible to exclude people who may have active disease from donating to prevent any possibility of transmitting the infection.

Individuals with latent TB do not have symptoms of active infection. Treatment is usually recommended for individuals aged under 65. Antibiotics used to treat TB can cause liver damage in older adults, and hence treatment may not be offered. If latent TB is thought to be drug resistant, or if the individual is taking immunosuppressive medication for any reason, they may be regularly monitored to check the infection does not become active.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 51 (01 July 2023)

Turner syndrome

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Varicose veins

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Phlebitis
- Surgery
- Thrombosis and thrombophilia

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Vasculitis

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Viral haemorrhagic fever (VHF)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes Crimean-Congo Fever, Ebola Virus Disease, Lassa Fever, Marburg Fever.

Supporting information

See if relevant

- Geographical Disease Risk Index for countries with a current endemic VHF risk

Additional information

These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. The 2014–2016 outbreak of Ebola in West Africa had increased understanding about the persistence of the virus in affected individuals and the number of asymptomatic individuals who may be able to transmit the virus to others.

There is no routine screening test for Ebola Virus (EBOV) currently available. There is an option to test donors serologically for the presence of anti-EBOV (antibodies) 2 months after the exposure event if a test becomes available. A reactive test would result in permanent deferral, a negative test would allow donation to proceed. Designated Clinical Support Officers may seek expert advice where necessary, under exceptional circumstances.

There is evidence of persistent virus in individuals who recover from several forms of viral haemorrhagic fever. For this reason, it is necessary to defer the sexual partners of these individuals.

Scenarios

Affected individual

Obligatory

Must not donate if:

Has ever been infected.

Contact with an affected individual or travel to endemic country

Obligatory

Must not donate if:

1. Was present in an area during an active outbreak.
2. Under investigation for viral haemorrhagic fever.
3. Has been in contact with an individual who was present in an area during an active outbreak.
4. Was in contact with an individual infected with, or was under investigation for viral haemorrhagic fever.
5. Less than 6 months after return to UK from an endemic area when there was no active outbreak.

Under exceptional circumstances, the donor may be accepted subject to individual risk assessment. Refer to Designated Clinical Support Officer. See **Additional information** below.

Discretionary

Accept if:

1. If more than 6 months after return to UK from an endemic area when there was no active outbreak at the time of visit.
2. If the individual, or the contact person, under investigation had viral

haemorrhagic fever infection excluded as diagnosis.

Sexual partner of an affected individual

Obligatory	**Must not donate if:** The donor has had sex with an individual who had been diagnosed with a viral haemorrhagic fever at any time before their last sexual contact.

Reason for change: A permanent deferral has been introduced for donors who have had sex with an individual who has been diagnosed with a VHF, and definition of VHF provided.
Version details: BM-DSG Edition 203 Release 37 (15 July 2020)

Vitamin treatment

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory

Must not donate if:

1. There is an underlying cause for vitamin deficiency that is a reason for exclusion.
2. If the donor has neurological damage due to B12 deficiency.

Discretionary

1. If the donor is being treated for a deficiency, discuss with Designated Clinical Support Officer.
2. If on oral self-medication or prescribed treatment to prevent deficiency, accept.

Supporting information

See if relevant

Vitamins commonly given to treat a deficiency include vitamin D, vitamin B12 and folic acid. Vitamin D is usually caused by dietary lack and lack of exposure to sunlight which do not contraindicate donation.

Vitamin B12 deficiency may be dietary or due to failure of absorption. One such failure of absorption, pernicious anaemia, is an autoimmune disorder usually caused by the body attacking the lining of the stomach. Other causes of malabsorption include coeliac disease, small bowel bacterial overgrowth and surgical removal of the stomach. Acceptable if due to stomach operation or dietary deficiency (e.g. vegan) and donor meets haemoglobin requirements.

Stem cell donors will have blood tests done before donation. These would pick up any effects of vitamin deficiency that could impact on the safety of donation such as low calcium and anaemia and allow individualised management.

Reason for change: To provide more detailed guidance regarding when affected donors can be accepted.
Version details: BM-DSG Edition 203 Release 56 (13 August 2024)

Warts

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Even if on local treatment, accept.

Supporting information

Additional information Warts (including verruca) are caused by infection with the human papillomavirus (HPV) of which there are over 100 different types. They may occur on the skin and mucous membranes. The virus is spread by skin-to-skin contact and it can be very infectious. Genital warts are possibly the commonest sexually transmitted disease, but they do not necessarily indicate high risk sexually activity, so no specific deferral is required.

Molluscum contagiosum is also caused by a virus and can be managed in the same way as warts.

Reason for change: 'Additional Information' section added following FAIR III report.
Version details: BM-DSG Edition 203 Release 52 (15 November 2023)

Warts, genital

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Accept.

Supporting information

See if relevant

- Sexually transmitted disease

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Weight

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

BMI: body mass index

Obligatory

1. **Bone marrow donor:**
   Must not donate if:
   a. BMI is over 35.
   b. Under 50 kg (7 stone 12 lb) and the donor's weight is significantly less than the recipient's weight (see **Additional information** below).

2. **PBSC donor:**
   Must not donate if:
   a. BMI is over 40.
   b. BMI is below 18.5.
   c. Under 30 kg (4 stone 10 lb).
   d. Under 50 kg (7 stone 12 lb) and the donor's weight is significantly less than the recipient's weight (see **Additional information** below).
   e. The donor is so overweight that they have difficulty in getting on to or off the donation couch.
   f. Venous access is very difficult.

Discretionary

1. **Bone marrow donor:**
   a. If BMI is >35 to <40, refer to Designated Clinical Support Officer. Obtain anaesthetic opinion, considering other anaesthetic risk factors and technical feasibility.

2. **PBSC donor:**
   a. If BMI is 40 to <43, refer to Designated Clinical Support Officer, considering venous access.
   b. Treatment with anti-obesity drugs, accept.

Supporting information

Additional information

UK Blood and Tissue Service staff should not put their own health at risk by helping donors on and off the donation couch except in an emergency.

It is recommended that no donor should lose more than 15% of their blood volume during any donation procedure. This is to protect them from adverse effects such as fainting. When bone marrow is donated, however, the donor receives intravenous fluid perioperatively and this allows a volume of bone marrow to be taken that is more than 15% of the donor's blood volume. The maximum volume to be taken is determined by the donor's weight in kilograms, and for most Transplant Centres this is up to 20 mL of bone marrow per kilogram of body weight, as per European Society for Blood and Marrow Transplantation (EBMT) guidance. Bone marrow donors also receive iron supplements post-donation to facilitate rapid recovery of any donation-related anaemia.

To ensure engraftment in the recipient, it is vital that a bone marrow harvest

contains a sufficient blood stem cell dose. This is calculated by dividing the absolute total nucleated cell dose in the harvest by the recipient's weight in kilograms. When there is a large weight disparity between donor and recipient, there is a high risk of failure to achieve the minimum target total nucleated cell dose. However, lighter donors may be accepted providing that the weight disparity with the recipient is not unacceptable, and providing the donor is in good health and otherwise eligible to donate. This should always be discussed with the Transplant Centre. However, there are potential cell dose concerns if the donor's weight is less than 70% of the recipient's weight. The suggested figure of 70% comes from consultation with the UK bone marrow transplant community, rather than from any formal guidance document.

Similarly, to ensure recipient engraftment, it is vital that a PBSC collection contains a sufficient blood stem cell dose. As for bone marrow harvest, this is calculated by dividing the absolute blood stem cell dose in the apheresis product by the recipient's weight in kilograms. As for bone marrow, lighter donors may be accepted providing that the Transplant Centre does not consider that there is too large a weight disparity with the recipient, and providing the donor is in good health and otherwise eligible to donate. As for bone marrow, there are potential cell dose concerns if the donor's weight is less than 70% of the recipient's weight. Again, the suggested figure of 70% comes from consultation with the UK bone marrow transplant community, rather than from any formal guidance document.

Adult donors weighing less than 30 kg may not be accepted under any circumstances, since the volume of the cell separator machine's extracorporeal circuit would then exceed 15% of the donor's total blood volume, with unacceptable risks of hypovolaemia and/or vasovagal issues.

Obesity makes it desirable to use more than a donor's weight to estimate their blood volume. Fat contains far less blood as a proportion of its weight than muscle. In obese individuals, the blood volume can be seriously overestimated from weight alone. Overestimating a donor's blood volume makes it more likely that they will have an adverse incident.

Donors who are overweight or obese tend to have more moderate to severe pain with PBSC donation. Bone marrow harvest is technically a considerably more difficult procedure in overweight donors. There is much evidence to support the concept that the morbidly obese in general (i.e. with a BMI >35) have a higher risk of premature death, anaesthetic complications and occult cardiovascular disease.

However, it is recognised that a high BMI does not always reflect obesity and body habitus and many high BMI donors may be fit and suitable to donate.

Reason for change: Guidance has been updated to allow acceptance of donors under 50 kg, provided there is no unacceptable weight disparity between the donor and recipient.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

Weight loss medication

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Includes

Oral or injectable drugs for management of weight loss.

Excludes

Causes of obesity or related comorbidities. Donors with these conditions must be assessed using the relevant entries.

Obligatory

1. **Oral medication**
   Must not donate if:
   a. The medication used is itself a reason for deferral, or
   b. The donor is experiencing significant side-effects.

2. **Injectable medication**
   Must not donate if:
   a. Injectable medication has not been prescribed for the donor by a registered prescriber and/or has been obtained from a non-licensed source, or
   b. The donor is not using the medication as prescribed (e.g. sharing medication vials, pens or injection equipment with other users), or
   c. The donor is experiencing significant side-effects.

Bone marrow donors only:

Anaesthetics staff must be informed well before the proposed date of bone marrow harvest, and usually at the time of initial clinical assessment, if the donor is taking a glucagon-like peptide-1 (GLP-1) agonist drug, e.g. tirzepatide (Mounjaro®) or semaglutide (Wegovy®), due to the risk of delayed gastric emptying.

Discretionary

If:

1. The medication is not in itself a reason for deferral, and
2. The donor does not have significant side-effects, and
3. The medication has been prescribed for the donor by a registered prescriber and obtained from a licensed source, and
4. The donor is not sharing medication vials, pens or injection equipment, accept.

Supporting information

See if relevant

- Diabetes mellitus
- Tissues safety

Additional information

Several treatments for weight loss are licensed for use by the NHS including the oral medication orlistat (Alli®, Xenical®) and the injectable medications tirzepatide (Mounjaro®), liraglutide (Saxenda®) and semaglutide (Wegovy®). Donors prescribed any of these through an NHS provider can be accepted provided they are well and are using the medication correctly. It is important to check the entry for any underlying health conditions that the donor may have. Donors who are diabetic should be assessed using the Diabetes mellitus entry.

Patients who are not eligible for NHS treatment may obtain weight loss medications from private providers. As long as the treatment has been prescribed by a registered healthcare professional and issued through a licensed pharmacy, the donor can be accepted. Donors who have obtained injectable medication from a non-licensed source (including from friends or family) should not be accepted. It is important that donors who may be sharing medication vials, pens or injecting equipment are not accepted.

Donors who have acquired treatments online can be accepted provided they meet the conditions outlined above. If staff are unsure whether a provider meets these criteria, refer to a Designated Clinical Support Officer.

Glucagon-like peptide-1 (GLP-1) agonist drugs, such as semaglutide (Wegovy®) and tirzepatide (Mounjaro®), can cause delayed gastric emptying. Bone marrow donors taking these drugs may require longer pre-operative periods of fasting than would otherwise be the case, so anaesthetics staff must be informed well in advance of the planned date of bone marrow harvest.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 61 (6 October 2026)

West Nile Virus (WNV)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Definition/s

West Nile Virus endemic areas are shown in the Geographical Disease Risk Index.

Obligatory

Must not donate if:

1. It is less than 6 months from a donor's return from a WNV endemic area and the donor has been diagnosed with WNV whilst there or following their return.

2. It is less than 6 months from a donor's return from a WNV endemic area and the donor has either had a history of symptoms suggestive of WNV whilst there or within 28 days of their return.

3. In other cases it is less than 4 weeks from a donor's return from a WNV endemic area.

Discretionary

1. All donors may be accepted 6 months after their return from an affected area. This may be reduced to 4 weeks if they have had neither symptoms nor evidence of infection.

2. For donors who have been back in the UK for less than 4 weeks before clearance or donation, who have not been diagnosed with WNV infection and who have not had symptoms suggestive of WNV infection, if a validated NAT for WNV is to be undertaken see **Additional information** below.

3. Donors who have been back in the UK for less than 6 months, and more than 28 days, who have had symptoms suggestive of WNV infection while abroad or within 28 days of return (but no firm diagnosis of WNV infection), if a validated NAT for WNV is to be undertaken, accept.

Supporting information

See if relevant

- Geographical Disease Risk Index for countries with a current endemic WNV risk

Additional information

West Nile Virus is a flavivirus, similar to Dengue, which causes a wide spectrum of infection. This may range from no or minimal symptoms to death. It is geographically widespread, including areas in Europe and other parts of the world not affected by malaria, and it has reached epidemic proportions in North America in recent years. There it has caused illness and death post transfusion and post transplantation of tissues and organs. It is spread by mosquitoes and so is more prevalent at times of the year when mosquitoes are active.

As the problem can vary both in relation to geography and time of the year, it is not possible to state areas from which donors need to be deferred and dates of disease activity. These are provided in the Geographical Disease Risk Index.

At least one case was reported in the literature that WNV has caused illness and death after transplantation of stem cells from inadequately screened donors, but

the spectrum of this illness in recipients is unknown as patients who develop a pyrexia post-transplant and pre-engraftment will not routinely undergo screening for WNV infection.

Testing a donor early in the incubation period and then collecting haematopoietic stem cells some days later may not assure component safety. Therefore, the time of testing of donors within 28 days of return from an affected area becomes important to ensure testing is not carried out too early in the incubation period. This must be balanced against the patient's clinical need, and the likelihood of detecting infection in an asymptomatic donor.

When an allogeneic stem cell donor who has been asymptomatic, has returned from a WNV endemic area, the preferred option is to wait for 28 days from return before clearing the donor if the stem cell collection can be delayed. In exceptional circumstances and if there is a pressing clinical need to proceed to clearing the donor or collection within 28 days of return, a risk assessment should be undertaken in conjunction with the transplant centre clinicians as to how they will manage their patient. This should include awareness of the timing of the return of the donor from the WNV endemic area, the likelihood of receiving a WNV positive donation (with its associated risks) from an asymptomatic donor, and the options of:

1. Delay the clearance of the donor and stem cell collection plus conditioning of the patient as far as possible towards the day 28 of the return of the donor (with possible individual WNV NAT testing).
2. Product cryopreservation with delayed conditioning until the WNV individual NAT result from the day of donation sample is known.

Data on the risk of a WNV positive donation entering the UK blood supply is available and is considered to be very low. The UK Blood Services have carried out 288,533 WNV NAT tests on asymptomatic whole blood donors within 28 days of returning from WNV affected areas from June 2013–2020, and there have been no positives identified (available data: Standing Advisory Committee on Transfusion Transmitted Infections). Further data available in the literature suggests RNA detection is possible within 2 days and up to 13 days of exposure using individual donor NAT testing. If this is the case, individual NAT testing in asymptomatic donors within 13 days of return from a WNV endemic area would permit donation to proceed if there is a pressing clinical need.

All these considerations support a screening stratification approach to allow the transplant centre to make a judgement based on the perceived clinical need versus risk of transplanting a positive donation to the recipient if the donor is within 28 days of return from a WNV endemic area and there is a pressing clinical need to proceed with transplantation, and so therefore donation.

A Position Statement on West Nile Virus is available.

Reason for change: To include donor clearance as a timepoint for consideration in risk assessment.
Version details: BM-DSG Edition 203 Release 56 (13 August 2024)

Whooping cough

Bone Marrow and Peripheral Blood Stem Cell

Also known as: pertussis

Scenarios

Affected individual

Obligatory | **See:** Infection, acute

Contact with an affected individual

Obligatory | **See:** Infectious diseases, contact with

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Xenotransplantation

Bone Marrow and Peripheral Blood Stem Cell

Also known as: xenografts

Essential information

Definition/s

Xenotransplantation: any procedure that involves the transplantation, implantation, or infusion into a human recipient of either (a) live cells, tissues, or organs from a non-human animal source, or (b) human body fluids, cells, tissues, or organs that have had ex vivo contact with live, non-human animal cells, tissues, or organs. Xenotransplantation products include live cells, tissues and organs.

Biological products, drugs, or medical devices sourced from non-living cells, tissues or organs from non-human animals, including but not limited to porcine insulin, porcine heart valves, and collagen matrices derived from acellular porcine, bovine or any other xenogeneic source (e.g. PelviSoft®, Bio-Oss®, Bio-Gide® and Surgibone®) are not considered xenotransplantation products.

Includes

Xenografts, heterografts, non-human organ perfusion.

Scenarios

Xenotransplant recipient

Obligatory

Must not donate if:

Material from a **living** non-human animal source has been directly or indirectly in contact with the donor's blood supply. This does not include animal bites.

Current or former sexual partner of a xenotransplant recipient

Obligatory

Must not donate.

Additional information

Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in infections that would not normally affect humans being passed on.

Reason for change: Further guidance re Recipient definition.
Version details: BM-DSG Edition 203 Release 24 (13 July 2016)

Xenotropic murine leukemia virus-related virus (XMRV)

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Discretionary Donors who have been tested positive for XMRV, accept.

Supporting information

Additional information As there is no evidence that XMRV is implicated in human disease, a positive test is not a bar to donation.

Reason for change: This is a new entry.
Version details: BM-DSG Edition 203 Release 12 (24 January 2012)

Yaws

Bone Marrow and Peripheral Blood Stem Cell

Essential information

Obligatory	**Must not donate.**

Reason for change: Entry carried over from previous Edition.
Version details: BM-DSG Edition 203 Release 02 (11 December 2007)

Using these guidelines

Using these guidelines

Last updated in BM-DSG Edition 203 Release 59 (1 May 2026)

The Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines (BM-DSG) apply to unrelated donors giving bone marrow and peripheral blood stem cells for therapeutic use.

The BM-DSG forms a constituent part of Chapter 22 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK.

JPAC is responsible for these guidelines and receives professional advice from its specialist Standing Advisory Committees and other relevant expert groups. The BM-DSG is primarily reviewed and updated by the Standing Advisory Committee on Cellular Therapy Products (SACCTP). It is reviewed regularly to ensure that donations are of the highest quality and of sufficient quantity to meet the needs of recipients.

Comments about the content of the BM-DSG, including notification of errors, omissions and suggestions for improvements, should be sent to JPACOffice@nhsbt.nhs.uk.

On this page

- General principles
- Use of the A to Z index
- Guideline terminology
- Medication
- Version control

General principles

Important

These guidelines are for healthcare professionals who are trained in their use.

JPAC cannot answer individual donor queries or provide personal medical advice. Help with such matters may be available through a local blood and tissue service.

Donations must not be accepted from donors who exhibit health risks that are not listed in these guidelines without referral to, and acceptance by, a Designated Clinical Support Officer.

Donors are selected firstly to ensure that they do not come to harm from giving their donation and secondly to ensure that their donation is unlikely to harm any recipient.

The ultimate responsibility for the selection of donors rests with the Medical Director of each UK Blood and Tissue Service (UKBTS).

The immediate responsibility is with the Qualified Healthcare Professional who must ensure that the donor fulfills the respective selection criteria. When it is not clear from these guidelines if an individual donor is suitable, no donation should be taken without discussion with a Designated Clinical Support Officer.

It is recognised that a particular donation of bone marrow or peripheral blood stem cells may be potentially and uniquely life saving. It is important that when a Designated Clinical Support Officer makes a concession outside of these guidelines, that this is discussed with the medical team of the recipient and the reasoning for the concession is documented.

The prospective donor must be evaluated for their eligibility to donate by a Qualified Healthcare Professional who has undergone appropriate training to use these guidelines to select or defer a donor. They must verify their assessment by signing the donation record.

Special note must be taken of the content of the Tissues safety entry.

It is the responsibility of the Qualified Healthcare Professional to ensure that the donor clearly understands the nature of the donation process, the health check and other medical information presented to them. Donors are asked about confidential aspects of their medical history, hence great care must be taken over privacy and confidentiality.

Where there is separate guidance for **Bone Marrow** and for **Peripheral Blood Stem Cell** donors, this is made clear. When there is a recognised risk to either the donor or the recipient, the guidelines **must** be followed.

Use of the A to Z index

Any medical condition or possible contraindication to donation, elicited at any point during the donation process, must be managed as indicated by its respective guideline entry. A complete list of available entries can be found in the A to Z index. Any collected material which, as a result, is unsuitable for clinical use must be clearly labelled as unfit for use.

If late information is provided by the donor, or through any other source, that the donation is medically unfit, this must be recorded and reported to the Designated Clinical Support Officer.

Any new health risks identified during the donor selection process should be notified to SACCTP so that they can be considered for incorporation into future revisions of the BM-DSG.

Guideline terminology

Please note, not all of the terms given below appear on every guideline entry.

Terms used for each section of an entry

Also known as	Alternative names for the entry.
Definition(s)	Clarification of key terms and concepts within the entry.
Includes	Any specific conditions, treatments or other factors covered by the entry.
Excludes	Any specific conditions, treatments or other factors **not** covered by the entry.
Obligatory	Reasons why a donor **must not** donate.
Discretionary	Reasons why a donor **may be permitted** to donate. These statements are conditional and all criteria that must be fulfilled will come before the final statement that they may be accepted. If the donor fulfils these requirements, as well as all others that apply, then they can be accepted.
See if relevant	Other guideline entries which may need to be consulted, depending upon the information provided by the donor.
Additional information	Further detail as to why any particular action is required.

Terms used within the text of an entry

Must not donate	The donor **must not donate** if any of the statements apply to them, unless a **discretion** clearly applies. If the deferral depends on time-related factors, the donor must be clearly advised when they will become eligible to donate again. If the deferral is not time limited (i.e. it is likely to be permanent) the donor must be clearly advised why they cannot donate.
See	The specified guideline entry **must** be consulted.
Refer to a Designated Clinical Support Officer	When there is a need to seek further advice, the Designated Clinical Support Officer is a suitably trained person authorised to undertake this task by the Medical Director or their nominated deputy.

Information provided at the end of each entry

Reason for change	A brief summary of the most recent changes to the entry.
Version details	The Edition and Release number of the current version of the entry and its date of publication.
Document	A link to the relevant Change Notification detailing the most recent update to the entry, if applicable.

Medication

The underlying illness suffered by a donor, rather than the properties of any drug they are taking, is the usual reason for an ineligiblity to donate.

In general, traces of drugs in donations are harmless to their recipients. However, donors treated with certain drugs are deferred for periods associated with the pharmacokinetic properties of the drug. Examples are drugs used to treat acne, psoriasis, and some prostate problems. All such drugs have their own entry.

Version control

The BM-DSG is under the continuing review of SACCTP and the Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI) to ensure that they are accurate and up to date.

All changes are the responsibility of the Professional Director of JPAC and have the approval of the Executive Working Group (EWG) and the JPAC Board.

Terms used for version control of the guidelines

Change Notification	This notifies the Medical Director and the Quality Manager of each of the four UKBTS to upcoming changes to the guidelines. The implementation of any changes is the responsibility of the individual Services.
Edition	An extensive revision of the entire set of guideline entries.

Release	Changes to the one or more entries in the current Edition of the guidelines which involve a change to the medical or scientific content.
Issue	• Changes to the one or more entries in the current Release of the guidelines which have been made to correct an error or omission, or • Subsequent changes to the medical or scientific content of additional entries in an upcoming Release that has already been made available prior to publication Each Release of the guidelines will be Issue 1 unless otherwise stated on the Source files page.

The Quality Manager of each UKBTS will be notified of upcoming changes by electronic distribution of a Change Notification.

The Quality Manager is responsible for effecting changes to locally held copies of the guidelines, or to information adapted from the guidelines for use within their respective service. An effective version control and change procedure must be in place to ensure only current versions of the guidelines are in use and that all authorised copies, electronic and paper, are traceable.

Live version of the guidelines (this website)

The website will always display the current version of each guideline entry, as shown in the A to Z index, and each entry will show the date of its most recent update. Changes will be published on the website on the effective date given in the relevant Change Notification.

Offline version of the guidelines (source files)

A source file is a downloadable copy of the guidelines. A source file containing the current version of the guidelines is always available on the Source files page.

In addition, whenever a Change Notification is distributed to indicate upcoming changes, an updated source file incorporating those changes will be made available. This will supersede the current source file on the effective date of the Change Notification and any previous source files will be removed.

Updates

Updates

The following table lists all updates to Edition 203 of the Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines (BM-DSG). The linked Change Notification documents were issued to the UK Blood and Tissue Services (UKBTS) to indicate upcoming changes.

Please note that the dates listed below indicate the formal publication of updated guidelines on the website. The implementation of these guideline changes is the responsibility of each UKBTS and may vary accordingly.

For changes pending publication, see Upcoming changes to the guidelines.

Change number	Title	Updated	Guidelines affected	Release
12-2026	Mosquito-borne viruses (PDF only, 454KB)	11 August 2026	**Geographical indexWhole bloodTissue (deceased)Tissue (live)Bone marrowCord blood**	578166626058
09-2026	Changes to be introduced on the new JPAC website (PDF only, 864KB)	1 May 2026	**Geographical indexWhole bloodTissue (deceased)Tissue (live)Bone marrowCord blood**	568065625957
10-2026	Changes to entries in the GDRI and DSGs (PDF only, 418KB)	1 May 2026	**Geographical indexWhole bloodTissue (deceased)Tissue (live)Bone marrowCord blood**	568065625957
30-2025	Hepatitis A (PDF only, 205KB)	30 October 2025	**Bone marrowCord blood**	5856
31-2025	Tropical Viruses (PDF only, 194KB)	13 October 2025	**Bone marrow**	58
32-2025	Sexually Transmitted Disease (PDF only, 197KB)	13 October 2025	**Bone marrowTissue (deceased)Tissue (live)Cord blood**	58646156
22-2025	Injectable Pre-Exposure Prophylaxis (PrEP) for HIV prevention (PDF only, 293KB)	13 October 2025	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	64615856
09-2025	Table of Immunisations (PDF only, 578KB)	30 April 2025	**Whole bloodTissue (live)Tissue (deceased)Cord**	7660635557

			bloodBone marrow	
31-2024	Acute Infection (PDF only, 145KB)	13 August 2024	**Bone marrow**	56
34-2024	Vitamin Treatment (PDF only, 59KB)	13 August 2024	**Bone marrow**	56
39-2024	Weight (PDF only, 108KB)	13 August 2024	**Bone marrow**	56
40-2024	West Nile Virus (PDF only, 114KB)	13 August 2024	**Bone marrow**	56
10-2024	Coronavirus Vaccination (PDF only, 311KB)	18 April 2024	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	60575554
11-2024	Cerebrovascular Disease and CNS Disease (PDF only, 226KB)	18 April 2024	**Bone marrow**	55
13-2024	Tropical Viruses (PDF only, 174KB)	18 April 2024	**Tissue (deceased)Tissue (live)Bone marrow**	605755
01-2024	Coronavirus Infection (PDF only, 178KB)	29 January 2024	**Bone marrow**	54
35-2023	Eye Disease (PDF only, 219KB)	29 January 2024	**Bone marrowCord blood**	5453
36-2023	Adrenal Failure (PDF only, 196KB)	29 January 2024	**Bone marrow**	54
37-2023	Gout (PDF only, 164KB)	29 January 2024	**Bone marrow**	54
17-2023	FAIR III changes (PDF only, 605KB)	15 November 2023	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	57555251
33-2023	Coronavirus Infection (PDF only, 378KB)	15 November 2023	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	58565352
14-2023	Tissue and Organ Recipients (PDF only, 247KB)	4 July 2023	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	56545150
23-2023	Liver Disease (PDF only, 246KB)	4 July 2023	**Bone marrow**	51
24-2023	Surgery (PDF only, 238KB)	4 July 2023	**Bone marrow**	51

25-2023	Tuberculosis (PDF only, 232KB)	4 July 2023	**Tissue (deceased)Tissue (live)Bone marrowCord blood**	56545150

Appendices

Appendix 1: Medical criteria for the withdrawal of donations following information received after donation

Last updated in BM-DSG Edition 203 Release 02 (11 December 2007)

General considerations

Circumstances that should have excluded donation may only become known after stem cells have been taken. For the purposes of these guidelines, these circumstances are categorised below, along with appropriate actions.

The action to be taken will be determined by any entry relevant to the safety of the recipient. If there is no relevant entry, a consideration of recipient safety will underlie the action taken.

Procedures must be maintained by all UK Blood and Tissue Services to ensure prompt reporting of late donation information and, if necessary, withdrawal of donated stem cells. Concerns arising from hearsay reports should be addressed by procedures established to ascertain the credibility of any such concerns.

If donations have been used before a withdrawal could be initiated, the Designated Clinical Support Officer must decide upon appropriate action. This will include, if there are likely to be severe consequences from having received the stem cell transplant, contacting the clinician caring for the recipient and discussing notification of the recipient.

Late notification of donation test results

This may occur because:

- The results of microbiological screening tests are brought into question.
- Additional information becomes available (e.g. the results of further testing).
- It is discovered that testing was not performed within the agreed procedures (e.g. as a result of audit or notification of defective reagents by the manufacturer).
- A report is received from the recipient's medical attendants of a post-transplant infection thought to have been transmitted by the donation.

Action: Inform the Designated Clinical Support Officer.

Notification of circumstances that should have triggered deferral at the time of donor selection

Circumstances include:

- Circumstances which place a donor at risk of infection with blood borne organisms (see Tissues safety entry).
- Donors in the 'at risk' categories relating to possible transmission of prion-associated diseases e.g. Creutzfeldt-Jakob disease (CJD) and variant CJD (vCJD).
- Donors with malignancy (other than those for which there is a discretion in the BM-DSG).
- Autoimmune Disease.
- Allergy.

- Donors with certain infectious diseases at the time of donation or who were in contact with and still within the incubation period of an infectious disease at the time of donation.
- Donors with diseases of unknown aetiology.

Action: Inform the Designated Clinical Support Officer.

Appendix 2: Immunisations

Last updated in BM-DSG Edition 203 Release 57 (30 April 2025)

This appendix gives information on live immunisations and non-live immunisations that may have been received by potential donors.

Disease	Comments and example adult preparations	Immunisation type
Anthrax	Rarely given	Non-live
Cholera	Two cholera vaccines are available: **Vaxchora®** and Dukoral®; see rows below. Ensure the correct guidance is applied depending on the vaccine given.If vaccine name not certain, treat as a **live** vaccine.	See below
Cholera	**Vaxchora®**	Live
Cholera	Dukoral®	Non-live
COVID-19 (SARS-CoV-2)	All COVID-19 vaccines licensed in the UK are non-live	Non-live
Dengue	**Qdenga®, Dengvaxia®**	Live
Haemophilus influenza type b (Hib)	Menitorex®	Non-live
Hepatitis A	May be combined with typhoid or hepatitis B.Hepatitis A only: Vaqta®, Avaxim®, Havrix®Combined with typhoid: ViATIM®Combined with hepatitis B: Ambirix®, Twinrix®	Non-live
Hepatitis B	May be combined with hepatitis A. If unexposed and more than 7 days from last immunisation, accept (see Hepatitis B).Engerix®, Fendrix®, HBvaxPRO®, PreHevBri®, Ambirix®, Twinrix®	Non-live
Human papillomavirus (HPV)	Cervarix®, Gardasil®	Non-live
Influenza, intra-nasal	**Given by intra-nasal spray, from 2 to 18 years of age.Fluenz Tetra®**	Live

Influenza, injection	This is the annual 'flu jab', given by injection.Several preparations, updated annually.	Non-live
Japanese encephalitis	Usually given for travel.Ixiaro®	Non-live
Measles, mumps, rubella	**This is the 'MMR' vaccine.M-M-RvaxPro®, Priorix®**	Live
Meningitis	Meningococcal group C: NeisVac-C®, Menjugate Kit®Meningococcal group B: Bexsero®, Trumenba®MenACWY Quadrivalent vaccine: Menveo®, Nimenrix®, MenQuadfi®Combined with H. influenzae type b (Hib): Menitorix®	Non-live
Mpox	Imvanex® (MVA-BN) is a live attenuated non-replicating smallpox vaccine. It may be used for pre-exposure mpox prophylaxis in healthcare workers or for post-exposure prophylaxis in contacts of mpox cases.If given for mpox vaccination, treat as a non-live vaccine (see Mpox).	Non-live
Pertussis	Usually given to pregnant women, in combination with diphtheria/ tetanus/polio vaccine or diphtheria/tetanus vaccine.	Non-live
Pneumococcal disease	Usually given to people with specific risks (e.g. people who have had a splenectomy, people over 65).Pneumovax 23®	Non-live
Polio, injected	Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and *Haemophilus influenzae*.	Non-live
Polio, oral	**Not in routine use in the UK but may be given abroad**	Live
Rabies	Usually given to non-exposed individuals if occupation or activity has an exposure risk, or for some travellers to endemic areas.Rabipur®, Verorab®	Non-live
Respiratory syncytial virus (RSV)	Abrysvo®, Arexvy®	Non-live
Shingles	Two shingles vaccines are available: **Zostavax®** and Shingrix®; see rows below.Please note, Shingrix® has replaced	See below

	Zostavax® in the UK vaccination programme for individuals aged 60-79 years.	
Shingles	**Zostavax® for shingles prevention**	Live
Shingles	Shingrix® for shingles prevention	Non-live
Smallpox	**This requires an 8-week deferral. If given, see**Smallpox immunisation**. See also Mpox (above).**	Live
Tetanus	Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and *Haemophilus influenzae*.	Non-live
Tick-borne encephalitis (TBE)	TicoVac®	Non-live
Tuberculosis	**This is the 'BCG' vaccine**	Live
Typhoid, injected	As a single preparation: Typhim Vi®Combined with hepatitis A: ViATIM®	Non-live
Typhoid, oral	**Usually given in capsule form.Vivotif®**	Live
Varicella (chickenpox)	**Usually given to healthcare workers.Varilrix®, Varivax®**	Live
Yellow Fever	**Stamaril®**	Live