

Whole Blood and Components Donor Selection Guidelines (WB-DSG)

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Accident

Whole Blood and Components

Essential information

Includes Fracture, head injury, trauma.

Obligatory

Must not donate if:

1. Any wound is not fully healed.
2. Has any infection.
3. Has a plaster-cast.

Supporting information

See if relevant

- [Disabled Donor](#)
- [Epilepsy](#)
- [Infection, general](#)
- [Neurosurgery](#)
- [Surgery](#)
- [Tetanus \(immunisation\)](#)
- [Transfusion](#)

Additional information

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

A plaster-cast can hide a wound or sore.

Reason for change: The previous entry unduly restricted individuals who had suffered an accident from donating by requiring them to be 'recovered'. An example would have been inappropriately preventing a person from donating because of a sprained ankle. Links have been added to 'Disabled Donor', 'Epilepsy' and 'Infection - General'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Acid indigestion

Whole Blood and Components

Essential information

Includes	Acid reflux, gastritis, gastro-oesophageal reflux disorder (GORD), heartburn, hiatus hernia, indigestion.
Obligatory	Must not donate if: Waiting for investigations or results of investigations.
Discretionary	If symptoms are relieved by regular or sporadic use of medication and in good health, accept.

Supporting information

See if relevant	• Endoscopy • Malignancy • Peptic ulcer • Surgery
Additional information	It is important only to accept people in good health. Where the cause of symptoms is not known and the individual is either waiting for investigations or the results of investigations, donation must be deferred. This is because the cause of the symptoms may be a reason for deferral.

Reason for change: The previous entry for 'Gastritis' has been revised and renamed 'Acid Indigestion'. Links and 'Additional Information' have been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Acne

Whole Blood and Components

Essential information

Definition/s	With regard to drug treatment: Topical: applied to the skin only. Systemic: taken by mouth or other routes so that it has an affect on the whole body.
Includes	Acne rosacea
Obligatory	Must not donate if: 1. Has ever taken etretinate (Tigason®). 2. Less than 36 months from the last dose of acitretin (Neotigason®). 3. Less than 4 weeks from the last dose of isotretinoin (Roaccutane®). 4. There is secondary infection. 5. Less than 7 days from completing systemic antibiotic treatment for secondary infection.
Discretionary	If using topical treatments (including retinoids), or taking oral antibiotics, diuretics (such as spironolactone) or oral co-cyprindiol (Dianette® [cyproterone acetate and ethinylestradiol]), accept.

Supporting information

Additional information	Etretinate (Tigason®), acitretin (Neotigason®) and isotretinoin (Roaccutane®) taken systemically can cause birth defects in babies exposed to them while inside the womb. It is important to allow time for the drug to be cleared from the blood of a donor. It takes longer to clear some drugs than others. There is no published data that topical retinoids cause birth defects. Secondary infection of acne is usually obvious with swelling and redness of affected spots. There is a risk of bacteria entering the blood. This could be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
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*Reason for change: The deferral period after acitretin therapy has increased from 24 to 36 months.
Version details: WB-DSG Edition 203 Release 55 (21 January 2021)*

Acupuncture

Whole Blood and Components

Essential information

Definition/s	Acupuncture is a specific complementary and alternative medicine (CAM) treatment, involving the insertion of fine needles into the skin. A Qualified Health Care Professional (HCP) is someone who is registered with one of the statutory bodies listed in the Complementary and alternative medicine entry.
Obligatory	Must not donate if: 1. The condition for which treatment was given is not acceptable, or 2. It is less than 4 months from acupuncture treatment If the donor has received any other CAM or cosmetic/beauty treatment: • See Complementary and alternative medicine
Discretionary	If the donor's underlying condition does not preclude donation and the acupuncture treatment was: • Performed within the NHS, or • Performed by a Qualified Health Care Professional (HCP), or • Performed in one of the four UK nations by a practitioner acting in accordance with the legislation applying to licensing/registration in that nation, AND • Acupuncture was performed with sterile single-use needles, accept.

Supporting information

See if relevant	For a list of Qualified HCPs, see Complementary and alternative medicine
Additional information	Acupuncture involves a risk that infection could be transferred between or introduced to patients if unsterile needles are used. It is important that an acupuncturist adheres to safe practices, including the use of sterile single-use needles for all patients. Acupuncturists who are Qualified HCPs are subject to discipline from statutorily constituted professional authorities. They will have received training in infection control where this is relevant to their work and are expected to follow safe practices at all times. They should not be working outside the scope of practice for which they have received training. Each of the four UK nations has registration and licensing requirements for acupuncture providers. For non-HCP practitioners, donors can be accepted if acupuncture was provided in an appropriately licensed/approved setting by a practitioner who is fully compliant with any licensing/registration requirements in force within their area of operation. Donor services staff do not have to confirm the licensing or registration status of a practitioner or premises. The donor should be asked to confirm that single-use needles were used and that they are satisfied that their practitioner was working in compliance with local registration and licensing requirements. If there is doubt about the status of an acupuncture service, the donor should be deferred for 4 months. Further information can be found in the JPAC position statement 'Eligibility of blood donors undergoing acupuncture'.

Regulatory information Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Addiction and drug abuse

Whole Blood and Components

Essential information

Includes	Alcohol, body building drugs, injected non-prescribed drugs.
Obligatory	Must not donate if: 1. Has ever injected, or has been injected with, drugs, even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. 2. Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent. 3. Less than 7 days from taking disulfiram (Antabuse®).
Discretionary	1. If any injected drugs were prescribed for the donor by a registered healthcare professional for a condition that would not lead to exclusion, accept. 2. If the donor is taking medication to support their abstinence from alcohol or other non-injected drugs, and a. They are not adversely affected by drugs, including alcohol, and b. They understand and consent to the donation process and testing of their blood, accept.

Supporting information

See if relevant	• Blood safety For alcohol-related problems: • Liver disease
Additional information	Injecting drug users represent one of the groups of individuals within whom emerging infections have spread before they have been recognised. This was the case with HIV and HCV infection. Because of this, the BSQR requires that they are permanently excluded from becoming donors. It can be many years before any infection shows itself. Former drug users often do not realise that they can pass infection on to others many years after they last used drugs themselves. Previous use of non-injected drugs does not necessarily require exclusion. 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. They can be a danger to themselves and to others. If the donor is deferred, this may be until the next session, or permanently, if the donor's use of alcohol and/or drugs is likely to continue. Disulfiram (Antabuse®) may cause severe reactions in a recipient whose blood contains alcohol. Other medications such as Acamprosate (Campral®) or naltrexone may be prescribed to support abstinence from alcohol or drug use. If the donor is well and their alcohol or drug use has not caused any end-organ damage, then they can be accepted to donate.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: This entry has been revised to include guidance on the acceptance of donors who are prescribed medication to support their abstinence from alcohol. Other revisions to clarify the text.

Version details: WB-DSG Edition 203 Release 65 (30 August 2022)

Adrenal failure

Whole Blood and Components

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 and infection. Affected individuals take replacement steroid hormones. The dose of these must be increased during times of stress. It is considered that taking blood from people with adrenal failure may put them at unnecessary risk.
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Reason for change: The title has been changed from 'Addison's Disease' to 'Adrenal Failure' and 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Age

Whole Blood and Components

Essential information

Definition/s	First time donor: an individual who has not previously donated. It is also a person who has previously attended but, for whatever reasons, did not give a full donation (e.g. deferred because of selection guidelines, failed screen test, failed venepuncture, part bag etc). Regular donor: a donor who has been medically assessed at a donor session in the last 24 months. For component donors this must include mandatory infection screening and, for all donors over the age of 72 years, this must also include giving a full donation. Returning donor: a donor who has not attended a donation session or been medically assessed within the last 24 months, but who has previously given a full donation. Full donation: an amount above the minimum required volume has been collected.
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Obligatory	Whole blood and component donors: Must not donate if: a) They are under 17 years of age. b) They are a first time donor who has had their 66th birthday. c) They are a returning donor who has had their 72nd birthday.
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Supporting information

Additional information	The lower age limit takes account of national laws on age of consent. Upper age limits for blood and component donation have traditionally been set to protect the donor's safety. There is however little evidence to support this. Donor haemovigilance data show a decreased incidence of adverse events in older donors compared to younger donors, although there is an increase in local complications of donating (i.e. bruising and rebleeds). Donor adverse event monitoring will continue to inform the need for any modification to this guidance. To donate after their 72nd birthday a donor must remain in good health and have given at least 1 full donation in the previous 24 months. To continue donating they must give no less than 1 full donation every 24 months. When appropriate, donors may be accepted on their birthday.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: The age limit for returning donors has been increased to 72 years.
Version details: WB-DSG Edition 203 Release 72 (31 July 2024)*

Air crew and air traffic controllers

Whole Blood and Components

Essential information

Includes

Air crew:

- Flight crew
- Cabin crew
- Military aircrew
- Military supernumerary crew

Air traffic controllers:

- Civilian controllers
- Military controllers

Obligatory

Air crew and air traffic controllers: (except military)

Must not donate if:

On duty within the next 24 hours.

Military air crew:

Must not donate if:

On duty within the next 36 hours.

Military controllers:

Must not donate if:

On duty within the next 12 hours.

Discretionary

Non-military crew/controllers holding Class 3 medical certificates:

If not on duty within the next 12 hours, accept.

Supporting information

Additional information

The UK Civil Aviation Authority (CAA) guidelines state:

"In order to prevent the very slight risk of post-donation faintness or syncope, donating blood or plasma should be avoided during the 24 hours before duty for holders of Class 1 and 2 medical certificates, and during the 12 hours before duty for holders of Class 3 medical certificates."

There is no CAA guidance for crew that are not required to hold these types of medical certification. Donors to whom this applies, including cabin crew and some private pilots, should be advised not to donate if they are on duty within the next 24 hours in line with commercial pilots and other flight crew.

The Ministry of Defence (MOD) guidelines state:

"Aircrew and Supernumerary Crew should not fly until 36 hours have elapsed after donating blood."

and

"Military and MOD Contracted Civilian Controllers should not control until 12 hours have elapsed after donating blood."

Reason for change: Updated Civil Aviation Authority advice for holders of Class 3 medical certificates has been added.
Version details: WB-DSG Edition 203 Release 69 (04 July 2023)

Allergy

Whole Blood and Components

Essential information

Includes	Allergic rhinitis, allergic conjunctivitis, anaphylaxis, hay fever, urticaria.
Obligatory	Ensure procedures will not expose the donor to something they are allergic to (e.g. constituents of the arm cleaning preparation). Must not donate if: 1. Has severe symptoms due to an allergy or to the medication they are taking. 2. The donor has taken oral or injected steroids within the last 7 days.
Discretionary	1. Donors taking medication, other than oral or injected steroids (including antihistamines, eye drops or intranasal steroids, e.g. beclometasone/Beconase®), or with a history of allergy or anaphylaxis (including those who carry adrenaline/epinephrine for self administration, e.g. Anapen® or EpiPen®), provided they are well on the day and will not be exposed to anything they are allergic to, accept. 2. Nickel allergy, accept. 3. Donors undergoing desensitisation treatment for hay fever or for allergy to an insect sting, providing they are not experiencing any systemic or local reactions to the treatment, and are well on the day, accept.

Supporting information

See if relevant	• Asthma • Dermatitis • Steroid therapy
Additional information	Any person who is unwell should not be accepted as a donor. This is to ensure that a serious underlying condition that could be a risk either to the donor or to a potential recipient is not missed. For this reason, a potential donor with anything other than minor symptoms related to an allergy should not be accepted. Severe systemic reactions are not seen with nickel 'allergy'.

Reason for change: The list of potential allergens has been reworded. A reference to allergic conjunctivitis has been added. Clarification of the acceptance criteria for desensitisation treatment has been added. The link to 'Coeliac Disease' has been removed.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Alopecia

Whole Blood and Components

Essential information

Includes	Conditions causing hair loss and associated treatments, including systemic, local and topical therapies.
Obligatory	If available, refer to the relevant entry for any condition underlying hair loss/alopecia. For other causes of alopecia, including alopecia areata: Must not donate if: 1. Dutasteride (Avodart®) taken systemically in the last 6 months. 2. Finasteride (Propecia®, Proscar®) taken systemically in the last 4 weeks. 3. Taking injected or oral anti-fungal treatment, steroids or immunosuppressant medication. 4. Treated with platelet rich plasma (PRP) in the last 4 months. 5. Related to malignancy or to its treatment. 6. Under investigation or specialist follow-up.
Discretionary	1. If all investigations are complete and the donor is on no treatment, accept. 2. If the donor has only used topical finasteride (e.g. spray, foam or lotion), accept. 3. If the donor is only using topical corticosteroids, they meet the eligibility criteria in the Steroid therapy entry, and they are not under specialist follow-up, accept. 4. If the donor is using any other topical treatment and is not attending specialist follow-up, accept. 5. If the donor is taking spironolactone and/or minoxidil, and is not under specialist follow-up, accept. 6. If the donor has recovered from hair transplant surgery, no further treatment or follow-up is planned and they fulfil all other relevant criteria in the Surgery entry, accept. 7. If the donor is under specialist follow-up, refer to the relevant entry for the underlying condition. 8. For all other cases, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant	For systemic anti-fungal treatment: • Infection, chronic For alopecia areata and scarring alopecia: • Autoimmune disease • Skin disease For hair transplants: • Surgery For finasteride or dutasteride therapy: • Anti-androgens For steroid treatment:
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- [Steroid therapy](#)

For hair tattoos and scalp micropigmentation:

- [Body piercing](#)

Additional information

Alopecia and hair loss can be related to several factors, including family history, hormone changes, scalp infections, medication and underlying medical disorders.

Alopecia areata is an autoimmune condition which can vary in severity from patchy to complete hair loss. Individuals may require local treatment, including injected steroids, or systemic treatment with steroids and/or immunosuppressants. Donors with alopecia areata who are being treated in primary care with only topical treatments can be managed using this entry. This includes donors being treated with potent topical corticosteroids, provided the relevant criteria in the [Steroid therapy](#) entry are also applied. For injected or oral steroids, refer to the [Steroid therapy](#) entry.

Scarring alopecias are a group of conditions which destroy the hair follicle, causing permanent hair loss. The cause of most scarring alopecias is not known but may include an autoimmune component.

Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.

Donors who have received scalp treatment with autologous platelet rich plasma (PRP) must wait 4 months before donation.

Given the range of causes and treatments, referral to a Designated Clinical Support Officer may be required to establish the donor's eligibility to donate blood.

Reason for change: Criteria have been expanded to clarify guidance for a range of treatments. Links added to the 'Autoimmune disease' and 'Skin disease' entries.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Anaemia

Whole Blood and Components

Essential information

Includes	Iron deficiency, iron treatment, folate deficiency, pernicious anaemia.
Obligatory	Must not donate if: 1. Fails the haemoglobin screen test 2. Under investigation or on treatment for anaemia
Discretionary	History of anaemia: This must be assessed regarding its cause, current status and what treatment has been received. 1. Iron deficiency: a. If not under investigation and the underlying cause is not a reason to exclude, accept. b. If following treatment to cure anaemia, the donor is taking medication to prevent recurrence, accept. 2. Other types: a. Medication to prevent recurrence, as opposed to treat anaemia (e.g. B12 for treated pernicious anaemia or folic acid for treated folate deficiency), accept. b. See See if relevant conditions below. c. In other cases, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant	• Haemoglobin disorders • Haemoglobin estimation • Haemolytic anaemia • Impaired renal function • Malignancy If treated with blood components or blood products or by plasma exchange or filtration: • Transfusion
Additional information	Donating blood will lower the haemoglobin concentration. People with a history of anaemia may not be able to make up this loss as easily as others.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Anaesthetic

Whole Blood and Components

Essential information

Includes	General anaesthetic, local anaesthetic, regional anaesthetic, sedation for minor procedures.
Obligatory	Must not donate if: 1. The underlying condition for which the anaesthetic or sedation was given is not acceptable. 2. Less than 24 hours since the anaesthetic or sedation was administered.

Supporting information

See if relevant	• Accident • Dental treatment • Endoscopy • Infection, general • Surgery • Transfusion
Additional information	A longer deferral period may be required due to the nature of the procedure or the underlying condition. Procedures requiring local anaesthetic will normally require a longer deferral period due to any associated infection risk. Treatment requiring any degree of sedation should be followed by a minimum deferral period of 24 hours. This is to ensure that consent and the response to questions can be considered valid.

*Reason for change: A link has been added to 'Infection - General'. The 'Additional Information' has been modified.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Animal bite, non-human

Whole Blood and Components

Essential information

Includes

Dog bite, snake bite.

Obligatory

Must not donate if:

1. Ever bitten by a non-human primate (monkeys and apes).
2. Less than 12 months since being bitten by a bat or exposed to bat saliva anywhere in the world.
3. Less than 12 months since being bitten by any other mammal outside of the British Isles (UK and Ireland).
4. Any wound is infected or not healed.
5. The donor is not fully recovered.

Supporting information

See if relevant

- [Immunisation](#)
- [Infection \(general\)](#)
- [Rabies](#)
- [Surgery](#)

For a human bite:

- [Non-consented exposure to human body fluids](#)

Additional information

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 poisonous (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).

There is a concern that bites from non-human primates, because of close genetic links, may transmit diseases that could cause illness in people. It is known that some diseases have been transmitted by this route. For this reason, any person who has ever been bitten by a non-human primate is not allowed to donate. Non-human primates include chimpanzees, gorillas, orangutans, monkeys (old and new world), tarsiers, lemurs and lorises.

Anyone who has been in unusual contact with a bat, such as handling a sick or injured bat, 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.

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.

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 section has been updated.

Version details: WB-DSG Edition 203 Release 72 (31 July 2024)

Anti-androgens

Whole Blood and Components

Essential information

Includes Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®), dutasteride (Avodart®), finasteride (Propecia®, Proscar®), flutamide (Drogenil®).

Obligatory

Must not donate if:

1. Dutasteride (Avodart®) taken in the last 6 months.
2. Finasteride (Propecia®, Proscar®) taken in the last 4 weeks.
3. Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®) or flutamide (Drogenil®) has been taken for a malignant condition.

Discretionary

1. Donors taking cyproterone acetate for non-malignant conditions, if not affected by the [Blood safety](#) entry, accept.
2. Donors using topical anti-androgen treatments for alopecia, including male pattern baldness, accept.

Supporting information

See if relevant

- [Acne](#)
- [Blood safety](#)
- [Hair removal](#)
- [Malignancy](#)
- [Polyendocrine metabolic ovarian syndrome](#)
- [Prostate problems](#)

Additional information

Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman whose baby may be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped.

Cyproterone acetate (particularly in the form of Androcur®) may be used to treat male hypersexuality. In such cases a sensitive exploration of any relevant issues dealt with by the [Blood safety](#) entry should be undertaken.

Reason for change: A 'See if relevant' link to the renamed 'Polyendocrine metabolic ovarian syndrome' entry (previously 'Polycystic ovary syndrome') has been added.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Antibiotic therapy

Whole Blood and Components

Essential information

Obligatory	If on antibiotics to treat an infection: • See Infection, general
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Supporting information

See if relevant	If on prophylactic antibiotics: • Acne • Infection, general • Infectious diseases, contact with • Splenectomy • Urinary tract infection
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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.
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Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Anticoagulant therapy

Whole Blood and Components

Essential information

Definition/s	An anticoagulant is a drug taken to limit the ability of blood to form a clot. Examples include heparin, warfarin and direct-acting oral anticoagulants (DOACs) such as apixaban, rivaroxaban and dabigatran.
Obligatory	Must not donate if: 1. Receiving anticoagulant treatment or has been treated with anticoagulants in the last 7 days. 2. The underlying reasons for anticoagulant treatment requires deferral.
Discretionary	If prescribed for treatment of venous thromboembolism: • See Thrombosis and thrombophilia Otherwise, if treatment was completed more than 7 days ago and: 1. The reason for treatment does not preclude donation, and 2. The donor is not under investigation, accept.

Supporting information

See if relevant	• Cardiovascular disease • Clopidogrel • Drugs and platelet donation (drug index) • Nonsteroidal anti-inflammatory drugs (including aspirin) • Superficial thrombophlebitis • Thrombosis and thrombophilia
Additional information	There are many reasons that someone might be treated with an anticoagulant drug. It is important that the underlying indication for treatment is included in the assessment of the donor's eligibility to donate. While on anticoagulant treatment, it is more likely that a donor will bleed or bruise after donation. The effect of treatment wears off over some days. After 7 days the blood clotting mechanisms should be back to normal. Donors taking antiplatelet medication such as aspirin or clopidogrel should be assessed using the relevant entries for their medication and the underlying reason for treatment.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: The scope of the entry has been clarified, with addition of a definition for anticoagulant medication. Additional links have been added to the See if Relevant section.

Version details: WB-DSG Edition 203 Release 68 (09 May 2023)

Arrhythmias

Whole Blood and Components

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 (SVT) caused by either atrioventricular nodal reentrant tachycardia (AVNRT) or Wolff-Parkinson-White syndrome, and
 - a. It is at least 6 months since successful ablation therapy, and
 - b. The donor does not require regular or 'as required' medication for their SVT, and
 - c. There is no other associated heart disease, and
 - d. The donor has been discharged from follow-up, accept.
3. Donors with a history of palpitations where the donor has been assessed clinically and a cardiac cause has been excluded, see [Palpitations](#).

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Palpitations](#)

Additional information

Some heart irregularities may be made worse by giving blood. 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, referral to a Designated Clinical Support Officer ensures further information can be sought regarding their condition.

Reason for change: Discretionary criteria revised.
Version details: WB-DSG Edition 203 Release 72 (31 July 2024)

Asthma

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Asthma is symptomatic.
2. Taking, or has completed, a course of oral or injected steroids lasting more than 3 weeks within the last 6 months.
3. The donor has needed long-term (6 months or more) treatment with oral or injected steroids within the last 12 months.
4. The donor has taken a short course (less than 3 weeks) of oral or injected steroids in the last 7 days.
5. The donor has been treated with monoclonal antibodies, or other biological modalities, in the last 6 months.

Discretionary

If 2, 3 or 4 above do not apply and the potential donor is asymptomatic at the time of donation, even if taking regular preventive treatment, including inhaled steroids, accept.

Supporting information

See if relevant

- [Infection, general](#)
- [Monoclonal antibody therapy or other biological modalities](#)
- [Steroid therapy](#)

Additional information

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

Steroid therapy can hide the signs and symptoms of infection. Blood from an infected donor can be dangerous to the person receiving it.

*Reason for change: Guidance has been added for donors treated with monoclonal antibodies and other biological modalities.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)*

Autoimmune disease

Whole Blood and Components

Essential information

Obligatory

See: is there a specific [entry](#) for the condition you are assessing?

Must not donate if:

1. The donor has needed treatment with steroids or conventional disease modifying antirheumatic drugs to suppress the condition in the last 12 months.
2. The donor has needed treatment with monoclonal antibody therapy or other biologic disease modifying antirheumatic drugs to suppress the condition in the last 6 months.
3. The cardiovascular system is involved.
4. The donor has ongoing lung disease or renal impairment due to their condition.

Discretionary

1. If the donor:
 - a. Has been established on a stable maintenance treatment for an autoimmune disease with only one of the following drugs:
 - i. Methotrexate
 - ii. Sulfasalazine
 - iii. Hydroxychloroquine
 - iv. Azathioprine, and
 - b. The dose of the drug has not increased in the previous 6 months, and
 - c. The donor is well, accept.
2. If there is any uncertainty about the diagnosis or the nature of treatment, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Disabled donor](#)
- [Drugs and platelet donation](#) (drug index)
- [Fertility](#)
- [Inflammatory bowel disease](#)
- [Liver disease](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Skin disease](#)
- [Steroid therapy](#)
- [Thrombosis and thrombophilia](#)

If treated with transfusion, immunoglobulin, plasma exchange or filtration:

- [Transfusion](#)

Additional information

Conventional systemic Disease Modifying Antirheumatic drugs (csDMARDs) are viewed as disease-modifying drugs. They include methotrexate, sulfasalazine,

hydroxychloroquine and azathioprine. Sulfasalazine and hydroxychloroquine have limited effect on the immune system. If used for maintenance treatment, methotrexate and azathioprine are usually given at lower doses which do not cause a significant degree of immunosuppression.

If the donor is taking higher dose methotrexate or azathioprine, they should not be accepted. If there is uncertainty about the dose refer to the Designated Clinical Support Officer for assessment. Further information on these drugs and immunosuppression can be found in the [Green Book: Immunisation against infectious disease](#).

Nonsteroidal anti-inflammatory drugs do not suppress the donor's immune system.

Physical therapies such as physiotherapy and hydrotherapy are not considered treatments to suppress the condition.

Autoimmune disease can cause problems such as infertility and thrombosis (antiphospholipid or Hughes syndrome).

Some autoimmune conditions can permanently damage the cardiovascular system. If this is known to have happened, the person should not donate as they are more likely to have a serious adverse event.

Reason for change: The obligatory criteria have been expanded to specify the deferral period required depending on the type of treatment.

Version details: WB-DSG Edition 203 Release 74 (26 November 2024)

Back problems

Whole Blood and Components

Essential information

Obligatory

See: is there an [entry](#) for the underlying condition?

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).

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Disabled donor](#)
- [Drugs and platelet donation](#) (drug index)
- [Neurosurgery](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Surgery](#)
- [Painkillers](#)

Additional information

Back problems have many causes. It is important to be certain that, for any individual, the cause is not a reason for them to be deferred.

It is also important that neither the donor, nor anyone assisting them, should risk injury by inappropriately attempting to use the bleed facilities provided. Alternative facilities may be available in other venues that may allow a donor with limited mobility to donate safely.

Reason for change: A link to 'Painkillers' has been added.

Version details: WB-DSG Edition 203 Release 02 (01 September 2010)

Bladder dysfunction

Whole Blood and Components

Also known as: *bladder problems*

Essential information

Includes

- Overactive bladder syndrome
- Painful bladder syndrome (interstitial cystitis)
- Age-related lower urinary tract symptoms
- Urinary incontinence
- Antimuscarinic therapy
- Alpha blockers for bladder problems

Obligatory

Must not donate if:

1. Under or awaiting investigation
2. Has an associated condition which would prevent donation
3. Has required catheterisation within the last 7 days
4. On treatment with pentosan polysulfate sodium (Elmiron®)
5. Less than 4 months since cystoscopy with or without botulinum toxin injection
6. Less than 14 days from completion of course of bladder instillation

Discretionary

If the donor is well, and:

1. Investigations are complete, and
2. There are no associated conditions or treatments which would prevent donation, and
3. Symptoms are controlled on medication (other than pentosan polysulfate sodium, Elmiron®) if required and without significant side-effects, and
4. It is 4 months or more since cystoscopy with or without botulinum toxin injection, and
5. It is 7 days or more since catheterisation, and
6. It is 14 days or more since bladder instillation, and
7. It is 7 days or more since completion of treatment with pentosan polysulfate sodium (Elmiron®), accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Chronic fatigue syndrome](#)
- [Disabled donor](#)
- [Endoscopy](#)
- [Kidney and bladder stones](#)
- [Neurosurgery](#)
- [Prostate problems](#)
- [Shunts, stents and devices](#)
- [Surgery](#)
- [Urinary catheterisation](#)
- [Urinary tract infection](#)

Additional information

Lower urinary tract symptoms commonly occur as people get older; they include urgency, frequency, nocturia, flow and emptying issues, and incontinence. Investigation and treatment of can involve cystoscopy and/or catheterisation, as well as medication.

The term 'overactive bladder' is generally used when symptoms significantly impact the person's life. Treatment can be through lifestyle changes, bladder training, exercises, and with antimuscarinics (e.g. oxybutynin), the antidepressant duloxetine, or other medications such as mirabegron (Betmiga®), desmopressin and diuretics. Care should be taken to ensure that the donor's symptoms are controlled on their current treatment, without any effects that could impact their safety during or after donation (e.g. fainting), but otherwise these medications do not preclude donation. Other treatments include catheterisation (self, intermittent or long-term) surgery, and nerve stimulator devices; also bladder instillations as for painful bladder syndrome (PBS) and botulinum toxin injections which may be repeated every few months. Investigation and treatment can involve cystoscopy and/or catheterisation.

Interstitial cystitis (IC), also known as PBS, is a condition which causes chronic or recurrent pain in the bladder and in the pelvic region due to damaged bladder lining or urothelium. The cause is unknown but may be associated with other conditions such as irritable bowel syndrome (IBS), fibromyalgia, chronic fatigue syndrome (CFS), autoimmune disease and anxiety disorder. It may also be caused by traumatic injury to the bladder or pelvic floor muscles and precipitated by infection. There can be chronic or frequent recurrent urinary tract and bladder infection. The diagnosis of IC or PBS is one of exclusion.

Treatment can be through diet modification, bladder training techniques, exercise and stress management. It can include oral medication with analgesics, antidepressants, and cimetidine. Treatment can also be with pentosan polysulfate sodium (Elmiron®) which can be associated with increased bleeding and bruising. The condition can also be treated by interventional methods including catheterisation, surgery and botulinum toxin injections; also bladder instillations with combinations of local anaesthetic agents, steroids, sodium bicarbonate, heparin, hyaluronic acid, chondroitin sulphate and antibiotics to produce local relief, calm inflammation and restore the bladder lining. A 14-day deferral after completion of a course of instillation treatment is advised. If there has been infection present, a 14-day deferral from recovery must also be observed.

Use of neuromodulation techniques with a transcutaneous electrical nerve stimulation (TENS) machine does not prevent donation.

Reason for change: New entry which incorporates the 'Interstitial cystitis' section of the former 'Kidney and bladder disease' entry. The more commonly used term 'painful bladder syndrome' has been included.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Bleeding disorder

Whole Blood and Components

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](#)
- [Ehlers-Danlos syndrome](#)
- [Malignancy](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [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 Disorders 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 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: Removal of section containing criteria for family members, carers and sexual partners of individuals treated with blood derived coagulation factor concentrates.

Version details: WB-DSG Edition 203 Release 79 (17 February 2026)

Blood pressure, high

Whole Blood and Components

Also known as: hypertension

Essential information

Obligatory

Must not donate if:

1. The cause of hypertension is under investigation
2. Antihypertensive 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
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](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)
- [Diabetes mellitus](#)
- [Impaired renal function](#)

Additional information

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 on the Care and Selection of Donors (SACCSD) in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications.

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

It is important to ensure that donors on antihypertensive treatment are not experiencing hypotensive side effects from their medication.

Reason for change: Removal of additional information about the cardiac and renal complications associated with hypertension that are contained within the relevant 'Cardiovascular disease' and 'Impaired renal function' entries. A link to the latter, which is a new entry, has been added. The link to the former 'Kidney and bladder disease' entry has been removed.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Blood pressure, low

Whole Blood and Components

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

See if relevant • [Faints](#)

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: A link has been added to 'Faints'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Blood safety

Whole Blood and Components

Essential information

Definition/s

Individual risk is based on the donor's sexual behaviour, including new partners and number of partners.

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 individuals at risk do not donate. The reasons for donor self-exclusion must be understood.

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 or receiving treatment for HIV.
- b. You are HTLV positive.
- c. You are a hepatitis B carrier.
- d. You are a hepatitis C carrier.
- e. You have ever been diagnosed with syphilis, even if treated.
- f. You have ever injected or been injected with drugs, even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

3. You must not donate for at least 3 months if:

You are working as a sex worker. You may be accepted for donation if it is longer than 3 months since you last received money or drugs for anal, vaginal or oral sex.

4. Individual risk criteria

- a. You must not donate for at least 3 months if you have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact.
- b. You must not donate if you have been diagnosed with gonorrhoea, until at least 3 months after completion of treatment and discharge from further follow up.
- c. You must not donate if in the last 3 months,
 - i. You have had more than 1 sexual partner, and

- ii. You have had anal sex with any of your partners.
- d. You must not donate if in the last 3 months, 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.
- e. 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.

5. Partner risk criteria

You must not donate for at least 3 months after sexual contact 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 ever received money or drugs for sex.
- e. A partner who has ever injected, or been injected with, drugs, even a long time ago or only once. This includes bodybuilding drugs, injected tanning agents and injected chemsex drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

6. You must not donate for at least 3 months if:

- a. You have taken pre-exposure prophylaxis (PrEP) / Truvada® by mouth to prevent HIV.
- b. You have taken or been prescribed post-exposure prophylaxis (PEP) to prevent HIV.

If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

7. You must not donate for at least 2 years 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.

Supporting information

See if relevant

- [Addiction and drug abuse](#)
- [Hepatitis B](#)
- [Hepatitis C](#)
- [HIV](#)
- [HTLV](#)
- [Infection, general](#)
- [Non-consented exposure to human body fluids](#)
- [Pre- or post-exposure prophylaxis for HIV prevention](#)
- [Sexually transmitted disease](#)

- [Syphilis](#)

Additional information

The For the Assessment of Individualised Risk (FAIR) study considered changes to the donor selection policy to allow a more individualised risk-based approach to donor selection policy. In their 2020 report, the FAIR group specifically looked at the guidelines which applied to men who have sex with men (MSM) and recommended an approach based on assessment of a donor's recent sexual behaviour and experience. This approach has been agreed by SaBTO and has now been implemented by the UK Blood and Tissue Services.

Changes to donor selection criteria mean that donors who were previously excluded because of their sexuality and/or gender can now be accepted, if they meet the individual risk criteria outlined in FAIR (see **5. Partner risk criteria** above). These rules must be applied equally to all donors.

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.

Infection with some sexually transmitted diseases, particularly gonorrhoea or syphilis, is associated with a higher risk of acquiring blood borne infections. Donors who have had gonorrhoea can give 3 months after completing treatment. Donors who have had syphilis are permanently deferred as their blood will still react in screening tests, even if they have been successfully treated.

Some partner risk criteria still apply to donors who have a partner in a population group at higher risk of infection. For affected donors, these risk criteria should be applied even if the donor is eligible under individual risk criteria. These risks are being reviewed and will be updated as further evidence is available.

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 blood donations. For this reason, donors who have taken oral PrEP or PEP in the previous 3 months, or received injectable PrEP in the previous 2 years, should not donate. This applies even if they are otherwise eligible under individual risk criteria.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: Addition of a two-year deferral for recipients of injectable PrEP.
Version details: WB-DSG Edition 203 Release 77 Issue 02 (18 July 2025)*

Body piercing

Whole Blood and Components

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 4 months from last piercing.
Discretionary	Painting, stencilling or transfers applied to the skin without piercing, accept.

Supporting information

Additional information	Piercing has passed infection from person to person. Waiting 4 months helps to ensure that the infections tested for by the UK Blood and Tissue 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. Memorial tattoos may incorporate the cremation ashes of a deceased person into the tattoo ink (also known as a cremation tattoo or cremation ink). This guidance presumes that a validated NAT test for hepatitis C is negative; if this test is stopped, the guidance will change.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Additional information about memorial tattoos has been added.
Version details: WB-DSG Edition 203 Release 76 (30 April 2025)

Breastfeeding

Whole Blood and Components

Essential information

Obligatory | See [Pregnancy](#)

Supporting information

Additional information Breastfeeding is not of itself a reason to defer but the time from giving birth may be.

*Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Cardiac surgery

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

If surgery was for a congenital heart defect, cure has been achieved and donation is not excluded because of their transfusion history, accept.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [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 unit 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.

*Reason for change: To bring guidance into line with the Cardiovascular Disease Topic.
Version details: WB-DSG Edition 203 Release 36 (01 November 2016)*

Cardiovascular disease (CVD)

Whole Blood and Components

Essential information

Obligatory

Must not donate if has or has had:

1. An aneurysm.
2. Cardiomyopathy.
3. Ischaemic heart disease or angina regardless of cause including myocardial ischaemia with non-obstructive coronary arteries (INOCA).
4. Heart failure.
5. Myocarditis and it is less than 12 months from recovery.
6. Peripheral vascular disease (including intermittent claudication and gangrene).
7. Has required surgery for a blocked or narrowed artery including any type of amputation.
8. Valvular heart disease.
9. Heart block or bundle branch block.

Discretionary

1. If an incidental heart murmur has been heard or a valve abnormality has been found at echo, which is asymptomatic and does not require follow-up, accept.
2. If asymptomatic and there is no treatment planned for patent foramen ovale (PFO), accept.
3. If a congenital heart defect has been treated medically or surgically, cure has been achieved (or the defect has spontaneously resolved) and donation is not excluded because of a transfusion history, accept.
4. If the donor has been diagnosed with right bundle branch block (RBBB), and the donor has been clinically assessed and found to have no evidence of cardiac or pulmonary disease, accept.
5. If the donor has been diagnosed with first degree heart block, and the donor has been clinically assessed and found to have no evidence of cardiac disease, accept for whole blood donation.
6. If the donor has been found to have coronary atheroma as an incidental finding during routine investigations and:
 - a. If the donor has not been advised to take antiplatelet agents (e.g. aspirin) and/or cholesterol lowering medication, and
 - b. There is no history of chest pain or other cardiac symptoms, accept.

Supporting information

See if relevant

- [Arrhythmias](#)
- [Blood pressure, high](#)
- [Cardiac surgery](#)
- [Central nervous system disease](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)
- [Endocarditis](#)
- [Shunts, stents and devices](#)
- [Superficial thrombophlebitis](#)
- [Thrombosis and thrombophilia](#)

Additional information

A history of 'cardiovascular disease' means that removing blood from their circulation may put the donor at risk of having a heart attack, stroke or other vascular incident.

Patent foramen ovale (PFO) is a normal variant found in up to 40% of the population at post mortem. If it is asymptomatic and no treatment or surgery is planned for this atrial septal defect, donors can be accepted.

Incidental heart murmurs and valve abnormalities are increasingly being found due to the sensitivity of new testing regimes. If the abnormality is of no clinical significance (i.e. the donor is asymptomatic and does not require treatment or follow-up), the donor may be accepted.

Right bundle branch block (RBBB) and first degree heart block can be diagnosed in individuals in the absence of heart disease. Provided the donor has been clinically assessed and there is no evidence of cardiovascular or pulmonary disease, the donor can be accepted. If there is any uncertainty about the diagnosis or the results of investigations, refer to a Designated Clinical Support Officer.

Reason for change: Guidance on berry aneurysms has been moved to the Cerebrovascular Disease and Intracranial Haemorrhage entry.

Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Catarrh

Whole Blood and Components

Scenarios

Acute catarrh

Obligatory

See [Infection, acute](#)

Additional information

Catarrh may be due to infection or to allergy. If the problem is new, it should be treated as an infection.

Chronic catarrh

Obligatory

Must not donate if:

Taking prescribed medication for catarrh other than antihistamines, a nasal decongestant or nasal steroids.

Discretionary

If using antihistamines, a nasal decongestant or nasal steroids only, accept.

See if relevant

- [Allergy](#)
- [Infection, general](#)
- [Steroid therapy](#)

Additional information

Chronic catarrh may be due to infection or to allergy. A decision will need to be made as to the underlying cause.

Reason for change: A reference to antihistamines have been added to 'Obligatory' and 'Discretionary'. A link has been added to 'Allergy' and 'Steroid Therapy'. 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Central nervous system (CNS) disease

Whole Blood and Components

Essential information

Excludes	Cerebrovascular disease and all forms of intracranial haemorrhage.
Obligatory	Must not donate if has or has had: 1. Dementia (e.g. Alzheimer's disease). 2. A history of CNS disease of unknown aetiology or suspected infective origin. These include, but are not limited to, neurodegenerative conditions, multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, and transverse myelitis. 3. Malignant tumour. 4. Parkinson's disease.
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 the donor has been investigated and a definite diagnosis of transient global amnesia has been made, accept. 3. If diagnosed with idiopathic (benign) intracranial hypertension (IIH) and a. The donor is asymptomatic, and b. If the donor is taking diuretics (e.g. acetazolamide) for IIH and the dose has not changed in the last 4 weeks, accept. 4. If diagnosed with restless legs syndrome, and a. Any underlying cause does not preclude donation, and b. The donor does not have significant side effects from medication, if used, accept.

Supporting information

See if relevant	• Cardiovascular disease • Cerebrovascular disease and intracranial haemorrhage • Epilepsy • Infection, general • Neurosurgery • Pituitary disorders • Prion-associated diseases • Steroid therapy • Urinary catheterisation
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Additional information	Donor safety: 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. Idiopathic or benign intracranial hypertension is a raised intracranial pressure where no mass or other disease is present.
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Restless legs syndrome is a common condition characterised by an irresistible urge to move the legs or arms, sometimes associated with abnormal sensations and jerking movements of the limbs. In the majority of cases, there is no obvious cause but it can be associated with iron deficiency or kidney failure. If required, restless legs syndrome can be treated with dopamine-receptor agonist drugs such as ropinirole, pramipexole or rotigotine. Donors taking these medications for treatment of restless legs syndrome can be accepted, provided they do not have significant side effects such as hypotension or impulse control disorders.

Recipient safety:

It is thought that degenerative brain disease in the form of variant Creutzfeldt-Jakob disease (vCJD) has been transmitted by blood transfusion. Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation.

Reason for change: Addition of guidance for donors with restless legs syndrome, including information regarding dopamine-receptor agonist drugs.

Version details: WB-DSG Edition 203 Release 78 (28 August 2025)

Cerebrovascular disease and intracranial haemorrhage

Whole Blood and Components

Essential information

Includes	Diseases of the vasculature of the brain. These include: • Stroke or cerebrovascular accident (haemorrhagic or embolic) • Transient ischaemic attack • Vascular dementia • Carotid artery disease • Cerebral haemorrhages and haematomas that are intracranial, subdural, subarachnoid, or epidural • Reversible cerebral vasoconstriction syndrome (RCVS)
Obligatory	Must not donate.
Discretionary	1. If the donor has had one or more berry aneurysms treated by interventional radiology or surgery and a. The donor has recovered from any associated subarachnoid haemorrhage, and b. There is no residual neurological deficit, such as a stroke, and c. Any surgery did not require the use of dural grafts and/or was performed in the UK after 1992, refer to a Designated Clinical Support Officer. 2. If the donor has recovered from a single episode of intracranial haemorrhage due to trauma, and a. There is no underlying cerebral or cerebrovascular disease, and b. There is no underlying bleeding disorder, and c. There is no residual neurological deficit, such as a stroke, accept. 3. If the donor has been diagnosed with reversible cerebral vasoconstriction syndrome (RCVS), and: a. They have been recovered for at least 6 months, and b. They have been fully investigated, with no further treatment or follow-up, and c. There is no residual fatigue, headache, neurological deficit or cognitive impairment, and d. Any associated diagnosis does not preclude donation, accept.

Supporting information

See if relevant	• Central nervous system disease • Epilepsy • Neurosurgery • Transfusion
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Additional information	A history of thrombotic stroke or cerebral haemorrhage may increase the risk of donor adverse events. In order to reduce this risk, donors with a history of cerebrovascular disease must be deferred. If the incident was due to trauma, and not intrinsic cerebrovascular pathology, and
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donor has fully recovered, it may be appropriate to accept the donor.

RCVS is a neurological condition usually characterised by sudden severe 'thunderclap' headaches, which may recur over a few days to weeks. The condition is caused by temporary vasoconstriction of cerebral blood vessels. Women are more likely to be affected than men.

Several risk factors for RCVS have been identified, including pregnancy, headache disorders, medications, illegal drugs and alcohol, head trauma, some tumours, autoimmune disorders, blood disorders and some viral infections. Although many individuals will recover completely, patients can experience serious neurological complications; for example, subarachnoid haemorrhage, ischaemic stroke or seizures. Other long-term sequelae can occur, including fatigue, persistent headaches, problems with memory and concentration, and speech problems.

Given the complexity of RCVS, referral to a Designated Clinical Support Officer may be required to establish if a donor meets the eligibility criteria listed above.

Reason for change: Information about reversible cerebral vasoconstriction syndrome has been added. Search terms 'reversible cerebral vasoconstriction syndrome' and 'RCVS' will now return this entry instead of the 'Migraine' entry.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Cervical dysplasia

Whole Blood and Components

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.

A colposcope is an instrument used to view the neck of the womb (cervix). It is not a flexible endoscope so its use is not a reason for deferral if the donor is otherwise eligible to donate.

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 donor can return after treatment for cervical dysplasia and the significance of HR-HPV testing.

Version details: WB-DSG Edition 203 Release 55 (21 January 2021)

Chest pain

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Due to heart disease.
2. The cause is not known.

Discretionary

If donor has been investigated for chest pain and causes that would otherwise result in deferral (such as ischaemic heart disease, pulmonary embolism or infection) have been excluded, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Cardiovascular disease](#)

Additional information

It is important not to take a donation from an individual with ischaemic heart disease as any lowering of blood pressure could result in a heart attack. If the cause of any chest pain has not been investigated, it could potentially be due to heart disease and a donation should not be taken.

*Reason for change: To clarify the discretionary acceptance criteria.
Version details: WB-DSG Edition 203 Release 18 (09 July 2013)*

Chiropody

Whole Blood and Components

Also known as: podiatry

Essential information

Obligatory

Must not donate if:

There are open wounds or infection.

Supporting information

See if relevant

- [Infection, general](#)

For fungal infection:

- [Skin disease](#)

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 blood, products made from it, or tissues. This is because the bacteria can multiply to dangerous levels during storage.

*Reason for change: 'Additional Information' has been added together with a link to 'Infection - General' and 'Skin Disease'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Chondromalacia

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

- See if relevant
- [Disabled donor](#)
 - [Drugs and platelet donation](#) (drug index)
 - [Nonsteroidal anti-inflammatory drugs](#)
 - [Surgery](#)

Additional information This is caused by abnormal softening or degeneration of the cartilage of joints. It especially affects the knee in adolescents and is thought to be related to rapid growth. The condition itself is not a reason to defer but treatment or disability caused by the condition may be relevant to donation.

*Reason for change: 'Additional Information' and links have been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Chronic fatigue syndrome (CFS)

Whole Blood and Components

Essential information

Includes	Myalgic encephalomyelitis (ME), post-viral fatigue syndrome, systemic exertion intolerance disease (SEID).
Obligatory	Must not donate.
Discretionary	If donor gives a history of fatigue following a viral infection (e.g. glandular fever) with no relapse of symptoms and it is at least 6 months since all symptoms resolved, accept.

Supporting information

Additional information	CFS is generally diagnosed by excluding other conditions and may follow an infection that may or may not have been viral and which may be carried by the affected individual. It is most common between the ages of 25 and 45 years and women are affected more often than men. It is associated with easily induced and prolonged episodes of fatigue, often accompanied by other symptoms. The condition is relapsing by nature and donation may make symptoms worse, or provoke a relapse in an affected individual. Post-viral fatigue can occur after an acute viral infection. Symptoms of fatigue can last weeks or months and may follow a relapsing course. It is important that individuals have fully recovered before being accepted to donate.
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Reason for change: A discretion to accept donors who have fully recovered from fatigue associated with an acute viral infection has been added.

Version details: WB-DSG Edition 203 Release 69 (04 July 2023)

Clinical trials

Whole Blood and Components

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

1. If a Designated Clinical Support Officer has examined and agreed the trial protocol, accept.
2. If the trial does not involve the use of drugs (e.g. hypnotherapy, physiotherapy) and any underlying condition would not be a reason to defer, accept.

Supporting information

See if relevant

- [Complementary and alternative medicine](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Transfusion](#)

Additional information

It is important for the UK Blood and Tissue Services to know that anything being given to a donor as part of a clinical trial will not affect either the safety of the donor or of any potential recipient.

When a particular drug treatment is being assessed, trial participants may be randomly allocated to receive the treatment or a placebo drug. Participants should know which treatment is under investigation in their trial (or trial arm) but will not know whether they have had the treatment or not. They should be assessed for donation on the basis that they might have done.

Some donors may not recall which treatment was under investigation in their trial (or trial arm). In this case, the donor should be asked to find out and contact us again when they have the information available.

Reason for change: Update of 'See if relevant' links due to the renaming of the 'Complementary therapy' entry as 'Complementary and alternative medicine'.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Clopidogrel

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Supporting information

Additional information

Clopidogrel is an antiplatelet drug which is used in the treatment and secondary prevention of cardiovascular disease and stroke.

Occasionally, clopidogrel is used for primary prevention in patients who are intolerant of or hypersensitive to aspirin. The risk of bruising after blood donation while on clopidogrel is not known, so any donor on this medication should be deferred, even if they are otherwise eligible.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 55 (21 January 2021)

Coeliac disease

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

Additional information Coeliac disease is an abnormal immune response to gluten (contained in some cereals, in particular wheat) that damages the small bowel. This can lead to poor absorption of minerals and vitamins that are necessary to make blood. Avoiding gluten reverses the problem.

 The haemoglobin screening test will check that an individual is not significantly anaemic before a donation is taken.

Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Communication difficulties

Whole Blood and Components

Essential information

Obligatory

All donors must:

1. Fully understand the donation process.
2. Give their informed consent to the process and to the testing of their blood for diseases that may affect its suitability for use.

Supporting information

See if relevant

- [Central nervous system disease](#)
- [Disabled donor](#)
- [Neurobehavioral disorders](#)

Additional information

The UK Blood and Tissue Services are aware of their duties under the Equality Act 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 attending a donor session to see if their needs can be met. It is however important to note the following.

To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) 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 (Part A 1-13).
2. Complete a health and medical history questionnaire and undergo a personal interview performed by a healthcare professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15).
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 (Part B 16 (a) - (f)).

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 qualified healthcare professional.

Guidance on the use of interpreters is presented in [chapter 3](#) of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).

To comply with both the BSQR 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: The guidance on third party interpreters has been moved to Chapter 3 of the Red Book.
Version details: WB-DSG Edition 203 Release 77 (18 July 2025)

Complementary and alternative medicine (CAM)

Whole Blood and Components

Essential information

Definition/s	Complementary and alternative medicine (CAM) is treatment that falls outside of mainstream healthcare. For the purposes of donor selection, this definition includes cosmetic/beauty treatments such as cosmetic fillers. A Qualified Health Care Professional (HCP) is someone who is registered with one of the statutory bodies listed below.
Excludes	Acupuncture - see Acupuncture
Obligatory	Must not donate if: 1. The condition for which treatment was given is not acceptable 2. It is less than 4 months from any treatment that involves: a. piercing the skin b. drawing blood (e.g. wet cupping) c. an invasive procedure (e.g. colonic irrigation)
Discretionary	1. If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept. 2. For all other therapies: Performed within the NHS If performed by NHS staff on NHS premises including GP surgeries, accept. Performed outside of the NHS If performed by a Qualified Health Care Professional registered with the: a. General Medical Council (GMC), b. Nursing and Midwifery Council (NMC), c. General Dental Council (GDC), d. The General Chiropractic Council (GCC), e. The General Optical Council (GOC), f. The General Osteopathic Council (GOsC), g. General Pharmaceutical Council (GPhC), h. Pharmaceutical Society of Northern Ireland (PSNI), i. The Health and Care Professions Council (HCPC) (which regulates Physiotherapists, Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Prosthetists and Orthotists, Radiographers and Speech and Language Therapists), accept.

Supporting information

Additional information	Therapies which are invasive or which breach the skin may pass infection from person to person if strict hygiene procedures are not followed.
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Therapists who are Qualified Health Care Professionals (HCP) are subject to discipline from statutorily constituted professional authorities. They will have received training in infection control where this is relevant to their work and are expected to follow safe practices at all times. They should not be working outside the scope of practice for which they have received training.

For therapists who are not Qualified HCPs, there is less assurance that they are adequately trained in infection control. Although most such practitioners will follow safe practices, there is still a requirement to defer any of their patients or clients who have received a treatment which meets the deferral criteria above. Waiting 4 months after treatment means any new infection should be detected when a donation is tested by the blood services.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped, the guidance will change.

*Reason for change: This entry has been renamed from 'Complementary therapy'. Guidance for acupuncture treatment has been removed from this entry, and users are now directed to a new 'Acupuncture' entry.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)*

Conn's syndrome

Whole Blood and Components

Essential information

Excludes	Secondary hyperaldosteronism
Obligatory	Must not donate.
Discretionary	If donor has undergone surgery for a benign adrenal tumour (adenoma), the donor is fully recovered, has been discharged from follow-up and is not on medication for Conn's syndrome, accept.

Supporting information

See if relevant	• Blood pressure, high • Diuretics
Additional information	Conn's syndrome (primary hyperaldosteronism) is caused by overproduction of aldosterone in the adrenal cortex. Aldosterone is a hormone that regulates potassium and sodium levels, as well as fluid balance in the body, thereby maintaining blood volume and blood pressure, helping the body to control stress and maintain a steady metabolic state and normal electrolyte balance. Secondary hyperaldosteronism is caused by increased adrenal production by medical conditions outside the adrenal gland which stimulates the renin-angiotensin-aldosterone mechanism.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Contraceptive use

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

See if relevant

- [Anaesthetic](#)
- [Pregnancy](#)
- [Surgery](#)

Additional information If a female donor has been pregnant in the last 9 months, see [Pregnancy](#).

The use of contraceptives should not normally be a reason to defer a donor. However, if surgery (leaving a wound), a local anaesthetic or sedation was required to introduce a contraceptive within the last 7 days, please see the [Surgery](#) or [Anaesthetic](#) entries as appropriate.

*Reason for change: Advice in additional information has been brought in line with that for Surgery and Anaesthesia.
Version details: WB-DSG Edition 203 Release 04 Issue 02 (01 February 2011)*

Coronavirus infection

Whole Blood and Components

Also known as: COVID-19

Essential information

Definition/s	Testing: polymerase chain reaction (PCR) and rapid lateral flow tests (LFTs), usually by throat and/or nose swab, to detect the presence of SARS-CoV-2. This does not include testing for antibodies to SARS-CoV-2.
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	Clinical trials Immunisation, non-live Infection, acute
Additional information	Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for transfusion 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 caused by infection with SARS-CoV-2, a new coronavirus first identified in 2019. The guidance within this entry is focused on COVID-19. Donors who report MERS or SARS, or contact with these infections, should be referred to a Designated Clinical Support Officer. Many respiratory illnesses, including COVID-19, share common symptoms. As routine testing for SARS-CoV-2 infection is no longer recommended, most individuals will not have test results to confirm or exclude COVID-19. Where COVID-19 testing is not being undertaken, assessing donors using the Infection, acute entry ensures that individuals are deferred for the appropriate time based on their symptoms. Individuals affected by COVID-19 may experience longer term symptoms. Post-COVID syndrome (PCS), which may also be known as Long COVID, is recognised in individuals who have persistent symptoms for 12 weeks or more. PCS is a multisystem disease; common symptoms include fatigue, breathlessness and 'brain fog'. Affected individuals may also experience cardiac, musculoskeletal, gastrointestinal and neurological symptoms. As PCS may follow a relapsing course, it is important individuals have fully recovered before being accepted to donate.
Post donation illness	There is no evidence at present that coronaviruses can be transmitted by blood transfusion and therefore these measures are precautionary. Donors must be provided with information about contacting the blood service if they develop any illness after blood or component donation. If a donor reports post-donation respiratory illness, refer to Appendix 4: Management of post donation illness.

Scenarios

Individuals with confirmed or suspected COVID-19 infection

- Includes**
- Individuals with confirmed COVID-19 infection, diagnosed by a positive LFT or PCR test.
 - Individuals where the results of SARS-CoV-2 testing, if carried out at the request of a health care professional, are awaited.

Obligatory **Must not donate.**

Discretionary If it is at least 7 days from the resolution of symptoms, and no further testing is required, accept.

Individuals with non-specific symptoms, not confirmed as COVID-19

- Includes**
- Individuals who have non-specific symptoms of a respiratory infection, including coughs and cold symptoms.

- Excludes**
- Individuals who are awaiting test results for SARS-CoV-2 infection, as requested by a healthcare professional.

Obligatory See [Infection, acute](#)

Post-COVID syndrome

Also known as Long COVID

Obligatory **Must not donate.**

Discretionary If it is at least 6 months since all symptoms, including fatigue, have resolved, accept.

Occupational and other routine surveillance

Discretionary Donors who have regular testing for the presence of SARS-CoV-2 can be accepted to donate provided they have not had a positive test for SARS-CoV-2 in the last 7 days.

This includes donors who work in a health, social care or educational setting.

*Reason for change: The deferral after COVID-19 vaccination has been removed.
Version details: WB-DSG Edition 203 Release 74 (26 November 2024)*

Decompression illness

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Undergoing investigation or treatment or are still symptomatic.
2. The illness has been complicated by conditions that exclude the donor from donation.

Discretionary

If recompression treatment ended more than 24 hours previously, the donor feels well enough to have returned to work or normal daily activities, neither steroid nor anticoagulant drugs have been taken within the previous 7 days, and:

1. Muscle (e.g. limb pain), skin (e.g. lymphatic swelling), or mild neurological symptoms (e.g. weakness, numbness) have stabilised and the donor has been discharged, accept.
2. Arterial gas embolism has responded fully to recompression treatment, with no evidence for myocardial or cerebral ischaemic event (e.g. heart attack, stroke), accept.

Supporting information

See if relevant

- [Anticoagulant therapy](#)
- [Cardiovascular disease](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)
- [Disabled donor](#)
- [Epilepsy](#)
- [Investigations](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Steroid therapy](#)
- [Urinary catheterisation](#)
- [Vertigo](#)

Additional information

Decompression illness incorporates 'decompression sickness' (the bends) and arterial gas embolism. Most events reported by potential donors are likely to relate to diving incidents. The symptoms are caused by bubbles of inert gas (either nitrogen or helium) forming within the tissues (skin, muscle, nerves), or within the circulation, due to inappropriately rapid ascent from depth. This can lead to a broad spectrum of symptoms from mild muscle cramps at one end, to paralysis, heart attack or stroke at the other.

Treatment is a combination of repressurising the patient, and increasing the inspired partial pressure of oxygen, which facilitates the gradual removal of the retained inert gas. Additional treatment with nonsteroidal anti-inflammatory drugs (NSAIDs), steroids and anticoagulants may sometimes be used.

Complete relief of symptoms occurs in 50–98% of individuals depending on the severity, and period of time between development of symptoms and treatment. Donors who have suffered significant medical problems (e.g. heart attack, stroke, paralysis) would be deferred on the basis of this outcome.

Donors with milder symptoms which have either resolved completely, or are considered by the treating physician to have improved as much as they are going to, can be accepted as long as they meet the above criteria, and they have felt well

enough to return to normal activities of daily life (e.g. housework, employment, driving).

Reason for change: Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Dental treatment

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Less than 7 days since root canal treatment, dental capping (crown or veneer), dental implants 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 or the donor has been on antibiotics within the last 7 days.
5. Allogeneic human tissue (bone) has been used.
6. Less than 3 months since any invasive dental treatment outside of the UK and Republic of Ireland (ROI).
7. Receiving, or waiting for, treatment for periodontal gum disease.

Discretionary

1. If inspection, dental impressions or re-cementing of an existing crown or veneer only, with no requirement for further drilling or local anaesthetic, accept.
2. If the donor has received an autologous bone graft within the UK or ROI, accept. An autologous graft is derived from the donor's own bone.
3. If the donor has been treated within the UK or ROI with graft material derived from a non-biological or approved non-human source, accept.
4. If donor has received graft materials during dental treatment outside the UK and ROI, refer to a Designated Clinical Support Officer.
5. If the donor has completed any treatment for periodontal gum disease, is well with no symptoms of gum disease, and they are only attending a dentist or dental hygienist for cleaning to maintain gum health no more than once every 3 months, accept.

Supporting information

See if relevant

- [Infection, general](#)
- [Surgery](#)
- [Tissue and organ recipients](#)

Additional information

Dental extractions, other treatments and active gum disease 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.

Gum disease is common. Symptoms include pain, swelling, ulcers and difficulty eating. Donors may declare that they have gingivitis which is inflammation of the gums and which may be acute or chronic, but more chronic or extensive inflammation is usually called periodontal disease. If left untreated, disease can spread to the underlying bones causing teeth to become loose and/or require removal.

Referral to a periodontal specialist may be required, but active significant gum disease will usually be managed to prevent progression, by frequent visits to a dentist or dental hygienist for a course of intensive deep cleaning. Once this course of periodontal treatment is completed then the usual regular schedule of dental hygienist cleaning 3-monthly to maintain gum health will resume and

continue. Gum disease can be associated with, for example, diabetes or pregnancy, and so care must be taken to ensure a donor is also otherwise eligible.

As there may be uncertainty about infection risks for invasive dental treatment performed outside the UK and ROI, a deferral period of 3 months is required. Invasive treatments include root canal treatments, dental capping, dental implants and tooth extractions.

Graft materials used in dental procedures are highly processed products, derived from autologous bone, other human bone (allogeneic), animal bone or non-biological materials.

In the UK and ROI, any animal-derived graft material used in dental treatment are approved by regulatory authorities and can be regarded as free from known infection risks. If the donor knows that they received a product derived from an animal, or non-biological source, the donor can be accepted. If the donor is unsure, advise them to check with their dentist.

For dental surgery performed elsewhere in the world, it may be necessary to request more information about any graft products which were used.

Donors who have had more extensive surgery on their jaw may have received a standard human bone graft. If in doubt, refer to a Designated Clinical Support Officer.

Reason for change: Guidance for donors receiving treatment for periodontal disease has been added.
Version details: WB-DSG Edition 203 Release 72 (31 July 2024)

Dermatitis

Whole Blood and Components

Essential information

Includes

Eczema

Obligatory

Must not donate if:

1. The venepuncture site is affected.
2. Large areas of skin are affected.
3. Taking steroid tablets, injections, or applying steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas.
4. The donor has needed long-term (6 months or more) steroid treatment within the last 12 months.
5. The affected areas are infected.
6. Less than 4 weeks from the last dose of alitretinoin (Tocino®).

Discretionary

1. If the area affected is small, the venepuncture site is not affected and using topical treatment only, accept.
2. If the donor:
 - a. Has been established on oral treatment for their skin disease with only 1 of the following drugs:
 - i. Methotrexate
 - ii. Sulfasalazine
 - iii. Hydroxychloroquine
 - iv. Azathioprine, and
 - b. The dose of the drug has not increased in the previous 6 months, and
 - c. Their skin disease is controlled by medication, and
 - d. The venepuncture site is not affected, and
 - e. The donor is well, accept.
3. If there is any uncertainty about the diagnosis or the nature of treatment, refer to a Designated Clinical Support Officer.

Supporting information

See if relevant

- [Allergy](#)
- [Autoimmune disease](#)
- [Infection, general](#)
- [Monoclonal antibody therapy or other biological modalities](#)
- [Steroid therapy](#)

Additional information

Dermatitis refers to a group of skin conditions characterised by epidermal change. It may involve both allergic and non-allergic processes. Because of damage to the skin, local infection is a common problem. For this reason, the venepuncture site must not be affected.

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation. Long-term steroid therapy may also cause temporary adrenal dysfunction. A waiting period of 12 months from the last dose allows time for the adrenal glands to recover.

Some of the treatments used to treat eczema can affect the immune system, e.g. azathioprine (Imuran®), ciclosporin, hydroxycarbamide (hydroxyurea, Hydrea®), mycophenolate (CellCept®), and so can mask signs of infection. This is why systemic treatments (taken by mouth or injection and so affecting the whole body) requires a 12-month deferral period from the time the treatment stops. Under normal circumstances, the use of topical treatment with steroid, tacrolimus (Protopic®) or pimecrolimus (Elide®) will not result in blood levels which cause systemic suppression of the immune response. Systemic suppression is more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Reason for change: A discretion to accept donors on oral medication has been added and the text has been updated to ensure consistency with other DSG references to immunosuppression.

Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Diabetes insipidus

Whole Blood and Components

Essential information

Obligatory  Must not donate.

Supporting information

See if relevant Diabetes insipidus is an unusual condition (about 1 in 25,000 people are affected) where the body cannot retain enough water. It is very different from [diabetes mellitus](#) (sugar diabetes). Because of the difficulty in maintaining a normal fluid balance, it is considered unwise for a person with this condition to be a donor.

*Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Diabetes mellitus

Whole Blood and Components

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

Essential information

Obligatory

Must not donate if:

1. Requires treatment with insulin.
2. Diabetes 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 renal impairment.
6. Has required surgery for a blocked or narrowed artery including any type of amputation.
7. Has or has had gangrene.
8. Has or has had ulcers or wounds related to a loss of sensation.
9. Has had a transplant of pancreatic tissue.

Discretionary

1. If diagnosed with pre-diabetes or gestational diabetes but not requiring treatment, accept.
2. If controlled by diet or oral medication or injectable medication other than insulin, e.g. exenatide (Byetta®) or liraglutide (Victoza®), that has not been changed in type or dose in the last 4 weeks, accept.
3. If previous treatment with insulin (including bovine insulin) was stopped more than 4 weeks ago, accept.
4. 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.
5. If a donor has a glucose monitoring device to manage their diabetes and is otherwise eligible according to the above criteria, then as long as there is no inflammation or infection at or around the site of the skin sensor, accept.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)
- [Chiropody](#)
- [Infection, general](#)
- [Pregnancy](#)
- [Shunts, stents and devices](#)
- [Tissue and organ recipients](#)
- [Wounds, mouth and skin ulcers](#)

Additional information

In the UK, about 1 in 20 individuals has diabetes. The majority of cases do not require treatment with insulin. Many people with this type of diabetes, often called type II (2), are in good health and are fit to donate blood.

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).

The rationale for not accepting donors on oral medication for diabetes mellitus was reviewed by the Standing Advisory Committee on the Care and Selection of Donors (SACCSD) in 2008. It was decided that available data did not support the deferral of all individuals with diabetes that required treatment.

It is a requirement of the Blood Safety and Quality Regulations 2005 not to accept donors who are being treated with insulin, or who have received a transplant of human tissue.

Diabetic donors should be informed that blood donation will lower their HbA1c (glycated haemoglobin) levels. This blood test is used to monitor their diabetic control. Donors should inform their diabetic team that they are blood donors so this can be taken into account when reviewing HbA1c levels. Blood donation should preferably be performed after HbA1c testing.

HbA1c decreases under conditions which shorten the life-span of red blood cells (RBC). HbA1c is made when the glucose (sugar) in the body sticks to the RBC. As the body cannot use the sugar properly more of it sticks to the RBC and builds up in the blood. RBC are active for around 3 months. By measuring HbA1c, clinicians are able to get an overall picture of what a patient's average blood sugar levels have been over a period of weeks/months. For people with diabetes, this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.

According to national guidelines people with type 1 diabetes should be offered a continuous glucose monitor (CGM) or flash glucose monitor (e.g. FreeStyle Libre®). Some people with type 2 diabetes may also be offered a CGM or flash glucose monitor. Care should be taken to ensure donors are eligible in regard to their diabetes as most will be using insulin, often via a pump, which would preclude them from donation, and/or will be having difficulties monitoring or controlling their blood glucose levels and donation at that time would not be advisable.

Glucose monitoring devices are available to buy and donors with stable diabetes not treated with insulin may have chosen to buy a device to use.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.

Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Disabled donor

Whole Blood and Components

Essential information

Obligatory

All donors must:

1. Fully understand the donation process.
2. Give their informed consent to the process and to the testing of their blood for infections that may affect its suitability for use.
3. 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).

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

- [Central nervous system disease](#)
- [Neurobehavioral problems](#)
- [Spina bifida](#)
- [Urinary catheterisation](#)

Additional information

The UK Blood and Tissue 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 a disability are advised to seek advice from their local [Blood and Tissue Service](#) before attending a donor session to see if their needs can be met. It is however important to note the following.

Some donors, especially those with spinal cord injuries can have significant problems with regulating their blood pressure and as such may be at a greater risk of vasovagal events following blood donation. People who are in wheelchairs are more at risk if they suffer a delayed vasovagal event in the chair, and are alone, as they could remain upright and may suffer prolonged cerebral hypoxia. This can result in permanent brain injury or in extreme circumstances death. For this reason donors must not donate from a wheelchair. Some potential donors may have indwelling shunts and/or catheters in situ which will mean that they are not eligible to donate.

To comply with Part 2 of the Blood Safety and Quality Regulations 2005 (BSQR) 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 (Part A 1-13).
2. Complete a health and medical history questionnaire and undergo a personal interview performed by a healthcare professional (defined in the BSQR as a doctor, a nurse or a donor carer) trained and qualified in the requirements of the BSQR (Part B 15).
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 (Part B 16 (a) - (f)).

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. 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 qualified healthcare professional.

Guidance on the use of interpreters is presented in [chapter 3](#) of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).

To comply with both the BSQR 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: The guidance on third party interpreters has been moved to Chapter 3 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book).
Version details: WB-DSG Edition 203 Release 77 (18 July 2025)

Diuretics

Whole Blood and Components

Also known as: water tablets

Essential information

Obligatory

Must not donate if:

1. Taken for heart failure
2. Taken for kidney failure

Discretionary

1. If taken for pre-menstrual syndrome, accept.
2. If taken to treat hypertension as either the only drug or with other anti-hypertensive medication, accept.

Supporting information

See if relevant

- [Blood pressure, high](#)
- [Cardiovascular disease](#)

Additional information

Diuretics (water tablets) are used for many different reasons. If they are taken for a serious condition (e.g. heart or kidney failure), the donor should not be accepted.

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Diverticular disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Has symptoms of diverticulitis.
2. Less than 7 days from completing systemic antibiotic treatment.

Discretionary

If the donor has no symptoms other than mild abdominal pain or constipation, accept.

Supporting information

See if relevant

- [Endoscopy](#)
- [Infection, general](#)
- [Investigations](#)
- [Stoma](#)
- [Surgery](#)

Additional information

Diverticula are pouches sticking out of the side of the large bowel (colon). They become more common as a person ages (50% of people have them by the age of 50, and 70% by the age of 80). Often they are an incidental finding when the large bowel is examined. This is known as diverticulosis and is not a problem. About a quarter of people who have diverticula have symptoms and this is known as diverticular disease. Symptoms are commonly related to pain and constipation but the condition can lead to infection (diverticulitis) and bleeding. Some people may require surgery.

Reason for change: This is a new entry. The previous entry on diverticulosis did not deal with any of the complications of diverticular disease.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Drug treatment

Whole Blood and Components

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.

The number of different drugs taken should not of itself make a donor ineligible.

Supporting information

Additional information

In most circumstances, it is the condition that a drug is being taken for, rather than the drug itself, that will lead to deferral. This is because the amount of drug that will be transfused will be very small.

Some drugs are known or suspected to affect foetal development when taken by patients to treat their underlying condition. For a drug to potentially harm the foetus, it must be present at a significant concentration in the mother's bloodstream during the specific period of organ development. For example, sodium valproate needs to be in the circulation during the neural tube formation phase in the first trimester of pregnancy.

Although a donation taken from a person on medication may contain traces of that drug, the potential risk to the recipient is not believed to be significant because:

- the concentration of the drug will be low because of dilution within the recipient's circulation
- a one-off exposure is unlikely to cause an effect
- transfusions within the first trimester (the first 3 months) of pregnancy, at the key stage of foetal development, are uncommon

However, some drugs have a Pregnancy Prevention Programme (PPP) mandated due to their higher teratogenic risk. A PPP is mandatory formal risk management and is distinct from drug information that simply advises avoiding use in pregnancy. In acknowledgement of this, donors who are taking drugs with a PPP for a condition that would not otherwise prevent donation must be deferred according to the appropriate [entry](#) in the WB-DSG.

Donors who are taking a drug for which specific guidance is not in the WB-DSG should be assessed according to the entry for the condition for which the drug treatment is being taken.

This approach has been reviewed by the UK Teratology Information Service (UKTIS) and will be updated as further evidence becomes available.

It is also important to be certain that a particular drug will not stop platelets from working properly. The blood of anyone who has taken drugs in the last 7 days that can interfere with platelet function can be used for red cells but may not be suitable for preparing platelets.

If a specific drug is not indexed individually, or as a group (e.g. [nonsteroidal anti-inflammatory drugs](#) or [steroids](#)), and the reason for treatment is not a cause for deferral, the donor should be accepted. If in doubt, contact a Designated Clinical

Support Officer.

Reason for change: Additional information to support the assessment of the eligibility of donors taking drug treatment that can affect foetal development has been added. 'See if relevant' section has been removed.
Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Ehlers-Danlos syndrome (EDS)

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. There is history of excessive bleeding or bruising.
2. There is a history of repeated joint dislocation involving the upper limbs.
3. There are complications due to effects on the heart, cardiovascular system and other organs (e.g. heart valve disease or aortic root involvement) or the donor is under active investigation, treatment or follow-up by a specialist.
4. There is active periodontal disease.

Discretionary

If the condition is mild and donor is not prone to excessive bruises or bleeding, even if taking analgesics for joint pain, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Cardiovascular disease](#)
- [Drugs and platelet donation](#) (drug index)

Additional information

Ehlers-Danlos syndrome is usually a mild condition which typically presents with hypermobility of joints, joint pains and tendency to bruising. Most donors are treated symptomatically, usually with analgesics for joint pains.

If there is doubt about the diagnosis or severity, refer to a Designated Clinical Support Officer.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 63 (31 May 2022)

Endocarditis

Whole Blood and Components

Essential information

Includes	Subacute bacterial endocarditis (SBE)
Obligatory	Must not donate if: 1. Has active infection. 2. Has a heart defect that limits activity.

Supporting information

See if relevant	• Cardiac surgery • Cardiovascular disease • Infection, general • Transfusion
Additional information	People with heart problems that may lead to endocarditis (inflammation of the heart lining, heart muscles and heart valves) may not be fit to donate because of either their heart defect or because of treatment for it. This may have included surgery and transfusion.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

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. The entry has also been changed from the previous entry for 'Subacute Bacterial Endocarditis'. In particular, any risk of developing endocarditis as a result of venepuncture is now considered insignificant. There has also been a NICE review of when antibiotics are needed for prophylaxis against endocarditis. This has resulted in the guideline no longer referring to taking 'antibiotics when having dental treatment' as this is no longer advised.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Endometriosis

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

- See if relevant
- [Drug and platelet donation](#) (drug index)
 - [Endoscopy](#)
 - [Nonsteroidal anti-inflammatory drugs](#)
 - [Surgery](#)

Additional information Endometriosis is a common condition affecting women in their reproductive years. It is caused by the type of cells that usually line the womb occurring elsewhere in the body, usually in the pelvis, outside of the uterus. The cells outside of the womb undergo the same cyclical changes as the ones lining the womb. The commonest symptom is pain and discomfort around the time that a period would be expected. Endometriosis should not normally affect donation but it is important to check if the donor is taking painkillers that might prevent a donation being used for platelet production.

*Reason for change: Links and 'Additional Information' have been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Endoscopy

Whole Blood and Components

Essential information

Excludes	Colposcopy - see Cervical dysplasia
Obligatory	Must not donate if: Less than 4 months from a procedure involving a flexible endoscope.
Discretionary	If the procedure involved a rigid endoscope and the donor is: • Well, and • Not waiting for further tests or results, and • The diagnosis does not preclude donation, accept.

Supporting information

See if relevant	• Malignancy • Surgery
Additional information	For the purposes of donor selection: • Any endoscopic procedures performed through a surgical incision (e.g. arthroscopy) can be considered a rigid endoscopy. • Proctoscopy (also called rigid sigmoidoscopy) involves the use of a rigid endoscope. • Any endoscopy performed outside of the UK and ROI should also be assessed using the Surgery entry. Flexible endoscopes can be difficult to disinfect. There have been cases where infection has been passed from person to person by examination and biopsy using this type of instrument. This excludes disposable flexible equipment that may be used through a rigid endoscope (e.g. to obtain biopsies). This guidance presumes that a validated NAT test for hepatitis C is negative; if this test is stopped, the guidance will change. The procedure of 'virtual endoscopy' is a radiographic technique that does not involve the use of an endoscope just a disposable tube; it is not in itself a reason for deferral.
Regulatory information	This is a requirement of the Blood Safety and Quality Regulations 2005 in accordance with EU regulation, but the risk within the UK and ROI is minimal.

Reason for change: Clarification of rigid and flexible endoscopy, and the risk in the UK and ROI. Removal of reference to colposcopy, referring user to the appropriate entry for guidance. Change to refer to endoscopy as a procedure rather than an examination. Inclusion of associated considerations for donor selection.

Version details: WB-DSG Edition 203 Release 76 (30 April 2025)

Epilepsy

Whole Blood and Components

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:

If a person with a past history of epilepsy has, for the past 3 years, neither required anticonvulsant therapy, nor been subject to fits, accept.

Supporting information

See if relevant

- [Malignancy](#)
- [Neurosurgery](#)

Additional information

Faints following donation can lead to epileptiform convulsions. This is caused by 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.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: The 'Discretionary' entry has been modified and further 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Erectile dysfunction

Whole Blood and Components

Essential information

Obligatory

See: is there an [entry](#) for the cause of the condition?

Must not donate if:

1. Injectable medication is not prescribed by a registered practitioner.
2. Used for malignancy or other condition which precludes donation.

Supporting information

See if relevant

- [Blood pressure, high](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)
- [Diabetes mellitus](#)
- [Prostate problems](#)
- [Testosterone replacement therapy](#)

Additional information

Treatment for erectile dysfunction (including self-injection of UK prescribed drugs) should not normally prevent donation but the underlying cause of the erectile problem might.

Drugs obtained while travelling abroad or from non-regulated sources may pose unknown health risks.

Reason for change: Clarification of guidance relating to injectable medication and underlying cause of erectile dysfunction.

Addition of link to new 'Testosterone replacement therapy' entry.

Version details: WB-DSG Edition 203 Release 79 (17 February 2026)

Etretinate

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Has ever taken etretinate (Tigason®).

Supporting information

See if relevant

- [Acne](#)
- [Psoriasis](#)
- [Skin disease](#)

Additional information

Etretinate (Tigason®) is no longer prescribed in many countries because it is highly teratogenic (causes birth deformities) and stays in the body for an extremely long time. It has largely been replaced by acitretin (Neotigason®) which also has restrictions. Please follow the relevant entries if acitretin is taken for [acne](#), [psoriasis](#) or [skin disease](#).

As it is not possible to know if a donation may be given to a woman in the early stages of pregnancy, individuals who have ever been exposed to this drug cannot donate.

Reason for change: A link has been added to Skin Disease.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Exercise

Whole Blood and Components

Essential information

Discretionary	Providing the donor is well hydrated, recovered from recent exercise and appropriate advice is given concerning post-donation exercise, accept.
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Supporting information

Additional information	People who are planning to undertake exercise after giving blood should be advised that donation may affect their performance and may also increase the risk of bleeding from the venepuncture (needle entry) site and of other adverse events such as fainting. They may wish to wait until the following day so as to avoid any problems. Individuals who undertake sport at high levels of performance should be aware of both the short-term effect of blood donation on performance and the possible long-term effects if they should become short of iron. They may wish to seek specialist advice on how to avoid adverse effects on their performance from donation.
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Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Eye disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Active ocular inflammation or infection (including conjunctivitis, acute glaucoma, iritis or scleritis).
2. History of malignancy.
3. Ocular tissue transplanted.
4. Within 7 days of receiving injected treatment for age-related macular degeneration (AMD).
5. The donor declares a history of optic neuritis.

Discretionary

1. If chronic glaucoma treatment is with tablets or drops only, accept.
2. Non-injection treatment for age-related macular degeneration (AMD), accept.
3. Most donors with poor vision can be accepted but see the [Disabled donor](#) entry if they are not able to read.
4. If more than 7 days from intravitreal injection treatment for AMD, accept.
5. If completed course of any eye drops following surgery for a benign condition not requiring ocular tissue transplant and there is no active infection or inflammation, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Central nervous system disease](#)
- [Diabetes mellitus](#)
- [Disabled donor](#)
- [Infection, general](#)
- [Laser treatment](#)
- [Malignancy](#)
- [Shunts, stents and devices](#)
- [Steroid therapy](#)
- [Thrombosis and thrombophilia](#)
- [Tissue and organ recipients](#)

Additional information

Allogeneic (from another person) ocular tissue may be transplanted in operations other than corneal transplants, including surgery for glaucoma. If surgery was performed after 1997 and any transplanted ocular material was supplied through UK Transplant, this information will be stored on the National Transplant Database held by NHS Blood and Transplant (NHSBT).

There is a risk of bacterial infection and other complications following injection treatment for age-related macular degeneration (AMD). This is why a 7-day deferral is required.

Intravitreal injection treatment for wet/age-related macular degeneration is with anti-vascular endothelial growth factor (anti-VEGF) therapy, these include bevacizumab (Avastin®), ranibizumab (Lucentis®) and pegaptanib sodium (Macugen®).

Regulatory information Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: An entry re Optic Neuritis has been added as well as a link to Central Nervous System Disease
Version details: WB-DSG Edition 203 Release 38 (01 August 2017)*

Faints

Whole Blood and Components

Essential information

Definition/s	Delayed faint: a faint that occurs after the donor has left the donation venue.
Obligatory	Must not donate if: 1. History of an unexplained delayed faint. 2. Two consecutive faints following or during donation.
Discretionary	A donor with a history of a feeling faint on more than 1 occasion may be accepted following a thorough assessment by a registered healthcare professional. If a donor with a history of fainting is accepted, careful observation is required.

Supporting information

Additional information	Vasovagal events can range in severity. When assessing a donor's eligibility to continue to donate following a previous vasovagal event, the registered healthcare professional should consider: • Any contributory factors before and after the donation? • Was there prolonged recovery after the previous vasovagal event? • Did the donor sustain an injury? • Did the donor require treatment from a healthcare professional outside the Blood Service? An unexplained delayed faint occurs when there is no obvious reason for the faint, other than the history of donation. Events that might contribute to a delayed faint would be exertion, dehydration, exposure to an unpleasant situation, or standing for prolonged periods. A previous history of faints increases the likelihood of a severe adverse reaction to donation.
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Reason for change: Updated to include guidance on assessing donors who report a previous vasovagal reaction during or after blood donation.

Version details: WB-DSG Edition 203 Release 72 (31 July 2024)

Familial pseudohyperkalaemia (FP)

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

If the donation will not be used to manufacture red cell components for intrauterine transfusion (IUT) or transfusion to neonates and infants, accept.

Supporting information

See if relevant

Familial pseudohyperkalaemia (FP) is a red cell disorder characterised by altered permeability of the red cell membrane. This is an asymptomatic condition which causes increased leakage of potassium from red cells when stored at refrigerated temperatures. High levels of potassium in stored red cell units are a particular risk for transfusion recipients less than 1 year of age.

The most common FP variant affects about 1 in 400 of the UK donor population (although it is less common in donors from non-European ethnic groups).

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 44 (03 September 2019)

Fertility

Whole Blood and Components

Essential information

Includes	Infertility
Obligatory	Must not donate if: 1. Under investigation for infertility. 2. Any underlying cause or reason for fertility treatment precludes donation. 3. Undergoing current fertility treatment and monitoring for pregnancy. 4. Has ever been given human gonadotrophin of pituitary origin. 5. The donor knows that they have ever been treated with 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. 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. There is no need to confirm that the donor was not treated with Metrodin HP®. Donors may have received other non-pituitary derived gonadotrophins which are acceptable. Recipients of donated eggs, embryos and sperm are eligible to donate. This is in accordance with the SaBTO microbiological safety guidelines. Donors who have undergone egg donation, egg collection for fertility preservation, and surgical sperm retrieval should be assessed regarding any hormone treatment they have received and 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 known as 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 new name 'polyendocrine metabolic ovarian syndrome' (previously 'polycystic ovary syndrome') has been added.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Fibromyalgia

Whole Blood and Components

Also known as: *fibromyositis, fibrositis*

Essential information

Discretionary Accept.

Supporting information

- See if relevant
- [Disabled donor](#)
 - [Drugs and platelet donation](#) (drug index)
 - [Nonsteroidal anti-inflammatory drugs](#)
 - [Steroid therapy](#)

Additional information Fibromyalgia is a common problem affecting soft tissues (muscles, tendons and ligaments) rather than bones or joints. The cause is not known but it is often linked to sleep disorders.

Reason for change: The link to 'Inflammation' has been replaced with more appropriate links. 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Frequency of donation

Whole Blood and Components

Essential information

Discretionary

1. Whole blood:

A minimum interval of 12 weeks between donations should normally be observed.

Donors who regularly attend at intervals of less than 16 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 16 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 12 weeks.

2. Components:

2a. Double red cells:

A minimum interval of 26 weeks between donations should normally be observed.

Donors who attend at intervals of less than 32 weeks should be informed that they are at increased risk of iron deficiency. They should be advised to reduce their frequency of donation to an average of 32 weeks or more.

Donors with genetic haemochromatosis may donate at intervals of less than 26 weeks.

2b. Apheresis platelets and/or plasma:

A minimum interval of 2 weeks between donations should normally be observed. The combined total of platelet and plasma donations in any 12-month period should not be more than 26.

Donors of convalescent plasma can donate at weekly intervals, provided they meet all other requirements for plasma donation. They should not donate more than 26 donations in any 12-month period.

Donors who attend at intervals of less than 4 weeks may be at increased risk of iron deficiency.

2c. Stem cell donor:

A donor should not give any routine donations for 6 months following bone marrow harvest and for 3 months following peripheral blood stem cell harvest or lymphocyte donation.

2d. Donors who change donation type:

Care must be taken to ensure that limits on the frequency of donation are maintained for donors who move between donation types.

The following deferral periods should be applied when donor move:

From whole blood to component donation:
(except double red cells)

- 4 weeks

From platelet or plasma component to whole blood donation:

- 4 weeks since last component donation (and at least 12 weeks since the most recent whole blood donation)

From whole blood to double red cell donation:

- 12 weeks

From double red cell to other component donation:

- 8 weeks

Supporting information

Additional information The various intervals are to minimise the risk of developing iron deficiency, except for the deferral periods following stem cell or lymphocyte donation, which are in place to allow the donor to be available for further stem cell or lymphocyte donations should this be required.

Stem cells and lymphocytes are collected by apheresis.

Reason for change: The deferral periods after bone marrow or stem cell donation have been reduced in keeping with WMDA guidelines.

Version details: WB-DSG Edition 203 Release 68 (09 May 2023)

Functional neurological disorder (FND)

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

If the donor is well, and:

1. They have been symptom free for 5 years or more, and
2. Their symptoms have never affected their arms, and
3. Their symptoms were not related to venepuncture, and
4. They have not required any treatment for this condition for 5 years or more, and
5. They are discharged from follow-up, accept.

Supporting information

Additional information

Functional neurological disorder (FND) is the name given to symptoms which appear to be caused by problems in the nervous system, but which are not caused by a neurological disease.

It is not known whether blood donation could cause a relapse and recurrence of symptoms of FND even after a significant period of time without symptoms. Care must be taken to ensure that the donor is aware of this, so that they may consider the potential impacts if this was to occur. It is also advisable to avoid blood donation if the reason for the condition occurring in the past could be related to anything that the donor may experience during or after donation (e.g. pain during venepuncture or due to bruising, anxiety, stress or fatigue).

The reasons people develop FND are varied. It tends to happen when the brain has difficulty coping with thoughts, memories, emotions, and sensations. The brain can become overwhelmed and therefore stop functioning normally. It can be associated with past trauma and loss, or ongoing stress, but this is not always apparent.

FND is diagnosed by a specialist when there are one or more typical clinical features, not just because investigations have ruled out other neurological conditions.

The main functional symptoms are:

- sensory (e.g. numbness, tingling, visual disorders)
- concentration, memory and fatigue
- motor (e.g. affecting movement, walking, speech)
- dissociation/functional seizures

Other associated symptoms and conditions include:

- chronic pain, fibromyalgia, complex regional pain syndrome (CRPS)
- bowel and bladder symptoms
- migraine and headaches
- depression, anxiety

Symptoms can be continuous or intermittent. For most people, they are short-lived, but for others they persist for months or years. Relapses can occur.

Treatment is with rehabilitation therapies such as physiotherapy, occupational therapy, psychotherapy, speech and language therapy, and swallowing therapy.

Medication for associated pain, anxiety or depression may be needed.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Gall bladder disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

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

Discretionary

If recovered from symptomatic disease, or has asymptomatic gallstones not associated with an inherited haemolytic anaemia, accept.

Supporting information

See if relevant

- [Endoscopy](#)
- [Haemolytic anaemia](#)
- [Infection, general](#)
- [Malignancy](#)
- [Surgery](#)

*Reason for change: Links have been added for 'Endoscopy', 'Haemolytic Anaemia' and for 'Malignancy'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Gastroenteritis

Whole Blood and Components

Essential information

Definition/s	Acute: lasting for a limited duration only. Chronic: continuing or prolonged.
Obligatory	Must not donate if: 1. Chronic or associated with inflammatory bowel disease. 2. Less than 2 weeks since full recovery.
Discretionary	If due to irritable bowel syndrome, accept.

Supporting information

See if relevant	• Diverticular disease • Infection, general • Inflammatory bowel disease • Irritable bowel syndrome
Additional information	Acute gastroenteritis is usually caused by an infection. The Blood Safety and Quality Regulations 2005 require a 2-week deferral from the time of recovery. Chronic gastroenteritis is most likely to be caused by inflammatory bowel disease or irritable bowel syndrome.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: This is an updated entry which encompasses several previous entries, including 'Diarrhoea' and 'Gastric Flu'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Gastrointestinal disease

Whole Blood and Components

Essential information

Obligatory	Must not donate if: 1. Ulcerative colitis. 2. Crohn's disease. 3. Malignant.
Discretionary	1. Other conditions may be acceptable but carefully consider the suitability of individuals liable to iron deficiency through impaired iron absorption or blood loss. 2. Coeliac disease, accept.

Supporting information

See if relevant	• Anaemia (iron deficiency) • Diverticular disease • Gastroenteritis • Infection, general • Inflammatory bowel disease • Irritable bowel syndrome • Shunts, stents and devices • Surgery • Transfusion
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Relevant links have been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Giardiasis

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

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

Version details: WB-DSG Edition 203 Release 02 (01 September 2010)

Glycogen storage disease (GSD)

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Suffers from a glycogen storage disease.

Discretionary

If the potential donor suffers from:

- Type 0 (glycogen synthase deficiency)
- Type V (McArdle disease)
- Type XI (Fanconi-Bickel syndrome)
- Type XII (red cell aldolase deficiency)
- Type XIII glycogen storage disease (beta-enolase deficiency)

accept.

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.

Version details: WB-DSG Edition 203 Release 36 (01 November 2016)

Gout

Whole Blood and Components

Essential information

Obligatory

See: is there an [entry](#) for any underlying condition?

Must not donate if:

Related to malignancy.

Discretionary

If any underlying condition is not of itself a reason to defer, even if on treatment, accept.

Supporting information

See if relevant

- [Drugs and platelet donation](#) (drug index)
- [Malignancy](#)
- [Nonsteroidal anti-inflammatory drugs](#)

Additional information

Gout is due to high levels of uric acid. This will not affect the quality of the blood but taking nonsteroidal anti-inflammatory drugs may affect the suitability of the donation for platelet production. Gout may be secondary to malignancy or its treatment.

*Reason for change: The entry has been modified to include an 'Obligatory' entry, additional links and 'Additional Information'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Growth hormone (GH)

Whole Blood and Components

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.

Supporting information

See if relevant	• Prion-associated diseases
Additional information	The use of human growth hormone of pituitary origin had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: 'Additional Information' on the use of human growth hormone of pituitary origin has been added. The date that this ceased to be used in the UK has been revised from 1987 to 1986.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Guillain-Barré syndrome

Whole Blood and Components

Essential information

Obligatory

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.
4. Refer to a Designated Clinical Support Officer before accepting a donor.

Supporting information

See if relevant

If treated with immunoglobulin or plasma exchange:

- [Transfusion](#)

Additional information

The cause of Guillain-Barré syndrome is not known but it often follows an infection or immunisation. It probably is associated with auto-antibodies to parts of the peripheral nervous system. This guideline is intended to prevent transferring antibody to a person receiving a transfusion that could then affect their nervous system.

Version details: WB-DSG Edition 203 Release 02 (01 September 2010)

Haematological disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

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

Discretionary

1. If following specialist investigation a polycythaemia is not diagnosed as polycythaemia rubra vera, or another myeloproliferative neoplasm, and no treatment or further investigation is planned, accept.
2. If following specialist investigation a thrombocythaemia, or another myeloproliferative neoplasm, is not diagnosed as essential thrombocythaemia and no treatment or further investigation is planned, accept.

Supporting information

See if relevant

- [Anaemia](#)
- [Haemochromatosis](#)
- [Haemoglobin disorders](#)
- [Haemolytic anaemia](#)
- [Immune thrombocytopenia](#)
- [Malignancy](#)
- [Polycythaemia and raised haemoglobin](#)

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.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The discretionary and see if relevant sections have been updated to include the revised Polycythaemia and Raised Haemoglobin entry.

Version details: WB-DSG Edition 203 Release 58 (22 June 2021)

Haematuria

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Due to infection
2. Due to malignancy
3. Not fully investigated

Supporting information

See if relevant

- [Infection, general](#)
- [Malignancy](#)
- [Nephritis](#)
- [Prostate problems](#)
- [Urinary tract infection](#)

Additional information

Haematuria has many causes and most will require an individual to be deferred. If a person has not been fully investigated for the cause of their haematuria, they may have an underlying problem that would lead to deferral.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

Version details: WB-DSG Edition 203 Release 81 (Date)

Haemochromatosis

Whole Blood and Components

Essential information

Obligatory

Refer to a Designated Clinical Support Officer if:

Therapeutic venesection has been required or is planned.

Discretionary

1. If the donor does not currently require therapeutic venesection, and has not been venesected in the past, accept.

Previous blood donation is not considered to be the same as clinical venesection.

2. If the donor has been approved to donate by a Designated Clinical Support Officer, and is otherwise eligible to donate, accept.

Minimum intervals between donations for approved donors will be determined by individual blood services.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Diabetes mellitus](#)
- [Hormone replacement and sex hormone therapy](#)
- [Liver disease](#)

Additional information

Genetic haemochromatosis (GH) is an inherited condition that can cause the body to accumulate too much iron. The standard treatment for GH is removal of blood through venesection. Individuals with GH will usually be monitored for iron overload through their GP or hospital clinic, and will be offered venesection if required.

Blood from an individual with GH is safe for transfusion as long as the donor meets all other donor selection criteria. However, it is important that GH patients are not under any additional pressure to donate blood. They must be under the care of an appropriate physician who can offer alternative venesection facilities if the donor is unable to donate. For this reason, any patient with GH who has been venesected or who currently requires venesection must be approved by a Designated Clinical Support Officer prior to acceptance.

Someone who has a diagnosis of GH following genetic testing but who has no iron overloading may be advised by their physician to donate blood, as this will reduce the likelihood of venesection being needed in the future. Donors in this situation can be accepted without Designated Clinical Support Officer referral, as long as they have not been venesected in clinic.

*Reason for change: Clarification of when referral to DCSO is required prior to donation.
Version details: WB-DSG Edition 203 Release 55 (21 January 2021)*

Haemoglobin disorders

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Sickle cell syndrome.
2. Thalassaemia syndrome.
3. Has a high affinity haemoglobin.

Discretionary

1. Donors with symptomless traits for abnormal haemoglobin, accept. Note, there is special guidance for donors with [sickle cell trait](#).
2. Donors with thalassaemia trait, accept but advise they may fail the haemoglobin screening test.

Supporting information

See if relevant

- [Anaemia](#)
- [Polycythaemia and raised haemoglobin](#)
- [Sickle cell trait](#)
- [Transfusion](#)

Additional information

People with traits for abnormal haemoglobin and thalassaemia may be able to donate if they pass the haemoglobin screening test at the session and have no other problems associated with the trait.

Some individuals with thalassaemia trait have levels of haemoglobin lower than that required to pass the screening test required by the Blood Services. Although this is normal for them, they may never be able to donate.

Individuals with certain 'high affinity' haemoglobins develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons, they should not be accepted.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: The see if relevant section has been updated.
Version details: WB-DSG Edition 203 Release 58 (22 June 2021)*

Haemoglobin estimation

Whole Blood and Components

Essential information

Obligatory

The haemoglobin concentration should be estimated each time a potential donor presents.

If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.

Lower limits

1. Whole blood donors

Must not donate if the haemoglobin concentration is less than:

- Female donors: 125 g/L
- Male donors: 135 g/L
- Not disclosed: 125 g/L (see **Note – Not disclosed** below)

2. Double red cell donors

Must not donate if the haemoglobin concentration is less than:

- All donors: 140 g/L

3. Component donors who will only donate plasma

Must not donate if the haemoglobin concentration is less than:

- Female donors: 120 g/L
- Male donors: 130 g/L
- Not disclosed: 125 g/L (see **Note – Not disclosed** below)

4. All other component donors

Must not donate if the haemoglobin concentration is less than:

- Female donors: 125 g/L
- Male donors: 135 g/L
- Not disclosed: 125 g/L (see **Note – Not disclosed** below)

Upper limits

All donors

Must not donate if the haemoglobin concentration is greater than:

- Female donors: 165 g/L
- Male donors: 180 g/L
- Not disclosed: 180 g/L (see **Note – Not disclosed** below)

Note – Not disclosed

Blood Services should have donor selection processes that are inclusive of transgender and non-binary individuals. These may be based on asking donors

their sex assigned at birth (SAAB) or asking donors about their gender identity and transgender history. For the purposes of this entry, 'not disclosed' criteria apply to donors who are not comfortable to answer these details. It is important to ensure donors understand the rationale for asking these questions.

Discretionary

1. Potential donors whose haemoglobin concentration is estimated to be below the acceptable level may be asked to give a further sample of blood for testing by alternative means. If the haemoglobin concentration is not less than the levels shown above, accept.
2. If the haemoglobin concentration is above the upper limits listed above, refer to the [Polycythaemia and raised haemoglobin](#) entry.

Supporting information

See if relevant

- [Hormone replacement and sex hormone therapy](#)
- [Polycythaemia and raised haemoglobin](#)
- [Transgender and non-binary individuals](#)

Additional information

Transgender and non-binary donors may take gender-affirming hormone therapy to support their transition. This may change the haemoglobin level in their blood and consideration can be given to changing the haemoglobin criteria used to assess the donor, based on the therapy the donor is taking. See the [Transgender and non-binary individuals](#) entry.

A 500 mL donation of whole blood contains about 250 mg of iron. It can take months for the average donor to replace this loss of iron from the diet. Taking a donation from a person with a haemoglobin concentration below the recommended value may make them anaemic.

The lower haemoglobin acceptance limits apply only to plasmapheresis donors who will only donate plasma by apheresis. If it is anticipated that red cells or platelets will be collected during the procedure, the donor must be assessed against the limits for all other component donors above.

Component donors giving double units of red cells lose twice as much iron and so it is even more important that they start with a good haemoglobin concentration.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The entry has been revised to include guidance on assessing transgender and non-binary donors. The See if Relevant section has been revised.

Version details: WB-DSG Edition 203 Release 70 (18 April 2024)

Haemolytic anaemia

Whole Blood and Components

Essential information

Includes

Red cell disorders:

- Enzyme abnormalities (e.g. G6PD deficiency, pyruvate kinase deficiency)
- Membrane abnormalities (e.g. hereditary spherocytosis, hereditary elliptocytosis)
- Paroxysmal nocturnal haemoglobinuria

Immune causes:

- Transfusion-related
- Drug-induced
- Autoimmune conditions

Other causes:

- Infection
- Toxins
- Venom
- Trauma (e.g. march haemoglobinuria)
- Liver disease (e.g. cirrhosis, Wilson's disease, pregnancy-induced including Haemolysis, Elevated Liver enzymes, and Low Platelets [HELLP] syndrome)
- Malignancy

Excludes

Sickle cell syndrome, thalassemia syndrome – see [Haemoglobin disorders](#)

Obligatory

Must not donate.

Discretionary

1. If there is a known cause for the haemolysis that does not otherwise preclude donation (e.g. an adverse reaction to a medicine, march haemoglobinuria or a venomous bite) and the individual is completely recovered, accept.
2. Hereditary elliptocytosis not causing haemolysis or requiring splenectomy, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Haemoglobin disorders](#)
- [Liver disease](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Splenectomy](#)
- [Steroid therapy](#)
- [Transfusion](#)

Additional information

Causes of haemolytic anaemia include red cell and haemoglobin disorders.

Affected red cells are more likely to break down after collection. This could make the stored blood dangerous to transfuse.

Most cases of hereditary elliptocytosis do not affect red cell survival and may be accepted

Haemolytic anaemia can also be caused by immune reactions and other triggers. Care should be taken to establish the cause or associated condition and any treatment which may preclude donation or affect eligibility (e.g. malignancy, splenectomy, transfusion, steroid or monoclonal antibody therapy). Only individuals who have otherwise had a distinct episode from which they have fully recovered, with no ongoing problems, no risk of recurrence and no ongoing specialist follow-up will usually be eligible.

Reason for change: Addition of causes and associated conditions in a new 'Includes' section and into the 'See if Relevant' and 'Additional Information' sections with reference to treatments that may also affect eligibility. Addition of 'Excludes' section for clarification.

Version details: WB-DSG Edition 203 Release 74 (26 November 2024)

Haemorrhoids

Whole Blood and Components

Also known as: piles

Essential information

Obligatory

Must not donate if:

Regular or severe bleeding is reported.

Discretionary

If asymptomatic or occasional mild bleeding only, accept.

Supporting information

See if relevant

- [Anaemia](#) (iron deficiency)
- [Endoscopy](#)
- [Surgery](#)

Additional information

Regular bleeding from haemorrhoids can lead to a shortage of iron. This would be made worse by donation and is likely to cause anaemia.

Reason for change: The 'Discretionary' entry has been modified, a link has been added to 'Endoscopy' and 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Hair removal

Whole Blood and Components

Also known as: *depilation*

Essential information

Discretionary Unless the technique has lead to wounds or infection, accept.

Supporting information

See if relevant

- [Infection, general](#)
- [Wounds, mouth and skin ulcers](#)

Additional information There are many different ways of removing hair, including creams, waxing, electrolysis and the use of co-cyprindiol (Dianette®). Providing there are no wounds or infection, the donor may be accepted.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Hazardous activity

Whole Blood and Components

Essential information

Definition/s	A hazardous activity is an activity that may put either the donor or others at high risk of serious injury or death if the donor were to suffer a delayed faint following donation. Such events are uncommon but not unknown.
Obligatory	Must not donate if: Required to undertake a hazardous activity, following donation, on the same working day. Donors must be advised of the risks of delayed faints and advised not to perform a hazardous occupation or hobby on the same day.
Discretionary	Hazardous occupation: If going off duty, accept. Exposure to hazardous material: If the donor is well and has not been exposed by inoculation or mucous membrane exposure to potentially infective biological material, accept.

Supporting information

See if relevant	• Air crew and air traffic controllers • Healthcare worker • Non-consented exposure to human body fluids
Additional information	It is not possible to eliminate all risks associated with a donor becoming unwell after giving blood. Nevertheless, by avoiding donation on the same day as a potentially hazardous activity, risk can be reduced. As an example, the consequences of a driver losing control of a large goods vehicle is likely to be worse than if they were at the controls of a car or light van. Some occupations have a requirement not to return to duty until a defined period has passed. For others, it may be sensible to recommend a night's rest before undertaking something that may be considered a hazardous activity. The Donor Selection Guidelines cannot cover regulations and guidelines for every activity. Some governing bodies may specify a longer period before individuals should carry out a particular activity after blood donation. Donors should consult and follow regulations or expert recommendations associated with the specific activity where these apply. Examples of hazardous activities include, but are not limited to, climbing, diving (all types), flying, motor sport, and parachuting. Examples of hazardous occupations include, but are not limited to, air traffic controller, climbing ladders or scaffolding, crane or heavy machine operator, diver, emergency response vehicle driver, fire crew, flying, large goods vehicle driver (LGV, HGV over 7.5 tonnes maximum authorised mass), miner working underground, public service vehicle driver (excluding vehicles with fewer than 8 passenger seats) and train driver. The suggested driving restrictions would not normally apply to drivers restricted to

a category B or C1 licence.

Many occupations expose individuals to hazardous materials. In some cases, this may require statutory monitoring (e.g. exposure to certain types of radiation or to high levels of lead). Provided the individual is well, and they have not been directly exposed by inoculation or mucous membrane exposure to potentially infective biological material, they should be accepted.

Reason for change: Clarification that donors should follow regulations and/or expert recommendations if these apply to a specific activity.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Headache

Whole Blood and Components

Supporting information

See if relevant	Cerebrovascular disease and intracranial haemorrhage Drugs and platelet donation (drug index) Migraine Nonsteroidal anti-inflammatory drugs
Additional information	Headache has many causes and some will require an individual to be deferred. If a person has not been fully investigated for the cause of their headache, they may have an underlying problem that would lead to deferral.

Scenarios

Occasional headache

Discretionary	Accept.
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Regular headache

Obligatory	Must not donate if: Not investigated.
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Discretionary	If investigated and diagnosis does not contraindicate donation, accept.
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Reason for change: A 'See if relevant' link has been added to the 'Cerebrovascular disease and intracranial haemorrhage' entry.
Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Healthcare worker

Whole Blood and Components

Essential information

Definition/s	Non-consented exposure to human body fluids: 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.
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Supporting information

Additional information	Healthcare workers should normally be accepted. It is, however, important to ensure that they have not suffered any relevant events that might put them at risk of infection. It is also important to ensure that they have not been put at significant risk of infectious diseases through patient or sample contact that may prevent them from donating. Such contact would be exceptional and they should be aware of any potential threat to their own health. Contact with methicillin-resistant staphylococcus aureus (MRSA) and other common hospital acquired infections should not normally prevent donation.
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Scenarios

History of non-consented exposure to human body fluids

Obligatory	See Non-consented exposure to human body fluids
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No history of non-consented exposure to human body fluids

Discretionary	Accept.
See if relevant	• Infectious diseases, contact with • Non-contagious diseases, contact with

*Reason for change: The 'Definitions' section was updated as part of the implementation of recommendations from the FAIR study.
Version details: WB-DSG Edition 203 Release 57 (26 May 2021)*

Henna painting

Whole Blood and Components

Also known as: hina, mehndi

Essential information

Discretionary Accept.

Supporting information

See if relevant • [Body piercing](#)

Additional information Traditional henna painting (also known as mehndi or hina) is sometimes referred to as tattooing but it does not involve skin piercing and so does not represent a transfusion hazard. The dye binds permanently with proteins in the skin and so the effect can last several months.

*Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Hepatitis

Whole Blood and Components

Essential information

Obligatory	See: any specific entry for the cause of the hepatitis.
Discretionary	If fully recovered from non-viral hepatitis, accept.

Supporting information

See if relevant	• Addiction and drug abuse • Autoimmune disease • Hepatitis A • Hepatitis B • Hepatitis C • Hepatitis E • Hepatitis of unknown origin
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Additional information	Hepatitis has many causes, including alcohol abuse, autoimmune disease, infection (viral, bacterial and parasitic) and inflammation caused by drugs and toxins. The major concern is with viral hepatitis that can be transmitted by transfusion. Individuals who have fully recovered from non-viral hepatitis may donate if they fully comply with all other selection criteria.
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Reason for change: The entry has been re-written to make it clear that there are many different causes of hepatitis.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Hepatitis A

Whole Blood and Components

Supporting information

Additional information	Hepatitis A is a viral infection of the liver, usually spread by the faecal-oral route or by sewage-contaminated food and water. It is rare in the UK with most cases occurring in people returning from travel to endemic countries. Household contacts of cases are at risk of infection. It can also be spread sexually. Transfusion-transmitted infection is known to occur. Hepatitis A usually presents with malaise, fever and abdominal symptoms followed by the onset of jaundice, although some individuals may be asymptomatic. Most people recover after a few weeks but in a small number of cases, infection can lead to more severe liver disease and death. Hepatitis A does not cause long-term infection. People who have recovered from hepatitis A have life-long immunity. Blood services may screen for hepatitis A infection using a test for hepatitis A virus RNA. Donors who are diagnosed with hepatitis A infection following blood donation screening 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 can return to donate without further testing. Hepatitis A immunisation is often given before travel to parts of the world which also have a risk of infections such as malaria or tropical viruses. The donor's travel history should be checked if they have had hepatitis A vaccine. Sensitive assays for Hepatitis A may be reactive following recent immunisation against HAV. A reactive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor Hepatitis A immunisation is sometimes given in combination with hepatitis B immunisation. Refer to the Hepatitis B entry if necessary.
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Scenarios

Affected individual

Obligatory

Must not donate if:

- less than 6 months from recovery of symptoms, and
- less than 6 months since the donor was diagnosed with hepatitis A infection following laboratory testing.

See if relevant

- [Travel](#)

Current or former sexual partner of an affected individual

Obligatory

Must not donate if less than 6 months:

- Since a current sexual partner has recovered from symptoms of hepatitis A, or
- Since a current sexual partner tested positive for hepatitis A RNA, or
- Since last sexual contact with a former sexual partner who had hepatitis A.

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

- Since a person sharing a home tested positive for hepatitis A RNA.

Immunisation

Obligatory

Known exposure:

Must not donate.

Discretionary

No known exposure:

If it is more than 14 days from the date of the most recent dose of vaccine, accept.

Known exposure:

If more than 6 months after the last known contact with the affected individual, accept.

See if relevant

- [Hepatitis B](#) (immunisation)
- [Travel](#)

*Reason for change: The deferral after HAV immunisation has been increased.
Version details: WB-DSG Edition 203 Release 78 (28 August 2025)*

Hepatitis B

Whole Blood and Components

Essential information

Definition/s	HBV: Hepatitis B virus HBsAg: Hepatitis B surface antigen Anti-HBs: Antibody against hepatitis B surface antigen Anti-HBc: Antibody against hepatitis B core antigen Active hepatitis B infection refers to an individual with circulating HBsAg and/or HBV DNA. This term includes acute and chronic hepatitis B infection. Recovered hepatitis B infection refers to an individual who was previously diagnosed with hepatitis B infection but has subsequently cleared HBV from their circulation. Current exposure refers to an individual who has recent household or sexual contact with an individual with active or recovered hepatitis B infection. 'Recent' is defined as the last 4 months for household contacts or the last 3 months for sexual contacts. Previous exposure refers to an individual who has been a household contact more than 4 months ago, or a sexual contact more than 3 months ago, of someone with active or recovered hepatitis B infection. The longer time period specified for household contact is a requirement of the Blood Safety and Quality Regulations (BSQR). Hepatitis B (HBV) testing, unless otherwise stated, refers to routine HBsAg and pooled HBV DNA (NAT) testing.
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Scenarios

Active or recovered HBV infection

Obligatory	Must not donate. This includes donors who are identified as anti-HBc positive by Blood Transfusion Service testing.
Discretionary	1. If: a. The history of HBV infection is not certain, and b. It is more than 12 months from recovery, and c. A test for anti-HBc will be performed, accept for donation or take samples for testing, as directed by local procedures, accept. 2. If the donor has been tested previously by the Blood Transfusion Service and no new risks are disclosed, accept.
Additional information	Post session review of results: 1. anti-HBc positive donors: Must not donate. 2. anti-HBc negative donors who reported hepatitis B infection.

If:

- It is more than 12 months from recovery, and
- The donor is negative for all markers (HBsAg, screening HBV DNA and anti-HBc negative),

accept.

Individuals with current exposure to someone with active HBV infection

Obligatory

Must not donate.

Additional information

Donors who have a sexual partner or household contact with active HBV infection may be at risk of acquiring HBV. Current guidelines do not allow a donor with a recent or ongoing risk of exposure to HBV to give blood, even if the donor is fully vaccinated against HBV.

Individuals with current exposure to someone with recovered HBV infection

Obligatory

Must not donate.

Discretionary

1. If:

- a. It is at least 3 months after a sexual partner recovered from hepatitis B, and
- b. It is at least 4 months after a household contact recovered from hepatitis B, and
- c. A test for anti-HBc will be performed,

accept for donation or take samples for testing, as directed by local procedures.

2. If the donor has been previously tested by the Blood Transfusion Service, and no new risk is disclosed, accept.

Additional information

Post-session review of results:

1. If the donor is negative for all hepatitis B markers, including anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk.
2. If any of HBsAg, anti-HBc or HBV DNA are positive, refer to **Active or recovered HBV infection** above.

The risk of acquiring hepatitis B infection from someone who has recovered from hepatitis B is very low. Testing for anti-HBc will rule out the possibility that the donor picked up HBV at an earlier stage when their sexual or household contact may have been infectious.

If the sexual or household contact has no history of hepatitis B but has been told they are anti-HBc positive, indicating previous infection only, it is likely that several months have elapsed since the contact cleared the virus from their circulation. The donor can be accepted for donation if anti-HBc testing will be undertaken on the donation, as long as their contact has not had an unexplained illness consistent with hepatitis B in the previous 3 months (sexual partner) or 4 months (household contact). There is no requirement to test the sexual partner or household contact.

Individuals with previous exposure to someone with active or recovered HBV infection

Obligatory	Must not donate.
Discretionary	1. If: a. It is at least 3 months since sexual contact, and b. It is at least 4 months since household contact, and c. A test for anti-HBc will be performed on the donation, accept for donation or take samples for testing, as directed by local procedures. 2. If the donor has been tested previously by the Blood Transfusion Service and no new risks are disclosed, accept.
Additional information	Post-session review of results: 1. If the donor is negative for HBV and anti-HBc all hepatitis B markers, including anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk. 2. If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Active or recovered HBV infection above.
Immunisation	
Obligatory	Known exposure: Must not donate. No known exposure: Must not donate.
Discretionary	Known exposure: If it is more than 4 months from the date of exposure, samples can be taken for HBV and anti-HBc testing. No donation should be taken. No known exposure: If it is more than 14 days from the date of the most recent dose of vaccine, accept.
See if relevant	Hepatitis A (immunisation) Immunoglobulin therapy
Additional information	Post-session review of results: 1. If the donor is negative for HBV and anti-HBc, the donor can be accepted. Additional hepatitis B testing is not required for future donations unless the donor discloses a new risk. 2. If any of HBsAg, anti-HBc or HBV DNA are positive, refer to Active or recovered HBV infection above. Specific HBV immunoglobulin may be used in the management of individuals who have been exposed to hepatitis B. Administration of hepatitis B vaccine can lead to low level reactivity in HBsAg screening assays. For this reason, donors must be deferred until at least 14

days after receiving a dose of vaccine, even if they have not been exposed to HBV.
Hepatitis B vaccine is sometimes given in a combined vaccine with hepatitis A vaccine.

Reason for change: The deferral after HBV immunisation has been increased.
Version details: WB-DSG Edition 203 Release 87 (28 August 2025)

Hepatitis C

Whole Blood and Components

Essential information

Definition/s HCV: Hepatitis C Virus

Scenarios

Person with current HCV infection

Obligatory Must not donate.

See if relevant • [Blood safety](#)

Additional information HCV is a serious 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.

Person with treated HCV infection

Includes • Individuals who have received successful treatment for HCV

Obligatory Must not donate.

Discretionary Blood services can consider samples for blood donation screening if:

1. Six months has elapsed from the completion of therapy, and
2. The individual has been told their treatment has cleared their HCV infection, and
3. The donor is otherwise eligible with regards to the cause of HCV.

Donors should be aware that samples will include screening for HCV antibodies. Most individuals who have been successfully treated for HCV remain HCV antibody positive for many years. Therefore, most donors with past HCV will not be eligible to donate.

See if relevant • [Blood safety](#)
• [Transfusion](#)

Additional information Individuals who have been successfully treated will usually remain HCV antibody positive for many years. As a negative HCV antibody screening test is required before blood can be issued, an individual who has HCV antibodies will not be eligible to donate.

Current or former sexual partner of an affected individual

Obligatory Must not donate if:
Less than 3 months from the last sexual contact.

Discretionary Donors who have a current sexual partner with a history of previous HCV

infection may be able to donate, depending on the status of their partner:

1. If the partner has been treated for HCV infection, and has been free of therapy for 6 months, and is in sustained remission, accept.
2. If the partner has evidence of previous HCV infection (HCV RNA negative, anti-HCV positive), and has been fully assessed by an appropriate clinician who has confirmed that there is no current HCV infection, accept.

See if relevant

- [Blood safety](#)

Additional information

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

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

In the UK, the risk of 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.

All donations in the UK undergo HCV NAT screening so that the chance of a window period donation escaping detection is also exceedingly low (estimated residual risk for HCV transmission from a UK blood donation for 2014–2016 is 1 in 95.8 million donations).

Sexual partners of anti-HCV positive, PCR negative donors:

Individuals who have cleared an acute HCV infection naturally are sometimes identified through HCV testing, including testing of a blood donation. Such individuals will be HCV RNA negative but HCV antibody positive. Unlike people who have been treated for HCV infection, they may not have received appropriate clinical follow up, including repeat HCV RNA testing several months after the original negative result. Unless the individual has undergone specialist assessment and been given the assurance that they are not currently infected, their partner is not eligible to donate.

Person currently or formerly sharing a home with an affected individual

Discretionary

Accept.

See if relevant

- **Current or former sexual partner of 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: Clarification regarding eligibility of individuals with treated HCV, and link to 'Transfusion' entry.
Version details: WB-DSG Edition 203 Release 78 (28 August 2025)*

Hepatitis E

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Less than 6 months from recovery

Discretionary

If less than 6 months from recovery and documented Hepatitis E Virus (HEV) RNA negative and anti-HEV IgG positive, accept.

Supporting information

See if relevant

- [Travel](#)

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. 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.

Reason for change: The deferral for household and sexual contacts has been removed.

Version details: WB-DSG Edition 203 Release 41 (10 May 2018)

Hepatitis of unknown origin

Whole Blood and Components

Essential information

Definition/s	HBV: Hepatitis B Virus
	HBsAg: Hepatitis B surface antigen
	Anti-HBs: Antibody against hepatitis B surface antigen
	Anti-HBc: Antibody against hepatitis B core antigen

Scenarios

Person with hepatitis of unknown origin

Obligatory	Must not donate.
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Person with previous (recovered) hepatitis of unknown origin

Obligatory	Must not donate if: Less than 24 months from recovery.
Discretionary	- If: - It is more than 12 months from recovery, and - A test for anti-HBc will be performed, accept for donation or take samples for testing, as directed by local procedures, accept. - If the donor has undergone previous testing by the Blood Transfusion Service, accept. - If more than 24 months from recovery, accept.

Additional information	Post-session review of results: - anti-HBc positive donors: Must not donate. - If the donor is negative for all HBV markers (HBsAg, screening HBV DNA and anti-HBc, accept.
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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 previously ensures anti-HBc testing is carried out, to exclude hepatitis B infection.

After 24 months, donation testing for anti-HBc will be carried out routinely, as it will be at least two years since the donor last gave a blood donation or samples for testing by the transfusion service. These guidelines will be revised if policy for anti-HBc testing changes.

Household or sexual contact of person with hepatitis of unknown origin

Obligatory	Must not donate if: - Less than 12 months from last household or sexual contact, or - If ongoing household or sexual contact, less than 12 months from recovery of the sexual or household contact.
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2. If the household or sexual contact is thought to have had hepatitis B infection, refer to the [Hepatitis B](#) entry.

See if relevant

- [Hepatitis B](#)

**Additional
information**

The 12-month deferral period is to avoid transmission of any infection through transfusion.

There are different rules for contact with someone who has had hepatitis B. These should be followed if the donor reports that a household or sexual contact was most likely to have had hepatitis B.

*Reason for change: The entry has been updated to use a similar structure to the entry for HBV.
Version details: WB-DSG Edition 203 Release 68 (09 May 2023)*

Herpes simplex

Whole Blood and Components

Essential information

Includes	Genital and oral herpes
Obligatory	Must not donate if: Fresh lesions.
Discretionary	1. If lesions are healing (scabbing over) and there is no tingling, accept. 2. If the donor is not immunosuppressed but taking long term prophylaxis with oral antiviral agents, accept.

Supporting information

See if relevant	• Immunodeficiency If there is a history of other sexually transmitted infections: • Sexually transmitted disease
Additional information	The herpes simplex viruses (HSV 1 and 2) can cause both cold sores and genital herpes. When the virus is actively multiplying, it can cause tingling in the affected area and sores. There is a theoretical risk that the virus, or any secondary infection, could be passed on through transfusion. This is why donors with an active infection are not allowed to donate. There is no need to defer donors who have a sexual partner with herpes.

*Reason for change: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)*

Hormone replacement therapy (HRT)

Whole Blood and Components

Essential information

Includes	Hormone replacement therapy (HRT): Includes tablets, patches or topical gels as treatments for menopausal symptoms.
Excludes	Masculinising or feminising hormones taken to support gender transition. See Transgender and non-binary individuals . Testosterone replacement therapy for treatment of male testosterone deficiency. See Testosterone replacement therapy .
Obligatory	See: is there an entry for the condition for which the hormones are being given? 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. 4. A recipient of replacement adrenal steroid hormones.
Discretionary	1. If treatment is for the menopause, its symptoms, or for osteoporosis prevention, accept. 2. If treated with growth hormone that was exclusively recombinant, accept. 3. If treated with gonadotrophins that were exclusively non-pituitary derived, accept.

Supporting information

See if relevant	• Adrenal failure • Anti-androgens • Haemochromatosis • Malignancy • Prion-associated diseases • Steroid therapy • Testosterone replacement therapy • Thyroid disease • Transgender and non-binary individuals
Additional information	There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual. If there is a risk to the safety of the donor, as may be the case with a deficiency of adrenal steroid hormones, then a donation should not be taken.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Guidance for gender-affirming therapy and male testosterone deficiency has been removed from this entry. Users are now directed to the 'Transgender and non-binary individuals' and 'Testosterone replacement therapy' entries.

Version details: WB-DSG Edition 203 Release 79 (17 February 2026)

Human immunodeficiency virus (HIV)

Whole Blood and Components

Essential information

Includes Acquired immunodeficiency syndrome (AIDS)

Scenarios

Affected individual

Obligatory Must not donate.

See if relevant [Blood safety](#)

Additional information HIV infection can destroy the immune system and lead to AIDS. It is known to be transmitted by transfusion. 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.

Current or former sexual partner of an affected individual

Obligatory Must not donate if:
Less than 3 months from the last sexual contact.

See if relevant [Blood safety](#)

Additional information HIV infection can be spread through sexual activity, including oral and anal sex. 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 (e.g. 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.

Waiting 3 months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services.

Person currently or formerly sharing a home with an affected individual

Discretionary Accept.

See if relevant • **Current or former sexual partner of 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 to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (01 June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).
Version details: WB-DSG Edition 203 Release 50 (01 June 2020)*

Human T-cell lymphotropic virus (HTLV)

Whole Blood and Components

Essential information

Includes HTLV types I and II

Scenarios

Affected individual

Obligatory Must not donate.

See if relevant • [Blood safety](#)

Additional information HTLV (types I and II) infection can cause serious blood and nervous system disease. It is known to be transmitted by transfusion. 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.

Current or former sexual partner of affected individual

Obligatory Must not donate.

Discretionary

1. If it is more than 3 months since last sexual contact and a validated test for anti-HTLV antibodies is to be undertaken on the donated component(s), accept.
2. If it is more than 3 months since last sexual contact, the donor has been previously tested for anti-HTLV antibodies by the blood service and this test was performed at least 3 months after the last sexual contact, accept.

See if relevant [Blood safety](#)

Additional information HTLV infection can be spread through sexual activity. 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 an injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (e.g. 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.

Waiting 3 months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services.

Blood services in the UK are not required to test all donations for anti-HTLV antibodies. Blood services will need to identify at risk donors at health screening and consider options for discretionary HTLV testing. Otherwise, donors who report sexual contact with an affected individual must be deferred.

Person currently or formerly sharing a home with an affected individual

Discretionary Accept

See if relevant • **Current or former sexual partner of 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 to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (01 June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).

Version details: WB-DSG Edition 203 Release 50 (01 June 2020)

Huntington's disease

Whole Blood and Components

Also known as: Huntington's chorea

Essential information

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

Supporting information

Additional information	Huntington's disease (HD) is an inherited disorder of the central nervous system. It used to be known as Huntington's chorea. HD usually develops in adulthood and can cause a very wide range of symptoms including involuntary movements and memory problems. Involuntary movements could cause problems during the donation process and memory problems could interfere with the selection process.
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Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Hydrocephalus

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Has an indwelling shunt.

Supporting information

See if relevant

- [Neurosurgery](#)
- [Spina bifida](#)

Additional information

Indwelling shunts can be a source of bacterial infection. This can be present without symptoms. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Reason for change: 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Hypercholesterolaemia

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Has caused symptomatic disease.
2. Associated with cardiovascular disease.
3. Is currently being treated with systemic monoclonal antibody therapy e.g. evolocumab (Repatha®), alirocumab (Praluent®).
4. Has been treated with evolocumab (Repatha®) or alirocumab (Praluent®) in the last 4 months.
5. Has been treated with any other monoclonal antibody therapy or biologic treatments in the last 6 months.

Discretionary

1. If has not led to symptomatic disease, even if currently on treatment (other than monoclonal antibody therapy), accept.
2. If it is more than 4 months since cessation of treatment with evolocumab (Repatha®) or alirocumab (Praluent®), accept.
3. If it is more than 6 months since cessation of treatment with any other monoclonal antibody therapy or biologic treatment, accept.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Cerebrovascular disease and intracranial haemorrhage](#)

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 oral drugs.

Treatment may be with monoclonal antibodies which are administered by subcutaneous injection; these can affect the immune system making individuals more susceptible to infections and/or masking the usual symptoms of an infection, thus increasing the chance that a donor may unknowingly have an infection present at the time of donation. This effect may last until the drug is cleared from the body. Observing a deferral period after cessation of treatment with monoclonal antibody therapy will minimise this risk. The deferral periods advised take into account the characteristics of these drugs, including the time it takes for them to be cleared once treatment stops.

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 other neurological problems the donor should not be accepted, even if their cholesterol has returned to normal levels.

It is important to ensure that donors on treatment for hypercholesterolaemia do not have any associated cardiovascular disease.

Reason for change: The deferral period following treatment with other monoclonal antibody therapy has been modified to be consistent with the Monoclonal antibody therapy and other Biological Modalities entry. Reference to other biologic treatments has also been included for the same reason.

Version details: WB-DSG Edition 203 Release 74 (26 November 2024)

Hypnotics

Whole Blood and Components

Also known as: *sedatives*

Essential information

Includes	Sleeping tablets
Discretionary	Accept.

Supporting information

Additional information	Many people take various preparations to aid sleep. This should not normally be a reason not to accept a donor, provided they are otherwise well.
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*Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Immune thrombocytopenia

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Symptomatic.
2. Donor reports platelet count below $120 \times 10^9 /L$.
3. Recovered but less than 5 years from recovery.

This applies to both adult and childhood disease.

Discretionary

Individuals who have had a splenectomy and fulfil the other requirements, even if on prophylactic antibiotics, accept.

Supporting information

See if relevant

If treated with immunoglobulin or plasma exchange:

- [Transfusion](#)

If treated with immunosuppressive therapy:

- [Autoimmune disease](#)

Additional information

Donors with reduced platelet counts may suffer from increased bleeding and bruising following a donation. This may have serious consequences.

Individuals who do not have problems with bleeding or bruising but know that their platelet count is $<120 \times 10^9/L$ should not donate, as they also may have problems following venepuncture. There is no need to check the platelet count before whole blood donation if the potential donor has been asymptomatic for more than 5 years and has been told that their platelet count has recovered to $>120 \times 10^9/L$.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The links have been revised. The phrase 'Recovered but has ever had a recurrence' has been removed as this was considered too restrictive. This means individuals who have been splenectomised may be acceptable. The term 'Chronic' has been changed to a numerical value. 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Immunisation

Whole Blood and Components

Scenarios

Non-exposed

See if relevant

- [Immunisation, live](#)
- [Immunisation, non-live](#)
- [Smallpox immunisation](#)

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

Post exposure

Obligatory

1. **BCG:** see [Immunisation, live](#)
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](#)

*Reason for change: A link has been added to 'Smallpox Immunisation'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Immunisation, live

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Less than 8 weeks from administration.
2. The inoculation site has not yet healed.

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

- [Smallpox immunisation](#)
- [Tuberculosis](#)

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 [smallpox immunisation](#).

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

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 at time of blood or component donation for live immunisations other than smallpox.

Version details: WB-DSG Edition 203 Release 05 (07 June 2011)

Immunisation, non-live

Whole Blood and Components

Essential information

Definition/s	HAV: Hepatitis A Virus HBV: Hepatitis B Virus JEV: Japanese Encephalitis Virus Day 0: the day of immunisation Day 1: commences at one minute past midnight on the day after immunisation
Obligatory	1. Post Exposure: See: Immunisation (post-exposure) 2. Immunisation for HAV, HBV or JEV: Must not donate.
Discretionary	For HAV, HBV and JEV immunisation: If the donor: • Is well, and • Has not been exposed, and • At least 14 days have passed since immunisation, accept. For all other non-live vaccines: If the donor is well on the day and has not been exposed, accept.

Supporting information

See if relevant	• Appendix 2: Immunisations • Hepatitis B
Additional information	Sensitive assays for HAV, HBV or West Nile Virus may be reactive following recent immunisation against HAV, HBV or JEV, respectively. A reactive result can lead to the donation being wasted, unnecessary tests and the need to contact the donor. Note, hepatitis A immunisation may be combined with hepatitis B immunisation. Non-live immunisations do not use material that can cause infection. This means there is no risk to people receiving donated material from a recently immunised non-exposed donor.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: A definition section has been added. The deferral after HBV vaccination has been increased. A deferral after HAV and JEV vaccination has been added.

Version details: WB-DSG Edition 203 Release 78 (28 August 2025)

Immunodeficiency

Whole Blood and Components

Essential information

Includes	Immunosuppression
Obligatory	Must not donate if: 1. Diagnosed with a congenital or acquired condition causing immunodeficiency with increased susceptibility to infection. 2. Immunosuppressed due to drug treatment.
Discretionary	1. Donors taking immunosuppressive or immunomodulatory therapy to treat autoimmune disease: Refer to the Autoimmune disease entry. 2. Donors with recovered immunosuppression: If the underlying cause does not preclude donation, refer to a Designated Clinical Support Officer. 3. Immunoglobulin A (IgA) deficiency: If not experiencing frequent infections, accept.

Supporting information

See if relevant	• Autoimmune disease • Immunoglobulin therapy • Monoclonal antibody therapy and other biological modalities • Steroid therapy
Additional information	Immunodeficiency can mask the body's normal response to some infectious and inflammatory conditions. This could result in diseases that may be transmitted by donation from being missed by the Blood Services. If a donor reports recovery from immunodeficiency or, if the underlying cause was unclear, refer to a Designated Clinical Support Officer. IgA deficiency is relatively common. Most people with this condition are healthy but some individuals may experience frequent infections, especially of the ears, sinuses, gut and lungs. Some blood services may screen donors for IgA deficiency to provide a supply of IgA-deficient blood components.

Reason for change: Entry reworded, with addition of a discretionary section to improve clarity and provide guidance for donors with IgA deficiency. New links added.

Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Immunoglobulin therapy

Whole Blood and Components

Essential information

Obligatory

1. Must not donate if:

- a. After 1 January 1980, the donor has been treated with intravenous or subcutaneous human immunoglobulin.
- b. The donor has received multiple intramuscular injections of high dose immunoglobulin.
- c. Immunosuppressed.

2. Donors with recovered immunodeficiency:

Refer to a Designated Clinical Support Officer.

3. If treated with intravenous or subcutaneous human immunoglobulin:

See [Transfusion](#)

Discretionary

1. If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.
2. If given routine ante- or post-natal anti-D immunoglobulin only (even if received more than 1 dose), accept.
3. If single dose prophylactic immunoglobulin has been given, accept.

Supporting information

See if relevant

- [Hepatitis A](#)
- [Hepatitis B](#)
- [Immunodeficiency](#)
- [Prion-associated diseases](#)
- [Rabies](#)
- [Tetanus](#)

Additional information

Immunoglobulin used before 1980 is unlikely to be affected by vCJD (a prion-associated disease).

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

This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

*Reason for change: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)*

Impaired renal function

Whole Blood and Components

Essential information

Includes	Chronic kidney disease (CKD), kidney failure, renal failure
Obligatory	Must not donate if: 1. Has renal impairment requiring dialysis 2. Has had a kidney transplant 3. Has or has ever had anaemia due to their renal condition 4. Has hypertension and/or any other cardiovascular disease 5. Has proteinuria or albuminuria 6. Is under or awaiting investigation or results 7. Is under follow-up by a specialist 8. Requires any preventative treatment due to their kidney disease (e.g. cholesterol-lowering treatment, antiplatelet therapy)
Discretionary	If the donor is well and: 1. Does not require dialysis, and 2. Has not had a kidney transplant, and 3. Has never had anaemia due to their renal condition, and 4. Does not have hypertension or any other cardiovascular disease, and 5. Does not have proteinuria or albuminuria, and 6. Is not under or awaiting investigation or results, and 7. Is under GP monitoring only, and 8. Does not require any preventative treatment related to their kidney disease, accept.

Supporting information

Additional information	Chronic kidney disease (CKD) affects approximately 10% of the world's population. Screening is recommended for individuals with risk factors, the most common of which are diabetes mellitus, hypertension, cardiovascular disease and a family history of renal failure. Other causes include cystic disorders of the kidney (polycystic kidney disease), obstructive uropathy, heat stress nephropathy, and glomerular nephrotic and nephritic syndromes such as focal segmental glomerulosclerosis, membranous nephropathy, lupus nephritis, amyloidosis, and rapidly progressive glomerulonephritis. Hypertension can be a consequence as well as a cause of CKD. Alongside encouragement of lifestyle changes (physical exercise, achieving a healthy weight, smoking cessation) and blood pressure and glucose control, management of CKD includes treatments to reduce the risk of worsening renal impairment and/or development of complications. This can involve lipid management, dietary management, antiplatelet and anticoagulant therapy, angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers, kidney protective agents including sodium-glucose cotransporter-2 inhibitors, glucagon-like peptide-1 receptor agonists, non-steroidal selective mineralocorticoid receptor antagonists, and endothelin receptor antagonists, as
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well as other treatments for the underlying cause of CKD.

Blood donation is not advised in individuals with CKD on any type of active or preventative treatment.

If cholesterol-lowering medication (e.g. a statin) is being taken for another reason, then donation can be considered.

Individuals with CKD are referred to renal specialists if there is concern regarding the rate or degree of deterioration of renal function.

By the time CKD has caused kidney function to decline to 15–20% of normal, individuals will usually be receiving advanced kidney care from a multidisciplinary team at a renal low clearance clinic, with the intention of slowing any further progression but also planning for possible dialysis or transplantation.

Once graded as CKD stage 3 or above, renal function is at least moderately impaired and may be associated with reduction in erythropoietin and consequent development of anaemia.

Blood donation is therefore not advisable due to the higher risk of precipitating or exacerbating anaemia.

Individuals with only one (solitary) kidney due to congenital absence of a second kidney (renal agenesis) or surgical removal of a kidney, or who have a single-functioning kidney (renal dysplasia), may be accepted if they have normal renal function: the one kidney will often grow in size and function to compensate. They may be under monitoring, but impaired renal function and chronic kidney disease develop in only a small number of people. Renal agenesis can be associated with other congenital abnormalities, including heart defects, so care should be taken to ensure that donors are eligible according to the criteria specific to their renal condition, but also regarding any other associated conditions or complications. The reason for removal of a kidney should be ascertained as this may affect eligibility.

For donors who have donated a kidney, see [Surgery](#).

Reason for change: New entry incorporating 'kidney failure' section of the former 'Kidney and bladder disease' entry. Guidance relevant for donors with chronic kidney disease has been added. The 'Additional information' has been expanded, including information to support assessment of donors with one kidney.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Infection, acute

Whole Blood and Components

Essential information

Definition/s	Acute: lasting for a limited duration only, with no long lasting carrier stage Systemic: any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.
Obligatory	See: is there is a specific entry for the condition 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, anti-fungal or antiviral treatment. Contact with: See Infectious Diseases, contact with or Non-contagious diseases, contact with
Discretionary	Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but not influenza, if recovering, accept.

Supporting information

See if relevant	• Coronavirus infection • Endocarditis • Giardiasis • Herpes simplex • Malaria • Mosquito-borne viruses • Rabies • Rheumatic fever • Sexually transmitted disease • Steroid therapy • Surgery • Tetanus • Thrush • 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 7 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. There is no evidence that cold sores, genital herpes and common upper respiratory infections such as colds and sore throats 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.

In some situations, although the infection may not be transmissible by donation, there is a duty of care to prevent infection passing to other donors or staff (e.g. an infestation of head lice).

Regulatory information This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: Update of 'See if relevant' links due to the renaming of the 'Tropical viruses' entry as 'Mosquito-borne viruses'.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)*

Infection, chronic

Whole Blood and Components

Essential information

Definition/s	Chronic: continuing, or possibly continuing, infection, even without symptoms or signs of infection. Systemic: any medicine taken by mouth, injection or suppository. It does not include local skin or nail treatments, or drops or creams used in the eye, ear or nose.
Obligatory	Must not donate. Contact with chronic infection: See Infectious diseases, contact with or Non-contagious diseases, contact with
Discretionary	1. Acne: Most donors with acne can be accepted but this depends on the type of treatment and lack of any secondary infection. 2. Chronic superficial fungal infections: a. If on local therapy only, accept. b. If 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	• Acne • Endocarditis • Hepatitis • Hepatitis A • Hepatitis B • Hepatitis C • Hepatitis E • Herpes simplex • HIV • HTLV • Malaria • Osteomyelitis • Prion-associated diseases • Sexually transmitted disease • Skin disease • South American trypanosomiasis
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- [Steroid therapy](#)
- [Surgery](#)
- [Syphilis](#)
- [Thrush](#)
- [Toxoplasmosis](#)
- [Tuberculosis](#)

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. Some infections may appear to have resolved but are only controlled by the person's immune system. If material from them is given to a recipient without immunity, severe infection may result. 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 transfusion transmitted.

*Reason for change: To add entry for Typhoid and Paratyphoid.
Version details: WB-DSG Edition 203 Release 18 (09 June 2013)*

Infection, general

Whole Blood and Components

Essential information

Definition/s	Acute: lasting for a limited duration only with no long lasting carrier stage Chronic: continuing, or possibly continuing, infection, even without symptoms or signs of infection. Infectious diseases are infections that can easily be passed from person to person, either through casual or intimate contact. A non-contagious disease is a disease which is not transmitted person to person without the aid of a vector (e.g. a mosquito) or is a disease that is the result of an environmental issue which may be shared (e.g. food poisoning).
Obligatory	See: is there a specific entry for the condition? If not, see as appropriate: • Infection, acute • Infection, chronic • Pyrexia Contact with infection: See Infectious diseases, contact with or Non-contagious diseases, contact with
Discretionary	Symptomless carriers of staphylococcus aureus, including methicillin resistant staphylococcus aureus (MRSA), accept.

Supporting information

See if relevant	• Coronavirus infection • Endocarditis • Giardiasis • Hepatitis • Hepatitis A • Hepatitis B • Hepatitis C • Hepatitis E • Herpes simplex • HIV • HTLV • Malaria • Mosquito-borne viruses • Osteomyelitis • Parvovirus B19 • Prion-associated diseases • Pyrexia • Rabies • Rheumatic fever • Sexually transmitted disease
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- [South American trypanosomiasis](#)
- [Syphilis](#)
- [Tetanus](#)
- [Thrush](#)
- [Toxoplasmosis](#)
- [Tuberculosis](#)
- [Urinary tract infection](#)
- [Viral haemorrhagic fever](#)
- [West Nile Virus](#)

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics, and the renaming of the 'Tropical viruses' entry as 'Mosquito-borne viruses'.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Infectious diseases, contact with

Whole Blood and Components

Essential information

Definition/s	Infectious diseases are infections that can easily be passed from person to person, either through casual or intimate contact.
Obligatory	See: is there a specific entry for the condition 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 such as colds, sore throats, influenza, norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept. 3. Contact with skin conditions which are not transmissible by donated material (e.g. scabies, ringworm, tinea), if no signs of infection, accept. 4. 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 • Non-contagious diseases, contact with • 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: A discretion has been added for contact with norovirus and other causes of diarrhoea and vomiting.
Version details: WB-DSG Edition 203 Release 10 (24 January 2012)

Inflammatory bowel disease (IBD)

Whole Blood and Components

Essential information

Includes	Crohn's disease, ulcerative colitis, microscopic colitis, collagenous colitis, lymphocytic colitis.
Obligatory	Must not donate.
Discretionary	If diagnosed with microscopic colitis, collagenous colitis, lymphocytic colitis only, accept if: • Asymptomatic for more than 4 months, and • Any deferral required for steroid or immunosuppressive therapy has passed.

Supporting information

See if relevant	• Autoimmune disease • Immunodeficiency • Steroid therapy
Additional information	Crohn's disease and ulcerative colitis usually have a chronic, relapsing course and require long-term treatment. These diseases will often have systemic effects (e.g. fatigue or anaemia) and there can be association with other disorders (e.g. arthritis) which effects the donor's general health. Lesions in the gastrointestinal tract of individuals with Crohn's disease and ulcerative colitis caused by the disease can increase the risk of bacteria entering the blood stream. Bacteria in donated material can multiply to dangerous levels during storage. Microscopic colitis and its subtypes (collagenous colitis and lymphocytic colitis) are classified as inflammatory bowel diseases. However, there is a lower likelihood of relapsing disease and longer-term complications. Individuals with microscopic colitis can donate once their symptoms have settled and they feel well. A 4-month deferral ensures the donor's recovery is maintained. Care should be taken to ensure that, as well as complete cessation of gastrointestinal symptoms, donors are not experiencing any extra-intestinal symptoms such as fatigue, arthralgia or myalgia that affect normal activities of daily living.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)*

Inherited diseases

Whole Blood and Components

Essential information

Obligatory

See: is there an [entry](#) for the condition?

Supporting information

Additional information

If there is not an [entry](#) for the condition and neither the symptoms nor any treatment are a reason for deferral, the donor is probably acceptable. If in doubt, contact a Designated Clinical Support Officer.

*Reason for change: The need to refer a to a DCSC when there is not a specific entry for the condition has been removed.
'Additional Information' has been added.*

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Investigations

Whole Blood and Components

Essential information

Definition/s	Radionuclides are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.
Obligatory	Must not donate if: Waiting for investigation or the results of investigations for an undiagnosed condition which might lead to deferral.
Discretionary	If for 'routine' investigations, such as attending for a cervical smear, mammogram, a well person clinic when no abnormality is expected, or for the routine monitoring of a condition, such as diabetes controlled by diet or oral medication, which of itself would not be a cause for deferral, accept.

Supporting information

See if relevant	• Endoscopy • Prostate problems • Radionuclides
Additional information	Investigations may lead to the diagnosis of a condition that would lead to deferral. For this reason, any investigations for an undiagnosed condition must lead to deferral until the results are known by the potential donor. A decision can then be made as to if the person can be accepted as a donor.

Reason for change: A 'Definition' of 'Radionuclides' has been added. Entries have been added under 'Discretionary', 'See if Relevant' and 'Additional Information'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Irritable bowel syndrome (IBS)

Whole Blood and Components

Essential information

Discretionary If the condition has been diagnosed as irritable bowel disease, even if on medication, accept.

Supporting information

See if relevant

- [Endoscopy](#)
- [Inflammatory bowel disease](#)

Additional information Irritable bowel syndrome (IBS) is due to hyperactivity/sensitivity of the large bowel. It should not be confused with [inflammatory bowel disease](#) (IBD) which would not allow donation.

Reason for change: There has been a change to the wording of 'Discretionary' to improve clarity, a link has been added to 'Inflammatory Bowel Disease' and 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Jaundice

Whole Blood and Components

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 jaundice was related to malignancy or to its treatment.
4. 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 and not visibly jaundiced, accept.

Supporting information

See if relevant

- [Gall bladder disease](#)
- [Hepatitis](#)
- [Hepatitis A](#)
- [Hepatitis B](#)
- [Hepatitis C](#)
- [Hepatitis E](#)
- [Hepatitis of unknown origin](#)
- [Liver disease](#)
- [Malignancy](#)

Additional information

Transfusion laboratories are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.

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

Reason for change: A new 'Obligatory' entry for jaundice related to 'Malignancy' has been added together with links to 'Hepatitis of Unknown Cause' and to 'Malignancy'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Kidney and bladder stones

Whole Blood and Components

Essential information

Includes	Renal colic, renal stones
Obligatory	Must not donate if: 1. Symptomatic 2. Under or awaiting investigation or results 3. Under or awaiting follow-up by a specialist 4. Requiring any treatment, procedure or medication 5. Has an underlying cause that precludes donation
Discretionary	If the donor is well, and: 1. Has normal renal function, and 2. Investigations are complete, and 3. Is under GP care only, and 4. Is not requiring any treatment, including analgesics, and 5. Is eligible following any procedure or surgery, and 6. Any underlying cause does not preclude donation, accept.

Supporting information

See if relevant	• Endoscopy • Shunts, stents and devices • Surgery • Urinary tract infection
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Additional information	Most kidney stones are small enough to be passed out in the urine. Renal colic is most commonly caused by solid material (crystals or a stone) passing through the tube that connects the kidney to the bladder (the ureter). If a kidney stone is too big to be passed naturally, treatment to remove it may be required: • extracorporeal shock wave lithotripsy • ureteroscopy • percutaneous nephrolithotomy • open surgery Kidney stones may be due to an underlying medical condition, diet or medication, but are commonly associated with infection. It is important to wait until the donor is fully recovered and any investigations have been completed. This should avoid a donation being taken from an individual with infection. Infection can lead to bacteria contaminating any donated material. This can be dangerous because bacteria can multiply to dangerous levels in the stored donation. It is important to ensure that there is not an underlying cause that would prevent donation.
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Reason for change: New entry incorporating 'Renal colic' section of the former 'Kidney and bladder disease' entry, with addition of 'Obligatory' and 'Discretionary' criteria and 'Additional information'.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Klinefelter syndrome

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

See if relevant Klinefelter syndrome is caused by a chromosomal abnormality that affects males. It may cause low levels of testosterone so that affected men, not on replacement therapy, may have haemoglobin levels in the female range. This may lead to them failing the haemoglobin screening test.

Reason for change: 'Additional Information' has been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Laser treatment

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. For malignancy.
2. Any wounds are not healed.

Discretionary

1. If for basal cell carcinoma (BCC, a type of malignancy), treatment is completed and fully recovered, accept.
2. If for cervical carcinoma in situ, treatment is completed and a follow-up smear did not show abnormal cells, accept.
3. If for cosmetic purposes, when healed, accept.
4. If for varicose veins, when healed, accept.
5. If laser treatment to the eye, when healed, accept.

Supporting information

See if relevant

- [Cervical dysplasia](#)
- [Diabetes mellitus](#)
- [Eye disease](#)
- [Malignancy](#)
- [Surgery](#)
- [Wounds, mouth and skin ulcers](#)

Additional information

Medical lasers can be used in many different situations. Their action is through heating and burning. The concern is when they are used for treating malignancies and when they leave areas of tissue damaged and susceptible to infection. Provided the reason that the laser was used is not of itself a reason to defer the donor, once all wounds are healed, so that there is no further infection risk, the donor may be accepted.

If used for diabetic retinopathy, it is likely that the donor will need to be deferred and reference should be made to the [Diabetes mellitus](#) entry.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: The need for all wounds to be healed has been added under 'Obligatory'. Laser eye treatment has been added under 'Discretionary'. Additional links have been added under 'See if Relevant' together with 'Additional Information'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Liver disease

Whole Blood and Components

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 fibrosis
- Diagnosed with cirrhosis

Discretionary

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

Additional information

NAFLD is a common medical condition, associated with a range of factors such as weight, type 2 diabetes, high blood pressure and high cholesterol. It is also known as metabolic dysfunction-associated steatotic liver disease (MASLD).

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. Most people have a build-up of fat without any liver damage. 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 fibrosis 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 if:**
• Under active investigation or treatment, or
• Associated with inflammatory bowel disease

Discretionary 1. If well, even if on treatment to control symptoms. e.g. cholestyramine (Questran®) or ursodeoxycholic acid (also known as ursodiol), accept.
2. If well and taking treatment to suppress the condition, refer to the [Autoimmune disease](#) entry.

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.

Autoimmune liver disease may be diagnosed during investigation for other conditions, especially other autoimmune conditions. Treatment to suppress these diseases may include steroids, azathioprine and other immunosuppressants. If there is doubt about the diagnosis and treatment, refer to a Designated Clinical Support Officer

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 organ 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, accept.
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, must not donate.
Discretionary	1. If the donor is well and stable on treatment for Wilson's disease, accept. 2. If the donor has Gilbert's syndrome and is not visibly jaundiced, accept. 3. For other conditions, see Inherited diseases.
See if relevant	• Haemochromatosis • 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). Blood banks are unlikely to use blood that appears jaundiced. This means any visibly jaundiced donation is likely to be wasted.

*Reason for change: Clarification of criteria relating to non-alcoholic fatty liver disease.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)*

Malaria

Whole Blood and Components

Essential information

Includes	Donors who will donate whole blood, platelets and other cellular components.
Excludes	Donors who will only donate plasma for fractionation. For these donors, see Malaria - plasmapheresis donors .
Obligatory	Must not donate if: 1. The donor has ever had malaria. 2. The donor has had an undiagnosed fever (which could have been malaria) while abroad or within 4 months of leaving a malaria endemic area. 3. The donor has lived in any malarial endemic area for a continuous period of 6 months or more at any time of life. 4. Less than 12 months after last leaving a malaria endemic area.
Discretionary	1. Donors who have had malaria diagnosed in the past: If more than 3 years have passed since anti-malarial therapy has been completed, and symptoms caused by malaria have resolved, and a validated test for malarial antibody is to be performed, accept. If the donor (with a history of malaria) has revisited a malaria endemic area, and at least 4 months have passed since return, and a validated test for malarial antibody is to be performed, accept. 2. Donors who have EVER had an undiagnosed fever that could have been malaria while in a malarial area or within 4 months of leaving a malaria endemic area: If at least 4 months have passed since the donor returned from the malarial endemic area, or from the date of recovery from symptoms (undiagnosed fever) that may have been caused by malaria, whichever is later, and a validated test for malarial antibody is to be performed, accept. Please note, this may have to be increased to 6 months if the area is also identified as a risk area for <i>T. cruzi</i> or a tropical virus; the longest stipulated deferral period must be applied. 3. Donors who have EVER been resident in a malarial endemic area for 6 months or more: If at least 4 months has passed since the date of the last potential exposure to malaria, and a validated test for malaria antibody is to be performed, accept. 4. For all other donors: If at least 4 months and less than 12 months have passed since return from a malaria endemic area, and a validated test for malarial antibody is to be performed, accept.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current endemic malaria risk
Additional information	Cases of transfusion-transmitted malaria 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. Although this is uncommon, 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. Transfusion-transmitted malaria is often fatal.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: Entry updated to exclude donors who will only donate plasma for fractionation.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)*

Malaria - plasmapheresis donors

Whole Blood and Components

Essential information

Includes	Donors who will only donate plasma for fractionation.
Excludes	Donors who will donate whole blood, platelets and other cellular components. For these donors, see Malaria .
Obligatory	Must not donate if: The donor has been diagnosed with malaria and the donor has not fully recovered from their illness.
Discretionary	In all other cases, the donor may be accepted after their return from malaria risk area if they are well.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current endemic malaria risk
Additional information	Cases of transfusion-transmitted malaria have occurred. This is mainly a problem in people who have had repeated episodes of infection with malaria. Transfusion-transmitted malaria is often fatal. The processes used to fractionate plasma include several measures that inactivate or remove malarial parasites. This means that malarial risks described in the Geographical Disease Risk Index do not need to be applied for donors who will only donate plasma for fractionation. Malarial antibody testing is not required for these donors.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Malignancy

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

1. If this was a non-metastasised basal cell carcinoma (rodent ulcer) and local treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required and has been completed at least 24 months previously, accept.
2. If the potential donor has a non-haematological (non-clonal) premalignant condition (e.g. polyposis coli 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 screening following treatment for CIS can be accepted.
4. Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS), prostatic intraepithelial neoplasia (PIN) and squamous cell CIS of the skin (also known as intraepithelial squamous cell carcinoma or Bowen's disease).
5. 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). Donors who have already been cleared by a Designated Clinical Support Officer can be accepted.
6. 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

- [Haematological disease](#)
- [Surgery](#)
- [Cervical dysplasia](#)

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. Clonal blood disorders are dealt with differently - see [Haematological disease](#).

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 entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: Addition of the terms squamous cell carcinoma in situ of the skin and intraepidermal squamous cell carcinoma.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Marfan syndrome

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Has heart or blood vessel involvement.

Discretionary

If there is no heart or blood vessel involvement, accept.

Supporting information

See if relevant

- [Cardiac surgery](#)
- [Cardiovascular disease](#)

Additional information

This is a genetic disorder of connective tissues. Some individuals with Marfan syndrome have heart and blood vessel problems that can be serious. These are screened for routinely in people who have been diagnosed with this condition. Donations should not be taken from people with heart or blood vessel problems as there may be an increased risk of serious adverse events.

Reason for change: The 'Obligatory' deferral has been changed from 'Cardiac involvement' to 'Heart or blood vessel involvement.'

Relevant links have been added together with 'Additional Information'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Menopause

Whole Blood and Components

Essential information

Discretionary Even if on hormone replacement therapy (HRT) or other treatment to control menopausal symptoms, accept.

Supporting information

See if relevant • [Malignancy](#)

Reason for change: The 'Discretionary' entry has been extended to include all therapies taken to control menopausal symptoms. A link has been added to 'Malignancy' as the menopause can be secondary to treatment for cancer.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Mental health problems

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. 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.
2. On treatment with sodium valproate or valproic acid.

Supporting information

See if relevant

- [Communication difficulties](#)
- [Valproate and topiramate](#)

Additional information

Many people have mental health problems that are 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.

Occasionally donors are on medication such as clozapine and are under close monitoring. They should be accepted as long as they pass the haemoglobin test.

*Reason for change: Link updated from 'Valproate' to 'Valproate and Topiramate' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 74 (26 November 2024)*

Migraine

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Migraine is severe.
2. Migraine occurs more than once a week.
3. On prophylactic treatment with sodium valproate (valproic acid), topiramate or a monoclonal antibody therapy.

Discretionary

If the donor's migraine is not severe, and

- It occurs less than once per week, and
- Any treatment does not preclude donation,

accept.

Supporting information

See if relevant

- [Headache](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Valproate and topiramate](#)

Additional information

Migraine is caused by a disturbance in the normal blood flow to parts of the brain. Severe forms can be associated with focal neurological signs and symptoms, such as hemiplegia, or result in the frequency and duration of symptoms limiting normal activities.

By not accepting people with the more severe forms of migraine we hope to prevent precipitating an attack through the process of donating blood.

Care should be taken to assess any medication the donor has taken, either as prophylaxis or as relief for a migraine. Such medication may include valproate, topiramate or new monoclonal antibody treatments that may mean the donor is not eligible to donate.

Monoclonal antibody (MAb) therapy may be given to patients with frequent migraine where other preventative treatment has failed. MAb therapies are given by injection or by infusion. They include eptinezumab (Vyepti®), erenumab (Aimovig®), fremanezumab (Ajovy®) and galcanezumab (Emgality®).

Any donor who has had migraine associated with giving blood on more than 1 occasion should be advised not to continue as a donor.

*Reason for change: The entry has been revised including the addition of an obligatory deferral for prophylaxis with topiramate or monoclonal antibody therapy. The 'See if Relevant' section has been updated.
Version details: WB-DSG Edition 203 Release 74 (26 November 2024)*

Monoclonal antibody therapy and other biological modalities

Whole Blood and Components

Essential information

Includes	Systemic treatment with monoclonal antibody (MAb) treatments
Obligatory	See: is there is a specific entry for the treatment and/or condition you are concerned about? Must not donate.
Discretionary	1. If an individual monoclonal antibody treatment is listed in the entry for the underlying condition, apply guidance as per that entry. 2. If the underlying condition does not preclude donation, and it is more than 6 months from last treatment, accept.

Supporting information

See if relevant	• Asthma • Autoimmune disease • Clinical trials • Dermatitis • Eye disease • Hypercholesterolaemia • Migraine • Osteopenia • Psoriasis
Additional information	The use of monoclonal antibody and other biological therapies continues to expand. Care should be taken to understand the type of treatment and the indication, which may not be included in the See if relevant section above. Current scientific literature does not provide conclusive evidence to reject concerns that individuals on these treatments are more prone to infection. Until further clarity is provided in the literature, donors on these medications are withdrawn, unless otherwise stated.

Reason for change: Links to conditions that are currently commonly treated with monoclonal antibody therapies have been added to the 'See if Relevant' section, with reference to the expansion in types of treatment and use of these treatments within the 'Additional Information' section.

Version details: WB-DSG Edition 203 Release 74 (26 November 2024)

Mosquito-borne viruses

Whole Blood and Components

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 This entry applies to donors who will donate whole blood, platelets and other cellular components.
Excludes	This entry does not apply to donors who will only donate plasma for fractionation. For these donors, see Mosquito-borne viruses - plasmapheresis donors.
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.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current mosquito-borne virus risk • Infection, general • Malaria • South American trypanosomiasis
Additional information	Chikungunya, Dengue, Yellow Fever and Zika viruses are spread by the day-flying mosquito species <i>Aedes aegypti</i> and <i>Aedes albopictus</i>. These mosquitoes are typically found in tropical and subtropical regions including the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, Southeast Asia, the Indian sub-continent, Hawaii and northern parts of Australia. The range of <i>Aedes albopictus</i> 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. There is no evidence of person-to-person transmission except through blood transfer. Transfusion-transmission from an asymptomatic individual has not been documented. Nevertheless, restrictions after travel to a Chikungunya virus risk area were introduced to reduce any risk of transmission through blood or tissue donation.

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. Transfusion-transmission has been reported.

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.

Regulatory information This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

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: WB-DSG Edition 203 Release 81 (11 August 2026)

Mosquito-borne viruses - plasmapheresis donors

Whole Blood and Components

Essential information

Definition/s	Mosquito-borne virus risk areas are shown in the Geographical Disease Risk Index which includes details of the specific viral risk present.
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 This entry applies to donors who will only donate plasma for fractionation.
Excludes	This entry does not apply to donors who will donate whole blood, platelets and other cellular components. For these donors, see Mosquito-borne viruses .
Obligatory	Must not donate if: The donor was diagnosed with Chikungunya Virus, Dengue Virus, Yellow Fever Virus or Zika Virus infection and the donor has not fully recovered from their illness.
Discretionary	If the donor has returned from a mosquito-borne virus risk area and the donor is well, accept for plasma for fractionation.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current mosquito-borne virus risk • Infection, general • Malaria - plasmapheresis donors • Mosquito-borne viruses • South American trypanosomiasis - plasmapheresis donors
Additional information	The processes used to fractionate plasma include several measures that inactivate or remove viruses. This means that travel risks for mosquito-borne viruses do not need to be applied for donors who will only donate plasma for fractionation. Further information about mosquito-borne viruses is given in the Mosquito-borne viruses entry. Position statements on mosquito-borne viruses are available.

Reason for change: Entry renamed from 'Tropical viruses – plasmapheresis donors' to 'Mosquito-borne viruses – plasmapheresis donors' with equivalent changes to terminology throughout the text. Yellow Fever travel criteria for plasmapheresis donors have been relaxed.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Mpox

Whole Blood and Components

Also known as: monkeypox, previously

Supporting information

Additional information Mpox was previously known as Monkeypox. In November 2022, the World Health Organization (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 pustule 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 the **Contact with an affected individual** and **Immunisation for contact or risk** sections 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 the **Immunisation for contact or risk** section 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.

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 the **Immunisation for contact or risk** section below regarding vaccination, if applicable,

accept.

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.

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: Inclusion of sections for donors who have received vaccination either because they are or could be a contact or because they work in a health care setting. Additional Information applicable for the whole entry contained within one section.
Version details: WB-DSG Edition 203 Release 67 (31 January 2021)*

Ménière's disease

Whole Blood and Components

Essential information

Discretionary If well on the day, even if on treatment to prevent attacks, accept.

Supporting information

Additional information Ménière's disease affects about 1 in 1000 people and is due to middle ear damage. Attacks can be accompanied by vertigo (a feeling of dizziness and of things spinning around). It is not thought that donation causes attacks. Providing a person with Ménière's disease is well at the time of donation, and there are no other factors that would lead to their deferral, they should be accepted.

Reason for change: The statement, 'even if on treatment to prevent attacks,' has been added to 'Discretionary'. 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Narcolepsy

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

- Sleep attacks or cataplexy in the previous 12 months.
- On treatment with modafinil (Provigil®).

Discretionary

If free from sleep attacks or cataplexy for 12 months or more, and it is more than 7 days from the last dose of modafinil (Provigil®), accept.

Supporting information

Additional information

Narcolepsy is a rare neurological condition that affects the brain's ability to regulate the normal sleep-wake cycle. This can lead to symptoms such as disturbed night-time sleep, excessive daytime sleepiness and cataplexy. Consequently, narcolepsy is often thought of as a sleep disorder, but its underlying cause means that it is better classified as a disorder of the central nervous system.

Some affected individuals may fall asleep without warning (sleep attacks) or lose muscular control that can result in falling to the ground (cataplexy). In some cases cataplexy may have the appearance of a stroke, though recovery usually occurs within minutes.

Modafinil (Provigil®) is a drug used to treat excessive daytime sleepiness in some patients with narcolepsy. It is associated with an increase in congenital abnormalities if taken during pregnancy. Individuals taking modafinil are deferred to avoid the risk of components made from their donation being transfused to someone who is pregnant.

Some individuals only have minor narcolepsy symptoms that should not interfere with donation. Sleep attacks and cataplexy may obviously cause problems during and after the donation process. However, some individuals have good control of symptoms through lifestyle adaptations and/or taking medication. If these problems are well controlled (no attacks for 12 or more months) the donor may be accepted. This includes individuals on medication to prevent attacks, with the exception of anyone taking modafinil.

Reason for change: A deferral for individuals treated with Modafinil has been added.

Version details: WB-DSG Edition 203 Release 63 (31 May 2022)

Nephritis

Whole Blood and Components

Essential information

Includes

- Glomerulonephritis
- IgA nephropathy (Berger disease)
- Acute tubular interstitial nephritis
- Focal segmental glomerulosclerosis
- Anti-glomerular basement membrane antibody disease (Goodpasture syndrome)
- Granulomatosis with polyangiitis (Wegener's granulomatosis)
- Nephritic syndrome
- Nephrotic syndrome

Obligatory

Must not donate if:

1. Has nephritis
2. Has nephrotic syndrome
3. Has nephritic syndrome
4. Under investigation, treatment or specialist follow-up
5. Has any renal impairment
6. Has haematuria or proteinuria
7. Has hypertension due to renal disease
8. Has any other associated cardiovascular disease

Discretionary

If the nephritis has fully resolved and the donor is well, and:

1. Has normal renal function, and
2. Does not have haematuria or proteinuria, and
3. Does not have hypertension due to renal disease, and
4. Does not have any other associated cardiovascular disease, and
5. Is not requiring any treatment, and
6. Is eligible following completion of any treatment (e.g. steroid therapy), and
7. Is discharged from specialist follow-up, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Steroid therapy](#)

Additional information

Nephritis can be self-limiting, e.g. a single episode of glomerulonephritis secondary to an infection or reaction to medication, with complete recovery. However, care must be taken to determine the cause and to exclude any systemic underlying or associated conditions (e.g. autoimmune disease, vasculitis) that would affect eligibility and/or preclude donation.

Nephritides invariably cause some proteinuria and can acutely progress to nephritic syndrome with haematuria and hypertension, or to nephrotic syndrome with significant protein loss into the urine. Persisting effects on renal integrity and function such as proteinuria, haematuria and hypertension, and/or the need for

continuing medication precludes donation. This will usually indicate that the condition has become chronic with full resolution unlikely; some will progress to end stage renal failure.

If there is uncertainty about the diagnosis or underlying cause, seek advice from a Designated Clinical Support Officer.

Reason for change: New entry incorporating 'Acute nephritis' and 'Chronic nephritis' sections of the former 'Kidney and bladder disease' entry.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Neurobehavioural disorders

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

On treatment with modafinil (Provigil®).

Discretionary

If the potential donor is able to give valid consent, their disorder will not interfere with the collection process, and they have not taken modafinil (Provigil®) for 7 days, accept.

Supporting information

See if relevant

- [Communication difficulties](#)

Additional information

If the donor suffers from involuntary movements (tics), it is important to ensure that these will not interfere with the donation process.

Donors can usually be accepted even if on medication to treat a neurobehavioral disorder.

Modafinil (Provigil®) is licensed for the treatment of narcolepsy but can be used off-licence for other disorders including attention deficit hyperactivity disorder (ADHD). Modafinil is associated with an increase in congenital abnormalities if taken during pregnancy. Individuals taking modafinil are deferred to avoid the risk of components made from their donation being transfused to someone who is pregnant.

Reason for change: A deferral has been added for donors on treatment with Modafinil.

Version details: WB-DSG Edition 203 Release 63 (31 May 2022)

Neurofibromatosis (NF)

Whole Blood and Components

Essential information

Obligatory	Must not donate if: History of malignant change.
Discretionary	Otherwise, accept.

Supporting information

See if relevant	• Blood pressure, high • Epilepsy • Malignancy
Additional information	Neurofibromatosis is an inherited condition that causes tumours (swellings) on nerve tissue. These tumours are usually not cancerous but occasionally may become malignant. If they are in the brain, they may cause epilepsy.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: Links have been added together with 'Additional Information'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Neurosurgery

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

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

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Disabled donor](#)
- [Malignancy](#)
- [Prion-associated diseases](#)
- [Shunts, stents and devices](#)
- [Surgery](#)
- [Urinary catheterisation](#)

Additional information

Dura mater has led to the spread of prion related diseases (e.g. Creutzfeldt-Jakob disease, CJD). It should not have been used in the UK after 1992. The situation in other countries varied so specific dates cannot be given.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The See if Relevant section has been revised.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Night sweats

Whole Blood and Components

Essential information

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

Supporting information

See if relevant	• Infection, general • Malignancy • Menopause
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Additional information	Unexplained night sweats may be an indication of an undiagnosed infection or malignancy. Both would be a reason to defer a potential donor.
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*Reason for change: Links and 'Additional Information' have been added.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Non-consented exposure to human body fluids

Whole Blood and Components

Essential information

Definition/s

Non-consented exposure to human body fluids:

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.

Scenarios

Affected individual

Obligatory

Must not donate if:

1. The incident involved any material containing abnormal prions.
2. Less than 4 months after the date of an inoculation injury or contamination of mucosa or non-intact skin with human blood or body fluids.
3. Under ongoing investigations following exposure.

See if relevant

- [Animal bite, non-human](#)
- [Blood safety](#)
- [Hepatitis](#)
- [HIV](#)
- [HTLV](#)
- [Prion-associated diseases](#)
- [Xenotransplantation](#)

Additional information

Prion-related diseases can be symptom free for many years. During the incubation stage, infection may be passed on by donated material.

Human blood or body fluids may be contaminated with infective material that may be passed on by donated material. Waiting 4 months (if a validated test for HBV, HCV, HIV NAT is negative) helps to ensure that any infection is not passed on. This includes donors where the contact has hepatitis B infection or is a recipient of blood derived coagulation factor concentrates.

If an individual is undergoing further tests or follow up following an exposure, donation should be deferred until all follow up is complete and above criteria apply.

This guidance presumes that a validated NAT test for hepatitis C is negative; if this test is stopped, the guidance will change.

Current or former sexual partner of an affected individual

Obligatory

Must not donate if:

The donor's sexual partner is being monitored for evidence of transmitted infection following exposure to a known infected individual.

Discretionary

1. If the partner has not been exposed to known infective material, accept.

2. If the partner was exposed to known infective material and has been told that they are not infected and no longer require to be monitored, accept.
3. If a former sexual partner and it is more than 3 months since the last sexual contact, accept.

See if relevant

- [Hepatitis](#)
- [HIV](#)
- [HTLV](#)
- [Prion-associated diseases](#)

*Reason for change: The wording of this entry has been revised to improve clarity.
Version details: WB-DSG Edition 203 Release 57 (26 May 2021)*

Non-contagious diseases, contact with

Whole Blood and Components

Essential information

Definition/s	Non-contagious disease: a disease which is not easily transmitted from person to person. It may be a zoonotic infection or it may result from a shared environmental issue (e.g. food poisoning or a common travel history). Zoonotic infection: the World Health Organization (WHO) defines this as any disease or infection that is naturally transmissible from vertebrate animals to humans.
Obligatory	Refer to the specific entry for the disease. If there is no specific entry, and/or no instruction for contacts, use the guidance below. Must not donate if: 1. Diagnosed with, or showing symptoms of, the disease. 2. Under investigation or monitoring for potential infection with the disease. This includes any deferral period recommended by Public Health. 3. The donor has been exposed to the same circumstances that led to infection in another human. This might include a common travel history or, in the case of food poisoning, to the consumption of the same food.
Discretionary	If the donor: • Is well and has no symptoms of infection, and • Is not being investigated or monitored, and • Is not considered to be at high risk of infection, accept.

Supporting information

See if relevant	If there is a shared risk for a transfusion transmissible infection, see the entry for that condition.
Additional information	Many infections are not easily spread from one person to another. In other situations, the infection with which there has been contact will not represent a risk to recipients and staff. Donors reporting such contact can normally be accepted but the nature of the contact should be assessed. For instance, has the potential donor had the same risk factors as an infected individual, e.g. travelled to the same place or eaten the same food. If they have, the risk of the potential donor also being infected must be considered together with any appropriate deferral. For some zoonotic infections, people in contact with affected animals may be followed up by health protection teams. This can include a period of monitoring for potential transmission of the infection. Individuals in this situation should not be accepted to donate until further review or testing is no longer required, and any deferral period stipulated by the health protection team has elapsed. If in doubt, contact a Designated Clinical Support Officer.

Reason for change: Guidance and information has been added for donors under investigation or monitoring following contact with a zoonotic infection.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Whole Blood and Components

Essential information

Excludes

Topical preparations

Obligatory

Assess the reason for treatment and see if there is a relevant [entry](#).

1. **Must not donate if:**

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

2. **Platelets:**

If the donor has taken an NSAID drug in the 48 hours before attending, their donation must not be used for the preparation of platelets and other blood components intended to treat thrombocytopenia and/or platelet dysfunction.

Discretionary

If medication is self-prescribed, the donation will not be used to prepare platelets and other blood components intended to treat thrombocytopenia and/or platelet dysfunction, and the donor meets all other criteria, accept.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Drugs and platelet donation](#) (drug index)

Additional information

NSAIDs can stop platelets (small fragments of cells that help control bleeding) from working properly. Platelets may be manufactured from whole blood or component (apheresis) donations. Blood Services may produce other components that included functional platelets, including some forms of whole blood. As these are used to control or prevent bleeding in patients, it is essential that they do not include platelets affected by NSAIDs.

Taking these drugs will not affect the use of a donation for red cell transfusion (the commonest use) but the reason they are being taken might.

Topical treatment with NSAIDs includes creams and gels. These forms of medication are unlikely to have a significant effect on platelet function.

Reason for change: An exclusion for topical preparations has been added.

Version details: WB-DSG Edition 203 Release 76 (30 April 2025)

Nose bleeds

Whole Blood and Components

Also known as: epistaxis

Essential information

Discretionary If the potential donor passes the haemoglobin screening test, accept.

Supporting information

See if relevant

- [Anaemia](#) (iron deficiency)
- [Bleeding disorder](#)
- [Transfusion](#)

Additional information Severe or regular nose bleeds lead to a loss of iron from the body and this can cause iron deficiency anaemia. Donating blood also causes the body to lose a substantial amount of iron. The combination of nose bleeds and donating blood will make anaemia much more likely.

*Reason for change: Links to 'Anaemia' and 'Transfusion' have been added together with 'Additional Information'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Oseltamivir

Whole Blood and Components

Also known as: *Tamiflu*®

Essential information

Obligatory

Must not donate if:

1. Taking oseltamivir (*Tamiflu*®) as treatment for influenza.
2. At any time in the 7 days prior to, or while taking oseltamivir, the donor has had symptoms of influenza (a temperature of more than 38°C, or a history of fever and 2 or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).

Discretionary

If the potential donor is taking oseltamivir as prophylaxis, they have not been advised to be confined to home and have not had any symptoms of influenza, accept.

Supporting information

See if relevant

- [Infection, acute](#)

Additional information

Oseltamivir (*Tamiflu*®) is a viral neuraminidase inhibitor (neuraminidase is an enzyme that helps the virus spread from cell to cell). It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Version details: WB-DSG Edition 203 Release 13 (28 August 2012)

Osteoarthritis

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

It is less than 4 months from any invasive treatment or investigation including but not limited to joint injections.

Discretionary

If the donor has been treated by joint injection, and

- Treatment was performed within the NHS, or treatment was performed by qualified healthcare professional (as defined in the [Complementary and alternative medicine](#) entry), and
- If it is at least 7 days from any joint injection with steroid, and
- It is at least 4 months from any joint injection with autologous platelet rich plasma (PRP)

accept.

Supporting information

See if relevant

- [Complementary and alternative medicine](#) - for list of qualified healthcare professionals
- [Disabled donor](#)
- [Drugs and platelet donation](#) (drug index)
- [Endoscopy](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Steroid therapy](#)

Additional information

Donors who have severe pain or disability that makes it difficult for them to get on or off the bleed bed should not donate.

Medicines taken for arthritis may affect platelet function. This can be checked in the [drug index](#).

Some individuals may undergo arthroscopy as part of the assessment and investigation of their condition; this is usually performed by a rigid endoscope (see [Endoscopy](#)).

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. Individuals who have received autologous platelet rich plasma must wait at least 4 months before donation. If the donor is uncertain about the treatment that was given, refer to a Designated Clinical Support Officer.

Reason for change: Update of 'See if relevant' links due to the renaming of the 'Complementary therapy' entry as 'Complementary and alternative medicine'.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Osteomyelitis

Whole Blood and Components

Essential information

Obligatory	Must not donate if: Less than 24 months from completing treatment and cure.
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Supporting information

Additional information	Sometimes it is difficult to be certain that all infection has been eliminated. Waiting 24 months minimises the risk of any infection being passed on through donation.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Version details: WB-DSG Edition 203 Release 02 (01 September 2010)

Osteopenia

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

The donor is being treated with systemic monoclonal antibody therapy, e.g. denosumab (Prolia®). See [Monoclonal antibody therapy and other biological modalities](#).

Discretionary

If the cause is not of itself a reason to defer, even if on treatment to prevent or treat (other than denosumab), accept.

Supporting information

See if relevant

- [Disabled donor](#)
- [Malignancy](#)
- [Monoclonal antibody therapy and other biological modalities](#)
- [Steroid therapy](#)
- [Vitamins and other nutritional supplements](#)

Additional information

Osteopenia occurs when there is decreased mineralisation (mainly lack of calcium) of bone. It can occur for many reasons so it is important to ensure that it is not associated with a condition that would require a potential donor to be deferred.

Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Paget's disease of bone

Whole Blood and Components

Also known as: *osteitis deformans*

Essential information

Discretionary Even if on medication with painkillers or bisphosphonates, accept.

Supporting information

See if relevant

- [Disabled donor](#)
- [Drugs and platelet donation](#) (drug index)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Surgery](#)

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 fit to donate.

*Reason for change: Links have been added to 'Drug Index' and 'Surgery'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Painkillers

Whole Blood and Components

Essential information

Obligatory	Assess the reason for treatment and see any relevant entry .
Discretionary	If the donor is otherwise fit to donate, regardless of the type of medication, accept.

Supporting information

See if relevant	• Disabled donor • Drugs and platelet donation (drug index) • Nonsteroidal anti-inflammatory drugs • Shunts, stents and devices
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*Reason for change: The entry has been revised to improve clarity.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Palpitations

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. The donor has a history of palpitations.
2. A significant arrhythmia or other cardiac cause has been confirmed or is suspected as the cause of palpitations.

Discretionary

1. Donors with a history of palpitations where:
 - a. The donor has consulted their GP and a cardiac cause has been excluded, and
 - b. The donor is not undergoing any investigations, and
 - c. The donor is symptom-free on the day of attendance,accept, even if on beta blockers to prevent symptoms.
2. Donors with a history of palpitations where a cardiac cause has not been excluded, refer to [Arrhythmias](#) entry.

Supporting information

See if relevant

- [Arrhythmias](#)

Additional information

Donors with ongoing symptoms of palpitations are at risk of a donor adverse event during or after donation.

Many donors will have experienced palpitations at some time in their lives. Symptoms are often associated with anxiety or stress. As long as they are symptom-free on the day of donation and investigations have ruled out a cardiac cause, donors can be accepted, even if on treatment to prevent symptoms.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 44 (03 September 2019)

Parathyroid disease

Whole Blood and Components

Essential information

Includes

- Primary, secondary and tertiary hyperparathyroidism
- Hypoparathyroidism
- Parathyroid adenomas and other tumours of the parathyroid glands

Obligatory

Must not donate if:

1. Under investigation or awaiting surgery
2. Associated with malignancy
3. Any underlying cause precludes donation (e.g. chronic kidney disease)

Discretionary

1. If the donor is well and has recovered from surgery for a benign parathyroid adenoma, and is not under specialist follow-up,

Accept for whole blood or component donation.

2. If the donor has primary hyperparathyroidism, is well, and:

- a. Their calcium levels have been stable for at least 12 months, and
- b. They have no symptoms of hypercalcaemia, and
- c. The donor is not on treatment to control hypercalcaemia,

Accept for whole blood donation only.

3. If the donor has hypoparathyroidism, is well, and:

- a. Their calcium levels have been stable for at least 12 months, and
- b. They have no symptoms of hypocalcaemia, and
- c. The underlying cause, if known, does not preclude donation,

Accept for whole blood donation only.

Supporting information

See if relevant

- [Impaired renal function](#)
- [Malignancy](#)
- [Surgery](#)

Additional information

The parathyroid glands are usually located in the neck and secrete parathyroid hormone (PTH) which controls serum calcium levels through its actions on the skeleton, kidneys and small intestine. These disorders may be asymptomatic and identified by a low or high serum calcium result in routine blood testing. Other patients may present with symptoms of hypercalcaemia (e.g. thirst, abdominal pain, constipation, confusion) or symptoms of hypocalcaemia (e.g. paraesthesia, carpopedal spasm, tetany, anxiety and depression, renal stones, seizures).

Increased PTH levels (hyperparathyroidism) are often due to benign parathyroid

tumours (adenomas) which may require surgery. Other causes include chronic kidney disease and genetic disorders.

Low PTH levels can occur after neck surgery (e.g. thyroidectomy) and will often resolve.

Individuals with hypocalcaemia may exhibit Trousseau's sign (carpopedal spasm when a sphygmomanometer is inflated above systolic blood pressure). This is a marker of increased neuromuscular excitability. Sphygmomanometers and tourniquets used in blood donations do not apply this degree of pressure; donation should be stopped if the donor develops paraesthesia or carpopedal spasm.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Parvovirus B19

Whole Blood and Components

Essential information

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

Supporting information

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 at the early stage, before and while experiencing systemic and upper respiratory tract symptoms. Once a rash has appeared an individual is no longer infectious. People who have recovered from parvovirus B19 have lifelong immunity to the virus and cannot be reinfected.

Parvovirus B19 may cause more serious illnesses, including anaemia and bone marrow failure, in non-immune individuals who are also immunocompromised. If acquired during pregnancy, parvovirus B19 may result in severe fetal anaemia (hydrops fetalis), miscarriage and stillbirth.

Scenarios

Affected individual

Obligatory

Must not donate.

Discretionary

If it is more than 4 weeks from:

- Recovery from systemic symptoms (low-grade fever, malaise, headache, nasal discharge, abdominal pain, sore throat), and
- A positive result for parvovirus B19 DNA, if testing has been carried out, accept.

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, accept.
2. If more than 3 weeks since last contact with an individual with parvovirus

B19 infection, accept.

3. 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.

See if relevant

- [Infectious diseases, contact with](#)

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 70 (18 April 2024)

Peptic ulcer

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Recent symptoms or on active treatment to heal an ulcer.
2. Associated with malignant change.

Discretionary

If not affected by **1** or **2** above, even if on maintenance treatment, accept.

Supporting information

See if relevant

- [Anaemia](#) (iron deficiency)
- [Surgery](#)
- [Transfusion](#)

Additional information

Bleeding is a common problem associated with peptic ulcers. This can be profuse and may require transfusion, or gradual, leading to iron deficiency. Taking blood from a person at risk of bleeding will reduce their ability to compensate for blood loss and may lead to treatment that would not otherwise have been needed.

Reason for change: Total gastrectomy is no longer a reason for withdrawal. Additional links have been added together with 'Additional Information'.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Periods

Whole Blood and Components

Also known as: menstruation

Essential information

Obligatory

Must not donate if:

1. Period has been missed.
2. If under investigation for heavy and prolonged periods.
3. Has uncontrolled period pain.

Discretionary

1. If a period has been missed, pregnancy can be excluded and the donor is well, accept.
2. If the potential donor is taking supplemental iron to prevent anaemia, is not under investigation for heavy or prolonged periods and understands that donation will make anaemia more likely, accept.
3. If taking medication to decrease blood loss, e.g. etamsylate (Dicyclic®), tranexamic acid (Cyklokapron®), accept.

Supporting information

See if relevant

- [Anaemia](#) (iron deficiency)
- [Drugs and platelet donation](#) (drug index)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Pregnancy](#)
- [Surgery](#)

Additional information

It is okay to donate while having a period. However, the combination of blood loss from periods and donation will make iron deficiency anaemia more likely, particularly if the periods are heavy or prolonged. This affect can be minimised by taking supplemental iron.

If the donor feels unwell because of their period, they should not donate but if period pain is well controlled by medication, they may be accepted. It is important that the type of medication taken, and its affect on platelet function is noted.

Reason for change: The entry has been rewritten for greater clarity. A 'Discretionary' entry has been added for donors taking drugs to reduce blood loss.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Perthes disease

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

- See if relevant
- [Drugs and platelet donation](#) (drug index)
 - [Nonsteroidal anti-inflammatory drugs](#)
 - [Surgery](#)

Additional information Perthes disease affects about 1 in 10,000 children between the ages of 2 and 15 years. It causes damage to the femoral head and will usually heal with conservative treatment. Surgery may be required and there is the possibility of chronic arthritis. This may require treatment with painkillers that might affect platelet function.

*Reason for change: Relevant links and 'Additional Information' have been added
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Pituitary disorders

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Malignant tumour.
2. Part of a multiple endocrine neoplasia (MEN) syndrome.
3. Has had open neurosurgery.
4. Ever received injections of human pituitary extract.
5. Acromegaly or growth hormone excess.
6. Has adrenal failure, or requires treatment with oral steroids.
7. Has cranial diabetes insipidus, or syndrome of inappropriate anti-diuretic hormone (SIADH), even if on treatment.
8. Currently on injectable drug treatment, e.g. pegvisomant (Somavert®).

Discretionary

1. If a non secretory or prolactin secreting pituitary tumour (adenoma) has been confirmed as non-malignant and the donor has no symptoms, even if on oral medication and/or underwent neurosurgery in the UK after 1992, accept.
2. If open neurosurgery carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.
3. If it can be shown that dura mater was not used during open neurosurgery in the UK prior to 1992 and there is no evidence of malignancy, the donor may be accepted by a Designated Clinical Support Officer.
4. If treated, exclusively with recombinant-derived growth hormone, accept. In the UK this has been since 1986.
5. If the donor has undergone trans-sphenoidal surgery for a pituitary tumour, all wounds are healed, accept.
6. If the donor has undergone radiation therapy for a benign tumour, even if on long term follow-up, provided there are no complications related to either the treatment received or to the underlying condition, accept.

Supporting information

See if relevant

- [Central nervous system disease](#)
- [Epilepsy](#)
- [Growth hormone](#)
- [Neurosurgery](#)
- [Prion-associated diseases](#)
- [Surgery](#)

Additional information

Pituitary adenomas are quite common and the majority are benign, i.e. not able of

spreading to other parts of the body (metastasising). Two-thirds of pituitary adenomas remain completely confined to the pituitary gland and approximately one-third will expand into tissues in the immediate vicinity of the gland. Less than 1% of pituitary tumours are malignant.

Pituitary adenomas may be non-secretory (25%) or secrete hormones such as prolactin (30%), growth hormone (10-15%, leading to acromegaly), ACTH (leading to Cushing's disease), TSH (leading to thyroid dysfunction) or LH/FSH (leading to fertility problems).

Acromegaly, caused by growth hormone over secretion, is associated with an increased risk of cardiovascular complications, including cardiomyopathy, increase in left ventricular mass, arrhythmias and hypertriglyceridaemia.

Hypopituitarism, with a reduction in levels of one or more pituitary hormones, can result from either the underlying pituitary condition or its medical/surgical management. A deficiency of ACTH may result in adrenal failure. Pituitary hormones are replaced through medication as required.

Patients with posterior pituitary lesions may develop diabetes insipidus or hypothalamic problems, which require careful fluid balance. Donating a unit of blood may compromise this balance.

Sheehan syndrome is post-partum (after the birth of a baby) pituitary necrosis. It is caused by hypovolaemia from post-partum blood loss. It is likely that the patient will have been transfused.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Platelet count

Whole Blood and Components

Essential information

Includes	Thrombocytosis, non-immune thrombocytopenia.
Excludes	Immune thrombocytopenia. See Immune thrombocytopenia .
Obligatory	All donors: Must not donate if: 1. Under investigation for an abnormal platelet count. 2. The platelet count is known to be less than $150 \times 10^9 /L$. 3. The platelet count is known to be more than $450 \times 10^9 /L$. 4. Any underlying cause precludes donation. In addition, for platelet component donors only: Must not donate if: The predicted post-donation platelet count is less than $100 \times 10^9 /L$.
Discretionary	1. If a donor has been investigated for an abnormal platelet count and a. No underlying cause has been identified that would lead to deferral, and b. The donor does not require any monitoring or follow-up, accept. 2. If testing by the blood transfusion service finds a donor to have a platelet count which is outside the normal range, the donor can be accepted if their results comply with local policies and procedures. Blood transfusion services should have a written policy for management of donors who are found to have a platelet count of less than $150 \times 10^9 /L$ or more than $450 \times 10^9 /L$ during donation testing.

Supporting information

See if relevant	• Haematological disease • Immune thrombocytopenia • Platelet disorders • Thrombosis and thrombophilia
Additional information	Taking a platelet donation from a donor with a platelet count lower than $150 \times 10^9 /L$ is unlikely to provide a therapeutic dose. Platelet counts outside of the normal range (i.e. less than $150 \times 10^9 /L$ or more than $450 \times 10^9 /L$) may be due to an underlying disease process. High platelet counts can also be associated with iron deficiency. Transfusion services should ensure that, where abnormal platelet counts are identified as part of routine donation testing, these are reviewed and managed appropriately. Further investigation may be required for donors with persistently abnormal results.
Regulatory information	Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Additions to the Obligatory and See if Relevant sections.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Platelet disorders

Whole Blood and Components

Essential information

Includes

Individuals with, or carriers of, an inherited platelet disorder. These include:

- Bernard-Soulier disease
- Glanzmann's thrombasthenia
- Hermansky-Pudlak syndrome
- Jacobsen syndrome
- Lowe syndrome
- Paris-Trousseau syndrome
- Platelet release and storage pool defects
- Thrombocytopenia with absent radius syndrome

Acquired platelet disorders due to an underlying condition.

Excludes

- Donors taking medications that reduce platelet function (e.g. aspirin, clopidogrel). See:
 - [Nonsteroidal anti-inflammatory drugs](#)
 - [Clopidogrel](#)
 - [Cardiovascular disease](#)
 - Other [entries](#) relevant to reason for treatment
- Donors identified as having an abnormal platelet count on testing by the blood transfusion service. See [Platelet count](#).
- Thrombotic thrombocytopenic purpura (TTP). See [Thrombosis and thrombophilia](#).

Obligatory

Must not donate if:

1. The donor has an inherited platelet disorder.
2. The donor is an affected carrier of an inherited platelet disorder.
3. The donor has an acquired platelet disorder due to an underlying condition.
4. The donor had an acquired platelet disorder and the underlying cause precludes donation (e.g. malignancy).
5. There is a history of excessive bleeding or bruising.
6. The donor is requiring monitoring and/or follow-up.

7. There is any associated immune system or organ involvement (e.g. heart, lung, kidney, that precludes donation).
8. The donor has received a transfusion or plasma exchange since 1 January 1980.
9. The donor has a platelet disorder and has ever:
 - a. Received blood derived and recombinant products (e.g. Factor VIIa, ADAMTS13), and/or
 - b. Received or is currently on treatment to reduce or prevent excessive bleeding, e.g. desmopressin (DDAVP®), tranexamic acid, oral contraceptive pill and similar hormone therapies, or an intrauterine device (IUD), and/or
 - c. Needed iron supplementation.
10. The donor has required or been advised they will require prophylactic treatment for surgery, dental treatment, or for any other procedure.
11. The donor has required or been advised they should receive immunisations subcutaneously rather than intramuscularly.

Discretionary

1. If the donor is a non-affected carrier of an inherited platelet disorder and fulfils all other criteria, refer to Designated Clinical Support Officer.
2. If the donor had an acquired platelet disorder (except immune thrombocytopenia (ITP) – see [Immune thrombocytopenia](#)) that has now fully resolved, the underlying condition does not preclude donation and they fulfil all other criteria, refer to Designated Clinical Support Officer.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Clopidogrel](#)
- [Haematological disease](#)
- [Immune thrombocytopenia](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Platelet count](#)
- [Transfusion](#)
- [Thrombosis and thrombophilia](#)

Additional information

Platelet disorders can be inherited or can be acquired, e.g. due to an autoimmune reaction or malignancy such as leukaemia. Symptoms are similar whether there are too many platelets in circulation, too few platelets in circulation or the correct number of platelets are in circulation but they do not work properly.

These disorders can cause significant bleeding, either spontaneously or in response to even minimal trauma or minor procedures. Nose bleeds, bleeding from the gums and petechiae are common. Bleeding can lead to iron deficiency anaemia.

Individuals will have been assessed and advised about their condition and bleeding risk. Most would be at increased risk of bruising and other complications from blood donation so affected individuals must not be accepted.

The diagnosis of the milder forms or carrier status of platelet disorders may arise from family screening, or through testing during investigation for menorrhagia (heavy periods), or bleeding during pregnancy or childbirth. Some people with the carrier state have symptoms which may or may not need treatment and/or are at risk of bleeding and therefore would be at increased risk of bruising and other complications from donation so affected carriers must not be accepted. Affected individuals and affected carriers may have been provided with a Bleeding Disorders Information Card.

Carriers who have been diagnosed through family screening, have not had any symptoms and have had their platelet function investigated and demonstrated to be normal may be able to donate once this information has been confirmed with the donor's specialist or GP by a Designated Clinical Support Officer.

Treatments include plasma products, plasma exchange or more rarely platelet transfusions. Curative treatment with stem cell or bone marrow transplant is an option for the most severe conditions.

The inherited platelet disorders are often part of a multisystem condition, but carriers are less likely to have significant organ involvement.

The guidance contained in this entry is not intended for use for donors without a platelet disorder, for example for someone who may have taken tranexamic acid for heavy periods due to an underlying gynaecological cause.

For donors who are identified as having an abnormal platelet count following testing by the blood transfusion service, refer to the [Platelet count](#) entry.

Reason for change: Clarification of the scope of this entry. Expansion of obligatory and discretionary criteria. Addition of relevant links. Additional Information section rewritten to support revised entry.

Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Pneumothorax

Whole Blood and Components

Scenarios

Spontaneous pneumothorax

Obligatory

Must not donate if:

1. Not recovered.
2. Associated with cystic fibrosis.
3. Associated with emphysema.

See if relevant

- [Asthma](#)
- [Infection, general](#)
- [Respiratory disease](#)
- [Surgery](#)
- [Tuberculosis](#)

Additional information

Spontaneous pneumothorax most often affects tall thin men around the ages of 20 to 40 years. It also affects people with lung disease such as cystic fibrosis, emphysema and tuberculosis. It reduces lung function and so can decrease the amount of oxygen entering the blood. Removing blood from an affected person may worsen or cause breathing problems.

Traumatic pneumothorax

Obligatory

See: [Accident](#)

Reason for change: Cystic fibrosis has been added as a reason not to donate. Relevant links have been added together with 'Additional Information'.

Version details: WB-DSG Edition 203 Release 02 (01 September 2010)

Polycystic kidney disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Has any renal impairment
2. Has hypertension or any other cardiovascular complications
3. Has or has ever had anaemia due to their renal condition
4. Requiring or has ever required to take a vasopressin V2-receptor antagonist, e.g. tolvaptan (Jinarc®, Samsca®)
5. Requiring any other treatment including preventative antihypertensive treatment
6. Is under or awaiting investigation
7. Is under follow-up by a specialist

Discretionary

If the donor is well, and:

1. Has normal renal function, and
2. Does not have hypertension or any other cardiovascular disease, and
3. Has never had anaemia due to their renal condition, and
4. Is not under or awaiting investigation or results, and
5. Is under GP monitoring only, and
6. Does not require or has never required to take tolvaptan (Jinarc®, Samsca®), and
7. Does not require any other treatment, including antihypertensives and analgesics and other medications used for pain relief, accept.

Supporting information

See if relevant

- [Impaired renal function](#)
- [Kidney and bladder stones](#)
- [Urinary tract infection](#)

Additional information

Polycystic kidney disease is usually inherited.

Cysts can grow in size or number and affect renal function, usually in later life. When there is CKD stage 2 or 3 and evidence of rapidly progressing kidney disease, tolvaptan (Jinarc®, Samsca®) may be used to slow down the formation of cysts and to protect kidney function. Individuals on tolvaptan will usually be under hospital monitoring.

Cardiovascular complications of polycystic kidney disease include:

- hypertension
- subarachnoid haemorrhage
- stroke

Other complications include:

- renal impairment
- renal stones
- urinary tract infections, which may be persistent, severe, recurrent
- cyst infections, which may require surgical drainage or kidney removal

- pain requiring analgesia, usually paracetamol or opiates, sometimes nonsteroidal anti-inflammatory drugs (NSAIDs). Anticonvulsants and antidepressants may be used for chronic pain.
- cysts in other organs, most commonly the liver

Polycystic kidney disease can be associated with lower or higher than normal haemoglobin levels due to the effects of the condition and any associated chronic kidney disease on erythropoietin levels. Treatment for this effect may be required.

*Reason for change: New entry incorporating 'Polycystic kidney disease' section of the former 'Kidney and bladder disease' entry, expanded to include guidance relevant to the management, complications, medication and progression of the condition.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)*

Polycythaemia and raised haemoglobin

Whole Blood and Components

Essential information

Obligatory

Must not donate.

Discretionary

If specialist investigation has excluded polycythaemia rubra vera, or another myeloproliferative neoplasm, or any other cause which precludes donation, and no treatment or further investigation is planned, the donor can be accepted for whole blood donation or for double red cell donation.

Donors with a haemoglobin above the normal range should not usually be accepted for plasma or platelet donation.

Supporting information

See if relevant

- [Cardiovascular disease](#)
- [Haematological disease](#)
- [Haemoglobin disorders](#)
- [Haemoglobin estimation](#)
- [Respiratory disease](#)
- [Testosterone replacement therapy](#)

Additional information

Repeat testing is advised for donors with a haemoglobin concentration of more than 180 g/L in men and 165 g/L in women. If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.

Polycythaemia is commonly linked to malignant or pre-malignant conditions or to the body's response to a shortage of oxygen. Apparent polycythaemia is caused by a decreased plasma volume. All of these are reasons not to accept a donation, either because of the association with malignancy, or because of the potential to harm the donor.

Individuals with 'high affinity' haemoglobins can develop polycythaemia because of the reduced oxygen carrying capacity of their blood. This would be detrimental to a recipient of their blood and donation may be harmful to the donor. For these reasons, they should not be accepted.

Individuals taking testosterone therapy for testosterone deficiency can develop polycythaemia. Individuals taking testosterone therapy must have ongoing follow up with a UK registered health practitioner. Blood donation should not be used to prevent medication associated polycythaemia/raised haematocrit. Treatment for polycythaemia includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.

*Reason for change: Addition of a link and information relating to testosterone replacement therapy.
Version details: WB-DSG Edition 203 Release 79 (17 February 2026)*

Polyendocrine metabolic ovarian syndrome (PMOS)

Whole Blood and Components

Essential information

Obligatory	If the donor has PMOS with associated high blood pressure, diabetes, cardiovascular disease, hypercholesterolaemia, non-alcoholic fatty liver disease, sleep apnoea, skin effects, fertility effects, psychological effects or any other features, refer to each relevant entry .
Discretionary	A diagnosis of PMOS does not necessarily prevent donation. If the donor is eligible according to all other relevant entries, accept.

Supporting information

See if relevant	• Acne • Alopecia • Anti-androgens • Blood pressure, high • Cardiovascular disease • Diabetes mellitus • Fertility • Hair removal • Hypercholesterolaemia • Laser treatment • Liver disease • Mental health problems • Pregnancy • Sleep apnoea • Surgery • Vitamins and other nutritional supplements • Weight loss medication
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Additional information	Polyendocrine metabolic ovarian syndrome (PMOS) is a common condition. It was previously known as polycystic ovary syndrome (PCOS). The exact cause is unknown but it is associated with imbalances of hormones (e.g. insulin, androgens, neuroendocrine and ovarian hormones), affecting multiple systems within the body. This gives rise to the following clinical features: • Metabolic - obesity, dysglycaemia, type 2 diabetes, hypertension, cardiovascular disease, dyslipidaemia, non-alcoholic fatty liver disease, sleep apnoea • Reproductive - irregular periods, infertility, pregnancy complications, endometrial cancer • Psychological - depression, anxiety, eating disorders • Dermatological - acne, alopecia (hair loss), hirsutism (excess facial or body hair) Medication prescribed for the condition includes the combined oral contraceptive pill, progestin-only contraceptive pill, metformin and anti-androgens (e.g. spironolactone) to ameliorate the underlying hormonal imbalances and clinical
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features.

Due to the multiple effects of the condition, donors may also be taking other drugs or nutritional supplements or require (or have required) other types of treatment: psychological therapies, lifestyle and weight management, complementary therapies, fertility investigations and treatment, cosmetic procedures and surgery.

Taking medication or undergoing treatment for this condition is not in itself a reason for deferral, unless the medication or treatment specifically precludes donation (e.g. finasteride).

Reason for change: The entry has been renamed from 'Polycystic ovary syndrome (PCOS)' to reflect the new name for this condition. Essential and supporting information has been updated to amend references to the previous name, to clarify the assessment of donor eligibility, and to include additional information about the condition.

Version details: WB-DSG Edition 203 Release 82 (17 September 2026)

Porphyria

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

Suffers from porphyria.

Discretionary

If the potential donor suffers from acute porphyria, acute intermittent porphyria (AIP), varigate porphyria (VP) or hereditary coproporphyria (HCP), it is 12 months or more since their last acute attack and they have no current skin lesions, accept.

Supporting information

See if relevant

- [Hepatitis](#)

Additional information

Acute porphyrias (AIP, VP and HCP) may be associated with skin lesions and raised blood porphyrins independently of acute attacks. Theoretically the recipient of the blood could develop skin lesions, and we therefore exclude anyone with active skin lesions.

Porphyria cutanea tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin. These patients are often treated by venesection, however because of the risk of transmission of the agent that caused the condition the blood is not suitable for transfusion.

With erythropoietic protoporphyria (EPP) and congenital erythropoietic porphyria (CEP), the patient is often anaemic because of the condition. Also in these conditions there are porphyrins in the red cells and red cell life span is reduced so the blood is not suitable for donation.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 05 (07 June 2011)

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

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. The 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 2 years.

Assess any donor using PrEP or PEP for blood 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 2 years since the donor last received an injection for PrEP, and
- There is no other blood safety risk,

accept.

Supporting information

See if relevant

- [Blood safety](#)
- [HIV](#)
- [Non-consented exposure to human body fluids](#)

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 [Blood 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 2 years, are not accepted to donate, even if they do not have another blood 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 sexual activity or 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 two-year deferral for recipients of injectable PrEP.
Version details: WB-DSG Edition 203 Release 77 (18 July 2025)*

Pregnancy

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Pregnant.
2. Less than 6 months have passed since delivery or termination.
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.

Discretionary

If the pregnancy ended before the 12th week of pregnancy without significant blood loss, if follow-up is complete and it is more than 7 days from last dose of methotrexate (if taken), and it is agreed by a physician member of the designated clinical support, accept.

Supporting information

See if relevant

- [Anaemia](#) (iron deficiency)
- [Fertility](#)
- [Malignancy](#)
- [Surgery](#)
- [Transfusion](#)

Additional information

During pregnancy, particularly in the later part, a woman loses a considerable amount of iron to the baby. It is important to allow time for this lost iron to be replaced through the mother's diet. Donating during pregnancy will make it very likely that the pregnant woman will become short of iron and this may lead to anaemia and even threaten the pregnancy. Iron usage in pregnancy occurs mostly between 12 and 35 weeks either to increase the number of red cell of the mother, or for the growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's iron stores. However, if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates.

Methotrexate is now increasingly used to medically treat ectopic pregnancy, to avoid surgery and protect the fallopian tube. This method of treatment, if successful, is not associated with significant bleeding but a week is needed for any residual methotrexate to clear the system.

A mother can donate if she is still breast-feeding, provided that a longer period than 6 months from delivery has passed.

If a woman is trying to become pregnant they can donate if they have not missed a period and are not under investigation or on infertility treatment. If they are on treatment or under investigation for infertility, see the [Fertility](#) entry.

Hydatidiform moles may be malignant. If they are, the woman will not be able to donate. In other cases it is important for treatment and follow-up to be completed so that the possibility of malignancy is excluded.

Repeat anti-HLA, anti-HNA and/or anti-HPA antibody testing should be undertaken when donors return after pregnancy, regardless of duration, when:

- it is intended to collect components for which the blood service has implemented TRALI risk reduction measures based on antibody testing, or

- it is intended to collect HPA-matched components.

Reason for change: Advice to consider repeat HLA, HNA or HPA antibody testing after pregnancy has been added.
Version details: WB-DSG Edition 203 Release 43 (28 May 2019)

Prion-associated diseases

Whole Blood and Components

Essential information

Includes	Familial, sporadic and variant Creutzfeldt-Jacob disease (CJD), Gerstmann-Sträussler-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 their blood or tissues 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 a transfusion or allogeneic human tissue (except recipients of donated human eggs, sperm or embryos).
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	• Fertility • Tissue and organ recipients • Transfusion
Additional information	A JPAC Position Statement on Creutzfeldt-Jakob disease (CJD) is available. The use of human gonadotrophin and growth hormone of pituitary origin had stopped in the UK by 1986. Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given. Recipients of donated human eggs, sperm or embryos can be accepted to donate, provided they meet the other criteria outlined in the Fertility entry.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005. It also Includes Department of Health decisions about individuals who have been identified at an increased risk of developing a prion related disease.

Reason for change: The deferral for recipients of donated eggs or embryos has been removed in line with the most recent update of the SaBTO Microbiological Safety Guidelines.
Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Proctitis

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Due to ulcerative colitis.
2. Due to Crohn's disease.
3. Requiring treatment.

Discretionary

If other causes do not exclude and not on treatment, accept.

Supporting information

See if relevant

- [Inflammatory bowel disease](#)
- [Malignancy](#)
- [Sexually transmitted disease](#)

Additional information

Proctitis has been linked to stress and food intolerance. It is also associated with infection and this may be sexually transmitted, particularly through anal sex. It may be caused by inflammatory bowel disease (ulcerative colitis and Crohn's disease) and post radiation therapy. The latter is likely to have been given for malignancy so, as with inflammatory bowel disease, will lead to exclusion from donation.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The 'see if relevant' section was updated as part of the implementation of recommendations from the FAIR study.

Version details: WB-DSG Edition 203 Release 57 (26 May 2021)

Prostate problems

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Due to malignancy.
2. The donor has an indwelling urinary catheter, or it is less than 7 days since catheterisation.
3. On treatment with anti-androgens.
4. Accompanied by infection.
5. Has been referred to a specialist for investigation of a high prostate-specific antigen (PSA) level.

Discretionary

1. For benign prostatic problems, if not requiring treatment, or only taking alpha blockers to relieve symptoms, accept.
2. If PSA levels are being monitored but no referral, biopsy or other treatment is planned, accept.

Supporting information

See if relevant

- [Anti-androgens](#)
- [Infection, general](#)
- [Malignancy](#)
- [Surgery](#)
- [Urinary catheterisation](#)

Additional information

Prostate problems become increasingly common as men age. They may cause difficulty in passing water, having to pass water more frequently, or pain and discomfort. Men with benign prostatic hypertrophy (BPH) who do not require treatment, or whose only treatment is with alpha blockers, may donate.

If they are being treated with anti-androgens, e.g. dutasteride (Avodart®) or finasteride (Proscar®), special precautions are needed while taking these drugs and for some time afterwards.

Malignancy must lead to permanent deferral.

Infection, or the possibility of infection, associated with catheterisation will also lead to deferral. The interpretation of prostate-specific antigen (PSA) levels depends on a number of factors. If the levels were thought to have been significantly abnormal, the individual would have been referred for biopsy or other investigations or treatment.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Psoriasis

Whole Blood and Components

Essential information

Includes	Psoriatic arthritis
Obligatory	Must not donate if: 1. Has ever taken etretinate (Tigason®). 2. Less than 36 months from the last dose of acitretin (Neotigason®). 3. Less than 6 months from the last dose of any treatment that may affect the immune system. 4. Generalised or severe. 5. There is secondary infection.
Discretionary	1. If mild, the venepuncture site is unaffected and only using topical treatment, accept. 2. If the donor: a. Has been established on oral treatment for their disease with only 1 of the following drugs: i. Methotrexate ii. Sulfasalazine iii. Hydroxychloroquine iv. Azathioprine, and b. Their disease is controlled by medication, and c. The dose of the drug has not increased in the previous 6 months, and d. The venepuncture site is not affected, and e. The donor is well, accept. 3. If the donor: a. Is receiving PUVA or UVA therapy for their skin disease, and b. Their disease is controlled, and c. The venepuncture site is not affected, and d. The donor is well, accept.

Supporting information

See if relevant	• Autoimmune disease • Monoclonal antibody therapy and other biological modalities • Steroid therapy
Additional information	Psoriasis is primarily a skin condition caused by an autoimmune process. Sometimes the disease is treated with powerful drugs and/or ultraviolet radiation to suppress the underlying autoimmune process. This may be with treatment with PUVA, methotrexate, ciclosporin, hydroxycarbamide etc. and this may alter the

body's defence mechanisms to infection.

Etretinate (Tigason®) and acitretin (Neotigason®) can cause birth defects in babies exposed to them while inside the womb. It is important to allow time for the drug to be cleared from the blood of a donor. It takes longer to clear some drugs than others.

*Reason for change: The text has been further updated to ensure consistency with other DSG references to immunosuppression.
Version details: WB-DSG Edition 203 Release 74 (26 November 2024)*

Pyrexia

Whole Blood and Components

Also known as: fever

Essential information

Definition/s Pyrexia: a temperature of 38.0°C or above.

Scenarios

Not related to travel

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, but not influenza, from which the donor is now recovered or recovering, accept.

See if relevant

- [Infection, acute](#)
- [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

Obligatory

See:

- [Geographical Disease Risk Index](#)
- [Malaria](#)
- [Mosquito-borne viruses](#)
- [West Nile Virus](#)
- [Viral haemorrhagic fever](#)

*Reason for change: Update of 'See if relevant' links due to the renaming of the 'Tropical viruses' entry as 'Mosquito-borne viruses'.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)*

Rabies

Whole Blood and Components

Scenarios

Affected individual

Obligatory

Must not donate if:

Diagnosed with rabies, even if now recovered.

Discretionary

If exposure to a potentially rabid animal has been managed with passive immunisation and/or immunisation, accept if it is at least 12 months post exposure and fully cleared by the treating physician.

Additional information

Once symptomatic, rabies is almost always fatal. There is not enough information on individuals who have recovered to know if they may still present an infection risk and, if so, for how long.

Immunisation - post exposure

Obligatory

Must not donate until:

At least 12 months post exposure and fully cleared by the treating physician.

See if relevant

- [Animal bite, non-human](#)
- [Immunoglobulin therapy](#)

Additional information

It is essential that any rabies virus has been eliminated from the system before a donation is accepted. Waiting at least 12 months post exposure and until the individual is fully cleared by the treating physician should make sure that the virus has been cleared.

Immunisation - non-exposed

Discretionary

If non-exposed, accept.

Reason for change: A link has been added to 'Animal Bite (Non-Human)'.

Version details: WB-DSG Edition 203 Release 55 (21 January 2021)

Radiation therapy

Whole Blood and Components

Essential information

Obligatory

1. **Must not donate if:**
For malignancy other than basal cell carcinoma.
2. **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](#) entry, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Immunodeficiency](#)
- [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: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)*

Radionuclides

Whole Blood and Components

Essential information

Definition/s	Radionuclides are unstable materials that emit radioactivity when they decay. They are used in some special investigations carried out in radiology (X-ray) and medical physics departments. They may be breathed in, taken by mouth or given by injection.
Obligatory	Radioactive iodine therapy: Must not donate if: - For malignancy. - Administered in the preceding 6 months for a non-malignant condition. Other treatment or investigation: Refer to a Designated Clinical Support Officer.

Supporting information

See if relevant	Investigations 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. This is because we do not wish to transfuse radioactive material to recipients, particularly where it may affect a child or an unborn baby.

*Reason for change: A 'Definition' of 'Radionuclides' has been added. The 'Additional Information' has been extended.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Raynaud's syndrome

Whole Blood and Components

Essential information

Obligatory	If part of an autoimmune process: See Autoimmune disease .
Discretionary	If not part of an autoimmune process, even if the donor is taking vasodilators, accept.

*Reason for change: Both the 'Obligatory' and the 'Discretionary' entries have been modified to be consistent with updates to the entries for 'Blood Pressure - High' and 'Autoimmune Disease'.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Respiratory disease

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Out of breath on minimal exertion.
2. Has acute or chronic infection including bronchiectasis.
3. Has cystic fibrosis.

Supporting information

See if relevant

- [Asthma](#)
- [Autoimmune disease](#)
- [Coronavirus infection](#)
- [Infection, general](#)
- [Sarcoidosis](#)
- [Steroid therapy](#)

Additional information

If a potential donor is out of breath on minimal exertion (for instance, climbing a single flight of stairs), taking a unit of blood may reduce the amount of oxygen that can be carried in the blood to a level that makes them unwell.

Bronchiectasis is associated with recurrent acute infections and chronic infection. Although these do not usually cause the sufferer harm, the transmission of these may result in significant problems for severely ill and often immunocompromised recipients.

*Reason for change: To clarify the position for potential donors with Bronchiectasis.
Version details: WB-DSG Edition 203 Release 27 (17 December 2014)*

Rheumatic fever

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. It is less than 24 months from any symptomatic disease.
2. Has caused permanent heart valve damage.

Supporting information

Additional information

The Blood Safety and Quality Regulations 2005 state donation is not allowed until 24 months following the date of cessation of symptoms.

Rheumatic fever can cause damage to the heart and this could make it unsafe to give blood.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: The 'Obligatory' entry has been changed and the 'Additional Information' has been amended.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Sarcoidosis

Whole Blood and Components

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.

Discretionary

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: New guidance to accept after full recovery and off all treatment for at least five years has been added. 'Additional Information' has been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Sex worker

Whole Blood and Components

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 if: Has ever received money or drugs for sex.
Discretionary	If 3 or more months have elapsed since the donor last received money or drugs for sex, accept

Supporting information

See if relevant	Blood safety
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

*Reason for change: This entry was updated to remove the reference to a separate entry for Northern Ireland. This is to reflect changes in donor selection criteria for donors in Northern Ireland (1st June 2020) which are in line with the other UK Blood Services and the SaBTO Donor Selection Criteria Review Report (2017).
Version details: WB-DSG Edition 203 Release 50 (01 June 2020)*

Sexually transmitted disease (STD)

Whole Blood and Components

Supporting information

See if relevant

- [Blood safety](#)

For chlamydia (excluding lymphogranuloma venereum):

- [Infection, acute](#)

For genital warts:

- [Warts](#)

For genital herpes:

- [Herpes simplex](#)

For syphilis:

- [Syphilis](#)

Additional information

Certain sexually transmitted infections, such as gonorrhoea, are more likely to be associated with other sexually transmitted infections and/or blood borne viruses that can be passed on through blood and component donation. A 3-month deferral is required so that there is less risk of other infections being missed by the Blood Services and then being passed on to a recipient of donated material.

Scenarios

Affected individual

Obligatory

Refer to the [entry](#) for the condition.

If there is no specific entry, must not donate if:

Less than 3 months from completing treatment.

Current or former sexual partner of an affected individual

Obligatory

Refer to the [entry](#) for the condition.

If there is no specific entry, or the entry has no guidance on assessing sexual partners, must not donate if:

1. The potential donor is undergoing, or waiting for, investigations.
2. The potential donor required treatment and it is less than 3 months since completing that treatment.
3. The potential donor did not require treatment and it is less than 3 months from the last sexual contact with the infected partner.

Discretionary

1. If the donor's sexual partner has been diagnosed with chlamydia, genital warts or genital herpes and the donor is not undergoing treatment or investigation, accept.
2. If there is no [entry](#) for the condition, or the entry has no guidance on assessing sexual partners, and it is more than 3 months since the donor's sexual partner completed treatment, accept.

Reason for change: This entry was updated to support the implementation of recommendations from the FAIR study; the deferral period after a sexually transmitted disease, or treatment after sexual contact with an infected person, has been reduced to three months.

Shunts, stents and devices

Whole Blood and Components

Essential information

Includes

Shunts:

- For hydrocephalus (e.g. ventriculo-peritoneal, -atrial, -pleural and lumboperitoneal shunts)

Stents:

- Vascular stents including coronary artery stents
- Urinary tract stents including ureteric stents
- Ophthalmic stents including nasolacrimal and Schlemm canal stents

Pacemakers:

- Cardiac pacemakers
- Gastric pacemakers

Implanted neuromodulator and nerve stimulator devices, used for:

- Neuropathic pain (includes spinal cord and peripheral nerve stimulators)
- Bladder dysfunction (includes sacral nerve stimulators)
- Gastroparesis (sometimes referred to as gastric pacemakers)

Glucose monitoring devices:

- Real time continuous glucose monitors (rtCGM)
- Intermittently scanned glucose monitors (isCGM) – flash glucose monitors

Obligatory

Must not donate.

Discretionary

1. If the indication for an implanted neuromodulator device does not preclude donation and the site of implantation is fully healed, accept.
2. If an ophthalmic stent has been successfully inserted with good effect, the area has fully healed and there is no infection, accept.
3. If the reason for using a glucose monitoring device does not preclude donation and there is no inflammation or infection at, or around, the site of the skin sensor, accept.

Supporting information

See if relevant

- [Anaemia](#)
- [Cardiovascular disease](#)
- [Diabetes mellitus](#)
- [Eye disease](#)
- [Gastrointestinal disease](#)
- [Kidney and bladder stones](#)
- [Neurosurgery](#)
- [Spina bifida](#)
- [Surgery](#)

Additional information

Some shunts and stents can be a source of bacterial infection due to their location in the body and infection can be present without symptoms.

Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Implanted neuromodulator devices and some stents are not a covert infection risk once the implantation site is fully healed and there are no signs of infection or inflammation.

Care should be taken to ensure that the underlying condition that requires the use of a neuromodulator device does not preclude donation, and that the donor is well at the time of donation.

Care should be taken to ensure that the reason that a glucose monitoring device is being used does not preclude donation or make it inadvisable at that time. These devices are not a covert infection risk as any local infection or inflammation should be apparent. The [Diabetes mellitus](#) entry should always be referred to for diabetic donors using these devices.

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Sickle cell trait

Whole Blood and Components

Essential information

Obligatory	Whole blood donors: Not suitable for intrauterine or neonatal use.
Discretionary	For adult use only, accept.

Supporting information

Additional information	The red blood cells from people with sickle cell trait can be safely transfused into most adults. They are however not thought to be suitable for intrauterine or neonatal use as there is a higher risk of the cells sickling and causing harm to the baby. For some individuals with sickle cell trait, it will not be possible to process their blood. For this reason, they may be asked not to donate.
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Reason for change: To allow component donors with sickle-cell trait to donate.
Version details: WB-DSG Edition 203 Release 16 (05 February 2013)

Skin disease

Whole Blood and Components

Essential information

Includes

Fish pedicure

Obligatory

See: is there a specific [entry](#) for the treatment and/or condition you are concerned about

Must not donate if:

1. The donor has a condition that is infected or infectious (e.g. scabies).
2. History of malignancy.
3. The venepuncture site is affected.
4. Required application of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) creams over large areas for periods of more than 3 weeks in the last 6 months.
5. Ever been treated with etretinate (Tigason®).
6. Less than 36 months from the last dose of acitretin (Neotigason®).
7. Less than 4 weeks from the last does of isotretinoin (Roaccutane®) or Alitretinoin (Toctino®).
8. Has any current open skin wounds or infection.

Discretionary

1. If occasional use of steroid, tacrolimus (Protopic®) or pimecrolimus (Elidel®) or other creams over small areas of skin and none of the above apply, accept.
2. If chronic superficial fungal infection (e.g. ringworm, athlete's foot, chronic fungal nail infection or tinea) on local therapy only or has been in contact with an infected individual, accept.
3. If in contact with scabies but not obviously infected, accept.
4. If malignancy was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds healed, accept.
5. If an epidermoid (sebaceous) cyst is uninfected, accept.
6. If no further investigation or treatment is required for a skin-associated dermoid cyst, accept.
7. **For donors with Lichen Sclerosus requiring treatment other than topical steroid therapy only, excluding Etretinate (Tigason®):**
If more than 24 months from completing treatment, have no areas of open wound or infection, have no history of associated malignancy and symptoms are controlled with or without intermittent use of topical steroid therapy only, accept.

Supporting information

See if relevant

- [Acne](#)
- [Anaemia](#)
- [Autoimmune disease](#)
- [Dermatitis](#)
- [Herpes simplex](#)
- [Immunodeficiency](#)
- [Infection, general](#)
- [Malignancy](#)

- [Neurosurgery](#)
- [Psoriasis](#)
- [Steroid therapy](#)
- [Surgery](#)
- [Thrush](#)
- [Thyroid disease](#)
- [Wounds, mouth and skin ulcers](#)

Additional information

A donor who has been in contact with scabies but has no symptoms (e.g. itching) does not pose a risk to other donors or staff.

Damaged skin can increase the risk of infection contaminating a donation. For this reason, a venepuncture should not be performed through an area of affected skin.

Many malignancies spread through the blood stream. It is therefore considered safer not to accept donations of blood from people who have been diagnosed with malignancy. Treated basal cell carcinoma is an exception to this as it is not spread through the blood stream.

Dermoid cysts of the skin are benign growths which usually appear at birth. They are generally harmless but may be surgically removed if their location or size is problematic for an affected individual. Dermoid cysts occurring in other parts of the body (e.g. intracranial, spinal, ovarian) should be assessed against the [Surgery](#) and [Neurosurgery](#) entries, as appropriate.

Initial treatment of lichen sclerosus is through specialist care with potent steroid therapies.

Treatment can also be with methotrexate and retinoids such as etretinate (Tigason®) or acitretin (Neotigason®). If taken systemically, these can cause birth defects for babies exposed to them before birth. It is important to allow time for the drug to be cleared from the blood of a donor. Some drugs take longer to be cleared than others.

Under normal circumstances, the use of topical treatment with steroid, tacrolimus and pimecrolimus will not result in blood levels which cause suppression of the adrenal system or immune response. Side effects are more likely if there is a skin barrier defect or high doses are used over large areas for extended periods. A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

*Reason for change: A discretionary acceptance has been added for Epidermoid Cysts and for skin-associated Dermoid Cysts.
Version details: WB-DSG Edition 203 Release 78 (28 August 2025)*

Sleep apnoea

Whole Blood and Components

Essential information

Obligatory	Must not donate.
Discretionary	If: • The donor's symptoms are well controlled with lifestyle change and/or treatment, and • The donor reports no daytime sleepiness (and there is no restriction on activities such as driving), and • No underlying cause for sleep apnoea has been identified which would preclude donation, accept.

Supporting information

See if relevant	• Central nervous system disease • Cerebrovascular disease and intracranial haemorrhage • Surgery • Weight
Additional information	Sleep apnoea can lead to daytime sleepiness, difficulty in concentration and an increased risk of accidents. Not everyone with sleep apnoea will require treatment. Corrective measures that can improve symptoms include: • weight loss • the use of gum shield • smoking and alcohol reduction/cessation • sleep hygiene Surgery may be required for some individuals (e.g. tonsillectomy, uvuloplasty, mandibular surgery, nasal septum surgery). Some individuals may use continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) ventilation devices while sleeping. These use a close-fitting mask to deliver pressurised air to the lungs through the respiratory cycle as treatment for sleep apnoea.

Reason for change: Link updated from 'Central Nervous System Disease' to 'Cerebrovascular Disease and Intracranial Haemorrhage' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Smallpox immunisation

Whole Blood and Components

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 other donors, staff or to people receiving donated material.

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 from a person who has been intentionally immunised.

Smoking

Whole Blood and Components

Essential information

Discretionary Accept.

Supporting information

See if relevant • [Smoking cessation](#)

Additional information Smokers may donate. However, all donation sessions have a no-smoking policy to comply with the law.

Reason for change: This is a new entry.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Smoking cessation

Whole Blood and Components

Also known as: anti-smoking treatments

Essential information

Includes	Bupropion (Amfebutamone®, Zyban®), nicotine replacement therapy (Nicorette®, Nicotinell®, NiQuitin®) and varenicline (Champix®).
Obligatory	Must not donate if: Experiencing symptoms related to treatment.
Discretionary	Donors using nicotine replacement therapy (patches, sprays etc), bupropion (Amfebutamone®, Zyban®) or varenicline (Champix®), if well, accept.

Supporting information

See if relevant	Acupuncture
Additional information	Anti-smoking treatments can cause dizziness and nausea. Taking a donation from people who are affected may make these symptoms worse.

Reason for change: Update of 'See if relevant' links due to the renaming of the 'Complementary therapy' entry as 'Complementary and alternative medicine'.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

South American trypanosomiasis

Whole Blood and Components

Also known as: Chagas disease

Essential information

Includes	Donors who will donate whole blood, platelets and other cellular components.
Excludes	Donors who will only donate plasma for fractionation. For these donors, see South American trypanosomiasis - plasmapheresis donors .

Scenarios

Affected individual

Obligatory	Must not donate.
Discretionary	South American trypanosomiasis is caused by infection with a protozoal parasite, <i>Trypanosoma cruzi</i> . It is a persistent infection that is known to be transmitted by transfusion. At present, there is no certain cure for the infection so anyone who has ever been infected cannot donate.

Risk

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 4 weeks or more.
Discretionary	If at least 4 months following the date of last exposure (or if transfused prior to 1980) and a validated test for <i>T. cruzi</i> antibody is negative, accept.
See if relevant	• Geographical Disease Risk Index for countries with a current <i>T. cruzi</i> risk • Transfusion
Additional information	Infection with <i>T. cruzi</i> 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 a high enough risk to merit exclusion.

Reason for change: Entry updated to exclude donors who will only donate plasma for fractionation.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

South American trypanosomiasis - plasmapheresis donors

Whole Blood and Components

Also known as: Chagas disease

Essential information

Includes	Donors who will only donate plasma for fractionation.
Excludes	Donors who will donate whole blood, platelets and other cellular components. For these donors, see South American trypanosomiasis .

Scenarios

Affected individual

Obligatory	Must not donate.
Additional information	South American trypanosomiasis is caused by infection with a protozoal parasite, <i>Trypanosoma cruzi</i> . It is a persistent infection that is known to be transmitted by transfusion. At present there is no certain cure for the infection, so anyone who has ever been infected cannot donate.

Risk

Discretionary	Accept.
See if relevant	Geographical Disease Risk Index for countries with a current <i>T. cruzi</i> risk
Additional information	The processes used to fractionate plasma include several measures that inactivate or remove <i>T. cruzi</i> parasites. This means that the <i>T. cruzi</i> risks described in the Geographical Disease Risk Index do not need to be applied for donors who will only donate plasma for fractionation. <i>T. cruzi</i> antibody testing is not required for these donors.

Reason for change: This is a new entry.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Spina bifida

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Has an indwelling shunt.
2. The donor has an indwelling urinary catheter, or it is less than 7 days since catheterisation.
3. Has a pressure sore.

Supporting information

See if relevant

- [Anti-androgens](#)
- [Infection, general](#)
- [Malignancy](#)
- [Shunts, stents and devices](#)
- [Surgery](#)
- [Urinary catheterisation](#)

Additional information

All of the conditions under **Obligatory** above put the potential donor at increased risk of bacteria being present in the blood stream. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection.

Reason for change: The deferral for donors who use a urinary catheter has been reworded and the See if Relevant section has been revised.

Version details: WB-DSG Edition 203 Release 61 (22 February 2022)

Splenectomy

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. For malignancy.
2. For a myeloproliferative disorder.
3. For haemolytic anaemia.

Discretionary

1. If for trauma, when recovered, even if taking prophylactic antibiotics, accept.
2. If for immune thrombocytopenia, if at least 5 years from recovery, even if taking prophylactic antibiotics, accept.

Supporting information

See if relevant

- [Haematological disease](#)
- [Immune thrombocytopenia](#)
- [Malignancy](#)
- [Surgery](#)
- [Transfusion](#)

Additional information

If haemolysis is severe enough to require splenectomy, it is likely to significantly reduce affect red cell survival in storage. This may be dangerous for any recipient.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: The permanent deferral of individuals who have had a splenectomy for immune thrombocytopenia has been removed. Relevant links and 'Additional Information' have been added.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Steroid therapy

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Taking steroid tablets, injections, or enemas, or applying creams over large areas for periods of more than 3 weeks in the last 6 months.
2. Less than 7 days after completing a course of oral or injected steroids for asthma, other disorders associated with allergy or a musculoskeletal condition.
3. A donor has needed long-term (6 months or more) treatment within the last 12 months.

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.
3. If using steroid eye drops, nasal spray or ear drops for control of allergic symptoms, accept.
4. If more than 7 days from completing a course of intramuscular, periarticular or intra-articular injected steroids for a musculoskeletal condition, accept unless the musculoskeletal condition itself would lead to deferral.

Supporting information

See if relevant

- [Adrenal failure](#)
- [Allergy](#)
- [Asthma](#)
- [Autoimmune disease](#)
- [Skin disease](#)

Additional information

A large area of skin is defined as >9% (Wallace Rule of Nines). 1% is equal to the area of the closed digits and palm of the donor's hand.

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

Some individuals have to take replacement steroid hormones because they do not produce enough themselves. The dose of these must be increased during times of stress. It is considered that taking blood from people who need replacement therapy may put them at unnecessary risk.

Long-term steroid therapy may cause temporary adrenal dysfunction. Waiting 12 months from the last dose allows time for the adrenal glands to recover.

Reason for change: The text has been updated to ensure consistency with other DSG references to immunosuppression. The see if relevant section has been revised.

Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Stoma

Whole Blood and Components

Essential information

Obligatory	Must not donate if: 1. For malignancy. 2. Inflammatory bowel disease.
Discretionary	If the reason for the stoma is not of itself a reason to exclude and the stoma is healthy, accept.

Supporting information

See if relevant	• Disabled donor • Endoscopy • Inflammatory bowel disease • Malignancy • Surgery
Additional information	A stoma is usually performed either for malignancy or inflammatory bowel disease. It may be temporary or permanent. If it is clear that a stoma has been performed for a different reason that itself would not lead to deferral (e.g. following an accident or non-malignant obstruction), it is possible that the donor may be accepted. If there is any doubt, refer to a Designated Clinical Support Officer.
Regulatory information	This entry is a requirement of the Blood Safety and Quality Regulations 2005 .

Reason for change: Additional links and 'Additional Information' have been added
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Superficial thrombophlebitis

Whole Blood and Components

Also known as: *superficial vein thrombosis, phlebitis*

Essential information

Definition/s

Superficial thrombophlebitis: inflammation of a superficial vein due to a blood clot.

For the purposes of donor selection, superficial thrombophlebitis is not considered to be a significant clotting episode unless the clot has extended to a deep vein.

Obligatory

Must not donate if:

1. It is less than 7 days since recovery and cessation of treatment, or
2. It is less than 14 days since recovery from an associated infection, or
3. The donor is under investigation for recurrent superficial thrombophlebitis, or
4. The donor has a history of recurrent superficial thrombophlebitis associated with thrombophilia, or
5. An underlying cause has been identified which would preclude donation, or
6. It is associated with poor skin integrity of the lower limbs, arising as a complication of varicose veins and/or chronic venous insufficiency.

Discretionary

1. If associated with deep vein thrombosis (DVT), see [Thrombosis and thrombophilia](#).
2. Otherwise, if:
 - a. It is at least 7 days since recovery and treatment (including NSAIDs or anticoagulants), and
 - b. It is at least 14 days since recovery from an associated infection, and
 - c. The donor is not under investigation, and
 - d. Any underlying cause does not preclude donation, and
 - e. The donor does not have chronic skin damage which could pose an infection risk,accept.

Supporting information

See if relevant

- [Thrombosis and thrombophilia](#)
- [Varicose veins and chronic venous insufficiency](#)

Additional information

Superficial thrombophlebitis is a common condition usually, but not exclusively, affecting the lower limbs. It is caused by clot formation in a superficial vein which in turn gives rise to inflammation with associated pain, tenderness, redness and hardness of the vein. Usually the condition is mild and self-limiting, settling over a few weeks. Treatment is typically pain relief and NSAIDs. Antibiotics should only be prescribed if there is associated infection.

Superficial thrombophlebitis can sometimes occur in association with deep vein thrombosis (DVT). Some patients with thrombophlebitis may be treated with anticoagulants to reduce any risk of the clot extending to a deep vein.

Risk factors for superficial thrombophlebitis include:

- varicose veins
- a previous history of thrombophlebitis
- IV cannulation
- female sex
- the oral contraceptive pill or hormone replacement therapy
- thrombophilia
- increasing age
- some autoimmune diseases
- cancer

Provided a serious underlying cause is not suspected or has been excluded, a history of thrombophlebitis on its own is not a reason for deferral. However donors with a history of thrombophilia associated with repeated episodes of thrombophlebitis should be deferred.

Individuals with complications of varicose veins affecting the lower limb are at risk of recurrent superficial thrombophlebitis. It is important that donors with recurrent episodes are asked about any skin damage, such as inflamed venous eczema or skin ulceration, before being accepted. This is to reduce the risk of bacterial contamination of donated blood arising from a breach of the normal skin defences.

Reason for change: This is a new entry. It replaces the previous 'Phlebitis' entry.
Version details: WB-DSG Edition 203 Release 68 (09 May 2023)

Surgery

Whole Blood and Components

Essential information

Definition/s

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

Major surgery:

For the purposes of donor selection, any surgical procedure where recovery is not achieved within 2 months.

Includes

Living kidney donors

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 recovered
5. Less than 4 months from major surgery
6. Less than 7 days from other surgery
7. Less than 4 months from any flexible endoscopic procedure
8. Requiring post-operative treatment or follow-up, except routine physiotherapy
9. Received a transfusion since 1 January 1980
10. Waiting for surgery that is:
 - a. Expected to occur within 3 months, or
 - b. Required due to possible malignancy
11. Less than 3 months from a surgical procedure performed outside of the UK and Republic of Ireland (ROI)
12. Less than 7 days after completing postoperative prophylactic anticoagulant treatment

Discretionary

1. If all other criteria are met and the donor has received a metal-on-metal hip replacement even if being monitored for blood chromium or cobalt levels, accept.
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 the donor has recovered from surgery within the UK and ROI, and:
 - a. It is more than 4 months since major surgery, or

- b. It is more than 7 days since any other form of surgery, and
 - c. It is more than 4 months since a flexible endoscopic procedure, and
 - d. There was no malignancy and the reason for surgery does not otherwise preclude donation, and
 - e. The donor did not receive a transfusion since 1 January 1980, and
 - f. All wounds are healed, and
 - g. There are no signs or symptoms of infection, and
 - h. The donor has been discharged from postoperative follow-up, and
 - i. The donor does not require ongoing postoperative treatment except routine physiotherapy, and
 - j. It is more than 7 days from finishing any anticoagulant treatment given to prevent postoperative thrombosis (e.g. DVT), accept.
4. If it is more than 3 months since a surgical procedure performed outside of the UK and ROI, and all other criteria for surgery performed within the UK and ROI are met (see **3** above), accept.
5. For a living kidney donor, if all surgery-related criteria are met, and they:
- a. Have normal renal function, and
 - b. Do not have associated proteinuria or albuminuria, and
 - c. Do not have associated hypertension, and
 - d. Are under annual or less frequent follow-up, accept.

Supporting information

See if relevant

- [Anaesthetic](#)
- [Anticoagulant therapy](#)
- [Cervical dysplasia](#)
- [Disabled donor](#)
- [Dental treatment](#)
- [Endoscopy](#)
- [Eye disease](#)
- [Impaired renal function](#)
- [Malignancy](#)
- [Neurosurgery](#)
- [Tissue and organ recipients](#)
- [Transfusion](#)
- [Wounds, mouth and skin ulcers](#)
- [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.

This guidance presumes that a validated NAT test for hepatitis C is negative; if this test is stopped, the guidance will change.

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 Blood Services can pick up any infection that they test for that may have been transmitted to the donor through their surgery. As there may be uncertainty about these risks for surgery performed outside of the UK and ROI, a deferral period of 3 months is required.

Minimally invasive surgery includes superficial skin procedures and procedures performed under infiltration with local anaesthetic agents and/or sedation.

This does not include procedures performed under regional anaesthesia (e.g. spinal, epidural) which may be used where joints and major body cavities may be accessed. The use of general anaesthesia may not indicate the invasiveness of a procedure and should not be used as a substitute to assessment of the donor regarding the procedure and their recovery. Donors can be accepted for donation once it is more than 7 days since a surgical procedure as long as they also fulfil all other criteria. Donors who have had minimally invasive surgical procedures are unlikely to have systemic effects from the surgery requiring recovery time. However, care should be taken to ensure that all wounds are dry and healing. An open wound is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Donors being monitored for chromium or cobalt levels following a metal-on-metal hip replacement can be accepted for donation.

Completion of postoperative monitoring, treatment and follow-up should be confirmed for every donor returning to donate. Thromboprophylaxis may be continued, usually for a few weeks only, after discharge from hospital. Donors who are recovered and are attending only physiotherapy appointments for ongoing rehabilitation can be accepted.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: Guidance for living kidney donors has been added.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Syphilis

Whole Blood and Components

Supporting information

See if relevant

- [Blood safety](#)

Scenarios

Affected individual

Obligatory

Must not donate.

Additional information

Many donors with treated syphilis will persistently test positive to the screening tests used by the Blood Services, even if treated many years ago. This will mean they will not be able to donate.

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 the infected partner has completed treatment, accept.

Reason for change: This entry was updated to support the implementation of the recommendations from the FAIR study; the deferral period after sexual contact with an infected person, has been reduced to three months.

Version details: WB-DSG Edition 203 Release 57 (26 May 2021)

Tendonitis

Whole Blood and Components

Essential information

Discretionary If the donor is only taking nonsteroidal anti-inflammatory drugs (NSAIDs), accept.

Supporting information

See if relevant

- [Disabled donor](#)
- [Drugs and platelet donation](#) (drug index)
- [Infection, general](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Steroid therapy](#)
- [Surgery](#)

Additional information

This entry includes inflammatory conditions affecting tendons, their sheaths and bursas. Treatment may be with rest, NSAIDs (these affect platelet function), steroid injections or tablets, and surgery.

Reason for change: A 'Discretionary' entry has been added. This entry has been expanded to include additional relevant links and additional information.

Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Testosterone replacement therapy (TRT)

Whole Blood and Components

Essential information

Includes	Men taking hormone medication to treat testosterone deficiency.
Excludes	Women taking testosterone for menopausal symptoms. See Hormone replacement therapy . Masculinising hormones taken to support gender transition. See Transgender and non-binary individuals .
Obligatory	See: is there an entry for the underlying condition for which the hormones are being given? Must not donate if: 1. The medication is not prescribed and monitored by a UK registered practitioner. 2. The donor has known polycythaemia, or a raised haematocrit and/or haemoglobin. 3. The medication is used for malignancy or other condition which precludes donation. 4. The donor is a recipient of human gonadotrophin of pituitary origin.
Discretionary	If: 1. Treatment is prescribed and monitored by a UK registered practitioner, and 2. The donor is otherwise eligible with regards to the underlying cause of testosterone deficiency, and 3. The donor has a normal haemoglobin and/or haematocrit, and 4. If treated with gonadotrophins, these are exclusively non-pituitary derived, and 5. If the donor meets haemoglobin estimation criteria, accept.

Supporting information

See if relevant	• Addiction and drug abuse • Adrenal failure • Anti-androgens • Blood safety • Erectile dysfunction • Haemochromatosis • Hormone replacement therapy • Malignancy • Polycythaemia and raised haemoglobin • Prion-associated diseases • Steroid therapy • Thyroid disease • Transgender and non-binary individuals
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Additional information

Testosterone deficiency (TD) affects around 2.1% of men aged between 40 and 79 years of age. TD can result from an issue with testicular function, or with parts of the brain that signal testosterone production. Causes of TD include, but are not restricted to, aging, obesity, injury, medications, diabetes, cardiovascular disease, some genetic conditions, haemochromatosis, cancer treatment and anabolic steroid misuse.

Treatment is recommended for men who have symptoms associated with low testosterone levels, e.g. fatigue, low mood or erectile dysfunction. Treatment includes taking testosterone, which may be combined with other hormone medications, e.g. gonadotrophins (HCG) and anastrozole. The use of human gonadotrophin of pituitary origin stopped in the UK by 1986.

Individuals taking testosterone must have ongoing follow-up with a UK registered health practitioner (haematocrit monitoring is required because testosterone therapy can cause polycythaemia). Blood donation should not be used to prevent medication-associated polycythaemia or raised haematocrit. Treatment for polycythaemia or raised haematocrit includes changing testosterone preparation or dose. It is important that donors with known polycythaemia, a raised haematocrit or haemoglobin (including at health screening), or whose motivation to give blood is to prevent or treat polycythaemia are deferred and advised to seek advice from their health provider.

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 79 (17 February 2026)

Tetanus

Whole Blood and Components

Scenarios

Affected individual

Obligatory

1. If treated with immunoglobulin:

See [Immunoglobulin therapy](#).

2. Must not donate if:

Not fully recovered.

Discretionary

If fully recovered and is acceptable according to [immunoglobulin therapy](#) advice, accept.

See if relevant

- [Wounds, mouth and skin ulcers](#)

Additional information

Tetanus is a severe illness and usually requires treatment with high dose immunoglobulin. This may exclude the individual from donation.

Immunisation

Obligatory

Must not donate if:

Less than 4 weeks from exposure to a tetanus risk injury or receipt of passive immunisation with tetanus immunoglobulin.

Discretionary

1. If not exposed (i.e. prophylactic tetanus toxoid immunisation only or a tetanus toxoid booster), accept.
2. If treated with single dose anti-tetanus immunoglobulin (intramuscular) and more than 4 weeks from exposure, accept.

See if relevant

- [Immunoglobulin therapy](#)
- [Wounds, mouth and skin ulcers](#)

Additional information

Active or passive immunisation may mask infection. It is important to wait 4 weeks to ensure that the potential donor is not infected.

Reason for change: Additional link has been added.

Version details: WB-DSG Edition 203 Release 03 (01 November 2010)

Threadworms

Whole Blood and Components

Essential information

Discretionary Even if on treatment, accept.

Supporting information

Additional information Threadworms are a common problem in children but can also infect adults. The infection is usually harmless and should not affect fitness to donate.

Reason for change: 'Additional Information' has been added
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Thrombosis and thrombophilia

Whole Blood and Components

Essential information

Definition/s

Thrombophilia is a condition in which there is an increased tendency for blood clots to form. It is often inherited and may be discovered through family studies. Not all individuals with a thrombophilic condition will suffer from blood clots.

Antithrombotic therapy refers to drugs used to prevent and treat thrombosis. This includes:

- anticoagulant drugs such as heparin, warfarin, direct oral anticoagulants (DOACs) (e.g. apixaban)
- antiplatelet drugs such as aspirin, clopidogrel, dipyridamole

Obligatory

For acquired thrombophilia, see: is there a specific [entry](#) for the underlying cause?

Must not donate if:

1. Due to atherosclerosis (e.g. coronary thrombosis)
2. Two or more episodes of thrombosis requiring treatment
3. Less than 7 days after completing anticoagulant therapy
4. Has thrombophilia and has had 1 or more episodes of thrombosis
5. Has thrombophilia associated with a history of recurrent superficial thrombophlebitis
6. Has thrombophilia and requires prophylactic antithrombotic treatment for flights, for pregnancy, or for surgery or other procedures, due to their thrombophilia
7. History of vaccine-induced thrombotic thrombocytopenia (VITT), thrombotic thrombocytopenic purpura (TTP) or heparin induced thrombocytopenia (HIT)

Discretionary

1. If a first episode of thrombosis, such as deep vein thrombosis (DVT), retinal vein thrombosis or pulmonary embolism (PE):
 - a. If no underlying cause that excludes the donor has been identified, and
 - b. The donor is not known to have thrombophilia, and
 - c. The donor is well and anticoagulant therapy (if used) has been stopped for at least 7 days, accept.
2. If the potential donor has thrombophilia and,
 - a. The donor is not on (prescribed or non-prescribed) antithrombotic therapy, and
 - b. The donor has never had an episode of thrombosis, and
 - c. The donor has not been treated with antithrombotic therapy for recurrent pregnancy loss, and
 - d. The donor has never been treated with plasma-derived clotting factor concentrates, and
 - e. The donor has never required, or been advised they require, prophylactic antithrombotic treatment for flights, pregnancy, or surgery or other procedures because of their thrombophilia, and
 - f. If relevant, the underlying cause of an acquired thrombophilia (see **Additional**

information below) does not exclude the donor, accept.

3. If the potential donor has a history of axillary vein thrombosis, refer to a Designated Clinical Support Officer.
4. If the donor has a history of superficial thrombophlebitis (superficial vein thrombosis) see [Superficial thrombophlebitis](#).

Supporting information

See if relevant

- [Anticoagulant therapy](#)
- [Autoimmune disease](#)
- [Cardiovascular disease](#)
- [Drugs and platelet donation](#) (drug index)
- [Malignancy](#)
- [Nonsteroidal anti-inflammatory drugs](#)
- [Superficial thrombophlebitis](#)

Additional information

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 anti-cardiolipin antibodies on laboratory testing.

Retinal vein thrombosis (also known as retinal vein occlusion) is a form of retinal vascular disease and can affect central or branch retinal veins. The condition is uncommon under the age of 60 but becomes more frequent in later life. The condition may be associated with risk factors including hypertension, hyperlipidaemia, diabetes mellitus, atherosclerosis and smoking.

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, also known as superficial vein thrombosis, is a common condition, usually (but not exclusively) affecting the lower limbs. It is characterised by inflammation in a superficial vein associated with clot formation. 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. Recurrent superficial thrombophlebitis is sometimes associated with a diagnosis of thrombophilia.

Donors with a thrombophilia may be advised that they require prophylactic antithrombotic treatment at times when they could be at increased risk of developing a thrombosis, such as during long-haul flights, pregnancy, or when undergoing or recovering from a surgical or other procedure. The risks of thrombosis are cumulative; blood donation and local adverse effects (e.g. haematoma) could pose additional risks in an individual already at increased risk, and therefore it is advised that these donors should not donate.

Regulatory information Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Reason for change: Addition of definition of antithrombotic therapy. Clarification regarding eligibility in relation to prescribed or non-prescribed antithrombotic therapy. Addition of guidance for donors with thrombophilia requiring prophylactic antithrombotic treatment.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Thrush

Whole Blood and Components

Also known as: candida, candidiasis, moniliasis, yeast

Scenarios

Oral thrush

Obligatory

Must not donate if:

1. Unexplained.
2. Related to immunosuppression.
3. Less than 7 days after completion of any treatment.

See if relevant

- [Antibiotic therapy](#)
- [Asthma](#)
- [Immunodeficiency](#)

Additional information

Oral thrush is uncommon, unless there is an underlying illness, or there has been recent treatment with antibiotics. It may also be a problem in people using steroid inhalers or antiseptic mouthwashes.

If the infection returns quickly after stopping treatment, this is very suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any treatment to have been stopped for at least 7 days.

Genitoanal thrush

Obligatory

Must not donate if:

1. Related to immunosuppression.
2. Less than 7 days after receiving systemic (oral) therapy.

Discretionary

If not related to immunodeficiency, even if using local therapy, accept.

See if relevant

- [Antibiotic therapy](#)
- [Immunodeficiency](#)

Additional information

Vaginal thrush is common and is not usually a sign of a more serious problem. Penile thrush is less common and is usually a problem in uncircumcised men. Both types of thrush can affect the whole of the perineal area including the anus. The yeast that causes thrush is usually present on everybody's skin so it should not normally be considered as a sexually transmitted infection.

If the infection requires systemic (oral) treatment, and returns quickly after stopping this treatment, it is suggestive of underlying immunosuppression. The individual should not be accepted unless they have been properly investigated and an underlying immunodeficiency has been excluded. This is why we require any systemic treatment to have been stopped for at least 7 days.

Reason for change: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)

Thyroid disease

Whole Blood and Components

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.
5. Less than 8 weeks since commencing thyroid replacement therapy (thyroxine).

Discretionary

If on stable maintenance thyroid replacement therapy (thyroxine), and there have been no dose changes in the last 4 weeks, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Malignancy](#)
- [Surgery](#)

Additional information

An overactive or underactive thyroid increases the risk of heart disease.

Treatments used to treat an overactive thyroid are potentially harmful to the unborn child of a transfused mother.

Reason for change: The acceptance criteria for donors on long term thyroxine has been reviewed.

Version details: WB-DSG Edition 203 Release 39 (26 September 2017)

Tissue and organ recipients

Whole Blood and Components

Essential information

Excludes	Recipients of donated human eggs, sperm and embryos.
Obligatory	See: Surgery Must not donate if: At any time has: - Needed immunosuppression. - Had dura mater transplanted. - Had a stored autologous tissue, matrix implant or organ transplanted. - Had ocular tissue transplanted. - Had a xenotransplant performed. Since 1 January 1980: Has had an allogeneic human tissue or organ transplant.
Discretionary	- If before 1 January 1980, an allogeneic tissue or organ transplant (other than those listed above) was performed and there is no other reason to exclude the donor, accept. - If at any time a non-stored autologous tissue or organ has been transplanted, accept. - If has received an acellular non-human matrix graft, accept.

Supporting information

See if relevant	• Dental treatment • Eye disease • Fertility • Immunodeficiency • Prion-associated diseases • Transfusion • Xenotransplantation
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Additional information	The transfer of tissues or organs between individuals and species has lead to the spread of infection. The above guidelines are intended to minimise these risks. There is now a concern that this could also happen with variant Creutzfeldt-Jakob disease (vCJD). This is because in the autumn of 2003, a UK recipient of blood, taken from a healthy donor who later developed vCJD, died from vCJD. Since then, there have been several cases of infection with the vCJD prion in recipients of blood from donors who have later developed vCJD. In view of this, people who have received a tissue or organ transplant since 1980 will be excluded from donation in the same way as recipients of transfusion are. This date is before bovine spongiform encephalopathy (BSE), which is believed to have caused vCJD, was prevalent. Following an update to the SaBTO microbiological safety guidelines, recipients of donated human eggs, sperm or embryos can be accepted to donate. Care should be taken to ensure they also meet the other criteria included in the Fertility entry.
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Stored autologous tissue has been replaced in the wrong individual. Because of the associated infection risk, these donors are not allowed to donate. It is important to check that any tissue transplanted has not be stored (e.g. chondrocytes).

This entry reflects guidance from the former Committee on the Microbiological Safety of Blood Tissues and Organs of the Department of Health.

*Reason for change: Link updated from 'Immunosuppression' to 'Immunodeficiency' in the 'See if Relevant' section.
Version details: WB-DSG Edition 203 Release 73 (07 October 2024)*

Topical medication

Whole Blood and Components

Also known as: skin creams

Essential information

Obligatory	Must not donate if: 1. The site of venepuncture is affected. 2. There is broken or infected skin.
Discretionary	If the condition being treated does not exclude, accept.

Supporting information

See if relevant	• Acne • Alopecia • Dermatitis • Infection, general • Psoriasis • Steroid therapy
Additional information	Any area of broken skin can be a means for bacterial entering the blood. This risk is higher if the venesection site is affected. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

Reason for change: Appropriate links and 'Additional Information' have been added
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Toxoplasmosis

Whole Blood and Components

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.

Regulatory information

This entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

*Reason for change: Entry has been simplified following a risk assessment.
Version details: WB-DSG Edition 203 Release 12 (29 June 2012)*

Transfusion

Whole Blood and Components

Essential information

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.
 - b. Received treatment with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.
2. **Must not donate if:**
Since 1 January 1980:
 - a. Anywhere in the world, the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, cryodepleted plasma, convalescent plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.
 - b. Has had a plasma exchange performed.

Discretionary

1. **If:**
 - a. On medical inquiry, it is unlikely that the donor has been transfused, accept.
 - b. Treatment with human immunoglobulin has been limited to specific immunoglobulin given as prophylaxis (e.g. anti-D, anti-tetanus or hepatitis immunoglobulin etc), accept.
2. **Autologous transfusion in:**
 - a. United Kingdom
 - b. North America
 - c. Australasia
 - d. Western Europe (at any time)
 - e. EU member states (from February 2005)

If **only** the donor's own blood has been used, accept.
3. **Donor transfused before 1 January 1980:**
 - a. If before 1 January 1980, the donor received, or thinks they may have received, a transfusion in a country endemic for malaria or South American trypanosomiasis, check the [Geographical Disease Risk Index](#). If transfused in an at-risk country, and a validated malarial antibody test and/or (as appropriate) a validated test for *T. cruzi* antibody is negative, accept.
 - b. If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept.

Supporting information

See if relevant

- [Bleeding disorder](#)
- [Geographical Disease Risk Index](#)
- [Immunodeficiency](#)
- [Immunoglobulin therapy](#)
- [Malaria](#)
- [Prion-associated diseases](#)
- [South American trypanosomiasis](#)

Additional information

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

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) 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 have been several 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 are now excluded from donation. This date is before bovine spongiform encephalopathy (BSE), which is believed to have caused vCJD, was prevalent.

Plasma exchange results in a patient being 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.

Donors transfused before 1996 (Infected Blood Inquiry):

The Infected Blood Inquiry (2024) recommended that anyone who received a transfusion before 1996 should be offered hepatitis C testing, unless they have already been tested.

Advise the donor to discuss/seek testing for hepatitis C with their GP or another clinical service if:

- They were transfused before 1996, and
- They are currently deferred from donating blood, and
- They have not been tested for hepatitis C by a healthcare provider since, and
- They have not donated blood since the start of 1996.

Donors who are accepted to donate do not need to see their GP as their blood will be tested as part of routine blood donation screening.

This entry reflects guidance from the Advisory Committee on the Safety of Blood,

Tissues and Organs (SaBTO) and its predecessor, the Committee on the
Microbiological Safety of Blood Tissues and Organs of the Department of Health.

*Reason for change: Addition of guidance for the management of previously-deferred donors, following the recommendation of the
Infected Blood Inquiry (2024) regarding hepatitis C testing.*
Version details: WB-DSG Edition 203 Release 75 (17 February 2025)

Transgender and non-binary individuals

Whole Blood and Components

Essential information

Definition/s	Transgender and non-binary individuals: Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including (but not limited to) transgender, non-binary or gender queer. Gender-affirming hormone therapy may be used as part of transition by transgender and non-binary individuals.
Discretionary	1. If the donor is taking masculinising hormone therapy (e.g. testosterone) to support their transition, the donor is well and the donor has been on treatment for more than 12 months, accept. 2. If the donor is taking feminising hormone therapy, and the donor is well, accept.

Supporting information

See if relevant	• Anti-androgens • Haemoglobin estimation • Surgery
Additional information	The higher haemoglobin concentration of men, compared to women, is related to testosterone levels. Testosterone therapy will result in the haemoglobin concentration rising. A high haemoglobin level (polycythaemia) can be a complication of masculinising therapy and blood donation may mean this complication is not recognised. Waiting 12 months after starting masculinising hormone therapy ensures that donation does not interfere with the assessment and laboratory monitoring of the individual's treatment. Haemoglobin levels may fall with feminising therapy due to reduced testosterone levels. Anaemia is not an expected complication of treatment and therefore no deferral period is required. As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming care. This may include hormone blockers, such as anti-androgens, which could affect the donor's eligibility. The WB-DSG uses sex registered (assigned) at birth to inform donor and recipient safety measures. These include haemoglobin screening, blood volume estimation and transfusion-related acute lung injury (TRALI) risk reduction. Blood services can develop procedures to change haemoglobin screening and blood volume assessment for donors on gender-affirming care: • Donors on masculinising therapy for 12 months or more can be assessed against a haemoglobin range of 135 g/L to 180 g/L and a male blood volume estimate. • Donors on feminising therapy can move to a haemoglobin range of 125 g/L to 165 g/L and a female blood volume estimate when they start gender-affirming care. Any change in these donor selection criteria must be documented and follow the blood service's approved policy and/or procedure. Donors should be counselled regarding the association between sex hormones

(both endogenous and exogenous) and haemoglobin, and the significance in terms of ensuring safe haemoglobin assessment. This is particularly important where haemoglobin is being assessed using the wider limits (125 g/L to 180 g/L) for donors who have not disclosed their sex registered (assigned) at birth.

Further guidance for haemoglobin assessment for transgender and non-binary donors is included in the JPAC position statement 'Donor selection and donation management for transgender and non-binary donors' available on the [Position statements](#) page.

Donors should be advised to inform the Blood Service if their treatment changes or discontinues.

For blood services that use leucocyte antibody screening as a TRALI risk reduction measure, donors who were registered female at birth should be included.

Reason for change: Additional information section has been revised.

Version details: WB-DSG Edition 203 Release 82 Issue 2 (17 September 2026)

Travel

Whole Blood and Components

Supporting information

See if relevant

- [Air crew and air traffic controllers](#)
- [Geographical Disease Risk Index](#)
- [Hazardous activity](#)
- [Infection, general](#)
- [Malaria](#)
- [South American trypanosomiasis](#)

Additional information

Donating before or after travel should not be a problem, provided the donor is well hydrated. Travelling, particularly by plane, can be dehydrating and this may increase the risk of developing a thrombosis. If the donor is dehydrated, they should be advised to delay donating until they are well hydrated to avoid an increased risk of fainting.

If the donor is likely to be exercising in conditions where the amount of available oxygen is low (e.g. at high altitude), it may be sensible to delay donation within 2 weeks of travel to avoid the possibility of increasing the risk of adverse events.

Reason for change: The See if Relevant section has been revised.
Version details: WB-DSG Edition 203 Release 66 (18 October 2022)

Tuberculin PPD test

Whole Blood and Components

Also known as: Mantoux test

Essential information

Definition/s PPD:purified protein derivative

Obligatory **Must not donate unless:**
No further investigations or treatment is planned.

Supporting information

See if relevant

- [Sarcoidosis](#)
- [Tuberculosis](#)

Additional information The tuberculin PPD test, sometimes known as a Mantoux test, is used to test for exposure to tuberculosis, or to see if past immunisation with Bacillus Calmette-Guérin (BCG) remains effective. It is may also be used as part of the investigation of sarcoidosis.

*Reason for change: This is a new entry, replacing the previous entries for the Heaf test (now discontinued) and the Mantoux test.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)*

Tuberculosis (TB)

Whole Blood and Components

Supporting information

See if relevant

- [Tuberculin PPD test](#)

For BCG immunisation:

- [Immunisation, live](#)

Scenarios

Affected individual

Obligatory

Must not donate if:

1. Infected.
2. Less than 24 months from confirmation of cure.
3. Under follow-up.

Discretionary

1. Donors with a diagnosis of latent TB can donate, as long as they are not currently undergoing investigation or treatment.
2. Donors on antibiotic treatment for latent TB only can donate 7 days after their last dose.

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

Close contacts may have undiagnosed disease.

Reason for change: Advice and background information on latent TB has been added. Links and 'Additional Information' have been updated.

Version details: WB-DSG Edition 203 Release 55 (21 January 2021)

Turner syndrome

Whole Blood and Components

Essential information

Discretionary If in good health, accept.

Supporting information

- See if relevant
- [Bladder dysfunction](#)
 - [Cardiovascular disease](#)
 - [Impaired renal function](#)
 - [Kidney and bladder stones](#)
 - [Urinary tract infection](#)

Additional information Turner syndrome is a chromosomal abnormality that occurs in about 1 in 2000 female births. There may be associated problems affecting the cardiovascular and renal systems that should be enquired for, as they may affect donor safety.

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Urinary catheterisation

Whole Blood and Components

Essential information

Includes	Self-catheterisation, indwelling urinary catheter.
Obligatory	Must not donate if: 1. Has an indwelling urinary catheter 2. It is less than 7 days since catheterisation
Discretionary	If it is 7 days or more since catheterisation, there are no symptoms suggestive of urinary tract infection, and the underlying condition does not prevent donation, accept.

Supporting information

See if relevant	• Bladder dysfunction • Urinary tract infection
Additional information	Self-catheterisation is usually needed regularly every day for bladder emptying. Catheterisation including self-catheterisation is also used to administer drugs directly into the bladder. It is important to ensure that the underlying condition requiring this treatment does not prevent donation. Catheterisation is likely to cause bacteraemia following the procedure. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because they can multiply to dangerous levels after collection. The waiting time after catheterisation is to allow any bacteria that have entered the blood stream to be cleared. Indwelling urinary catheters are associated with ongoing, sometimes asymptomatic, urinary infection with the associated risk of bacteraemia. The underlying condition may prevent donation.

Reason for change: Update of 'See if relevant' links due to the replacement of the 'Kidney and bladder disease' entry with separate entries for individual topics.

Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Urinary tract infection (UTI)

Whole Blood and Components

Essential information

Includes

- Cystitis (bladder infection)
- Pyelonephritis

Obligatory

Must not donate if:

1. Has active infection
2. Less than 2 weeks from recovery or resolution of a urinary tract infection
3. Less than 7 days from completing a course of systemic antibiotics, antifungal or antiviral treatment to treat a urinary tract infection
4. Under or awaiting investigation or results
5. On antibiotics or other treatment (e.g. urinary antiseptic therapy or course of vaccination to prevent urinary tract infection)

Discretionary

1. If the donor has taken a single dose of an antibiotic after sexual intercourse to prevent urinary tract infection, is symptom-free on the day of donation, and does not have an underlying condition that prevents donation, accept.
2. Once it is more than 12 months since:
 - a. completion of a course of sublingual vaccine administration (e.g. Uromune®),
 - b. stopping preventative antibiotic or antiseptic therapy,and the donor has not had a recurrence of urinary infection in that time, accept.

Supporting information

See if relevant

- [Polycystic kidney disease](#)
- [Kidney and bladder stones](#)

Additional information

Donors may be taking prophylactic antibiotics long-term or as single postcoital doses. Anatomical anomalies within the urinary tract can make individuals more prone to recurrent infections. If a donor is accepted in accordance with the Discretionary guidance above, the importance of informing the relevant blood service of symptoms suggestive of UTI occurring within 14 days of donation must be emphasised with the donor.

Donors on long-term antibiotics or urinary antiseptic therapy (e.g. methenamine hippurate) may have ongoing UTI without having any symptoms. As an active infection at the time of donation cannot be ruled out, these donors must not be accepted.

Waiting a period of time following cessation of prophylactic antibiotics for recurrent UTI and following completion of vaccination, to ensure its success, is advised.

The kidneys and bladder are located at either end of the body's urinary system; this anatomical relationship means that pyelonephritis is most often due to ascending urinary tract infection.

Reason for change: New entry incorporating 'Infection' section of the former 'Kidney and bladder disease' entry, with addition of guidance relating to urinary antiseptic therapy and vaccination to prevent urinary tract infections.
Version details: WB-DSG Edition 203 Release 81 (11 August 2026)

Valproate and topiramate

Whole Blood and Components

Essential information

Obligatory	Must not donate.
Discretionary	If it is more than 7 days since the last dose of valproate or topiramate, and the reason for therapy does not preclude donation, accept.

Supporting information

Additional information	Sodium valproate (Epilim®, Episenta®) and the related drug valproic acid (Depakote®, Convulex®) are anticonvulsant medications used in the treatment of epilepsy. They are also used for treatment of bipolar disorder and as prophylaxis for migraine. Topiramate (Topamax®) is an anticonvulsant medication used in the treatment of epilepsy and as prophylaxis for migraine. Exposure during pregnancy to either valproate or topiramate is a known cause of birth defects. As it is not possible to know whether an individual donation will be transfused to a pregnant woman, donors taking any form of sodium valproate, valproic acid or topiramate must be deferred until at least 1 week after stopping treatment.
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Reason for change: A deferral has been added for donors taking topiramate. The name of the entry has been updated to reflect this.

Version details: WB-DSG Edition 203 Release 74 (26 November 2024)

Varicose veins and chronic venous insufficiency

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. The donor has inflamed, broken or ulcerated skin.
2. The donor has superficial thrombophlebitis.
3. The donor has chronic venous insufficiency associated with persistent skin changes affecting skin integrity.
4. It is within 1 week of treatment by injection (sclerotherapy).
5. The donor has had laser therapy which has not yet healed.

Discretionary

If fully recovered from any non-surgical treatment, and at least 7 days after sclerotherapy, accept.

For surgical treatment, refer to [Surgery](#).

Supporting information

See if relevant

- [Laser treatment](#)
- [Superficial thrombophlebitis](#)
- [Surgery](#)
- [Thrombosis and thrombophilia](#)
- [Wounds, mouth and skin ulcers](#)

Additional information

Varicose veins are not a reason for deferral. However, if there is active inflammation, thrombosis or ulceration, the donor should be deferred. This is to minimise any risk of thrombosis in the donor or transfer of infection to the recipient.

There are many treatments for varicose veins, including sclerotherapy (injection of material to block the vein), endothermal or laser ablation, and surgery to remove affected veins. Newer treatments may also be available. It is important that the donor is fully recovered from any treatment.

Chronic venous insufficiency is a condition where the normal flow of blood from the lower limbs back to the heart is impaired, leading to pooling of blood (stasis) in the legs. It can give rise to persistent inflammation and ulceration of the skin. If this occurs, it is a blood safety risk due to breach of the normal skin barriers to bacterial infection.

Reason for change: Addition of chronic venous insufficiency to the title. New guidance for donors with persistent skin damage relating to venous insufficiency. Clarification of deferral requirements after treatment. Revision of See if Relevant section to reflect other DSG changes.

Version details: WB-DSG Edition 203 Release 68 (09 May 2023)

Vertigo

Whole Blood and Components

Essential information

Obligatory	Must not donate if: Experiencing dizzy spells.
Discretionary	If the donor has Ménière's disease, if well on the day, even if on treatment to prevent attacks, accept.

Supporting information

See if relevant	Infection, general
Additional information	Vertigo is a feeling of everything spinning around. It can be accompanied by nausea and sickness and lead to the affected person falling. There are many different causes and, if known, the cause should be looked up in the index. Because faintness after donation can cause similar symptoms, it is recommended that people affected by vertigo should only donate if they are not experiencing any symptoms.

Reason for change: This is a new entry.
Version details: WB-DSG Edition 203 Release 01 (01 June 2010)

Viral haemorrhagic fever (VHF)

Whole Blood and Components

Essential information

Definition/s	Viral haemorrhagic fever endemic areas are shown in the Geographical Disease Risk Index as a Viral Haemorrhagic Fever Risk. Outbreak information is also listed but is not required for WB-DSG users.
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	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:

Ever diagnosed with a viral haemorrhagic fever.

Contact with an affected individual or travel to endemic country

Obligatory

Must not donate if:

Less than 6 months from last contact with an affected individual or travel to an endemic country.

Discretionary

If more than 6 months from last contact, completion of investigations or return to the UK from endemic country, accept.

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 viral haemorrhagic fever.

Version details: WB-DSG Edition 203 Release 55 (21 January 2021)

Vitamins and other nutritional supplements

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

On prescribed medication to treat a deficiency.

Discretionary

1. Medication to prevent recurrence, as opposed to treat a deficiency (e.g. B12 for treated pernicious anaemia, folic acid for treated folate deficiency), accept.
2. If on oral self-medication, accept.
3. If on vitamin D supplement to treat risk of vitamin D deficiency, accept.

Supporting information

See if relevant

- [Anaemia](#)
- [Osteopenia](#)

Additional information

People who are on treatment to cure a vitamin or other nutritional deficiency other than Vitamin D supplementation to prevent or treat osteopenia should not donate, even if they pass the haemoglobin screening test.

Once treatment is completed, even if they then require maintenance treatment, they should be accepted or excluded on the basis of the underlying condition that required treatment. As an example, a person with pernicious anaemia (vitamin B12 deficiency) should not be accepted until their anaemia is fully corrected. Once fully recovered, they may be accepted, even though receiving maintenance treatment to prevent recurrence.

Vitamins and other nutritional supplements are often prescribed to prevent deficiency. For example, this might be for coeliac disease or for people wanting to conceive. Providing any underlying condition is not a reason to exclude the donor, they should be accepted.

Reason for change: Advice about Vitamin D supplementation and a link to osteopenia has been added, see the letter from UK Chief Medical Officers of UK Feb 2012: www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups

Version details: WB-DSG Edition 203 Release 22 (17 June 2014)

Warts

Whole Blood and Components

Essential information

Includes	Molluscum contagiosum, verrucas.
Obligatory	Must not donate if: Treatment has left unhealed areas.
Discretionary	If there are no open wounds, even if on treatment, accept.

Supporting information

See if relevant	• Sexually transmitted disease • Surgery • Wounds, mouth and skin ulcers
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Additional information	Warts (including verruca) are caused by infection with the humanpapilloma virus (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. Treatment may lead to unhealed wounds or sores and these pose a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.
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Reason for change: This entry was revised to support the implementation of recommendations from the FAIR study; the instruction to discuss the possibility of high risk sexual activity has been removed.
Version details: WB-DSG Edition 203 Release 57 (26 May 2021)

Weight

Whole Blood and Components

Essential information

Definition/s	Estimated blood volume (EBV) is calculated using the Nadler formula (see chapter 3.7 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK). Extracorporeal volume (ECV) is the total volume outside the donor's circulation at any time during a donation procedure. It includes all blood, plasma and components in the collection packs, the machine harness and testing samples.
Obligatory	Must not donate if: 1. Under 65 kg (10 stone 3 pounds). 2. The donor weight means that they have difficulty in getting onto or off the donation couch. 3. Venous access is very difficult. 4. The safe weight limit of the bleeding couch/chair is exceeded. 5. They are a double red cell donor and weigh under 70 kg (11 stone). Component donation: During any planned component donation procedure, the donor's ECV must not exceed 16% of their EBV at any point in the procedure. Careful consideration should be taken when calculating the EBV for transgender donors to ensure the most appropriate chart is selected.
Discretionary	1. If male and over 50 kg of weight (7 stone 12 pounds), accept. 2. If female, 20 years of age or older and over 50 kg of weight (7 stone 12 pounds), accept. 3. If female, less than 20 years of age with an EBV of 3500 mL or greater (as per Appendix 1), accept.

Supporting information

See if relevant	• Appendix 1: EBV for female donors • Appendix 3: Maximum permitted ECV for component donors • Sleep apnoea • Weight loss medication
Additional information	Limits on donation volume are in place to protect the donor from adverse effects such as fainting. There is a minimum legal donor weight of 50 kg at which a donation can be accepted. In young women, there is a significant risk of fainting if their donation exceeds 15% of their EBV thus a minimum EBV of 3500 mL is needed. For individuals with a body mass index greater than 40, there is a risk that the formula used to calculate blood volume may result in an overestimation of EBV. The 50 kg lower weight limit is not appropriate for double red cell donations because of the increased volume and iron that is being taken from the donor.

Regulatory information Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#). Other parts are related to research into the reasons why donors faint.

*Reason for change: Guidance on the use of weight loss mediation has been moved to a new entry.
Version details: WB-DSG Edition 203 Release 78 (28 August 2025)*

Weight loss medication

Whole Blood and Components

Essential information

Includes	Oral (pills) or injectable drugs for management of weight loss.
Excludes	Causes of obesity or related comorbidities. Donors with other conditions must be assessed using the relevant entries .
Obligatory	1. Oral medication Must not donate if: a. The medication used is a reason for deferral in the WB-DSG, 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 UK or Republic of Ireland (ROI) 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.
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. Any injectable medication has been prescribed for the donor by a UK or ROI 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	• Blood safety • Diabetes mellitus
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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 healthcare professional registered in the UK or ROI, 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 be managed through the Blood safety entry. It is important that donors are
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not accepted who may be sharing medication vials, pens or injecting equipment.

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.

Some oral weight loss treatments obtained abroad or online may require deferral under the medication rules within the WB-DSG. For example, topiramate is approved for weight loss in the USA and is marketed as Qsymia® (in combination with phentermine).

Reason for change: This is a new entry.

Version details: WB-DSG Edition 203 Release 78 (28 August 2025)

West Nile Virus (WNV)

Whole Blood and Components

Essential information

Definition/s	West Nile Virus endemic areas are shown in the Geographical Disease Risk Index .
Includes	Donors who will donate whole blood, platelets and other cellular components.
Excludes	Donors who will only donate plasma for fractionation. For these donors, see West Nile Virus - plasmapheresis donors .
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. For donors who have been back in the UK for less than 4 weeks, 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 on the donated component(s), accept. 2. Donors who have been back in the UK for less than 6 months, 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 on the donated component(s), accept.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current 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. A Position Statement on West Nile Virus is available.

Reason for change: Entry updated to exclude donors who will only donate plasma for fractionation.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

West Nile Virus (WNV) - plasmapheresis donors

Whole Blood and Components

Essential information

Definition/s	West Nile Virus endemic areas are shown in the Geographical Disease Risk Index .
Includes	Donors who will only donate plasma for fractionation.
Excludes	Donors who will donate whole blood, platelets and other cellular components. For these donors, see West Nile Virus .
Obligatory	Must not donate if: The donor was diagnosed with WNV and the donor has not fully recovered from their illness.
Discretionary	If the donor has returned from a WNV risk area and the donor is well, accept.

Supporting information

See if relevant	• Geographical Disease Risk Index for countries with a current WNV risk
Additional information	West Nile Virus is a flavivirus, similar to Dengue Virus, 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. Mild cases may be misdiagnosed as other febrile illnesses. The processes used to fractionate plasma include several measures that inactivate or remove viruses. This means that some travel risks described in the Geographical Disease Risk Index do not need to be applied for donors who will only donate plasma for fractionation.

Reason for change: This is a new entry.
Version details: WB-DSG Edition 203 Release 71 (02 May 2024)

Wounds, mouth and skin ulcers

Whole Blood and Components

Essential information

Obligatory

Must not donate if:

1. Has infected wounds, or skin ulcers, sores or mouth ulcers.
2. Has persistently inflamed or broken skin, associated with cardiovascular disease, chronic venous insufficiency, lymphoedema, diabetes mellitus or other medical condition.

Discretionary

If an individual has an uninfected wound, or small non-infected aphthous ulcers only, accept.

Supporting information

See if relevant

- [Autoimmune disease](#)
- [Cardiovascular disease](#)
- [Diabetes mellitus](#)
- [Infection, general](#)
- [Malignancy](#)
- [Surgery](#)
- [Tetanus](#)
- [Varicose veins and chronic venous insufficiency](#)

Additional information

An infected wound, sore or ulcer is a risk for bacteria entering the blood. Bacteria can be a serious threat to anybody receiving blood or blood components. This is because bacteria can multiply to dangerous levels after collection.

A small individual aphthous ulcer in an otherwise healthy person does not pose such a risk. Donors with recurrent severe aphthous ulceration may have a serious underlying condition, such as an autoimmune disease.

Persistently inflamed or broken skin, usually of the lower limbs, is a complication of a range of medical conditions which affect the cardiovascular and/or lymphatic systems. There is an increased risk of bacterial contamination in a blood donation if the donor's normal skin integrity is impaired.

Reason for change: Addition of guidance for donors with persistent damage to the skin of their lower limbs.

Version details: WB-DSG Edition 203 Release 68 (09 May 2023)

Xenotransplantation

Whole Blood and Components

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 acellular porcine collagen matrix are not considered xenotransplantation products. Inoculation injuries from non human sources are not considered to be xenotransplants.
Includes	Heterografts, non-human organ perfusion, xenografts, xenotransplant recipients.

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.
See if relevant	• Animal bite, non-human • Non-consented exposure to human body fluids
Additional information	Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in unusual infections that would not normally affect humans being passed on to recipients of donated material. Inoculation injury, involving non-human animals, does not fall into the category of xenotransplantation.

Current or former sexual partner of a xenotransplant recipient

Obligatory	Must not donate.
Additional information	Sexual partners of individuals who have received a xenotransplant may potentially be at risk of acquiring an unusual infection that may be passed on by donated material. Because the duration of any risk is not known, deferral must be permanent.

Reason for change: Reference to specific products has been removed from the Definitions section.
Version details: WB-DSG Edition 203 Release 67 (31 January 2023)

Xenotropic murine leukemia virus-related virus (XMRV)

Whole Blood and Components

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: WB-DSG Edition 203 Release 10 (24 January 2012)

Zanamivir

Whole Blood and Components

Also known as: Relenza®

Essential information

Obligatory

Must not donate if:

1. Taking zanamivir (Relenza®) as treatment for influenza.
2. At any time in the 7 days prior to, or while taking zanamivir, the donor has had symptoms of influenza, (a temperature of more than 38°C, or a history of fever and 2 or more of the following symptoms: cough, headache, runny nose, diarrhoea or vomiting).

Discretionary

If the potential donor is taking zanamivir as prophylaxis, they have not been advised to be confined to home, and have not had any symptoms of influenza, accept.

Supporting information

See if relevant

- [Infection, acute](#)

Additional information

Zanamivir (Relenza®) is a viral neuraminidase inhibitor. Neuraminidase is an enzyme that helps the virus spread from cell to cell. It is used to treat influenza and for post-exposure prophylaxis of influenza. It appears to be a very safe drug with little evidence for teratogenic (potential to cause birth defects) or mutagenic (potential to cause malignancy) effect.

Regulatory information

Part of this entry is a requirement of the [Blood Safety and Quality Regulations 2005](#).

Version details: WB-DSG Edition 203 Release 13 (28 August 2012)

Using these guidelines

Using these guidelines

Last updated in WB-DSG Edition 203 Release 82 (17 September 2026)

The Whole Blood and Components Donor Selection Guidelines (WB-DSG) apply to donors giving whole blood or blood components (red cells, platelets, plasma and granulocytes) for therapeutic use.

The WB-DSG forms a constituent part of [Chapter 3](#) 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 WB-DSG is primarily reviewed and updated by the Standing Advisory Committee on Care and Selection of Donors (SACCSD). 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 WB-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
- Inspection of the donor
- 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 in clinical charge of an individual donor session. When it is not clear from these guidelines if an individual donor is suitable, no donation should be taken until it has been discussed and agreed with a Designated Clinical Support Officer.

Only persons in good health should be accepted as donors. The prospective donor must be evaluated for their fitness to donate on the day by a suitably qualified person 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 [Blood safety](#) entry.

It is the responsibility of session staff to ensure that donors clearly understand the nature of the donation process and the associated risks involved, as explained in the available literature. The donors must also understand 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 **Whole Blood** and for **Component** donors, this is made clear. When there is a recognised risk to either the donor or the recipient, the guidelines **must** be followed.

Autologous transfusion

These guidelines do not apply to donors wishing to give their blood for autologous transfusions. Specific guidelines should be referred to.

Non-therapeutic donations

Donors whose serum, plasma or cells will be used for laboratory, rather than therapeutic, purposes are generally subject to the same medical selection criteria. However, some decisions regarding their suitability to donate may be varied by a Designated Clinical Support Officer.

Therapeutic venesection

Patients referred for therapeutic venesection must not be accepted at donor sessions. The exception is donors with [haemochromatosis](#). They may be accepted after referral to, and consideration by, a Designated Clinical Support Officer.

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 there is more than one contraindication to donation, any that indicate the need to permanently defer the donor must be applied. This will mean that the donor is withdrawn from the donor panel. If withdrawal is not required, then the longest applicable deferral period must be applied.

Donors who undergo component donation procedures may be subject to additional or separate criteria compared to whole blood donors. Reference should be made to [Chapter 3](#) of the Red Book.

Any new health risks identified during the donor selection process should be notified to SACCSD so that they can be considered for incorporation into future revisions of the WB-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 ineligibility to donate.

In general, traces of drugs in donations are very unlikely to cause harm to recipients of a transfusion. However, donors treated with certain drugs are deferred for periods associated with the pharmacodynamic and pharmacokinetic properties of the drug. Examples are drugs used to treat [acne](#), [psoriasis](#), and some [prostate](#)

[problems](#). All such drugs have their own [entry](#). This is reviewed regularly, taking into account information issued by the [Medicines and Healthcare products Regulatory Agency](#) (MHRA).

Drugs that can affect platelet function are listed in the [drug index](#) together with the deferral period required before a donor's blood can be used for platelet production.

Inspection of the donor

All donors should appear to be in good health and the skin at the venepuncture site should be free from disease.

Intoxication, either by alcohol or drugs, should be a reason for not accepting a donor (see [Addiction and drug abuse](#)).

A qualified clinical professional must assess disabled donors (see [Disabled donor](#)).

Version control

The WB-DSG is under the continuing review of SACCSD 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 Whole Blood and Components Donor Selection Guidelines (WB-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 index Whole blood Tissue (deceased) Tissue (live) Bone marrow Cord blood	578166626058
13-2026	Kidney and bladder disease (PDF only, 455KB)	11 August 2026	Whole blood	81
17-2026	Eligibility of blood donors undergoing acupuncture (PDF only, 287KB)	11 August 2026	Whole blood	81
18-2026	Chikungunya vaccination (PDF only, 146KB)	11 August 2026	Whole blood	81
19-2026	Donation prior to hazardous activities (PDF only, 199KB)	11 August 2026	Whole blood	81
15-2026	Alopecia treatments (PDF only, 241KB)	11 August 2026	Whole blood	81
16-2026	Antithrombotic treatments (PDF only, 209KB)	11 August 2026	Whole blood	81
14-2026	Non-alcoholic fatty liver disease (NAFLD) (PDF only, 184KB)	11 August 2026	Whole blood	81
09-2026	Changes to be introduced on the new JPAC website (PDF only, 864KB)	1 May 2026	Geographical index Whole blood Tissue (deceased) Tissue (live) Bone	568065625957

			marrowCord blood	
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
05-2026	Bleeding Disorder (PDF only, 283KB)	17 February 2026	Whole blood	79
06-2026	Transgender and Non-Binary Individuals (PDF only, 210KB)	17 February 2026	Whole blood	79
07-2026	Testosterone Replacement Therapy (PDF only, 339KB)	17 February 2026	Whole blood	79
26-2025	Weight Loss Medication (PDF only, 296KB)	28 August 2025	Whole blood	78
27-2025	Deferral after HAV, HBV and JEV vaccines (PDF only, 371KB)	28 August 2025	Whole blood	78
28-2025	Hepatitis C (PDF only, 254KB)	28 August 2025	Whole blood	78
29-2025	Accept and PCOS (PDF only, 342KB)	28 August 2025	Whole blood	78
13-2025	Injectable Pre-Exposure Prophylaxis (PrEP) for HIV prevention (PDF only, 279KB)	18 July 2025	Whole blood	77
14-2025	Interpreters (PDF only, 381KB)	18 July 2025	Whole bloodRed book	77None
06-2025	Endoscopy (PDF only, 196KB)	30 April 2025	Whole blood	76
07-2025	Memorial Tattoos (PDF only, 174KB)	30 April 2025	Whole blood	76
08-2025	Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (PDF only, 176KB)	30 April 2025	Whole blood	76
09-2025	Table of Immunisations (PDF only, 578KB)	30 April 2025	Whole bloodTissue (live)Tissue (deceased)Cord	7660635557

			bloodBone marrow	
03-2025	Hepatitis C testing of donors transfused before 1996 (IBI update) (PDF only, 211KB)	17 February 2025	Whole blood	75
46-2024	COVID-19 vaccination (PDF only, 288KB)	26 November 2024	Whole blood	74

Drugs and platelet donation

Drugs and platelet donation

Last updated in WB-DSG Edition 203 Release 72 (31 July 2024)

Some drugs can alter platelet function for several hours or days after they are taken. These are usually taken as painkillers and anti-inflammatory medications. If a donor reports taking such medication, but has been assessed as eligible to donate, their medication must be checked against the drug index below.

On this page

- Principles
- How to use this index
- Post donation information
- Drug index

Principles

If a donor is otherwise eligible to donate but has taken a drug affecting platelets in the 48 hours prior to donation, their donation should not be used to manufacture blood components that are intended to treat thrombocytopenia or platelet dysfunction; this includes apheresis platelets, pooled platelets and some whole blood components.

Important

This rule applies to drugs taken systemically, i.e. medication that is taken orally or rectally, or medication that is taken by injection.

This rule does not apply to creams or gels applied topically to the skin. Donors who have used topical medications which are listed in this index, can be accepted for platelets immediately.

The drug index lists [nonsteroidal anti-inflammatory drugs](#) (NSAIDs) and other painkillers which affect platelet function. It does not include every medication which could affect platelets. Some drugs, such as clopidogrel, have not been included because a donor taking them would not be eligible to donate anyway.

How to use this index

Drugs which affect platelet function are usually taken as painkillers and anti-inflammatory medications. Some can be purchased directly from shops or pharmacies without a prescription. They may be sold under their generic drug name (e.g. aspirin, ibuprofen) or they may be sold under a brand name.

The drug index lists only generic drug names and does not include brand names. This is because some brand names are used for several formulations, not all of which contain the same active drugs. It is important that staff confirm the exact drug taken by a donor.

Up-to-date product information for branded medications available in the UK can be found online from the [Medicines and Healthcare products Regulatory Agency](#), the [British National Formulary](#) and the [European Medicines Agency](#). If there is doubt about the active drug in any individual branded product, staff should apply the 48 hour rule for platelet production.

Post donation information

Donors may contact the blood service to report they had taken NSAIDs before their donation. If any blood components containing therapeutic platelets have been manufactured from the donor's blood, these should be discarded. If such components have been transfused, a DCSO should assess the need to notify the treating clinician.

Drug index

A	Aceclofenac
	Acemetacin
	Aspirin
	Azapropazone
C	Celecoxib
D	Dexketoprofen
	Diclofenac potassium
	Diclofenac sodium
E	Etodolac
	Etoricoxib
F	Felbinac
	Fenbufen
	Fenoprofen
	Flurbiprofen
I	Ibuprofen
	Indometacin
K	Ketoprofen
	Ketorolac trometamol
M	Mefenamic acid
	Meloxicam
N	Nabumetone
	Naproxen
P	Parecoxib
	Piroxicam
S	Sulindac

T

Tenoxicam

Tiaprofenic acid

Tolfenamic acid

Appendices

Appendix 1: Estimated blood volume for female donors

The estimated blood volume for female donors (after Nadler) by height and weight is provided in two tables below, for weights between 50kg and 57kg and between 58kg and 64kg.

In the following tables, body measurements are shown in both metric and imperial units.

- For height: centimetres and (feet and inches)
- For weight: kilograms, (stones and ounces) and [pounds]

Please note, all blood volumes <3500 mL are shown in **bold text**.

For weights between 50kg and 57kg

Parameter	50kg (7st12) [110lb]	51kg (8st) [112lb]	52kg (8st3) [115lb]	53kg (8st5) [117lb]	54kg (8st7) [119lb]	55kg (8st9) [121lb]	56kg (8st11) [123lb]	57kg (9st) [126lb]
≤149cm(4' 10")	<3500	<3500	<3500	<3500	<3500	<3500	<3500	<3500
150cm(4' 11")	3039	3072	3105	3138	3171	3205	3238	3271
151cm	3063	3096	3129	3163	3196	3229	3262	3295
152cm(4' 11½")	3088	3121	3154	3187	3220	3253	3286	3319
153cm	3113	3146	3179	3212	3245	3278	3311	3344
154cm(5' ½")	3138	3171	3204	3237	3270	3303	3336	3369
155cm	3163	3196	3230	3263	3296	3329	3362	3395
156cm(5' 1½")	3189	3222	3255	3288	3322	3355	3388	3421
157cm	3215	3248	3282	3315	3348	3381	3414	3447
158cm(5' 2")	3242	3275	3308	3341	3374	3407	3440	3473
159cm	3269	3302	3335	3368	3401	3434	3467	3500
160cm(5' 3")	3296	3329	3362	3395	3428	3461	3494	3527
161cm	3323	3356	3390	3423	3456	3489	3522	3555
162cm(5' 4")	3351	3384	3417	3451	3484	3517	3550	3583
163cm	3379	3413	3446	3479	3512	3545	3578	3611

164cm (5' 4½")	3408	3441	3474	3507	3540	3573	3607	3640
165cm	3437	3470	3503	3536	3569	3602	3635	3669
166cm(5' 5")	3466	3499	3532	3565	3599	3632	3665	3698
167cm	3496	3529	3562	3595	3628	3661	3694	3727
≥168cm(5' 6")	>3500	>3500	>3500	>3500	>3500	>3500	>3500	>3500

For weights between 58kg and 64kg

Parameter	58kg (9st2) [128lb]	59kg (9st4) [130lb]	60kg (9st6) [132lb]	61kg (9st8) [134lb]	62kg (9st11) [137lb]	63kg (9st13) [139lb]	64kg (10st1) [141lb]
≤149cm(4' 10")	<3500	<3500	<3500	<3500	<3500	<3500	<3500
150cm(4' 11")	3304	3337	3370	3403	3436	3469	3502
151cm	3328	3361	3394	3427	3460	3493	3526
152cm(4' 11½")	3352	3386	3419	3452	3485	3518	3551
153cm	3377	3410	3443	3477	3510	3543	3576
154cm(5' ½")	3403	3436	3469	3502	3535	3568	3601
155cm	3428	3461	3494	3527	3560	3593	3626
156cm(5' 1½")	3454	3487	3520	3553	3586	3619	3652
157cm	3480	3513	3546	3579	3612	3645	3678
158cm(5' 2")	3507	3540	3573	3606	3639	3672	3705
159cm	3533	3566	3600	3633	3666	3699	3732
160cm(5' 3")	3561	3594	3627	3660	3693	3726	3759
161cm	3588	3621	3654	3687	3720	3753	3787
162cm(5' 4")	3616	3649	3682	3715	3748	3781	3814
163cm	3644	3677	3710	3743	3776	3810	3843
164cm (5' 4½")	3673	3706	3739	3772	3805	3838	3871
165cm	3702	3735	3768	3801	3834	3867	3900
166cm(5' 5")	3731	3764	3797	3830	3863	3896	3929

167cm	3760	3794	3827	3860	3893	3926	3959
≥168cm(5' 6")	>3500	>3500	>3500	>3500	>3500	>3500	>3500

Appendix 2: Immunisations

Last updated in WB-DSG Edition 203 Release 81 (11 August 2026)

This appendix gives information on [live immunisations](#) and [non-live immunisations](#) that may have been received by potential donors. For each immunisation, the requirement of a minimum deferral period is indicated and where a minimum deferral is required, this is given in days.

Please note, for the calculation of deferral periods, the following definitions apply:

- Day 0 is the day of immunisation
- Day 1 commences at one minute past midnight on the day after immunisation

The minimum deferral period after immunisation applies to donors who have not been exposed to the infection. For post-exposure immunisation, refer to the relevant [guideline entry](#).

Disease	Comments and example adult preparations	Immunisation type	Minimum deferral
Anthrax	Rarely given	Non-live	No
Chikungunya	There are two vaccines available to prevent Chikungunya: IXCHIQ® and Vimkunya® ; 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	See below
Chikungunya	IXCHIQ®	Live	28 days
Chikungunya	Vimkunya®	Non-live	No
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	See below
Cholera	Vaxchora®	Live	28 days
Cholera	Dukoral®	Non-live	No

COVID-19 (SARS-CoV-2)	All COVID-19 vaccines licensed in the UK are non-live	Non-live	No
Dengue	Qdenga® , Dengvaxia®	Live	28 days
<i>Haemophilus influenza</i> type b (Hib)	Menitorix®	Non-live	No
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	14 days
Hepatitis B	May be combined with hepatitis A. If unexposed and more than 14 days from last immunisation, accept (see Hepatitis B). Engerix®, Fendrix®, HBvaxPRO®, PreHevBri®, Ambirix®, Twinrix®	Non-live	14 days
Human papillomavirus (HPV)	Cervarix®, Gardasil®	Non-live	No
Influenza, intra-nasal	Given by intra-nasal spray, from 2 to 18 years of age. Fluenz Tetra®	Live	28 days
Influenza, injection	This is the annual 'flu jab', given by injection. Several preparations, updated annually.	Non-live	No
Japanese encephalitis	Usually given for travel. Ixiaro®	Non-live	14 days
Measles, mumps, rubella	This is the 'MMR' vaccine. M-M-RvaxPro®, Priorix®	Live	28 days
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	No
Mpox	Imvanex® (MVA-BN) is a	Non-live	No

	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).		
Pertussis	Usually given to pregnant women, in combination with diphtheria/tetanus/polio vaccine or diphtheria/tetanus vaccine.	Non-live	No
Pneumococcal disease	Usually given to people with specific risks (e.g. people who have had a splenectomy, people over 65).Pneumovax 23®	Non-live	No
Polio, injected	Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and <i>Haemophilus influenzae</i> .	Non-live	No
Polio, oral	Not in routine use in the UK but may be given abroad	Live	28 days
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	No
Respiratory syncytial virus (RSV)	Abrysvo®, Arexvy®	Non-live	No
Shingles	Two shingles vaccines are available: Zostavax® and Shingrix® ; see rows below. Please note, Shingrix® has replaced Zostavax® in the UK vaccination programme for individuals aged 60-79 years.	See below	See below

Shingles	Zostavax® for shingles prevention	Live	28 days
Shingles	Shingrix® for shingles prevention	Non-live	No
Smallpox	This requires an 8-week deferral. If given, see Smallpox immunisation . See also Mpox (above).	Live	56 days
Tetanus	Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and <i>Haemophilus influenzae</i> .	Non-live	No
Tick-borne encephalitis (TBE)	TicoVac®	Non-live	No
Tuberculosis	This is the 'BCG' vaccine	Live	28 days
Typhoid, injected	As a single preparation: Typhim Vi® Combined with hepatitis A: ViATIM®	Non-live	No
Typhoid, oral	Usually given in capsule form. Vivotif®	Live	28 days
Varicella (chickenpox)	Usually given to healthcare workers. Varilrix®, Varivax®	Live	28 days
Yellow Fever	Stamaril®	Live	28 days

Appendix 3: Maximum permitted extracorporeal volume (ECV) for component donors

Last updated in WB-DSG Edition 203 Release 58 (22 June 2021)

In the following tables, body measurements are shown in both metric and imperial units.

- For height: centimetres and (feet and inches)
- For weight: kilograms and (decimal stones)

Female donors

Parameter	50kg (7.9st)	55kg (8.7st)	60kg (9.5st)	65kg (10.2st)	70kg (11st)	75kg (11.8st)	80kg (12.6st)	85kg (13.4st)	90kg (14.2st)	95kg (15st)	100kg (15.7st)
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				)		)	)	)	)		)
150cm (4' 11")	486	513	539	566	592	619	645	672	698	724	751
153cm (5')	498	524	551	577	604	630	657	683	710	736	763
155cm (5' 1")	506	533	559	586	612	638	665	691	718	744	771
158cm (5' 2")	519	545	572	598	625	651	677	704	730	757	783
160cm (5' 3")	527	554	580	607	633	660	686	713	739	766	792
163cm (5' 4")	541	567	594	620	647	673	700	726	752	779	805
165cm (5' 5")	550	576	603	629	656	682	709	735	762	788	815
168cm (5' 6")	564	591	617	644	670	696	723	749	776	802	829
170cm (5' 7")	574	600	627	653	680	706	733	759	786	812	839
173cm (5' 8")	589	615	642	668	695	721	748	774	801	827	854
175cm (5' 9")	599	626	652	679	705	732	758	785	811	837	864
178cm (5' 10")	615	642	668	695	721	748	774	801	827	853	880
180cm (5' 11")	626	653	679	706	732	759	785	812	838	864	891
183cm (6')	643	670	696	723	749	775	802	828	855	881	908

Male donors

Parameter	50kg (7.9st)	55kg (8.7st)	60kg (9.5st)	65kg (10.2st))	70kg (11st)	75kg (11.8st))	80kg (12.6st))	85kg (13.4st))	90kg (14.2st))	95kg (15st)	100kg (15.7st))
150cm (4' 11")	552	578	604	630	655	681	707	733	758	784	810
153cm (5')	564	590	616	642	667	693	719	745	770	796	822
155cm (5' 1")	573	599	624	650	676	702	727	753	779	805	830
158cm (5' 2")	586	611	637	663	689	714	740	766	792	817	843
160cm	595	620	646	672	698	723	749	775	801	826	852

(5' 3")											
163cm (5' 4")	608	634	660	686	711	737	763	789	814	840	866
165cm (5' 5")	618	644	669	695	721	747	772	798	824	850	875
168cm (5' 6")	633	658	684	710	736	761	787	813	839	864	890
170cm (5' 7")	643	668	694	720	748	771	797	823	849	874	900
173cm (5' 8")	658	684	710	735	761	813	838	864	890	916	No data
175cm (5' 9")	669	695	720	746	772	798	823	849	875	901	926
178cm (5' 10")	685	711	737	763	788	814	840	866	891	917	943
180cm (5' 11")	697	722	748	774	800	825	851	877	902	928	954
183cm (6')	714	740	765	791	817	843	868	894	920	949	971

Appendix 4: Management of post donation illness

Last updated in WB-DSG Edition 203 Release 63 (31 May 2022)

This appendix gives guidance on the management of donations taken from donors who report post donation illness with a (probable) infectious cause. The actions are based upon the nature and potential severity of the illness, relevant incubation period and the risk of the illness causing harm to a transfusion recipient.

Recipient notification and look-back/trace-back investigations are outside the scope of this guidance. Please follow local policies and procedures.

Infections

Infection	Incubation period	Action for donation
<i>Bordetella pertussis</i> (whooping cough)	7 to 10 days	Discard if within 10 days
<i>Borrelia burgdorferi</i> (Lyme disease)	3 to 30 days	Acute Lyme disease: discard up to 30 days.Chronic Lyme disease: no action required.
Costochondritis / Coxsackie virus (Bornholm disease)	1 to 7 days	Discard up to one week
Coxsackie A (hand, foot and mouth disease)Usually Coxsackie A, but	3 to 7 days	Discard up to 7 days

<i>can be other enteroviruses</i>		
Epstein-Barr virus (glandular fever)	30 to 50 days	Discard up to 50 days
Hepatitis A (acute)	2 to 6 weeks	Discard up to 7 weeks
Hepatitis B (acute)	6 weeks to 6 months	Discard all in date components. Seek microbiological advice regarding recall of previous donations if the donor's history and/or testing results suggest this is an acute (recent) infection.
Hepatitis C (acute)	Up to 6 months	Discard all in date components. Seek microbiological advice regarding recall of previous donations if the donor's history and/or testing results suggest this is an acute (recent) infection.
Hepatitis E (acute)	2 to 8 weeks	Discard up to 9 weeks
Herpes simplex (oral and genital)	2 to 12 days for primary infection. Primary viraemia during incubation period, secondary viraemia at time of symptoms.	For primary infection: discard up to 14 days. For recurrent infection: no action required if recurrent lesion(s) and lesions were absent or healing when donated.
Human immunodeficiency virus (HIV)	n/a	Discard all in-date components at any interval after donation. Seek microbiological advice regarding recall of previous donations if the donor's history and/or testing results suggest this is an acute (recent) infection.
Human T-cell lymphotropic virus (HTLV)	n/a	Discard all in-date components at any interval after donation
Influenza	Influenza A: 1 to 5 days. Adenovirus: 4 to 5 days.	No action unless severe systematic symptoms (defined as fever/myalgia $\pm$ cough/cold symptoms). If present, discard up to 5 days.
Legionella (Legionnaires' disease, Pontiac fever)	Up to 3 weeks	Discard up to 3 weeks
Measles	10 to 21 days	Discard up to 3 weeks
Mpox	21 days	Discard up to 21 days. Follow local processes for public health notification if the component has been transfused. If the donor has reported contact with mpox in the 21 days before donation, place the donation on hold and seek public health advice to determine the risk.

Mumps	16 to 18 days.Primary and secondary viraemia.	Discard up to 3 weeks
Mycoplasma (<i>M. pneumoniae</i>)	1 to 4 weeks.Mostly headache, malaise, fever, 5–10% progress to pneumonia.	Discard up to 3 weeks
Parvovirus B19 (Fifth disease, Slapped cheek syndrome)	13 to 20 days	Discard up to 3 weeks
Rubella (German measles)	14 to 21 days	Discard up to 3 weeks
SARS-CoV-2 (COVID-19)	2 to 14 days	Discard if:A SARS-CoV-2 test has been taken and COVID-19 confirmed, andSymptoms and/or the positive test result occurred in the 48-hour period after donation.If a SARS-CoV-2 test is negative or has not been taken, refer to the relevant advice on this page for the donor's symptoms.
Tuberculosis	n/a	Discard all in-date components at any interval post donation.Look-back to relevant transfused recipients.
Varicella zoster (chickenpox)	10 to 21 days	Discard if within 3 weeks
West Nile Virus	3 to 15 days	Discard up to 15 days

Conditions

Condition	Action for donation
Appendicitis	No action if confirmed appendicitis and asymptomatic at the time of donation
Chest infection	No action unless systemic symptoms; if present discard up to 5 days
Common cold	No action unless symptoms
Conjunctivitis	No action providing well on the day
Diarrhoea and vomiting	Causes may include (incubation period given below):Salmonella (12 to 72 hours)Shigella (1 to 7 days)Campylobacter (1 to 11 days)Rotavirus (24 to 72 hours)Norovirus (1 to 2 days)Cryptosporidium (2 to 5 days)Yersinia (4 days)With all the above, likely to be significant bacteraemia or viraemia. Staphylococcal, clostridium and <i>Bacillus cereus</i> food poisoning is all toxin-induced.Discard up to 14 days.If this is an episode of food poisoning which occurred after the donation, no action required.
Jaundice	Assess whether infective cause possible.Discard all in-date components after any notification if infection

	is a possible cause:See specific entry if infective cause identifiedDiscard not required if a non-infective cause (e.g. drug reaction) has been identified
Malaria	With any disclosure of illness or risk after donation, follow local policies and procedures.
Shingles (herpes zoster)	Possible viraemia for 48 hours from symptoms and/or rash.Discard if rash or any symptoms develop within 48 hours.Symptoms include tingling of skin, pain or eruption of vesicles.
Skin disease - cellulitis/erysipelas	Caused by <i>Streptococcus pyogenes</i> .Discard up to 1 week.
Skin disease - impetigo	Caused by Group A streptococcus / <i>Staphylococcus aureus</i> .3 to 5 days incubation period.No action if no systemic symptoms; if present, discard up to 1 week.
Sore throat	May include:RhinovirusGroup A streptococcus (2 to 4 days incubation period)Epstein-Barr virus (0 to 50 days incubation period)If a sore throat is accompanied by simple cold symptoms and no systemic symptoms, no action is required. Systemic symptoms include malaise, myalgia, fever, headache.If systemic symptoms, discard up to 1 week.If glandular fever, discard up to 50 days.
Transmissible spongiform encephalopathy (prion disease)	If informed of a possible or confirmed case of prion associated disease, recall (do not discard) any in date components. Follow local policies and procedures.
Urinary tract infection (UTI)	If symptomatic at donation: discard.If asymptomatic at donation: no action unless systemic symptoms, then discard up to 5 days. Systemic symptoms include malaise, myalgia, fever and headache.