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Change Notification UK National Blood Services No. 20 2016

This change applies to the Whole Blood and Components Donor Selection Guidelines

High Haemoglobin

Please modify the following entries:

1. Haematological Disease

Obligatory	Must not donate if: a) Malignant. b) A clonal disorder, e.g. primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).
Discretionary	a) If following specialist investigation a polycythaemia is not diagnosed as Polycythaemia Rubra Vera and no treatment or further investigation is planned, accept b) If following specialist investigation a thrombocythaemia is not diagnosed as Essential Thrombocythaemia and no treatment or further investigation is planned, accept
See if Relevant	Anaemia Haemochromatosis Haemoglobin Disorders Haemolytic Anaemia Immune Thrombocytopenia Malignancy Polycythaemia
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.
Information	This is a requirement of the Blood Safety and Quality Regulations 2005.
Reason for change	Discretions to accept non-clonal disorders have been added.

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2. Polycythaemia

Obligatory	Must not donate.
Discretionary	If following specialist investigation a polycythaemia is not diagnosed as Polycythaemia Rubra Vera and no treatment or further investigation is planned, accept
See if Relevant	Cardiovascular Disease Haematological Disease Haemoglobin Disorders Haemoglobin Estimation Respiratory Disease
Additional Information	In men, haemoglobin concentrations in excess of 180 g/l or red cell counts in excess of 6.5×10^{12} and in women, haemoglobin concentrations in excess of 165 g/l or red cell counts in excess of 5.6×10^{12} should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation. A discretion to accept a non clonal disorder has been added.

3. Haemoglobin Estimation

Obligatory	The haemoglobin concentration should be estimated each time a potential donor presents. 1. All donors, except Double Red Cell Donors. Must not donate if the haemoglobin concentration is less than: a) Female donors: 125 g/l. b) Male donors: 135 g/l. 2. Double Red Cell Donors. Must not donate if the haemoglobin concentration is less than: Male and Female donors: 140 g/l. 3. All Donors Must not donate if the haemoglobin concentration is greater than: a) Female donors: 165 g/l b) Male donors: 180 g/l If a donor is not accepted, the reason why must be explained to them and, if appropriate, advice given to see their own GP.
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Discretionary

a) Potential donors whose haemoglobin concentration is estimated to be below the acceptable level may be asked to give a venous sample of blood for further testing. If the venous haemoglobin concentration, tested by a validated method, is not less than the levels shown above, accept.

b) If the haemoglobin concentration for males is greater than 180 g/l and for females is greater than 165 g/l and Polycythaemia Rubra Vera has been excluded, accept.

See if Relevant

Anaemia
Polycythaemia

Additional Information

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.

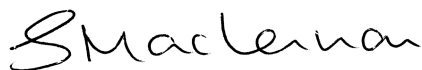
Component donors giving double units of red cells lose twice as much iron and so it is even more important that they start with a good haemoglobin concentration.

Information

Part of this entry is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change

Polycythaemia Rubra Vera has been added to "Discretionary"



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