Date of publication: 07 June 2016	**Implementation:** To be determined by each Service

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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Joint UKBTS Professional Advisory Committee (JPAC)
JPAC Office
NHS Blood and Transplant
Longley Lane, SHEFFIELD, S5 7JN

Tel: 0114 358 4903
Fax: 0114 358 4494
Email: caroline.smith@nhsbt.nhs.uk

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 x 1012 and in women, haemoglobin concentrations in excess of 165 g/l or red cell counts in excess of 5.6 x 1012 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"

Dr Sheila MacLennan
Professional Director - Joint UKBTS Professional Advisory Committee
☎ Direct Dial: (0113) 820 8638 ✉ sheila.maclennan@nhsbt.nhs.uk