Change Notification for the UK Blood Transfusion Services

Date of Issue: 30 April 2025 **Implementation:** to be determined by each Service

No. 10 – 2025

Autologous Blood Donation

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue – Deceased Donors	TL-DSG Tissue – Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Chapter 3.16	○	○	○	○	○	○	●

Dr Angus Wells
Chair of Standing Advisory Committee on Care & Selection of Donors (SACCSD)

Dr Stephen Thomas
Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	~~deleted text~~

1. Changes apply to the **Red Book**

Chapter 3: Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood)

(no changes to 3.1 – 3.15)

~~3.16: Donors of pre-deposit autologous donations~~

~~*Autologous pre-deposit donations must be collected according to the same requirements as allogeneic donations but the deferral criteria vary. These donations must be clearly identified as such and kept separate from allogeneic donations.*~~

~~3.16.1: Deferral criteria~~

~~*The deferral criteria for donors of autologous pre-deposit donations in the UK, originally agreed by the British Committee for Standards in Haematology Blood Transfusion Task Force, were updated in 2007.*~~[5]

~~*The two main deferral criteria are serious cardiac disease (where the clinical setting of the blood collection must be taken into account) and active bacterial infection.*~~

«3.16: Autologous donation

3.16.1: General principles

Autologous donation is only required in limited circumstances, as outlined below. For all autologous donations:

- Collection of autologous donations must be listed on the Blood Establishment Licence for the blood service
- Blood services must have a policy and associated SOP(s) in place for autologous donation.
- As well as the usual information provided to all donors, there are additional requirements for autologous donors (see sections 5.1 and 5.2) to support informed consent (see section 3.4).
- Donations should be collected according to the same requirements as allogeneic donations, except that deferral criteria may vary.
- In some circumstances it may be appropriate to collect a lower volume donation, e.g. donors with a lower blood volume who have experienced vasovagal reactions. However, this will reduce the amount of haemoglobin in the final component for transfusion.

- Absolute deferral criteria are serious cardiac disease or active bacterial infection; these are requirements of the Blood Safety and Quality Regulations 2005.
- In all other situations, donors must be assessed by a qualified doctor or nurse working in the blood establishment before acceptance for autologous donation.
- Any autologous donation must be clearly identified as such and kept separate from allogeneic donations at all stages. Labels for autologous blood and blood components must include the identification of the donor and a statement that the component is for autologous transfusion only.
- Blood services should also have a written policy or procedure for management of autologous donations which give anomalous results in donation testing. This includes donations which are reactive for infective disease markers. In this instance, consideration must be given to the safety of blood services staff if processing reactive donations, risk of cross-contamination during storage and potential risk to others once any autologous product has been issued outside the blood service.

3.16.2: Predeposit autologous donation

Predeposit autologous donation (PAD) is the collection and storage of blood from a person prior to elective surgery. This procedure is only recommended for patients with rare blood groups or who have multiple blood group antibodies which make compatible allogeneic blood difficult to obtain.[5] Decisions about eligibility for PAD should be made jointly between the patient's clinician and a qualified doctor or nurse working in the blood establishment.

Refer to the British Society for Haematology publication for full guidelines on the use of PAD.[5]

3.16.3: Autologous serum eyedrops

Autologous blood donation may be undertaken for the provision of serum to manufacture autologous serum eyedrops (ASE). Blood services must follow the principles outlined in 3.16.1 above. This includes preparation of a written policy and standard operating procedures to cover all aspects of the process from donor eligibility assessment to issue of ASE.

3.17: References

1. Joint UKBTS Professional Advisory Committee's (JPAC) Donor Selection Guidelines. Available at www.transfusionguidelines.org
2. The Mental Capacity Act 2005. Available at www.legislation.gov.uk.(Applies to England and Wales. Equivalent legislation applies in Scotland and Northern Ireland).
3. Nadler SB, Hidalgo JU, Block T. Prediction of blood volume in normal human adults. *Surgery*. 1962; 51(2): 224–232.
4. JPAC Position Statement: Arrangements in place for monitoring threats to the UK blood supply from new and emerging infections. Available at www.transfusionguidelines.org

~~5. British Committee for Standards in Haematology Blood Transfusion Task Force (2007). Guidelines for policies on alternatives to allogeneic blood transfusion. 1. Predeposit autologous blood donation and transfusion. Transfusion Medicine, 17, 354–365.~~

5. «McSporran W, Anand R, Bolton-Maggs P, Madgwick K, McLintock L, Nwankiti K. The use of predeposit autologous donation: Guideline prepared by the BSH Blood Transfusion Task Force. *Br J Haematol*. 2024; 204(6): 2210–2216. doi.org/10.1111/bjh.19374»