United Kingdom Blood Transfusion Services (UKBTS)
Tissue Donor Selection Guidelines Live Donors (TDSG-LD)
Edition 203 - Published 1 June 2007
Release 20 - Published 17 March 2015

Introduction


These criteria are reviewed regularly to ensure that the tissues obtained are of the highest quality and of sufficient quantity to meet the needs of recipients.

The Joint Professional Advisory committee (JPAC) of the UKBTS is responsible for this document. JPAC receives professional advice from the Standing Advisory Committees (SACs) that form part of its structure and from other relevant expert groups.

Users of these guidelines must ensure that they have the latest version and that recent changes have been implemented (usually within three months) by their national service.

Latest Updates lists alterations to the guidelines made since publication of this edition.

Advice on these guidelines can be obtained from:

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Comments about the content of these guidelines, including notification of errors, omissions and suggestions for improvements, should be sent to the Chair of SAC-Tissues and Cellular Therapy Products:

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This section was last updated in TDSG-LD Edition 203, Release 17 Issue 01
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Document and Change Control

These guidelines are under the continuing review of the Standing Advisory Committee for Tissues and Cellular Therapy Products (SAC-TCTP) and for Transfusion Transmitted Infection (SAC-TTI). This is to ensure that they are accurate and up to date. All changes have the approval of the Joint UKBTS Professional Advisory Committee (JPAC).

Change Notification.
A Change Notification Letter notifies changes to the Medical Director and the Quality Manager of each of the four national services. The Professional Director of JPAC is responsible for this notification. All changes will have the approval of the JPAC.

Implementation of changes is the responsibility of the individual Services.

Document version terminology.
A version shall be any of the following:
Extensive revisions of this document are known as 'Editions'.
Changes following the issue of 'Change Notification Letters' are known as 'Releases'.
Changes to the website, which do not involve a change to the medical or scientific content, are given an 'Issue' number.

Edition Date, Release Date and Issue Date is the date on which an Edition, Release or Issue is first published on the UKBTS website.

Changes to printed versions.
The Quality Manager of each Blood Service will effect changes to the document. They will be informed when a new electronic version is released. The Quality Manager is responsible for ensuring that there is an effective Document Control and Document Change procedure in operation within their Blood Service to ensure that only up to date versions are in use and that all authorized copies, both electronic and paper, are traceable.

Individual users of these guidelines are responsible for ensuring that they are using an up-to-date version.

Changes to the website versions.
The website will always display the up to date version. Any errors should be notified to the publisher, Caroline Smith, preferably by e-mail to caroline.smith@nhsbt.nhs.uk

This section was last updated in TDSG-LD Edition 203, Release 03.
General Principles

This document provides guidance for the selection of live donors of tissues. It must be read in conjunction with
the general, and some specific aspects of donor selection.

Donors are selected to ensure that their tissue is unlikely to harm any recipient. The ultimate responsibility for the
selection of donors rests with the respective National Medical Director.

The immediate responsibility is with the Qualified Healthcare Professional who must ensure that the donor fulfills
the respective selection guidelines. When it is not clear from these guidelines if an individual donation is acceptable,
no tissue should be used without discussion with a Designated Medical Officer.

The prospective donor must be evaluated for their suitability to donate by a Qualified Healthcare Professional who
has undergone appropriate training to use this document. They must verify their assessment by signing and dating
the donation record.

Special note must be taken of the content of the Tissue Safety Entry in the A-Z.

It is the responsibility of the Qualified Healthcare Professional to ensure that relatives/partners clearly understand
the nature of the donation process. Relatives/partners must also understand the health questions and other
information presented to them. Relatives/partners are asked about confidential aspects of their relative's/partner's
medical history, hence great care must be taken over privacy and confidentiality. This means that third party
interpreters can only be used, as described in the A-Z entry on Communication Difficulties.

Where there is separate guidance for different tissues this is made clear.

When there is a recognized risk to the recipient, the guidelines must be followed.

The following terms may be used:

Including
Lists any other terms which may be covered by the Guideline.

Definition
Where additional clarity is required, a definition is provided.

Obligatory
This will indicate how the donor must be dealt with by the use of several terms:

Must not donate
The donor must not donate if any of the statements apply to them, unless a 'discretion' clearly applies. Often the
exclusion will depend on time related factors. If a donation cannot be taken, relatives/partners must be clearly
advised why.

Refer to Designated Medical Officer
Is used when there is a need to seek further advice. The Designated Medical Officer is a suitably trained person
authorized to undertake this task by the National Medical Director.

Discretionary
Gives reasons why a donor may be permitted to donate. The statements are conditional. All statements that must
be fulfilled come before the final statement that they may be accepted. If the donor fulfills these requirements, as well as
all others that apply, then they can be accepted.

See if relevant
Is used when an A-Z entry may or may not need to be consulted. This will depend upon the information provided by
the donor's relatives/partner.

Additional Information
This provides background information as to why a particular action or actions is required.

See
Means that the specified A-Z entry must be consulted.

Reason for Change
This indicates the background to any changes made to the entry since the last Edition or Release

Some or all of these terms may be used under each subject heading or sub-heading.
This section was last updated in TDSG-LD Edition 203, Release 02, Issue 01.
Medication

The underlying illness suffered by a donor, rather than the properties of any drug they have taken, is the usual reason for them not being eligible to donate.

In general, traces of drugs in tissues are harmless to their recipients. However, donors treated with certain drugs are deferred for periods associated with the pharmacokinetic properties of the drug. Examples are some drugs used to treat acne, psoriasis and some prostate problems. All such drugs have their own entry in the A-Z section.

This section was last updated in TDSG-LD Edition 203, Release 02, Issue 01.
Use of Alphabetical Listing (A-Z)

Any medical condition, or possible contraindication to donation, elicited at any point during donation processing or storage, must be managed according to the A-Z section of these guidelines. Any donated tissue, which, as a result, is unsuitable for clinical use, must be clearly labelled as unfit for use.

Any new health risks identified by this process should be notified to the Standing Advisory Committee on Tissues and Cellular Therapy Products, so they can be considered for incorporation into future revisions of these guidelines.

If late information is provided by the relatives/partner, or through any other source, that the donor was medically unfit, this must be recorded and reported to the Designated Medical Officer.

Donations must not be accepted from donors who exhibit health risks that are not listed in this guidance, without referral to, and acceptance by, the Designated Medical Officer.

This section was last updated in TDSG-LD Edition 203, Release 02, Issue 01.
**Achondroplasia**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Bone, structural: Must not donate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary</td>
<td>Bone, non-structural: Accept.</td>
</tr>
<tr>
<td>Additional Information</td>
<td>People with achondroplasia have abnormal structural bone. This may not be suitable for grafting.</td>
</tr>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
</tr>
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**Acitretin**

**Neotigason**

<table>
<thead>
<tr>
<th>See</th>
<th>Acne Psoriasis</th>
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<tbody>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
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**Acne**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Has ever taken Etretinate (Tigason).</td>
<td></td>
</tr>
<tr>
<td>b) Less than 24 months from the last dose of Acitretin (Neotigason).</td>
<td></td>
</tr>
<tr>
<td>c) Less than four weeks from the last dose of Isotretinoin (Roaccutane) or Alitretinoin (Toctino).</td>
<td></td>
</tr>
<tr>
<td>d) There is secondary infection</td>
<td></td>
</tr>
<tr>
<td>Discretionary</td>
<td>Therapy with topical treatments, oral tetracycline, erythromycin and Dianette (cyproterone acetate and ethinyloestradiol), accept.</td>
</tr>
<tr>
<td>Additional Information</td>
<td>Etretinate (Tigason), Acitretin (Neotigason), Isotretinoin (Roaccutane) and Alitretinoin (Toctino) 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 donor. It takes longer to clear some drugs than others. 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 tissues. This is because the bacteria can multiply to dangerous levels.</td>
</tr>
<tr>
<td>Reason for Change</td>
<td>To include information on Alitretinoin (Toctino).</td>
</tr>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 17</td>
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**Acupuncture**

<table>
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<tr>
<th>See</th>
<th>Complementary Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Change</td>
<td>To replace the entry for acupuncture with a link to complementary therapy. The</td>
</tr>
</tbody>
</table>
acupuncture entry was virtually a duplicate of the entry for complementary therapy. By using a link it will make future changes to the guidelines simpler.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 17

### Addiction and Drug Abuse

**Obligatory**
Must not donate if:
- a) Has ever injected, or has been injected with, drugs; even a long time ago or only once. This includes bodybuilding drugs.
- b) Adversely affected by any drug, including alcohol, which may affect the process of obtaining valid consent.

**Discretionary**
- a) May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.
- b) Previous use of non-parenteral drugs does not necessarily require exclusion.

**See if Relevant**
Tissues Safety Entry

**Additional Information**
Injecting drugs has been linked with the passing on of many infections, including hepatitis and HIV. It can be many years before any infection shows itself. Former drug users often do not realize that they can still pass infection on to others many years after they last used drugs themselves.

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.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### African Trypanosomiasis

*(Sleeping Sickness)*

**Obligatory**
Must not donate.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Age

**Obligatory**
Must not donate if:
Under seventeen years of age.

**Discretionary**
**Bone, non-structural:**
Accept at any age over seventeen.

**Additional Information**
Surgical bone is not processed for structural (weight bearing) use so an upper age limit is not required.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### AIDS

**See** HIV
### Alcoholism

**Discretionary** Accept.  
**See if Relevant** Cirrhosis  
**See** Addiction and Drug Abuse  

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

### Alitretinoin

**Obligatory** Must not donate if less than four weeks from the last dose of Alitretinoin (Toctino).  
**Additional Information**  
Alitretinoin is a drug analogous to Tretinoin and Isotretinoin used to treat acne and refractory eczema.  
Treatment with retinoids such as Alitretinoin 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 donor. A one month deferral for donation is recommended in the drug information sheet.  
**See** Acne  
**See** Dermatitis  

**Reason for Change** New entry.  
**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 17

### Allergy

**Discretionary** Accept.  
**See if Relevant** Steroid Therapy  

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

### Alternative Therapies

**See** Complementary Therapy  

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

### Anaemia
**Discretionary**

1. **History of anaemia:**
   This must be assessed regarding its cause, current status and what treatment has been received.

2. **Iron deficiency:**
   If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.

3. **Other types:**
   Accept or exclude according to the guidelines.

4. **In other cases:**
   Refer to a Designated Medical Officer.

---

**See if Relevant**

- Haemoglobin Disorders
- Haemolytic Anaemia
- Malignancy

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

- Transfusion

**Additional Information**

People with severe long-standing anaemia may have abnormal structural bone. This may not be suitable for grafting.

There are special rules for people who have received blood components or blood products.

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**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Animal Bite**

(Non-Human)

**Obligatory**

Must not donate if:

a) Ever bitten by a non-human primate.

b) Any wound is infected or not healed.

c) Less than 12 months since bitten anywhere in the world by a bat or by any mammal outside of the British Isles.

**See if Relevant**

- Human Bite
- Infection - General
- Rabies Immunization

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

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

**Reason for Change**

There have been minor changes to make it clear that the reference is to non-human animals and to introduce guidance concerning bites from non-human primates.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Ankylosing Spondylitis**
**Discretionary**

Accept.

**Reason for Change**

A link to 'Autoimmune Disease' has been added.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Anthrax**

**Infection**

**See**

Infection - Acute

**Exposure**

**Discretionary**

Even if on prophylactic antibiotics, accept.

**Additional Information**

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

**Immunization**

**See**

Immunization - Non-Live

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Anti-Androgens**

**Including**

Androgen Antagonists

**See**

Dutasteride (Avodart)

Finasteride (Proscar)

**Reason for Change**

To include a link for 'Anti-Androgens'.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Antibiotic Therapy**

**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 Medical Officer.

**See**

Infection - General

**Reason for Change**

Additional Information' has been added for clarity.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02
Antidepressant Therapy

See Mental Health Problems

Reason for Change The entry has been replaced with a link to 'Mental Health Problems'.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Antifungals

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Antivirals

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Arthritis

See if Relevant Ankylosing Spondylitis Autoimmune Disease Osteoarthritis Psoriasis Rheumatoid Arthritis

Reason for Change A link has been added for 'Autoimmune Disease'.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Arthropod Borne Encephalitis

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Asthma

Obligatory Must not donate if: Taking, or has completed, oral or parenteral steroids within the last seven days.

See if Relevant Infection - General Steroid Therapy

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

Update Information This entry was last updated in
Autoimmune Disease

Obligatory

Must not donate if:
The donor has needed treatment to suppress the condition in the last 12 months.

See if Relevant

If treated with immunoglobulin or plasma exchange or filtration:
Transfusion

Additional Information

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

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

Reason for Change

Additional Information has been added to clarify treatment that may have been used to suppress the condition.

Update Information

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

This entry was last updated in TDSG-LD Edition 203, Release 02

Avascular Necrosis of the Femoral Head (Hip)

Obligatory

Must not donate:
Affected femoral heads.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Avodart

Dutasteride

See

Dutasteride (Avodart)

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Babesiosis

Obligatory

Must not donate.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Basal Cell Carcinoma
### Obligatory
**Must not donate if:**
- b) Any wound has not healed.

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

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

### Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

### BCG
**Obligatory**
**Must not donate if:**
- a) The inoculation site has not yet healed.
- b) Less than four weeks after inoculation.

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

### Reason for Change
Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunizations other than smallpox.

### Update Information
This entry was last updated in TDSG-LD Edition 203, Release 08

### BCG Immunization
**See**
BCG

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Bilharzia
**See**
Infection - Acute

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Bipolar Disorder
**See**
Mental Health Problems

**Reason for Change**
This is a new entry.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Bleeding Disorder

Including Carriers

Affected Individual

Obligatory Must not donate if:
- Treated with blood derived coagulation factor concentrates.
- A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.
- Has had an inoculation injury with blood derived coagulation factor concentrates.

See if Relevant Transfusion

Additional Information People who have received blood derived coagulation concentrates (these are made from the blood of many hundreds of individual donors) may have been put at risk of infections that can be passed through donations.

Family Members, Carers and Sexual Partners of Individuals Treated with Blood Derived Coagulation Factor Concentrates

Obligatory Must not donate if:
- a) Treated with blood derived coagulation factor concentrates.
- b) A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.
- c) Has had an inoculation injury with blood derived coagulation factor concentrates.

Discretionary If six months or more from last sexual contact or inoculation injury, accept.

See if Relevant Inoculation Injury Transfusion

Additional Information Blood derived coagulation concentrates: These are made from the blood of many donors. They may put recipients at risk of infections that can be passed through blood. This risk may be shared by their sexual partners.

Waiting six months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the Blood & Tissues Services will be picked up.

Reason for Change This entry has been extensively rewritten to improve clarity.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Blind Donor

See Disabled Donor

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Blood Pressure - High

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Blood Transfusion
Body Piercing

**Including**
Permanent and Semi-permanent Makeup

**Obligatory**
**Must not donate if:**
Less than four months after last piercing.

**Additional Information**
Piercing has passed infection from person to person. Waiting four months helps to ensure that the infections tested for by the Blood & Tissues Services will be picked up.

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

**Reason for Change**
The deferral period has been reduced from 6 to 4 months to reflect updated JPAC Standing Advisory Committee on Transfusion Transmitted Infections guidance on infection risk. (JPAC paper 09-34).

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Tissue Donor Selection Guidelines Live Donors

Brain Tumour

See if Relevant
- Malignancy
- Neurosurgery

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Breast Biopsy

See
- Surgery

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Breast Lump

Obligatory
Must not donate if:
- a) Malignant.
- b) Not fully investigated and cleared of malignancy.

See if Relevant
- Malignancy
- Surgery

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Bronchitis

Acute

See
- Infection - Acute

Chronic

See if Relevant
- Infection - General
- Steroid Therapy

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Brucellosis

Undulant Fever

Obligatory
Must not donate.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02
Cancer

See Malignancy

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Candida

See Thrush - Oral
Thrush - Vaginal

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cannabis

See Addiction and Drug Abuse

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cardiac Surgery

See if Relevant Cardiovascular Disease
Endocarditis
Surgery
Transfusion

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cardiomyopathy

Obligatory Must not donate if:
Not recovered from infective causes.

Reason for Change The entry has been changed to make it clear that it is only infective causes that prevent donation.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cardiovascular Disease

See if Relevant Cardiomyopathy
Endocarditis
Myocarditis

Reason for Change Additional links have been added.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02
Catarrh

Acute

See Infection - Acute

Chronic

See if Relevant Infection - General

Update Information

This entry was last updated in
TDSG-LD Edition 203, Release 02

Central Nervous System Disease

Obligatory Must not donate if:

a) Dementia.

b) History of CNS disease of suspected infective origin (e.g. multiple sclerosis (MS), optic neuritis, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).

c) Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).

Discretionary

a) Individuals who have had Bell's palsy more than four weeks ago and have discontinued any treatment for the condition for at least seven days, even if they have residual paralysis, accept.

b) If a definite diagnosis of transient global amnesia has been made, accept.

See if Relevant Neurosurgery

Prior Associated Diseases

Rabies

Additional Information

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. It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion.

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.

Reason for Change

Additional advice for donors with a history of optic neuritis, transverse myelitis, Bell's Palsy or transient global amnesia has been added.

A new section Additional Information has been added.

Update Information

This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-LD Edition 203, Release 17

Cervical Carcinoma in Situ

Obligatory Must not donate if:

Undergoing investigation or treatment.

Discretionary a) If investigation and treatment is concluded, accept.
b) If just having regular review of smears, accept.

Cervical Cone Biopsy

See Cervical Carcinoma in Situ

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Cervical Dysplasia

See Cervical Carcinoma in Situ

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Chagas’ Disease

South American Trypanosomiasis

Obligatory Must not donate.

See if Relevant South American Trypanosomiasis Risk

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Chicken Pox

Herpes Zoster (Varicella Zoster)

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Chikungunya Virus

Definition Chikungunya endemic areas are shown in the Geographical Disease Risk Index (GDRI) and any associated Change Notifications.

Obligatory Must not donate if:

a) It is less than six months from a donor’s return from a chikungunya endemic area and the donor has been diagnosed with chikungunya whilst there or following their return to
b) It is less than six months from a donor's return from a chikungunya endemic area and
the donor has either had a history of symptoms suggestive of chikungunya whilst there or
following their return to the UK.

c) In other cases it is less than four weeks from a donor's return from a chikungunya
endemic area.

Discretionary

All donors may be accepted six months after their return from an affected area. This may
be reduced to four weeks if they have had neither symptoms nor evidence of infection.

See if Relevant

Discretionary

Additional

Information

Chikungunya is an alpha virus 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.

It is geographically widespread but has reached epidemic proportions in parts of India and
islands in the Indian Ocean since 2005. It is known to be spread by blood in symptomatic
cases and on theoretical grounds could be spread by transfusion and transplantation of
tissues and organs from people with pre-symptomatic or asymptomatic disease. A
number of visitors returning from endemic areas to the UK have been diagnosed with this
infection. It is spread by the same day-biting mosquitoes as dengue.

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 and associated
Change Notifications.

A Position Statement on Chikungunya is available in the JPAC Document Library.

Reason for Change

The entry has been revised following the publication of the 'Geographical Disease Risk
Index' and an outbreak of chikungunya in North-eastern Italy in the summer of 2007.

Update Information

This entry was last updated in
TDSG-LD Edition 203, Release 02

Chlamydia

See if Relevant

Lymphogranuloma Venereum

See

Infection - Acute

Reason for Change

A link to 'Lymphogranuloma Venereum' has been added.

Update Information

This entry was last updated in
TDSG-LD Edition 203, Release 02

Cholecystitis

See

Gall Bladder Disease

Update Information

This entry was last updated in
TDSG-LD Edition 203, Release 02
Cholera Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Chondromalacia

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Christmas Disease

See Bleeding Disorder

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Chronic Fatigue Syndrome

See Post Viral Fatigue Syndrome

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cirrhosis

Obligatory Must not donate if:
a) Complicated by hepatoma.
b) Infectious or autoimmune cause.

Discretionary If secondary to alcohol or genetic cause, accept.

See if Relevant Alcoholism Autoimmune Disease Malignancy

Reason for Change Additional links have been added.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Clinical Trials

Obligatory Must not donate if:
Participating in a clinical trial. This includes the use of drugs of any kind (oral, parenteral, transcutaneous, etc.) and applies to healthy individuals participating as volunteers - for example in 'phase 1' clinical trials.

Discretionary If a Designated Medical Officer has examined and agreed the trial protocol, accept.
Coagulation Factor Concentrates

See if Relevant

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Coeliac Disease

Discretionary
Accept.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Colitis

Obligatory
Must not donate if history of:

a) Crohn’s disease.

b) Ulcerative colitis.

Discretionary
If more than two weeks since full recovery from an episode of infective colitis, accept.

Reason for Change
A link has been added for ‘Malignancy’.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Colostomy

Obligatory
Must not donate if:
For malignancy or inflammatory bowel disease.

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

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Communication Difficulties

Obligatory
1. All donors must:

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

2. Third party interpreters:
If they are to be present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified health professional, they must:

a) Understand the importance of providing an accurate and truthful translation of the information provided, to enable the tissue/cell establishment to comply with regulatory requirements
b) Not be personally known to the donor.
c) Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor

See if Relevant
See Relevant

Disabled Donor

Additional Information

The Services are aware of their duties under Race Relations and Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for individuals whose first language is not English, or who have other difficulties in communicating. Every donor must:

a) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional.
b) Provide informed consent to proceed with the donation process. This consent must be given in the presence of the qualified health professional responsible for obtaining the health history. The qualified health professional may be physically present or in communication with the donor by telephone

A qualified health 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/Tissue 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 standardized way of assessing comprehension so this will be a personal judgement made by the qualified health professional.

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

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

Reason for Change

1. To clarify that interpreters and translators do not need to understand all the regulatory requirements of the Human Tissue Act, but are aware of the importance of providing a truthful and accurate translation to enable the tissue/cell establishment to comply with
regulatory requirements

2. To clarify that interpreters and translators have a duty of confidentiality

3. To clarify that consent for donation need not be signed by the donor, it can be taken by telephone

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 20

### Complementary Therapy

**Obligatory**

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

2. **Therapies involving penetration by needles:**
   **Must not donate if:**
   Less than four months from completing treatment.

**Discretionary**

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

b) **Therapies involving penetration by needles:**
   1. **Performed within the NHS**
      If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.

2. **Performed outside of the NHS**
   If performed by a Qualified Health Care Professional registered with the General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Dental Council (GDC), The General Chiropractic Council (GCC), The General Optical Council (GOC), The General Osteopathic Council (GOsC) or The Health and Care Professions Council (HCPC) (which regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Pharmacists, Practitioner Psychologists, Physiotherapists, Prosthetists and Orthotists, Radiographers, Social Workers in England and Speech and Language Therapists), accept.

**Additional Information**

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

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

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

JPAC considers statutory registration of practitioners to afford the best overall guarantee that tissues and cells donated by individuals who have undertaken complementary therapy is safe. In the absence of statutory regulation of complementary therapy, there is currently no single body to which all therapists are accredited, and so to continue with the approval of one or more organisations would necessarily mean that others of possibly equal merit were excluded from approval.

Voluntary registration with a non-statutory body cannot provide assurance as to how high the standards of an organisation's members are or how diligent the non-statutory regulator is in enforcing them or the practitioner in applying them. Practitioners who choose not to join a voluntary register are still able to practise legally and to use the relevant title, as will a practitioner who has been removed from the register by the registering body.

There is no way of policing the enforcement by voluntary associations of the standards they require of their members as the organisations are not subject to supervision by the Council for Regulatory Healthcare Excellence (CHRE). Nor is there currently any external, independent consideration of "fitness to practise" cases referred to voluntary regulators.
While statutory regulation cannot guarantee the absence of risk, its primary aim is to deliver enhanced patient safety and public protection. Statutory “protection of title” means that donor centres can safely assume that a person who practises in the name of the registered profession is actually registered.

**Reason for Change**

Details about the Health and Care Professions Council have been updated. Relevant information that was included in the previous 'Reasons for Change' section has been added to the 'Additional Information' section. The term 'acupuncture' has been replaced with the term 'complementary therapy', and the link to the 'Acupuncture' entry removed as it was redundant. Clarification that complementary therapies delivered orally or topically are acceptable has been added.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 20

### Cone Biopsy

**See**

Cervical Carcinoma in Situ

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Congo Fever

**Obligatory**

Must not donate if:
Less than twelve months following recovery or from return to the UK, if occurred abroad.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Contact with Infectious Disease

**See**

Infectious Diseases - Contact with

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Contagious Pustular Dermatitis

**Orf**

**See**

Infection - Acute

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Contraceptive Implant

**Discretionary**

Accept.

**See if Relevant**

Surgery
### Contraceptive Injection

**Discretionary**
Accept.

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

### Contraceptive Pill

**Discretionary**
Accept.

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

### Corneal Transplant

**Obligatory**
Must not donate.

**See if Relevant**
Prion Associated Diseases

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

### Coronary Thrombosis

**Including**
Heart Attack
Myocardial Infarct

**Discretionary**
Accept.

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

### Cortisone (Periarticular)

**See**
Steroid Therapy

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

### Cortisone Tablets

**See**
Steroid Therapy

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02
Creutzfeldt-Jakob Disease

See Prion Associated Diseases

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Crimean Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-LD Edition 203, Release 19

Crohn's Disease

See Inflammatory Bowel Disease

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cystitis

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Cytomegalovirus

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Deaf Donor

See Disabled Donor

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Deep Vein Thrombosis

Discretionary If the underlying cause does not exclude, accept.

See if Relevant Malignancy

Update Information This entry was last updated in
Dementia

**Obligatory**

**Must not donate.**

**Update Information**

This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in
TDSG-LD Edition 203, Release 02

Dengue Fever

**See**

Infection - Acute

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02

Depression

**See**

Mental Health Problems

**Reason for Change**
The previous link has been replaced with one to ‘Mental Health Problems’.

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02

Dermatitis

**See if Relevant**

Alitretinoin  
Infection - General  
Steroid Therapy

**Reason for Change**
To add a link to Alitretinoin.

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 17

Diabetes Insipidus

**Discretionary**

If the underlying cause does not exclude, accept.

**See if Relevant**

Neurosurgery

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02

Diabetes Mellitus

**Discretionary**

Accept.
### Diarrhoea

**Including**
- D & V
- Entero-colitis
- Food Poisoning
- Gastric Flu
- Gastro-enteritis

**Obligatory**
**Must not donate if:**
- a) Chronic or associated with inflammatory bowel disease.
- b) Less than two weeks since full recovery.

### Dilatation and Curettage

**See**
- Surgery

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Diphtheria

**See**
- Infection - Acute

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Diphtheria Immunization

**See**
- Immunization - Non-Live

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Diphtheria Tetanus Immunization

**See**
- Immunization - Non-Live

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Diphtheria Tetanus Pertussis Immunization

See Immunization - Non-Live

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Disabled Donor

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

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

Discretionary
Donors with difficulty in reading:
Ensure by questioning the donor that they:
   a) Understand and fully complete the tick-box questionnaire
   b) Give valid consent to donation and to the testing of their blood for diseases that may affect its suitability for use.

See if Relevant
Spina Bifida

Additional Information
The Services are aware of their duties under Disability Discrimination Legislation and will, whenever and wherever reasonable, try to provide facilities for disabled individuals. Every donor must:

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

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

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

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

**Reason for Change**
This is a revised entry to clarify the use of interpreters by the Blood & Tissue Services.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Disease of Unknown Aetiology

- **Obligatory**
  - Must not donate.

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

**Reason for Change**
This is a new entry.

**Update Information**
This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 02

### Diverticulosis

- **Discretionary**
  - Accept.

**See if Relevant**
Infection - General

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Drug Abuse

**See**
Addiction and Drug Abuse

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Drug Treatment

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

  **See:**
  - Any specific entry for the disease or the drug.

- **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.

  **See if Relevant**
  - Addiction and Drug Abuse
DTP Immunization

See Immunization - Non-Live

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Duodenal Ulcer

See Peptic Ulcer

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Dutasteride (Avodart)

Obligatory Must not donate if:
Less than six months since completion of treatment.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Dysplasia of the Hip

Discretionary Accept.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Ear Piercing

See Body Piercing

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Ebola Fever

See Viral Haemorrhagic Fever

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 19
Eczema

See Dermatitis

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Ehlers-Danlos Syndrome (Disease)

Obligatory Must not donate.

Reason for Change This is a new entry.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Electrolysis

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Elliptocytosis

See Hereditary Elliptocytosis

Reason for Change This entry has been changed to Hereditary Elliptocytosis

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Emphysema

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Encephalitis

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Endocarditis

Obligatory Must not donate if: Active infection.
### Endometriosis

**Discretionary** Accept.

**See if Relevant** Endoscopy, Surgery

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

### Endoscopy

**Obligatory** **Must not donate if:**
- Less than four months from an examination with a flexible endoscope.

**Discretionary** If the examination has been carried out with a rigid endoscope (e.g., some colposcopies and proctoscopies), the donor is well and not waiting for further tests or results, accept.

**See if Relevant** Surgery

**Additional Information** 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.

**Reason for Change** The deferral period has been reduced from 6 to 4 months to reflect updated JPAC Standing Advisory Committee on Transfusion Transmitted Infections guidance on infection risk. (JPAC paper 09-34).

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 06

### Epilepsy

**Obligatory** **Must not donate if:**
- a) Recent onset and not fully investigated.
- b) Secondary to malignancy or degenerative neurological disease.

**See if Relevant** Malignancy, Neurosurgery

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

### Episcleritis

**See** Inflammatory Eye Disease
### Etretinate

**Tigason**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has ever taken Etretinate (Tigason).</td>
</tr>
</tbody>
</table>

**See if Relevant**

- Acne
- Psoriasis

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Eye Disease

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Active ocular inflammation.</td>
</tr>
<tr>
<td></td>
<td>b) History of malignancy.</td>
</tr>
<tr>
<td></td>
<td>c) Ocular tissue transplanted.</td>
</tr>
</tbody>
</table>

**See if Relevant**

- Autoimmune Disease
- Glaucoma
- Infection - General
- Malignancy
- Ocular Surgery
- Ocular Tissue Recipient
- Steroid Therapy
- Tissue and Organ Recipients

**Reason for Change**

A link has been added for 'Malignancy'.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Eye Drops

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Determine what they are being used to treat.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See:</td>
</tr>
<tr>
<td></td>
<td>Is there a relevant entry.</td>
</tr>
</tbody>
</table>

**See if Relevant**

- Autoimmune Disease
- Glaucoma
- Infection - General
- Steroid Therapy

**Additional Information**

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

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Factor V Leiden
**Discretionary**

**Accept.**

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Febrile Episodes**

**See** Pyrexia

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Fever**

**See** Pyrexia

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Fibroids - Removal**

**See** Surgery

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Filariasis**

**Obligatory** Must not donate.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Finasteride (Proscar)**

**Obligatory** Must not donate if:
Less than four weeks from completion of therapy.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Fits**

**See** Epilepsy

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Food Allergy

See Allergy

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Food Poisoning

See Diarrhoea

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Foreign Travel

See Travel

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Fungal Infection

See Infection - General

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Fungal Infection of Nails

See Infection - Chronic

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

G6PD Deficiency

Discretionary
Accept.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Gall Bladder Disease

Obligatory
Must not donate if:
Symptomatic.

Discretionary
If recovered or has asymptomatic gallstones, accept.

See if Relevant
Infection - General
Malignancy
Gastrectomy

See if Relevant
- Malignancy
- Surgery

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Gastrointestinal Disease

Obligatory
- Must not donate if:
  a) Ulcerative colitis or Crohn's disease.
  b) Malignant.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Genital Herpes Infection

See
- Herpes - Genital

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Genital Warts

Discretionary
- Accept.

See if Relevant
- Sexually Transmitted Disease

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

German Measles

See
- Rubella

Reason for Change
The entry now links to Rubella.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Giardiasis
Discretionary
Accept.
Additional
Information
This is a local intestinal infection that does not affect donation.
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Gilbert's Disease
See Gilbert's Syndrome
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Gilbert's Syndrome
Discretionary
Accept.
Additional
Information
Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice in the donor.
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Glandular Fever
See Infection - Acute
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Glaucoma
Obligatory
Must not donate if:
Received transplant of sclera during glaucoma surgery.
See if Relevant Ocular Tissue Recipient Surgery
Tissue and Organ Recipients
Additional
Information
If surgery was performed after 1997 and the sclera was supplied through UK Transplant, this information will be stored on the National Transplant Database.
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Goitre
See Thyroid Disease
Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02
### Gonorrhoea

*See* Sexually Transmitted Disease

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Gout

**Discretionary**

Even if on treatment, accept.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Grand Mal

*See* Epilepsy

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Granuloma Inguinale

**Obligatory**

Must not donate.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Grave's Disease

*See* Thyroid Disease

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Growth Hormone

**Obligatory**

Must not donate if:

- Has ever received human pituitary derived growth hormone.

**Discretionary**

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

*See if Relevant* Prion Associated Diseases

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Guillain-Barré Syndrome
Obligatory

Refer to a Designated Medical Officer:
Must not donate if:

a) Less than 24 months from resolution.

b) There has been any recurrence of symptoms.

c) The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barré syndrome that recovered completely within 12 months.

See if Relevant

If treated with immunoglobulin or plasma exchange:
Transfusion

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Haematological Disease

Obligatory

Must not donate if:

a) Malignant.

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

Discretionary

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

See if Relevant

Anaemia
Haemoglobin Disorders
Immune Thrombocytopenia
Therapeutic Venesection

Additional Information

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

Reason for Change

Monoclonal gammopathy of unknown significance (MGUS) has been added as an example of a clonal disorder.

‘Additional Information’ has been added.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Haematuria

Obligatory

Must not donate if:

a) Due to infection.

b) Due to malignancy.

See if Relevant

Kidney Disease

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Haemochromatosis

Discretionary

Accept.
Haemoglobin Disorders

Obligatory  Must not donate if:
Has a sickle-cell or thalassaemia syndrome.

Discretionary  Donors with traits for abnormal haemoglobin, accept.

See if Relevant  Anaemia
Sickle-Cell Trait
Thalassaemia Trait
Transfusion

Reason for Change  A link has been added to Transfusion.

Update Information  This entry was last updated in
TDSG-LD Edition 203, Release 02

Haemolytic Anaemia

Obligatory  See:
a) Is there an entry for the condition?
b) If not: Refer to a Designated Medical Officer.

See if Relevant  Autoimmune Disorder
G6PD Deficiency
Haemoglobin Disorders
Hereditary Elliptocytosis
Hereditary Spherocytosis
Puruvate Kinase Deficiency
Transfusion

Reason for Change  To include an entry for haemolytic anaemia.

Update Information  This entry was last updated in
TDSG-LD Edition 203, Release 02

Haemophilia

See  Bleeding Disorder

Update Information  This entry was last updated in
TDSG-LD Edition 203, Release 02

Haemophilus Influenzae Type B Immunization

See  Immunization - Non-Live

Update Information  This entry was last updated in
TDSG-LD Edition 203, Release 02
Haemorrhoids

Including
Discretionary
See if Relevant
Update Information

Piles
Accept.
Surgery
This entry was last updated in TDSG-LD Edition 203, Release 02

Hand, Foot and Mouth Disease

See
Update Information

Infection - Acute
This entry was last updated in TDSG-LD Edition 203, Release 02

Hashimoto's Disease

See
Update Information

Thyroid Disease
This entry was last updated in TDSG-LD Edition 203, Release 02

Hay Fever

See
Update Information

Allergy
This entry was last updated in TDSG-LD Edition 203, Release 02

Head Injury

See
Update Information

Accident
This entry was last updated in TDSG-LD Edition 203, Release 02

Headache

Occasional
Discretionary

Accept.

Regular

Obligatory
Must not donate if:
Not investigated.

Discretionary
If investigated and diagnosis does not contra-indicate donation, accept.

Update Information
This entry was last updated in
### Heaf Test

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate until:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Healing.</td>
</tr>
</tbody>
</table>

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Health Care Worker

### History of Inoculation Injury

See: Inoculation Injury

### No Inoculation History

| Discretionary | Accept. |

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Heart Operation

See: Cardiac Surgery

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Henna Painting

| Discretionary | Accept. |

See if Relevant: Body Piercing

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Hepatitis

**Note:**

Hepatitis has a number of causes including infection and hypersensitivity to drugs. Our concern is with viral hepatitis.

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>If fully recovered from non-viral hepatitis, accept.</th>
</tr>
</thead>
</table>

| Discretionary | Accept. |

See if Relevant: Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis E, Hepatitis of Unknown Origin
Hepatitis A

Infection

**Obligatory**  
**Must not donate if:**  
Less than 12 months from recovery.

**Additional Information**  
Hepatitis A is spread by the faecal - oral route and by sewage-contaminated food and water. It can also be spread sexually. There are many reports of transmission by transfusion.

**Sexual Partner of Confirmed Case**

**Obligatory**  
**Must not donate if:**  
Less than 12 months from recovery of partner.

**Discretionary**  
If shown to be immune, accept.

**Additional Information**  
There is a risk of transmitting the disease through sexual activity. The 12 month exclusion allows any infection to run its natural course and for any risk of passing the illness on through donation to have passed.

**Person Sharing Home**

**Obligatory**  
**Must not donate if:**  
Less than 12 months from recovery of last affected person in the home.

**Discretionary**  
If shown to be immune, accept.

**Post Immunization**

**Obligatory**  
**Known exposure.**  
**Must not donate if:**  
Less than six weeks after vaccine or intramuscular immunoglobulin was given.

**Discretionary**  
**No known exposure:**  
Accept.

**See if Relevant**  
Hepatitis B - Post Immunization

**Travel**

**Additional Information**  
May be combined with Hepatitis B immunization.

Update Information  
This entry was last updated in  
TDSG-LD Edition 203, Release 02

Hepatitis A Immunization

**See**  
Hepatitis A - Post Immunization

**Update Information**  
This entry was last updated in  
TDSG-LD Edition 203, Release 02

Hepatitis B
Infected Individual

**Obligatory**
Must not donate.

**See if Relevant**
Tissues Safety Entry

History of Infection

**Obligatory**
Must not donate.

**Discretionary**
If more than 12 months from recovery, obtain history and blood samples and: Refer to Designated Medical Officer.

**Additional Information**
Only accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. natural immunity.

Current Sexual Partners of Infected Individuals

**Obligatory**
Must not donate.

**Discretionary**
Obtain history and blood samples and: Refer to Designated Medical Officer.

**See if Relevant**
Hepatitis B - Post Immunization - 1. Known Exposure

**Additional Information**
Only accept if HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. donor has natural immunity to hepatitis B or if more than 12 months from the date the donor was immunised and all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative.

Former Sexual Partners of Infected Individuals

**Obligatory**
Must not donate.

**Discretionary**
Obtain history (including time from last sexual contact) and blood samples and: Refer to Designated Medical Officer.

**See if Relevant**
Hepatitis B - Post Immunization - 1. Known Exposure

**Additional Information**

a) If less than six months from last sexual contact:
Only accept if HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. donor has natural immunity to hepatitis B.

or
if more than 12 months from the date the donor was immunised and all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative.

b) If more than six months from last sexual contact:
Accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time. No evidence of current infection, with or without natural immunity.

Current or Former Sexual Partners of Person who has recovered from hepatitis B infection

**Obligatory**
Must not donate if less than 12 months from last sexual contact.

**Discretionary**
Obtain history (including date the partner cleared the HBV infection and the date HBV immunisation of the donor commenced) and blood samples and Refer to Designated Medical Officer.

**See if Relevant**
Hepatitis B - Post Immunization, Known Exposure

**Additional Information**
If more than 12 months from the date the partner was stated to have recovered from / cleared HBV or more than 12 months from the date that the donor received the first dose of a course of
HBV vaccine
AND either
all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative
or
HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. donor has natural immunity to hepatitis B, accept.

Person Sharing Home

**Obligatory**
Must not donate.

**Discretionary**
Obtain history (if no longer sharing, include the time since sharing ceased) and blood samples and: Refer to a Designated Medical Officer.

**See if Relevant**
Hepatitis B - Post Immunization - 1. Known Exposure

**Additional Information**
If still sharing or less than six months since last sharing:
Only accept if HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time, i.e. donor has natural immunity to hepatitis B.

If has not shared for more than six months:
Accept if all markers (i.e. HBsAg, HBV-DNA and HB core antibody) are negative or, HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time. No evidence of current infection, with or without natural immunity.

**Reason for Change**
Clarification regarding hepatitis B markers and natural immunity has been added to the additional information.

Partners of an individual with hepatitis B infection may have been vaccinated against hepatitis B infection. If negative for anti-HBc there is no requirement for an anti-HBs result.

New additional guidance has been added to cover donors who are/were the partners of people who had recovered from hepatitis B infection.

**Update Information**
This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-BM Edition 203, Release 16

Hepatitis B - Post Immunization

**Known Exposure**

**Obligatory**
Must not donate.

**Discretionary**
If more than 12 months from immunization obtain history and blood samples and: Refer to a Designated Medical Officer.

**Additional Information**
Only accept if negative for all markers (i.e. HBsAg, HBV-DNA and HB core antibody) or, HB core antibody positive, HBsAg negative, HBV-DNA negative and anti-HBs has been documented at more than 100 iu/l at some time.

Immunization post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg.

May be combined with hepatitis A immunization.

**Reason for Change**
Clarification regarding hepatitis B markers has been added to the additional information.

**No Known Exposure**

**Obligatory**
Must not donate if:
Less than seven days after the last immunization was given.
Hepatitis C

Affected Individual

**Obligatory**

Must not donate.

If the individual has been told that he/she is HCV antibody negative, then samples should be taken to determine eligibility.

**Discretionary**

If the donor’s HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

**See if Relevant**

Tissues Safety Entry

**Additional Information**

Hepatitis C is a serious viral infection that can lead to chronic liver disease, liver cancer (hepatoma) and chronic fatigue syndrome. It has also been linked with malignant lymphomas and autoimmune disease. The infection is very easily spread by transfusion. Individuals who are chronically infected are sometimes referred to as ‘carriers’. They often have no, or minimal, symptoms associated with their infection.

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

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

**Reason for Change**

‘Additional Information’ has been added.

Current Sexual Partners of HCV Positive Individuals

**Obligatory**

Must not donate.

If the donor’s HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

**Discretionary**

If the donor’s HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

**See if Relevant**

Tissues Safety Entry

**Additional Information**

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

**Reason for Change**

There is now sufficient evidence to establish that individuals who have a sustained virological response to treatment for hepatitis C infection (defined as remaining hepatitis C RNA negative six months after cessation of treatment) are likely to have been cured* and that the chance of relapse is less than 1%. (Data from the Pegasis Study presented at the 38th annual Digestive Diseases Week conference, Washington, USA, 21 May 2007 by Shiffman et al [abstract ID #444]).

In the United Kingdom 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.*

Former Sexual Partners of HCV Positive Individuals
Obligatory  Must not donate if:  
Less than 12 months from last sexual contact.

Discretionary  If less than 12 months from last sexual contact and the donor's former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for twelve months and continues in sustained remission, accept.

See if Relevant  Tissues Safety Entry

Reason for Change  The discretionary entry has been amended to be consistent with '2. Current sexual partners of HCV positive individuals' above.

Person Sharing Home

Discretionary  Accept.

See if Relevant  Sexual Partners of HCV Positive Individuals 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.

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 12 Issue 01

Hepatitis E

Infection

Obligatory  Must not donate if:  
Less than 12 months from recovery.

See if Relevant  Travel

Additional Information  Hepatitis E is similar to Hepatitis A in the way that it is spread (faecal - oral route and sewage-contaminated food and water). It can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion.

Person Sharing Home

Obligatory  Must not donate if:  
Less than 12 months from recovery of last affected person in the home.

Sexual Partner of Confirmed Case

Obligatory  Must not donate if:  
Less than 12 months from recovery of partner.

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Hepatitis of Unknown Origin

Affected Individuals

Obligatory  Must not donate if:  
Less than 24 months from recovery.

Discretionary  a) If more than 12 months, but less than 24 months from recovery, obtain history and blood samples and refer to a Designated Medical Officer.
b) If more than 24 months from recovery, accept.

**Additional Information**

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

c) If negative for all markers of hepatitis B, accept.

d) If HB core antibody is positive and HBsAg is negative, HBV-DNA is negative and anti-HBs has been documented at more than 100 iu/l at some time, accept.

**Sexual Partner of Affected Individuals**

**Obligatory**

**Must not donate if:**
Less than 12 months from recovery of partner.

**Person Sharing Home**

**Obligatory**

**Must not donate if:**
Less than 12 months from recovery of the last affected person in the home.

**See if Relevant**

Sexual Partner of Affected Individuals above.

**Additional Information**

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

**Reason for Change**

Clarification regarding hepatitis B markers has been added to the additional information.

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 17

**Hepatitis of Viral Origin**

**See**

Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Hepatitis of Unknown Origin

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02

**Hereditary Elliptocytosis**

**Discretionary**

Accept.

**Reason for Change**

This entry replaces the previous entry for Elliptocytosis

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02

**Hereditary Spherocytosis**

**Discretionary**

Accept.

**Update Information**

This entry was last updated in
TDSG-LD Edition 203, Release 02
Herpes - Genital

**Obligatory**
Must not donate if:
- Fresh lesions.

**Discretionary**
If lesions are healing, provided there is no history of other Sexually Transmitted Diseases, accept.

**See if Relevant**
Sexually Transmitted Disease

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Herpes - Oral

**Obligatory**
Must not donate if:
- Fresh lesions.

**Discretionary**
If lesions are healing, accept.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Herpes Simplex

**See if Relevant**
- Herpes - Genital
- Herpes - Oral

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Herpes Zoster

**See if Relevant**
- Infection - Acute
- Infectious Diseases - Contact with

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Hip Dysplasia

**Discretionary**
Accept.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

HIV

**Including**
AIDS

Infection
Current Sexual Partners of Confirmed Case

**Obligatory**  
Must not donate.

**See if Relevant**  
Tissues Safety Entry

Former Sexual Partners of Confirmed Case

**Obligatory**  
Must not donate if:  
Less than 12 months from last sexual contact.

**See if Relevant**  
Tissues Safety Entry

**Update Information**  
This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 02

Homeopathy

**See**  
Complementary Therapy

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

Homosexual and Bisexual Individuals

**Female**

**Discretionary**  
Accept

**Additional Information**  
There is no evidence that there is an increased risk of sexually transmitted infections in homosexual or bisexual females compared to heterosexual females.

**Reason for Change**  
This is a new entry, combining the previous entries for ‘Homosexual’ and ‘Bisexual’ individuals. ‘Additional Information’ has been added.

**Male**

**Obligatory**  
Must not donate if:  
Has had oral or anal sex with another man, even if a condom or other protective was used.

**Discretionary**  
If 12 months or more from the last oral or anal sexual contact with another man, accept

**See if Relevant**  
Tissue Safety Entry

**Additional Information**  
The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

Men who have sex with other men have a higher chance of having an undiagnosed infection which could be passed to anyone receiving their blood, tissues or cells. During 2012 and 2013, SaBTO commissioned a subgroup to review the donor selection criteria
and risks associated with the donation of tissues and cells by men who have had sex with men.

This review considered advances in the sensitivity of testing procedures currently in use in the UK, the prevalence of transfusion transmissible infections in men who have had sex with men, the current level of compliance with the donor selection guidelines and, where applicable, the additional processes used to reduce the risk of transmission of viral infection. This review recommended that the deferral period for men who have had sex with men should be reduced to 12 months after last sexual contact.

**Reason for Change**

To allow donation 12 months after last male-sex-with-male sexual contact

**Female sexual partners of men who have sex with men**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male partner has had oral or anal sex with another man, even if a condom or other protective was used.</td>
</tr>
</tbody>
</table>

| Discretionary     | If 12 months or more from the last sexual contact with a man who has ever had sex with another man, accept. There are exceptions so please ask. |

**See if Relevant**

Tissue Safety Entry

**Additional Information**

Men who have sex with other men have a higher chance of having an undiagnosed infection which could be passed to their female partner.

Waiting twelve months from the last sexual contact helps to ensure that the infections tested for by the Blood Services will be picked up.

There may be exceptions for female partners of men who have had sex with men. They may be allowed to donate on the basis of an individual risk assessment.

**Reason for Change**

The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

**Hormone Replacement Therapy**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Used for malignancy.</td>
</tr>
<tr>
<td></td>
<td>b) A recipient of human gonadotrophin of pituitary origin.</td>
</tr>
<tr>
<td></td>
<td>c) A recipient of human pituitary growth hormone.</td>
</tr>
</tbody>
</table>

| Discretionary     | a) If treated with gonadotrophins that were exclusively non-pituitary derived, accept. |
|                  | b) If treated with growth hormone that was exclusively recombinant, accept.         |
|                  | c) If treatment for menopausal symptoms or osteoporosis prevention, accept.         |

**See if Relevant**

Prion Associated Diseases

Thyroid Disease

**Reason for Change**

The discretionary entry has been re-worded for clarity.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

**HTLV**

Infection

**Obligatory** Must not donate.

See if Relevant Tissues Safety Entry

Current Sexual Partners of Confirmed Case

**Obligatory** Must not donate.

See if Relevant Tissues Safety Entry

Former Sexual Partners of Confirmed Case

**Obligatory** Must not donate if:
Less than 12 months from last sexual contact.

See if Relevant Tissues Safety Entry

Update Information This advice is a requirement of the EU Tissue & Cells Directive.
This entry was last updated in TDSG-LD Edition 203, Release 02

Human Bite

See Inoculation Injury

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Human Pituitary Extract

See Pituitary Extract - Human

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Huntington's Chorea

See Huntington's Disease

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Huntington's Disease

**Obligatory** If the diagnosis is uncertain:
Refer to a Designated Medical Officer.

**Discretionary** If diagnosis can be confirmed, accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02
Hydatid Disease

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate.</th>
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</thead>
</table>

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02

Hydatidiform Mole

*See* Pregnancy

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02

Hydrocephalus

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has an indwelling shunt and there is evidence of shunt infection.</td>
</tr>
</tbody>
</table>

*See if Relevant*
Neurosurgery
Spina Bifida

*Additional Information*
Donated bone is cultured to exclude active bacterial and fungal infection. However it should not be collected from bacteraemic subjects.

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02

Hyperthyroidism

*See* Thyroid Disease

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02

Hypnotics

<table>
<thead>
<tr>
<th>Discretionary</th>
<th>Accept.</th>
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</table>

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02

Hypothyroidism

*See* Thyroid Disease

*Update Information*
This entry was last updated in TDSG-LD Edition 203, Release 02
Hysterectomy

See Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Idiopathic Thrombocytopenic Purpura (ITP)

See Immune Thrombocytopenia

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Ileostomy

Obligatory Must not donate if:

a) For malignancy

b) Inflammatory bowel disease.

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

See if Relevant Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Imune Thrombocytopenia

Obligatory Must not donate if:

a) Symptomatic.

b) Chronic.

c) Recovered, but less than five years from recovery.

This applies to both adult and childhood disease.

See if Relevant If treated with immunoglobulin or plasma exchange:
Transfusion

If treated with immunosuppressive therapy:
Immunosuppression

Reason for Change The links have been revised.

<> The phrase, “Recovered, but has ever had a recurrence” has been removed as this was considered too restrictive.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Immunization

Non-exposed
See Immunization - Live
Immunization - Non-Live

If you do not know if an immunization is live or not, see the specific entry for the type of immunization or:
Refer to a Designated Medical Officer.

Post Exposure

1. BCG:
   See BCG

2. Hepatitis A:
   Must not donate if:
   Less than six weeks from exposure.

3. Hepatitis B:
   See Hepatitis B - Post Immunization

4. Rabies:
   See Rabies

5. Smallpox:
   See Smallpox Immunization

6. Tetanus:
   See Tetanus Immunization

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Immunization - Live

No Exposure

Obligatory Must not donate if:
Less than eight weeks from administration.

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

See if Relevant BCG
Smallpox Immunization

Additional Information
Live immunizations 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 four weeks, any infection caused by the immunization should have been controlled and so should not be passed on through donated material. There are special rules for BCG and smallpox immunizations.

Reason for Change
Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus or bacteria at time of donation for live immunizations other than smallpox.

Update Information
This advice is a requirement of the EU Tissue & Cells Directive.
This entry was last updated in
### Immunization - Non-Live

#### No Exposure

<table>
<thead>
<tr>
<th>Category</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obligatory</strong></td>
<td><strong>Hepatitis B:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discretionary</strong></td>
<td>Other non-live immunizations, accept.</td>
</tr>
<tr>
<td><strong>See if Relevant</strong></td>
<td>Immunization - 2. Post Exposure</td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
<td>Sensitive assays for HBsAg may be positive following recent immunization. Full screening for Hepatitis B may be required.</td>
</tr>
<tr>
<td></td>
<td>&quot;Non-Live&quot; immunizations do not use material that can cause infection. This means there is no risk to people receiving blood or tissues from a recently immunized donor.</td>
</tr>
</tbody>
</table>

#### Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

### Immunodeficiency

**See** Immunosuppression

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

### Immunoglobulin Therapy

<table>
<thead>
<tr>
<th>Category</th>
<th>Immunoglobulin Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obligatory</strong></td>
<td><strong>Must not donate if:</strong></td>
</tr>
<tr>
<td></td>
<td>a) Immunosuppressed.</td>
</tr>
<tr>
<td></td>
<td>b) Donors with recovered immunodeficiency: Refer to a Designated Medical Officer.</td>
</tr>
<tr>
<td><strong>Discretionary</strong></td>
<td>a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.</td>
</tr>
<tr>
<td></td>
<td>b) Routine ante- and post- natal use of anti-D immunoglobulin, accept.</td>
</tr>
<tr>
<td></td>
<td>c) If single dose prophylactic immunoglobulin has been given, accept.</td>
</tr>
<tr>
<td><strong>See if Relevant</strong></td>
<td>Hepatitis A</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>Rabies</td>
</tr>
<tr>
<td></td>
<td>Tetanus Immunization</td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
<td>Immunoglobulin used before 1980 is unlikely to be affected by vCJD.</td>
</tr>
<tr>
<td></td>
<td>Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD.</td>
</tr>
<tr>
<td><strong>See</strong></td>
<td>If treated with intravenous or subcutaneous human immunoglobulin: Transfusion</td>
</tr>
<tr>
<td><strong>Reason for Change</strong></td>
<td>Additional links have been added.</td>
</tr>
</tbody>
</table>
Immunosuppression

**Obligatory**

Must not donate if:

a) Immunosuppressed.

b) Donors with recovered immunodeficiency:
   
   Refer to a Designated Medical Officer.

**See if Relevant**

Autoimmune Disease

Immunoglobulin Therapy

Steroid Therapy

**Reason for Change**

Additional links have been added.

**Update Information**

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

This entry was last updated in

TDSG-LD Edition 203, Release 02

Infection - Acute

**Obligatory**

See:

Is there a specific entry for the disease you are concerned about?

Must not donate if:

Less than two weeks from recovery from a systemic infection.

**Discretionary**

Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but not influenza, if recovering, accept.

**See if Relevant**

Congo Fever

Crimean Fever

Ebola Fever

Herpes - Genital

Herpes - Oral

Lassa Fever

Marburg Fever

MRSA (Methicillin Resistant Staphylococcus Aureus)

Steroid Therapy

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.

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 donated material but it is still necessary to wait until any such infection is obviously getting better before allowing anyone to donate.

**Reason for Change**

A two-week period of recovery from a systemic infection has been added on advice from the SAC-TTI.

**Update Information**

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

This entry was last updated in

TDSG-LD Edition 203, Release 02
Infection - Chronic

Obligatory

Must not donate.

Discretionary

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

2. Chronic superficial fungal infections:
   a) If on local therapy only, accept.
   b) If more than seven days from completing systemic antifungal therapy, accept.

3. Typhoid and Paratyphoid
   If more than seven days from completion of antibiotic course and last symptoms, accept.

See if Relevant

Acne
Steroid Therapy

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

Reason for Change
To add an entry for typhoid and paratyphoid

Update Information
Part of this advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 16

Infection - General

Obligatory

See:
Is there a specific entry for the disease?

See if Relevant

Decide if the infection is of short duration with no long lasting carrier stage, e.g. flu:
Infection - Acute

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

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Infection - Tropical

Obligatory

Must not donate if:
Filariasis or Leishmaniasis

See if Relevant

Congo Fever
Crimean Fever
Ebola Fever
Lassa Fever
Marburg Fever
Malaria
South American Trypanosomiasis Risk

Other infections, see:
Infection - General

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02
Infectious Diseases - Contact with

**Obligatory**  
See:  
Is there a specific entry for the disease with which there has been contact?

**Must not donate if:**  
Within the incubation period for the condition or, if this is not known, less than four weeks from last contact.

**Discretionary**  
If there is a definite history of past infection with the disease with which contact has occurred, accept.

**See if Relevant**  
Hepatitis  
Meningitis  
Sexually Transmitted Disease  
Tuberculosis

**Update Information**  
This entry was last updated in  
TDSG-LD Edition 203, Release 02

Infertility

**Obligatory**  
**Must not donate if:**  
a) Has ever been given human gonadotrophin of pituitary origin.  
b) Has received donated eggs or embryos since 1980.  
c) If donor knows that they have ever been treated with Metrodin HP®.

**Discretionary**  
If treated exclusively with non-pituitary derived gonadotrophins, accept.

**See if Relevant**  
Prion Associated Diseases

**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  
There is a concern that transfer of tissues (eggs or embryos) between individuals might lead to the spread of vCJD.  
Metrodin HP® was withdrawn by the Committee on Safety of Medicines in 2003 and following advice from the Medicines and Healthcare products Regulatory Agency 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.

**Reason for Change**  
To add additional information to clarify when the use of human gonadotrophin of pituitary origin (follicle-stimulating hormone (FSH) and luteinizing hormone (LH)) ceased in the UK.

**Update Information**  
This entry was last updated in  
TDSG-LD Edition 203, Release 20

Inflammatory Bowel Disease

**Including**  
Crohn's Disease  
Ulcerative Colitis

**Obligatory**  
**Must not donate.**

**Additional Information**  
The cause of these conditions is not fully understood and may include infection. Lesions caused by the disease can increase the risk of bacteria entering the blood stream.
Inflammatoty Eye Disease

See if Relevant
Autoimmune Disease

Reason for Change
This is a new entry.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Influenza Immunization

See
Immunization - Non-Live

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Inherited Diseases

Obligatory
See:
Is there a specific entry for the condition? If not:
Refer to a Designated Medical Officer.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Injected Drugs of Misuse

See
Addiction and Drug Abuse

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Inoculation Injury

Including
Human Bite

Obligatory
Must not donate if:
a) With material containing abnormal prions.

b) Less than four months after the date of an inoculation injury, or contamination of mucosa or non-intact skin with blood or body fluids.

See if Relevant
Animal Bite

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

Reason for Change
The deferral period has been reduced from 6 to 4 months to reflect updated JPAC Standing Advisory Committee on Transfusion Transmitted Infections guidance on infection risk. (JPAC paper 09-34).

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 06
Inoculations

See Immunization
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Irritable Bowel Syndrome

Discretionary Accept.
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Isotretinoin

Roaccutane See Acne
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

ITP

See Immune Thrombocytopenia
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Japanese Encephalitis Immunization

See Immunization - Non-Live
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Jaundice

Obligatory Must not donate if:
a) Jaundiced or has a history of jaundice.
b) If the cause of the jaundice was viral see the specific entry for that condition.
c) If the cause of the jaundice was not known, treat as Hepatitis of Unknown Origin.

Discretionary a) 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.
b) If due to Gilbert's Syndrome, accept.
See if Relevant

- Gall Bladder Disease
- Gilbert's Syndrome
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Hepatitis of Unknown Origin

Additional Information

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

Reason for Change

In 'Obligatory' the link to Hepatitis B' has been changed to 'Hepatitis of Unknown Origin'.

There have been other minor changes to improve clarity and to avoid the unnecessary exclusion of donors.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Kala-Azar

Obligatory

Must not donate.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Kidney Disease

Acute Nephritis

Obligatory

Must not donate if:
Less than 12 months since recovery.

Discretionary

1. All tissues:
   a) Self-limiting renal disease e.g. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete, do not necessarily disqualify the donor.

   b) If there is doubt about the diagnosis refer to a Designated Medical Officer.

Additional Information

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

Reason for Change

To align the guidance with that for blood donors, the deferral period following an attack of 'Acute Nephritis' has been reduced from five years to 12 months

Chronic Nephritis

Obligatory

Must not donate.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 17

Kidney Donor

See

Surgery

Update Information

This entry was last updated in
Kidney Recipient

See Tissue and Organ Recipients

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Kidney Stones

See if Relevant Infection - General
See Renal Colic

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Klinefelter’s Syndrome

Discretionary Accept.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Laminectomy

See Surgery

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Laser Treatment

Obligatory Must not donate if:
For malignancy.

Discretionary a) If for Basal Cell Carcinoma, treatment is completed and fully recovered, accept.

b) If for Cervical Carcinoma in Situ, treatment is completed and a follow up smear did not show abnormal cells, accept.

c) If for cosmetic purposes, accept when healed.

d) If laser refractive surgery to the cornea, accept when healed.

See if Relevant Basal Cell Carcinoma
Cervical Carcinoma in Situ

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02
Lassa Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-LD Edition 203, Release 19

Legionnaire's Disease

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Leishmaniasis

Including Kala-Azar

Obligatory Must not donate.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Leptospirosis

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Lesbian

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Leukaemia

Obligatory Must not donate.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Listeriosis

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02
Lyme Disease

See Infection - Acute

Update Information
This entry was last updated in
TDSG-LD Edition 203, Release 02

Lymphogranuloma Venereum

Obligatory Must not donate.

Update Information
This entry was last updated in
TDSG-LD Edition 203, Release 02

Malaria

Obligatory Must not donate if:

a) The donor has ever had malaria.

b) The donor has had an undiagnosed fever (that could have been malaria) while abroad or within six months of leaving a malarial endemic area.

c) The donor has lived in any malarial endemic area for a continuous period of six months or more at any time of life.

d) Less than 12 months after last leaving a malaria endemic area.

Discretionary 1. Donors who have had malaria diagnosed:
If it is more than three years since both anti-malarial therapy was completed and symptoms caused by malaria have resolved, and a validated test for malaria antibody is negative, accept.

2. For other donors:
If at least six months has passed since the date of the last potential exposure to malaria, or the date of recovery from symptoms that may have been caused by malaria, a validated test for malaria antibody is negative, accept.

3. If tissue will be sterilized by irradiation post-donation:
Accept.

See if Relevant Geographical Disease Risk Index for countries with a current endemic malaria risk.

Additional Information
The SaBTO Guidance on the Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation (2011) confirms that irradiation of the tissue can be allowed as an alternative to malarial antibody testing for donors with a travel history.

Reason for Change A discretion has been added for irradiated tissue.

Update Information
This entry was last updated in
TDSG-LD Edition 203, Release 10

Malaria - Contact in UK
Malignancy

**Obligatory**  Must not donate.

**Discretionary**  a) If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept.

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

c) If the potential donor has a carcinoma in situ (e.g. cervical or vulval carcinoma in situ, ductal carcinoma in situ of the breast DCIS, or Bowen's disease) that has been cured and has been discharged from follow-up, accept.

d) If the potential donor has had lentigo maligna refer to clinical support to ensure that they have not had lentigo maligna melanoma.

e) 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), accept.

**See if Relevant**  Basal Cell Carcinoma  Cervical Carcinoma in Situ  Surgery  Transfusion

**Additional Information**  Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons it is considered safer not to accept blood from people who have had a malignancy. However, because basal cell carcinoma (rodent ulcer) and other Carcinomas in situ do not spread through the blood, people who have had successful treatment may donate. Cervical carcinoma in situ would be defined as cured if treatment is complete and a follow up smear 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.

Lentigo Maligna is a common skin condition of the elderly and should be considered a carcinoma in situ and the donor may be accepted once it has been cured. However Lentigo Maligna melanoma is a true malignant melanoma and the donor must be permanently deferred if they have had this condition.

**Reason for Change**  Clarification for in situ carcinoma, premalignant conditions and donors at high risk of cancer added.

**Update Information**  This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 17
Malignant Melanoma

See Malignancy

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Mantoux Test

Obligatory Must not donate unless:
Negative and no further investigations planned.

See if Relevant Tuberculosis

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Marburg Fever

See Viral Haemorrhagic Fever

Update Information This entry was last updated in TDSG-LD Edition 203, Release 19

Marfan's Syndrome

Obligatory Must not donate.
Bone structural

Discretionary Bone non-structural:
Accept

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Mastectomy

See if Relevant Malignancy

See Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Measles

Affected Individual
See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Measles Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Measles Mumps Rubella (MMR) Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Measles Rubella Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Medication (Drugs)

See Drug Treatment

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Ménière's Disease

Discretionary Accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Meningitis

Affected Individual
Meningococcal Meningitis Immunization

See  Immunization - Non-Live

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Menopause

Discretionary  Accept.

See if Relevant  Hormone Replacement Therapy

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Mental Health Problems

Obligatory  Must not donate if:
Not able to fully understand and consent to the donation process and to the testing of their blood for diseases that may affect its suitability for use.

See if Relevant  Communication Difficulties

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

Reason for Change  To ensure that all donors with mental health conditions can donate if they are well enough to do so and have the mental capacity to give full informed consent

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 17

Migraine

See if Relevant  Headache

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02
Mitral Valve Prolapse

Discretionary
Accept.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Molar Pregnancy

Hydatidiform Mole
See Pregnancy

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

MRSA

Methicillin Resistant Staphylococcus Aureus
See if Relevant Infection - General
Additional Information
Staphylococcus aureus is a widely occurring skin commensal. The carrier status or exposure of the donor is not relevant to donation.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Multiple Sclerosis

Obligatory Must not donate.

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

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Mumps

Affected Individual
See Infection - Acute

Contact
See Infectious Diseases - Contact with

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Mumps Immunization
Muscular Dystrophy

**Obligatory**

Structural Bone: Must not donate if: Osteoporotic.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Myalgic Encephalomyelitis

**See**

Post Viral Fatigue Syndrome

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Myasthenia Gravis

**Obligatory**

Must not donate.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Myelodysplastic Syndrome

**Obligatory**

Must not donate.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Myeloproliferative Syndrome

**Obligatory**

Must not donate.

**Reason for Change**

This entry has been added to clarify the eligibility of donors with this condition.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Myocarditis

**Obligatory**

Must not donate if:
Not recovered.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02
Myomectomy

See Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Myxoedema

See Thyroid Disease

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Needle-Stick Injury

See Inoculation Injury

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Neotigason

Acitretin

See Acne Psoriasis

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Nephrectomy

See Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Nephritis

See Kidney Disease

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Neurofibromatosis

Obligatory Must not donate if:
History of malignant change.

**Neurological Conditions**

See **Central Nervous System Disease**

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

**Neurosurgery**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary</td>
<td>a) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.</td>
</tr>
<tr>
<td></td>
<td>b) If burr hole surgery only, accept.</td>
</tr>
<tr>
<td></td>
<td>c) If it can be shown that Dura Mater was not used during surgery and there is no evidence of malignancy, the donor may be accepted by a Designated Medical Officer.</td>
</tr>
</tbody>
</table>

**See if Relevant**
Malignancy
Prion Associated Diseases
Surgery

**Update Information**
This is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 02

**Night Sweats**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary</td>
<td>Unexplained.</td>
</tr>
<tr>
<td></td>
<td>If due to the menopause, accept.</td>
</tr>
</tbody>
</table>

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

**Non-Specific Urethritis**

**Acute**

See **Infection - Acute**

**Chronic**

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary</td>
<td></td>
</tr>
</tbody>
</table>

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
### Nonsteroidal Anti-Inflammatory Drugs (NSAID)

**Obligatory**
Assess reason for treatment and see relevant entry.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### NSAID

**See**
Nonsteroidal Anti-Inflammatory Drugs (NSAID)

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### NSU

**See**
Non-Specific Urethritis

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Ocular Surgery

**See if Relevant**
Eye Disease  
Laser Treatment  
Malignancy  
Ocular Tissue Recipient

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Ocular Tissue Recipient

**Obligatory**
Must not donate if:  
Has received a corneal, scleral or limbal tissue graft or limbal or corneal epithelial cells.

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

**See**
Prion Associated Diseases

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

### Operations

**See if Relevant**
Transfusion

**See**
Surgery

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Orf

Contagious Pustular Dermatitis

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Organ Donor

Discretionary Acceptor.

See if Relevant Transfusion

See Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Organ Recipient

See Tissue and Organ Recipients

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Oseltamivir

See Tamiflu®

Osteoarthritis

Discretionary Acceptor.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Osteomalacia

Obligatory Must not donate.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Osteomyelitis

Obligatory 1. Must not donate if:
Tissue Donor Selection Guidelines Live Donors

**2. Exclude:**
Previously affected bone.

If two years from completing treatment and cure, unaffected bone may be accepted.

**Discretionary**

**Additional Information**
Sometimes it is difficult to be certain that all infection has been eliminated. Waiting two years minimizes the risk of any infection being passed on by a donation.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Osteoporosis**

**Discretionary**
Accept.

**See if Relevant**
Steroid Therapy

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Ovarian Cyst**

**Obligatory**
Must not donate if:
Malignant.

**See if Relevant**
Malignancy
Surgery

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Paget's Disease of Bone**

**Including**
Osteitis Deformans

**Obligatory**
Must not donate.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Pain Killers**

**Obligatory**
Assess reason for treatment and see relevant entry.

Must not donate if:
Taken for a serious long-term illness.

**See if Relevant**
Nonsteroidal Anti-Inflammatory Drugs (NSAID)

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Paratyphoid**
See Chronic Infection

Reason for Change To replace the entry for paratyphoid with a link to chronic infection. By using a link it will make future changes to the guidelines simpler.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 17

Peptic Ulcer

Including Gastric and Duodenal Ulcer and Erosions

Obligatory Must not donate if: Associated with malignant change.

See if Relevant Surgery
Transfusion

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Pericarditis - Viral

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Peritonitis

See Infection - General
Surgery

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Peritonsillar Abscess

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Permanent Make-Up

See Body Piercing

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02
Perthes' Disease

**Discretionary** Accept.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Petit Mal

**See** Epilepsy

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Pituitary Extract - Human

**Including** Adrenocorticotropic Hormone, Follicle Stimulating Hormone, Gonadotrophin, Growth Hormone, Luteinising Hormone, Thyroid Stimulating Hormone.

**Obligatory** Must not donate if:
Has ever received injection(s) of Human Pituitary Extract.

**See if Relevant** Growth Hormone

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

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

**Reason for Change** Additional information has been added for clarity.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Platelet Disorder

**Obligatory** See:
Is there an entry for the condition?

**Discretionary** If not covered by a specific entry, accept.

**See if Relevant** Haematological Disease

**Additional Information** Immune Thrombocytopenia

**Reason for Change** Some minor alterations have been made to improve clarity.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Pleurisy
Pneumococcal Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Pneumonia

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Polio Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Polio Injected Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Polio Oral Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Polycythaemia

Obligatory Must not donate.

Discretionary If confirmed as secondary polycythaemia, accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02
Polymyalgia Rheumatica

<table>
<thead>
<tr>
<th>Reason for Change</th>
<th>Update Information</th>
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</thead>
<tbody>
<tr>
<td>To include Polymyalgia Rheumatica under Autoimmune Disease.</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
</tr>
</tbody>
</table>

**Autoimmune Disease**

See

Porphyria

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Suffers from porphyria.</td>
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</tbody>
</table>

| Discretionary | If the potential donor suffers from Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP), Hereditary Coproporphyria (HCP), Erythropoietic Protoporphyria (EPP) or Congenital Erythropoietic Porphyria (CEP), accept. |

| See if Relevant | Hepatitis |

| Additional Information | Porphyria Cutanea Tarda (PCT) is almost always an acquired condition associated with underlying liver disease, usually hepatitis of viral or unknown origin. |

| Reason for Change | This is a new guideline. |

| Update Information | This entry was last updated in TDSG-LD Edition 203, Release 11 |

Post Viral Fatigue Syndrome

| Including | Myalgic Encephalopathy (ME) and Chronic Fatigue Syndrome (CFS) |

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
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<tbody>
<tr>
<td></td>
<td>Not resolved.</td>
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</table>

| Update Information | This entry was last updated in TDSG-LD Edition 203, Release 02 |

Pregnancy

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Resulted in a malignant (invasive) Hydatidiform mole.</td>
<td></td>
</tr>
<tr>
<td>b) Resulted in a non-malignant (non-invasive) Hydatidiform mole and treatment and follow up is ongoing.</td>
<td></td>
</tr>
<tr>
<td>c) It is less than 7 days from the last dose of methotrexate.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>See if Relevant</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfusion</td>
<td></td>
</tr>
</tbody>
</table>

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

| Reason for Change | The addition of information about methotrexate. |

| Update Information | This entry was last updated in TDSG-LD Edition 203, Release 14 |
Prion Associated Diseases

Including  
Sporadic, Familial and Variant Creutzfeldt-Jakob Disease (CJD), Gerstmann-Sträussler-Scheinker Disease and Fatal Familial Insomnia

Obligatory  
Must not donate if:  
1. Diagnosed with any form of CJD, or other prion associated disorder.
2. Identified at increased risk of developing a prion associated disorder. This includes: 
a) Individuals at familial risk of prion-associated diseases (have had two or more blood relatives develop a prion-associated disease or have been informed they are at risk following genetic counselling)
b) Individuals who have been told that they have been put at increased risk from surgery, transfusion or transplant of tissues or organs.
c) Individuals who have been told that they may be at increased risk because a recipient of blood or tissues that they have donated has developed a prion related disorder.
d) Recipients of dura mater grafts.
e) Recipients of corneal, scleral or other ocular tissue grafts.
f) Recipients of human pituitary derived extracts.
g) Since January 1st 1980 Recipients of any allogeneic human tissue.

Discretionary  
If the donor has had two 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 Medical Officer.

See if Relevant  
Pituitary Extract - Human 
Tissue and Organ Recipients 
Transfusion

Additional Information  
See the Position Statement on Creutzfeldt-Jakob Disease available in the JPAC Document Library.

Reason for Change  
To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over donors who have been previously transfused.

Update Information  
This is a requirement of the EU Tissue & Cells Directive. 
This entry was last updated in TDSG-LD Edition 203, Release 02

Proctitis

Obligatory  
Must not donate if:  
a) Due to ulcerative colitis.
b) Crohn's disease.
c) Requiring treatment.

Discretionary  
If due to other causes and not on treatment, accept.

See if Relevant  
Inflammatory Bowel Disease
Radiation Therapy

Update Information  
This entry was last updated in TDSG-LD Edition 203, Release 02
**Proscar**

*See* [Finasteride (Proscar)]

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 02

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**Prostatectomy**

*See* [Surgery]

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 02

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**Prostitutes**

*Obligatory* Must not donate.

*See if Relevant* [Tissues Safety Entry]

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 02

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**Psoriasis**

*Obligatory* Must not donate if:

a) Has ever taken Etretinate (Tigason).

b) Less than 24 months from the last dose of Acitretin (Neotigason).

c) Generalized or severe.

d) Associated with arthropathy.

e) There is secondary infection.

*Discretionary* If mild and only using topical treatment, accept.

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

*See* [Autoimmune Disease]

*Reason for Change* There has been an increase in the deferral period after using acitretin (Neotigason®) from 12 to 24 months.

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 14

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**Psychiatric Problems**
Pulmonary Embolism

**Discretionary** Accept.

**See if Relevant** Malignancy

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Pyelonephritis

**See** Infection - General

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Pyrexia

**Not Related to Travel in Malarious Areas**

**Obligatory** Must not donate if:
Less than two weeks from an episode of pyrexia.

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

**See if Relevant** Infection - General

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

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

**Related to Travel in Malarious Areas**

**See** Malaria

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

Pyruvate Kinase Deficiency

**Discretionary** Accept.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02
Q Fever

Obligatory Must not donate.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Quinsy

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Rabies

Infection

Obligatory Must not donate.

See if Relevant Animal Bite

Immunization - Post Exposure

Obligatory Must not donate until:
At least 12 months post exposure and fully cleared by treating physician.

Immunization - Non-exposed

Discretionary If non-exposed, accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Radiation Therapy

Obligatory Must not donate if:
a) For malignancy other than basal cell carcinoma.
b) For other treatments: Refer to a Designated Medical Officer.
c) Bone to be collected has been exposed.

See if Relevant Basal Cell Carcinoma Malignancy

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Radionuclides

Obligatory 1. Radioactive iodine therapy:
Must not donate if:
a) For malignancy.

b) Administered in the preceding six months.

2. Other treatment or investigation:
Refer to a Designated Medical Officer.

See if Relevant Malignancy
Thyroid Disease

Additional Information In general those used for diagnostic purposes are cleared within 24 hours. Some, e.g. radioactive iodine, have long half-lives and affected donors must not be accepted unless at least six months have passed.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Raynaud's Syndrome

Obligatory Must not donate if:
Part of a multisystem disorder.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Recipients of Normal Human Immunoglobulin

See if Relevant Hepatitis A
Immunosuppression
Immunoglobulin Therapy
See Transfusion

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Reiter's Syndrome

Discretionary If fully recovered, accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Relapsing Fever

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Relenza®

Approved Name Zanamivir

Obligatory Must not donate if:
a) Taking Relenza® as treatment for influenza.

b) At any time in the seven days prior to, or while taking Relenza®, the donor has had symptoms of influenza, (a temperature of greater than 38°C, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea/vomiting).

**Discretionary**

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

**See if Relevant**

Infection - Acute

**Additional Information**

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.

**Reason for Change**

This is a new entry.

**Update Information**

This entry was last updated in: TDSG-LD Edition 203, Release 04.

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**Renal Colic**

**Obligatory**

Must not donate if:

a) Symptomatic.

b) Under investigation.

**See if Relevant**

Infection - General

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Renal Disease**

**See**

Kidney Disease

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

---

**Respiratory Disease**

**See if Relevant**

Infection - General

Steroid Therapy

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

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**Resurfacing of Hip**

**See**

Surgery

Tissue and Organ Recipients

**Update Information**

This entry was last updated in
### Retinitis Pigmentosa

<table>
<thead>
<tr>
<th>Discretionary</th>
<th>Accept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>See if Relevant</td>
<td><a href="#">Disabled Donor</a></td>
</tr>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
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</table>

### Rheumatic Fever

<table>
<thead>
<tr>
<th>Discretionary</th>
<th>Accept.</th>
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</thead>
<tbody>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
</tr>
</tbody>
</table>

### Rheumatoid Arthritis

<table>
<thead>
<tr>
<th>Discretionary</th>
<th>If mild and the only treatment is NSAIDs, accept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>See</td>
<td><a href="#">Autoimmune Disease</a></td>
</tr>
<tr>
<td>Reason for Change</td>
<td>This entry is now linked to ‘Autoimmune Disease’.</td>
</tr>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
</tr>
</tbody>
</table>

### Ringworm

<table>
<thead>
<tr>
<th>Obligatory</th>
<th>Must not donate if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary</td>
<td>On systemic treatment.</td>
</tr>
<tr>
<td>See if Relevant</td>
<td><a href="#">Infection - General</a></td>
</tr>
<tr>
<td>Update Information</td>
<td>This entry was last updated in TDSG-LD Edition 203, Release 02</td>
</tr>
</tbody>
</table>

### Risk Factors

| See | Tissues Safety Entry |
| Update Information | This entry was last updated in TDSG-LD Edition 203, Release 02 |

### Roaccutane

| Isotretinoin | See | Acne |
Rodent Ulcer

See Basal Cell Carcinoma

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Rubella

Acute Infection

See Infection - Acute

Contact

See Infectious Diseases - Contact with

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Rubella Immunization

See Immunization - Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Salpingitis

See if Relevant Sexually Transmitted Disease

See Infection - General

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Sandfly Fever

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Sarcoidosis
Acute

**Obligatory**

Must not donate if:

a) Not recovered.

b) Less than five years from both finishing all treatment and full recovery.

**Discretionary**

If more than five 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 five years may donate.

**Reason for Change**

To align the guidance with that for blood donors, new guidance to accept donors who required treatment but who have made a full recovery and have been off all treatment for at least five years has been added. ‘Additional Information’ has been added.

Chronic

**Obligatory**

Must not donate.

**Additional Information**

Chronic sarcoidosis can cause a range of problems, particularly with the lungs but also with the heart, that may pose risks for a potential donor. The treatments used may also cause immunosuppression. For these reasons people with this condition should not donate.

**Reason for Change**

‘Additional Information’ has been added.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 17

SARS (Severe Acute Respiratory Syndrome)

**Obligatory**

Must not donate if:

a) Less than 21 days from leaving a country to which the Department of Health (DH) has advised deferring travel, because there is, or is thought to be, ongoing transmission of SARS.

b) Less than 21 days from last contact with a person with SARS.

c) Less than three months since recovery from SARS or possible SARS.

**Discretionary**

If more than 21 days has passed since return from a SARS endemic area, or from the last contact with a person affected by SARS and the donor has remained well, accept

**Additional Information**

Since 2004 there have not been any known cases of SARS reported anywhere in the world. Although the threat of SARS to public health seems to have passed, international health officials continue to remain vigilant. The World Health Organization (WHO) monitors countries throughout the world for any unusual disease activity.

**Reason for Change**

Under ‘Additional Information’ the extant entry states "DH advice can be found at: www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en under ‘Latest health updates’. " The site that this link used to go to no longer exists.

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02
Schistosomiasis

See Infection - Acute

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Sclera Recipient

See Ocular Tissue Recipient

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Scleritis

See Inflammatory Eye Disease

Reason for Change To include an entry for 'Scleritis'.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Semi-Permanent Make-Up

See Body Piercing

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Sex Change

Discretionary

a) A woman who has had her gender reassigned as a man, accept.

b) A man who has had his gender reassigned as a woman who, as a man, had not had high risk sexual activity in the last 12 months, can be accepted if, as a woman, they have a sexual relationship with a man.

See if Relevant Homosexual and bisexual individuals

Surgery

Additional Information The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

A careful and sympathetic consideration of sexual risk factors needs to be undertaken. Men who have sex with other men have a higher chance of having an undiagnosed infection which could be passed to anyone receiving their blood, tissues or cells.

Waiting twelve months from the last sexual contact helps to ensure that the infections tested for by the Blood & Tissues Services will be picked up.
### Sexually Transmitted Disease

#### Infection

**Obligatory**
- **See:**
  - Is there a specific entry for the disease?

**Must not donate if:**
- Less than 12 months from completing treatment.

**See if Relevant**
- Tissues Safety Entry
- Chlamydia
- Genital Warts
- Herpes - Genital
- Syphilis

#### Sexual Partner

**Obligatory**
- **See:**
  - Is there a specific entry for the disease with which there has been contact?

**Must not donate if:**
- a) Donor required treatment and it is less than twelve months since completing that treatment.
- b) Donor did not require treatment and it is less than 12 months from the last sexual contact with the infected partner.

**Discretionary**
- Donor did not require treatment and it is more than 12 months since the infected partner has completed treatment, accept.

**See if Relevant**
- Tissues Safety Entry
- Chlamydia
- Genital Warts
- Herpes - Genital
- Syphilis

#### Reason for Change
- Further discretionary advice has been added to allow acceptance of donors whose partners have completed treatment over 12 months ago for syphilis.

#### Update Information
- This entry was last updated in TDSG-LD Edition 203, Release 08

### Shingles

#### Affected Individual

**See**
- Herpes Zoster

**Reason for Change**
- The links have been changed for clarity.

#### Contact

**See**
- Infectious Diseases - Contact with
**Sickle-Cell Disease**

*See* Haemoglobin Disorders

**Sickle-Cell Trait**

*Discretionary* Accept.

**Skin Cancer**

*See* Malignancy

**Skin Disease**

*Obligatory* Must not donate if:
   a) The condition is infected or infectious.
   b) Malignant.

*Discretionary* If malignancy was a Basal Cell Carcinoma and treatment is completed, accept.

*See if Relevant* Acne
   Dermatitis
   Infection - General
   Malignancy
   Psoriasis

*Reason for Change* Malignancy has been added to Obligatory and additional links have been included.

**Sleeping Sickness**

(African Trypanosomiasis)

*Obligatory* Must not donate.

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 02
Smallpox Immunization

Immunized Individual

Obligatory  Must not donate if:
  a) The inoculation site has not fully healed.
  b) Any secondarily infected site has not fully healed.
  c) Less than eight weeks from inoculation or from the appearance of any secondarily infected site.

Additional Information  Smallpox immunization is with live virus. By eight 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 staff, or to people receiving tissues.

Contacts

Obligatory  Must not donate if:
  a) Any secondarily infected site has not yet healed.
  b) Less than eight 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 and staff as that of a person who has been intentionally immunized.

Update Information  This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 02

Snake Bite

Obligatory  Must not donate until:
  Recovered.

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

South American Trypanosomiasis

Obligatory  Must not donate.

See if Relevant  South American Trypanosomiasis Risk

Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

South American Trypanosomiasis Risk

Obligatory  Must not donate if:
  a) Born in South America or Central America (including Southern Mexico).
b) Mother was born in South America or Central America (including Southern Mexico).

c) Has had a transfusion in South America or Central America (including Mexico).

d) Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.

**Discretionary**

a) For situations other than transfusion, if at least six months from the date of the last exposure, a validated test for *T. cruzi* antibody is negative, accept.

b) If transfused before 1st January 1980 and a validated test for *T. cruzi* antibody is negative, accept.

**See if Relevant**  
![Geographical Disease Risk Index](https://example.com) for countries with *T. cruzi* risk

**Transfusion**

Infection with *T. cruzi* is very common in many parts of South or Central America and is often symptomless. It can be passed from an infected mother to her unborn baby and by transfusion. The insect that passes the infection on is only common in rural areas and the greater time that an individual has spent living in housing conditions with thatched roofs or mud lined walls which harbour the insect vector, the greater their risk of becoming infected. Testing is available and should be performed if there is a possibility of infection. Waiting six 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 Southern Mexico) is not considered of high enough risk to merit exclusion.

**Reason for Change**  
'Additional Information' has been added.

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 17

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### Spherocytosis

**See**  
Hereditary Spherocytosis

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

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### Spina Bifida

**Obligatory**  
Must not donate if:

a) Has an indwelling shunt and there is evidence of shunt infection.

b) Uses a catheter.

c) Has a pressure sore.

**Additional Information**  
Donated bone is cultured to exclude occult bacterial and fungal infection. However it should not be collected from bacteraemic subjects.

**Update Information**  
This entry was last updated in TDSG-LD Edition 203, Release 02

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### Spinal Surgery

**See if Relevant**  
Neurosurgery
Spleenectomy

**Obligatory**

Must not donate if:

- a) For malignancy.
- b) For a myeloproliferative disorder.
- c) For immune thrombocytopenia (ITP).

**Discretionary**

- a) If for trauma, when recovered accept.
- b) If taking prophylactic antibiotics, accept.

**See if Relevant**

Immune Thrombocytopenia  
Malignancy  
Surgery  
Transfusion

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Squamous Cell Carcinoma

**See**

Malignancy

**Update Information**

This entry was last updated in TDSG-LD Edition 203, Release 02

Steroid Therapy

**Obligatory**

Must not donate if:

- a) Regularly taking steroid tablets, injections or enemas, or applying creams over large areas.
- b) The donor has needed treatment to suppress an autoimmune condition in the last 12 months.
- c) Less than seven days after completing a course of oral or injected steroids for disorders associated with allergy.

**Discretionary**

- a) If occasional use of creams over small areas of skin for minor skin complaints, accept.
- b) If using steroid inhalers for prophylaxis, accept.

**See if Relevant**

Autoimmune Disease  
Skin Disease  
Tissue and Organ Recipients  
Tissue and Organ Recipients

**Additional Information**

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.

**Reason for Change**

To clarify when donors who have used steroid therapy may donate.

**Update Information**

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

Discretionary Accept.
See if Relevant Disabled Donor
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Subacute Bacterial Endocarditis

SBE
See Endocarditis
Reason for Change This entry is replaced by the entry for 'Endocarditis'. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.
Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Surgery

Definition Major Surgery:
Any surgical procedure that required an inpatient stay of more than five nights or involved the use of a flexible endoscope.

Obligatory Must not donate if:
a) For malignancy.
b) All wounds are not healed.
c) There is any infection.
d) Normal mobility has not been regained.
e) Less than six months from major surgery.
f) Less than seven days from other surgery.
g) Requiring post-operative treatment, or attending hospital regularly.

Discretionary 1. Malignancy:
If for Cervical Carcinoma in Situ (CIN) or Basal Cell Carcinoma and all other criteria are fulfilled, accept.

2. Major surgery:
a) If more than four months from the procedure and NAT for HCV is performed, accept. If a second sample is to be taken and tested after six months, accept.

See if Relevant Basal Cell Carcinoma
Cervical Carcinoma in Situ
Endoscopy
Neurosurgery
Ocular Surgery
Tissue and Organ Recipients
Transfusion
Xenotransplantation

Additional Surgery may place the donor at risk of infection, either from unhealed wounds or due to
Information

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 & Tissues Services can pick up any infection that they test for that may have been transmitted to the donor by surgery.

Reason for Change

The 'Discretionary' entry has been modified and a link to 'Ocular Surgery' has been added.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Syphilis

Obligatory

Must not donate.

Discretionary

If fully treated in the past and confirmatory tests exclude recent infection, discuss with a Designated Medical Officer.

Additional Information

The interpretation of syphilis testing is often difficult. The advice of an experienced microbiologist may be required before a decision on safety can be made.

Reason for Change

The 'Discretionary' entry has been modified.

'Additional Information' has been added.

Update Information

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

This entry was last updated in TDSG-LD Edition 203, Release 02

Syphilis Sexual Contact

See

Sexually Transmitted Disease

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Systemic Lupus Erythematosus

Obligatory

Must not donate.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Tamiflu®

Approved Name

Oseltamivir

Obligatory

Must not donate if:

a) Taking Tamiflu® as treatment for influenza.

b) At any time in the seven days prior to, or while taking Tamiflu®, the donor has had symptoms of influenza, (a temperature of greater than 38°C, or a history of fever and two or more of the following symptoms: cough, headache, runny nose, diarrhoea/vomiting).

Discretionary

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

**Reason for Change**
This is a new entry.

**Update Information**
This entry was last updated in:

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**Tamoxifen**

**Obligatory**
Must not donate:

a) If used for malignancy.

b) While taking tamoxifen for non-malignant conditions.

**See if Relevant**
Infertility

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

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**Tattoo**

**See**
Body Piercing

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

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**Temporal Arteritis**

**See**
Autoimmune Disease

**Reason for Change**
The entry has been changed for consistency from 'Must not donate' to 'See Autoimmune Disease'.

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

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**Tetanus Immunization**

**Obligatory**
Must not donate if:
Less than four weeks from exposure.

**Discretionary**
If non-exposed, accept.

**Update Information**
This entry was last updated in
TDSG-LD Edition 203, Release 02

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**Thalassaemia Major**
Thalassaemia Trait

**Discretionary**

Accept.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Therapeutic Venesection

**Obligatory**

Must not donate.

**Discretionary**

If for haemochromatosis or confirmed secondary polycythaemia, accept.

**See if Relevant**

Haemochromatosis

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Threadworms

**Discretionary**

Even if on treatment, accept.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Thrombocytosis

**Obligatory**

Must not donate if:

Due to a myeloproliferative disorder.

**Additional Information**

Platelet counts in excess of 500 x 10^9/l should be repeated. If found to be persistently raised the donor should not be accepted and referred for investigation.

**Reason for Change**

This entry has been added to clarify the eligibility of donors with this condition.

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Thrombosis

**Discretionary**

If the underlying cause does not exclude, accept.

**See if Relevant**

Malignancy

Update Information

This entry was last updated in TDSG-LD Edition 203, Release 02

Thrush - Oral
Thrush - Vaginal

**Obligatory**
- Must not donate if:
  - a) Related to immunodeficiency.
  - b) Less than seven days after receiving systemic therapy.

**Discretionary**
- If not related to immunodeficiency, even if using local therapy, accept.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Thyroid Disease

**Obligatory**
- Must not donate if:
  - a) Under investigation.
  - b) Malignant.
  - c) Less than six months from treatment with radioactive iodine therapy.

**See if Relevant**
- Autoimmune disease
- Surgery

**Reason for Change**
The 'Obligatory' statement for anti-thyroid tablets has been removed.
The reference in 'Discretionary' to treatment with thyroxine has been removed.
A link to 'Autoimmune Disease' has been added.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Thyroxine

**See**
- Thyroid Disease

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

Tick-Borne Encephalitides

**See**
- Infection - Acute

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02
Tick-Borne Encephalitis Immunization

See Immunization - Non-Live

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Tigason

Etretinate

See if Relevant Acne Psoriasis

Reason for Change The links have been changed.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Tissue and Organ Recipients

Obligatory Must not donate if:
1. At any time:
   a) Has needed immunosuppression.
   b) Dura mater transplanted.
   c) Ocular tissue transplanted.
   d) Xenotransplant performed.
2. Since January 1st 1980:
   Any allogeneic human tissue or organ transplanted.

Discretionary
a) If an allogeneic tissue or organ transplant was performed before January 1st 1980 and there is no other reason to exclude the donor, accept.

b) If at anytime a non-stored autologous tissue or organ has been transplanted, accept.

See if Relevant Immunosuppression Ocular Tissue Recipient Prion Associated Diseases Xenotransplantation

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 minimize these risks.

There is now a concern that this could also happen with 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 BSE, which is believed to have caused vCJD, was prevalent.

See Surgery Transfusion

Reason for Change To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is the same concern over a possible second wave of cases of vCJD from accepting donors who have received tissue or organ transplants, as there is over
Tissue Recipient

See Tissue and Organ Recipients

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Tissues Safety Entry

Obligatory Information must be provided so that those at risk do not donate.

1. You must not donate if:
   You think you need a test for HIV/AIDS, HTLV or hepatitis.

2. You must never donate if:
   a) You are HIV positive
   b) You are HTLV positive
   c) You are a hepatitis B carrier
   d) You are a hepatitis C carrier
   e) You have ever received money or drugs for sex
   f) You have ever injected, or been injected with, drugs; even a long time ago or only once.
   This includes bodybuilding drugs. You may be able to give if a doctor prescribed the drugs. Please ask.

3. You must not donate for at least 12 months after sex (even if you used a condom or other protective) with:
   A partner who is, or you think may be:
   a) HIV or HTLV positive
   b) A hepatitis B carrier
   c) A hepatitis C carrier
   d) A partner who has 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. You may be able to give if a doctor prescribed the drugs, please ask.
   f) A partner who has been, or you think may have been, sexually active in parts of the world where HIV/AIDS is very common. This includes most countries in Africa. There are exceptions, so please ask.

4a. For donors of haematopoietic progenitor cells, pancreatic islet cells or hepatocytes:
   There are no specific restrictions regarding donation after male-sex-with-male sexual contact, instead a documented individual risk/benefit donor assessment is required.

4b. For donors of tissues/cells other than haematopoietic progenitor cells, pancreatic islet cells or hepatocytes:
   You must not donate for at least 12 months after sex (even if you used a condom or other protective) with:
   a) (If you are a man): another man.
   b) (If you are a woman): A man who has ever had oral or anal sex with another man, even if they used a condom or other protective.

See if Relevant Addiction and Drug Abuse
Homosexual and Bisexual Individuals
Hepatitis of Viral Origin
HIV
HTLV
Infection - General

Additional Information
The guidance has been changed in line with recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The recommendations have been noted by the English Department of Health and the devolved authorities in Scotland, Wales and Northern Ireland.

Reason for Change
For haematopoietic progenitor cells, pancreatic islet cells or hepatocytes to place no specific restrictions regarding donation after male-sex-with-male sexual contact. Instead to ensure that a documented individual risk/benefit donor assessment is required to allow donation.

For other banked tissues/cells (eg amnion, bone, cornea, heart valves, skin and tendon) to remove the current lifetime deferral and allow donation 12 months after last male-sex-with-male sexual contact.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Toctino

See Alitretinoin

Reason for Change
New entry.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 17

Toxoplasmosis

Obligatory
Must not donate if:
Less than six months from recovery.

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 six months from recovery will make it unlikely that it will be passed on by donation.

Reason for Change
Entry has been simplified following a risk assessment by SACTTI.

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 14

Transfusion

Including
Treatment with Blood Components, Products and Derivatives.

Obligatory
1. Must not donate if:
At any time the donor has:
a) Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis.
b) Treated with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.

2. Must not donate if:
Since January 1st 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, intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.

b) Had a plasma exchange performed.

Discretionary
1. a) If on medical inquiry it is unlikely that the donor has been transfused, accept.

b) If treatment with human immunoglobulin has been limited to small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin etc.), accept.

2. Autologous Transfusion in the United Kingdom:
If only the donor's own blood has been used, accept.

3. Donor transfused before 1st January 1980 in a country endemic for malaria or South American trypanosomiasis:
a) If the donor received, or thinks they may have received, before 1st January 1980 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.

See if Relevant
Bleeding Disorder
Immunoglobulin Therapy
Immunosuppression
Malaria
Prion Associated Diseases
South American Trypanosomiasis Risk
Geographical Disease Risk Index

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

All transfused donors:
Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections before accepting the donor.

Coagulation concentrates:
People who have received blood derived coagulation concentrates (these are made from the blood of many donors) 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 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 BSE, which is believed to have caused vCJD, was prevalent.

Plasma exchange results in the patient having been exposed to multiple donors. In view of the increased vCJD risk, donations may not be taken from individuals who have had a plasma exchange performed since 1980.

Reason for Change
To reflect guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is concern over a possible second wave of cases of vCJD from accepting donors who have been previously transfused.
Update Information
This includes guidance from the Committee on the Microbiological Safety of Blood Tissues and Organs. There is concern over a possible second wave of cases of vCJD from accepting donors who have been previously transfused.

This entry was last updated in TDSG-LD Edition 203, Release 02

Travel

See if Relevant
Geographical Disease Risk Index
Malaria
South American Trypanosomiasis Risk
Infection - Tropical

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Tropical Areas

See
Infection - Tropical
Geographical Disease Risk Index

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Tropical Diseases

See
Infection - Tropical

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Trypanosoma Cruzi Infection

Obligatory
Must not donate.

See if Relevant
South American Trypanosomiasis Risk

Update Information
This entry was last updated in TDSG-LD Edition 203, Release 02

Tuberculosis

Affected Individual

Obligatory
1. Must not donate if:
   a) Infected.
   b) Less than 24 months from confirmation of cure.
c) Under follow-up.

**2. Bone:**
Must not donate previously infected bone.

**See if Relevant**
- BCG
- Heaf Test
- Mantoux Test

**Contact**

**Obligatory**
Must not donate until:
- Screened and cleared.

**Discretionary**
If the donor has been informed that they do not need to be screened, accept.

**See if Relevant**
- BCG
- Heaf Test
- Mantoux Test

**Additional Information**
Tuberculosis can be present in many tissues and be spread through the blood stream. It is sensible to exclude people who may have active disease from donating to prevent any possibility of transmitting the infection.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Tumour Chemotherapy**

**See**
Malignancy

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Turner's Syndrome**

**Discretionary**
Accept.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 02

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**Typhoid**

**See**
Chronic Infection

**Reason for Change**
To replace the entry for typhoid with a link to chronic infection. By using a link it will make future changes to the guidelines simpler.

**Update Information**
This entry was last updated in TDSG-LD Edition 203, Release 17

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**Typhoid Injected Immunization**

**See**
Immunization - Non-Live

**Update Information**
This entry was last updated in
Typhoid Oral Immunization

See  Immunization - Live
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Ulcerative Colitis

See  Inflammatory Bowel Disease
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Urethritis (Non-Specific)

See  Non-Specific Urethritis
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Urinary Tract Infection

See  Infection - General
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Vaccination

See  Immunization
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Vasculitis

Obligatory  Must not donate.
Update Information  This entry was last updated in TDSG-LD Edition 203, Release 02

Viral Disease

See  Infection - General
Viral Haemorrhagic Fever

1. Affected Individual

   **Obligatory**  Must not donate if:
   
a) Infected
   
b) Less than 12 months following recovery or from return to the UK if infection occurred in an endemic country

   **Discretionary**  If more than 12 months following recovery, and if validated NAT test is negative accept

2. Contact

   **Obligatory**  Must not donate if:
   
   Less than 2 months from last contact with an affected individual or travel to an endemic country

   **Discretionary**  If more than 2 months following from last contact, completion of investigations or return to the UK from endemic country, accept

   **See if Relevant**  The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk

   **Additional Information**  These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. Any affected individual who has recovered for more than 12 months and who has had subsequent contact with infected individuals or travelled to an endemic country must have 2 Contact guidance applied.

   **Reason for Change**  Guidance has been added regarding contact with these infections

   **Update Information**  This entry was last updated in TDSG-LD Edition 203, Release 19

Vitamin Treatment

   **Discretionary**  Accept.

   **Update Information**  This entry was last updated in TDSG-LD Edition 203, Release 02

Vitiligo

   **See**  Autoimmune Disease

   **Update Information**  This entry was last updated in TDSG-LD Edition 203, Release 02
Von Recklinghausen's Disease

See Neurofibromatosis

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Von Willebrand's Disease

See Bleeding Disorder

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

Warts

Discretionary Even if on local treatment, accept.

Update Information This entry was last updated in TDSG-LD Edition 203, Release 02

West Nile Virus

Definition West Nile Virus (WNV) Endemic Areas:
These are shown in the 'Geographical Disease Risk Index' (GDRI).

Obligatory Must not donate if:
a) It is less than four 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.

b) It is less than four 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.

c) In other cases it is less than four weeks from a donor's return from a WNV endemic area.

Discretionary 1) All donors may be accepted four months after their return from an affected area. This may be reduced to four weeks if they have had neither symptoms nor evidence of infection. For donors who have been back in the UK for less than four 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 four 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.

See if Relevant The 'Geographical Disease Risk Index'

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 (WNV)' is available in the 'Document Library' of www.transfusionguidelines.org.

**Reason for Change**
Clarification for donors who have symptoms suggestive of West Nile Virus and to reduce the deferral period for donors who have been diagnosed with the infection to four months in line with EU recommendations.

**Update Information**
This entry was last updated in:

### Whooping Cough

#### Infection
*See* Infection - Acute

#### Contact
*See* Infectious Diseases - Contact with

**Update Information**
This entry was last updated in:
TDSG-LD Edition 203, Release 02

### Wilson's Disease

**Discretionary**
Accept.

**Update Information**
This entry was last updated in:
TDSG-LD Edition 203, Release 02

### Xenotransplantation

**Including**
Xenografts
Heterografts
Non-Human Organ Perfusion

#### Recipient

**Definition**
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 *nonliving cells*, tissues or organs from non-human animals, including but not limited to porcine insulin and porcine heart valves, are not considered xenotransplantation products.

**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.
Sexual Partners of Xenotransplant Recipients, Current and Former

**Obligatory** Must not donate.

**Additional Information** Exposure to non-human animal material, particularly when the person exposed is immunosuppressed, may result in infections that would not normally affect humans being passed on.

**Update Information** This advice is a requirement of the EU Tissue & Cells Directive.

This entry was last updated in TDSG-LD Edition 203, Release 02

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**XMRV**

**Discretionary** Donors who have been tested positive for XMRV, accept.

**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.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 12 Issue 01

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**Yaws**

**Obligatory** Must not donate.

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

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**Yellow Fever**

**See** Infection - Acute

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

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**Yellow Fever Immunization**

**See** Immunization - Live

**Update Information** This entry was last updated in TDSG-LD Edition 203, Release 02

**Date of issue:** 1st November 2007

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**Zanamivir**

**See** Relenza®
Latest Updates

This page lists all changes to TDSG-LD 203 after Release 02. This page constitutes Section 2 of Appendix 1 - Changes to donor selection guidelines.
The changes are listed with the most recent change at the bottom.

Changes introduced with Release 03
A change was made to the version control definitions and all Issue numbering information removed.
Bleeding Disorder See Change Notification No. 18 - 2007

Changes introduced with Release 04
Tamiflu® (oseltamivir) See Change Notification No. 28 - 2009
Relenza® (zanamivir) See Change Notification No. 29 - 2009

Changes introduced with Release 05
Acupuncture See Change Notification No. 33 - 2009
Complementary Therapy See Change Notification No. 35 - 2009

Changes introduced with Release 06
Body Piercing See Change Notification No. 02 - 2010
Endoscopy See Change Notification No. 03 - 2010
Inoculation Injury See Change Notification No. 04 - 2010

Changes introduced with Release 07
West Nile Virus (WNV) See Change Notification No. 09 - 2010

Changes introduced with Release 08
Immunization - Live See Change Notification No. 06 - 2011
BCG See Change Notification No. 07 - 2011
Infertility See Change Notification No. 08 - 2011
Sexually Transmitted Disease See Change Notification No. 09 - 2011

Changes introduced with Release 09
West Nile Virus See Change Notification No. 11 - 2010

Changes introduced with Release 10
Malaria See Change Notification No. 14 - 2011

Changes introduced with Release 11
Porphyria See Change Notification No. 20 - 2011

Changes introduced with Release 12
XMRV See Change Notification No. 25 - 2011
Hepatitis C See Change Notification No. 27 - 2011

Changes introduced with Release 13
West Nile Virus (WNV) See Change Notification No. 05 - 2012

Changes introduced with Release 14
Acne See Change Notification No. 15 - 2012
Pregnancy See Change Notification No. 16 - 2012
Psoriasis See Change Notification No. 17 - 2012
Toxoplasmosis See Change Notification No. 18 - 2012

Changes introduced with Release 15
West Nile Virus (WNV) See Change Notification No. 01 - 2013

Changes introduced with Release 16
Hepatitis B See Change Notification No. 08 - 2013
Hepatitis B Post Immunization See Change Notification No. 09 - 2013
Infection - Chronic See Change Notification No. 10 - 2013

Changes introduced with Release 17
Acupuncture See Change Notification No. 02 - 2014
Alitretinoin, Toctino, Acne and Dermatitis See Change Notification No. 03 - 2014
Central Nervous System Disease See Change Notification No. 05 - 2014
Hepatitis of Unknown Origin See Change Notification No. 08 - 2014
Kidney Disease See Change Notification No. 10 - 2014
Malignancy See Change Notification No. 11 - 2014
Mental Health Problems See Change Notification No. 12 - 2014
Sarcoidosis See Change Notification No. 13 - 2014
South American Trypanosomiasis Risk See Change Notification No. 14 - 2014
Paratyphoid and Typhoid See Change Notification No. 15 - 2014

Changes introduced with Release 18
Haematological Disease See Change Notification No. 30 - 2014
SARS See Change Notification No. 31 - 2014
Tissues Safety See Change Notification No. 32 - 2014
Homosexual & Bisexual Individuals See Change Notification No. 37 - 2014
Sex Change See Change Notification No. 40 - 2014

Changes introduced with Release 19
Viral Haemorrhagic Fever Risk See Change Notification No. 43 – 2014

Changes Introduced with Release 20
Communication Difficulties See Change Notification No.7 - 2015
Complementary Therapy See Change Notification No.8 - 2015
Infertility See Change Notification No.9 - 2015
Appendix 1 - Changes to donor selection guidelines

Section 1
Changes introduced with TDSG-LD 203 Release 02 from TDSG-LD 202 Release 03

There have been changes made to the following entries:

- Acupuncture
- Animal Bite
- Ankylosing Spondylitis
- Anti-Androgens
- Antibiotic Therapy
- Antidepressant Therapy
- Arthritis
- Autoimmune Disease
- Bipolar Disorder
- Bleeding Disorder
- Cardiomyopathy
- Cardiovascular Disease
- Chikungunya Virus
- Chlamydia
- Cirrhosis
- Colitis
- Communication Difficulties
- Depression
- Disabled Donor
- Disease of Unknown Aetiology
- Ehlers-Danlos Syndrome (Disease)
- Elliptocytosis
- Endocarditis
- Endoscopy
- Episcleritis
- Eye Disease
- Gall Bladder Disease
- German Measles
- Haemoglobin Disorders
- Haemolytic Anaemia
- Hepatitis B
- Hepatitis B - Post Immunization
- Hepatitis C
- Hepatitis of Unknown Origin
- Hereditary Elliptocytosis
- Hormone Replacement Therapy
- Immune Thrombocytopenia
- Immunoglobulin Therapy
- Immunosuppression
- Infection - Acute
- Infection - Chronic
- Inflammatory Eye Disease
- Inoculation Injury
- Jaundice
- Mental Health Problems
- Myeloproliferative Syndrome
- Pituitary Extract - Human
- Platelet Disorder
- Polymyalgia Rheumatica
- Prion Associated Diseases
- Psoriasis
- Rheumatoid Arthritis
- Scleritis
- Sexually Transmitted Disease
- Shingles
- Skin Disease
- Steroid Therapy
- Subacute Bacterial Endocarditis
- Surgery
- Syphilis
- Temporal Arteritis
Section 2
Changes to TDSG-LD 203 after Release 02

See: Latest Updates

This appendix was last updated in TDSG-LD Edition 203, Release 02
Appendix 2 - Medical criteria for the withdrawal of donations following information received after donation

General considerations.

Circumstances that should have excluded donation may only become known after tissue has been taken. For the purposes of these guidelines, these circumstances are categorised below, along with appropriate actions. The action to be taken will be determined by any A-Z entry relevant to the safety of the recipient. If there is no relevant entry, a consideration of recipient safety will underlie the action taken.

Procedures must be maintained by all Services to ensure prompt reporting of late donation information and, if necessary, withdrawal of donated tissue. Concerns arising from hearsay reports should be addressed by procedures established to ascertain the credibility of any such concerns.

If donations have been used before a withdrawal could be initiated, the Designated Medical Officer must decide upon appropriate action. This will include, if there are likely to be severe consequences from having received the tissue transplant, contacting the clinician caring for the recipient and discussing notification of the recipient. In certain circumstances, a look-back procedure may need to be initiated.

1. Late notification of donation test results.

This may occur because:

a) The results of microbiological screening tests are brought into question.

b) Additional information becomes available, e.g. the results of further testing.

c) It is discovered that testing was not performed within the agreed procedures (e.g. as a result of audit or notification of defective reagents by the manufacturer).

d) A report is received from the recipient's medical attendants of a post-transplant infection thought to have been transmitted by the donation.

Action: Inform the Designated Medical Officer.

2. Notification of circumstances that should have triggered deferral at the time of donor selection.

a) Circumstances which place a donor at risk of infection with blood borne organisms (Tissues Safety Entry).

b) Donors in the 'at risk' categories relating to possible transmission of Prion Associated Diseases e.g. CJD and vCJD.

c) Donors with Malignancy (other than those for which there is a discretion in the A-Z)

d) Autoimmune Disease.

e) Allergy.

f) Donors with certain Infectious Diseases at the time of donation or who were in contact with and still within the incubation period of an Infectious Disease at the time of donation.

g) Donors with diseases of unknown aetiology.

Action: Inform the Designated Medical Officer.

This appendix was last updated in TDSG-LD Edition 203, Release 02, Issue 01