

# **United Kingdom Blood Transfusion Services (UKBTS)**

## **Tissue Donor Selection Guidelines Live Donors (TDSG-LD)**

### **Edition 203 - Published 01 June 2007**

### **Release 28 - Published 01 August 2017**

#### **Introduction**

---

These guidelines form a constituent part of Chapter 20 (Tissue banking: selection of donors) of the Guidelines for the Blood Transfusion Services in the United Kingdom, 8th Edition, 2013.

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:

**Dr L Williamson, Medical and Research Director**  
**National Health Service Blood & Transplant (NHSBT)**  
E-mail [lorna.williamson@nhsbt.nhs.uk](mailto:lorna.williamson@nhsbt.nhs.uk)

**Prof M Turner, Medical & Scientific Director**  
**Scottish National Blood Transfusion Service (SNBTS)**  
E-mail [marcturner@nhs.net](mailto:marcturner@nhs.net)

**Dr SP Field, Medical Director**  
**Welsh Blood Service (WBS)**  
E-mail [stephen.field@wales.nhs.uk](mailto:stephen.field@wales.nhs.uk)

**Dr K Morris, Medical Chief Executive Officer**  
**Northern Ireland Blood Transfusion Service (NIBTS)**  
E-mail [kieran.morris@nibts.hscni.net](mailto:kieran.morris@nibts.hscni.net)

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:

**Dr Akila Chandrasekar**  
NHSBT Tissue Services  
14 Estuary Bank  
Speke  
Liverpool L24 8RB

Preferably by e-mail to [akila.chandrasekar@nhsbt.nhs.uk](mailto:akila.chandrasekar@nhsbt.nhs.uk) with 'TDSG-LD' in the subject line.

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

# Contents

Introduction .....	1
Document and Change Control .....	3
General Principles .....	4
Medication .....	6
Use of Alphabetical Listing (A-Z) .....	7
A-Z Index .....	8
A-Z Topics .....	20
Latest Updates .....	131
Appendix 1 - Changes to donor selection guidelines .....	133
Appendix 2 - Medical criteria for the withdrawal of donations following information received after donation .....	135

## 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](mailto: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 Chapter 20 of the Guidelines for the Blood Transfusion Services in the United Kingdom - 8th Edition, 2013, which lists 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 fulfils 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.

## A-Z Index

---

### A

Achondroplasia	Achondroplasia	20
Acitretin	Acitretin	20
Acne	Acne	20
Acupuncture	Acupuncture	20
Addiction and Drug Abuse	Addiction and Drug Abuse	21
African Trypanosomiasis	African Trypanosomiasis	21
Age	Age	21
AIDS	AIDS	21
Alcoholism	Alcoholism	22
Alitretinoin	Alitretinoin	22
Allergy	Allergy	22
Alternative Therapies	Alternative Therapies	22
Anaemia	Anaemia	22
Animal Bite	Animal Bite	23
Ankylosing Spondylitis	Ankylosing Spondylitis	23
Anthrax	Anthrax	24
Anti-Androgens	Anti-Androgens	24
Antibiotic Therapy	Antibiotic Therapy	24
Antidepressant Therapy	Antidepressant Therapy	25
Antifungals	Antifungals	25
Antivirals	Antivirals	25
Arthritis	Arthritis	25
Arthropod Borne Encephalitis	Arthropod Borne Encephalitis	25
Asthma	Asthma	25
Autoimmune Disease	Autoimmune Disease	26
Avascular Necrosis of the Femoral Head (Hip)	Avascular Necrosis of the Femoral Head (Hip)	26
Avodart	Avodart	26

### B

Babesiosis	Babesiosis	26
Basal Cell Carcinoma	Basal Cell Carcinoma	27
BCG	BCG	27
BCG Immunization	BCG Immunization	27
Bilharzia	Bilharzia	27
Bipolar Disorder	Bipolar Disorder	27
Bleeding Disorder	Bleeding Disorder	28
Blind Donor	Blind Donor	28
Blood Pressure - High	Blood Pressure - High	28
Blood Transfusion	Blood Transfusion	29
Body Piercing	Body Piercing	29
Bone Graft	Bone Graft	29



<b>For</b>	<b>See</b>	<b>Page</b>
Borrelia	Borrelia	29
Botulism Immunization	Botulism Immunization	29
Brain Surgery	Brain Surgery	29
Brain Tumour	Brain Tumour	30
Breast Biopsy	Breast Biopsy	30
Breast Lump	Breast Lump	30
Bronchitis	Bronchitis	30
Brucellosis	Brucellosis	30
<b>C</b>		
Cancer	Cancer	31
Candida	Candida	31
Cannabis	Cannabis	31
Cardiac Surgery	Cardiac Surgery	31
Cardiomyopathy	Cardiomyopathy	31
Cardiovascular Disease	Cardiovascular Disease	32
Catarrh	Catarrh	32
Central Nervous System Disease	Central Nervous System Disease	32
Cervical Carcinoma in Situ	Cervical Carcinoma in Situ	33
Cervical Cone Biopsy	Cervical Cone Biopsy	33
Cervical Dysplasia	Cervical Dysplasia	33
Chagas' Disease	Chagas' Disease	33
Chicken Pox	Chicken Pox	33
Chik V	Tropical Viruses	123
Chikungunya Virus	Tropical Viruses	123
Chlamydia	Chlamydia	34
Cholecystitis	Cholecystitis	34
Cholera Immunization	Cholera Immunization	34
Chondromalacia	Chondromalacia	34
Christmas Disease	Christmas Disease	34
Chronic Fatigue Syndrome	Chronic Fatigue Syndrome	34
Cirrhosis	Cirrhosis	35
Clinical Trials	Clinical Trials	35
Coagulation Factor Concentrates	Coagulation Factor Concentrates	35
Coeliac Disease	Coeliac Disease	35
Colitis	Colitis	35
Colostomy	Colostomy	36
Communication Difficulties	Communication Difficulties	36
Complementary Therapy	Complementary Therapy	37
Cone Biopsy	Cone Biopsy	38
Congo Fever	Congo Fever	38
Contact with Infectious Disease	Contact with Infectious Disease	38

<b>For</b>	<b>See</b>	<b>Page</b>
Contagious Pustular Dermatitis	Contagious Pustular Dermatitis	39
Contraceptive Implant	Contraceptive Implant	39
Contraceptive Injection	Contraceptive Injection	39
Contraceptive Pill	Contraceptive Pill	39
Corneal Transplant	Corneal Transplant	39
Coronary Thrombosis	Coronary Thrombosis	39
Cortisone (Periarticular)	Cortisone (Periarticular)	40
Cortisone Tablets	Cortisone Tablets	40
Creutzfeldt-Jakob Disease	Creutzfeldt-Jakob Disease	40
Crimean Fever	Crimean Fever	40
Crohn's Disease	Crohn's Disease	40
Cystitis	Cystitis	40
Cytomegalovirus	Cytomegalovirus	40
<b>D</b>		
Deaf Donor	Deaf Donor	41
Deep Vein Thrombosis	Deep Vein Thrombosis	41
Dementia	Dementia	41
Dengue (Virus) Fever	Tropical Viruses	123
Depression	Depression	41
Dermatitis	Dermatitis	41
Diabetes Insipidus	Diabetes Insipidus	42
Diabetes Mellitus	Diabetes Mellitus	42
Diarrhoea	Diarrhoea	42
Dilatation and Curettage	Dilatation and Curettage	42
Diphtheria	Diphtheria	42
Diphtheria Immunization	Diphtheria Immunization	42
Diphtheria Tetanus Immunization	Diphtheria Tetanus Immunization	43
Diphtheria Tetanus Pertussis Immunization	Diphtheria Tetanus Pertussis Immunization	43
Disabled Donor	Disabled Donor	43
Disease of Unknown Aetiology	Disease of Unknown Aetiology	44
Diverticulosis	Diverticulosis	44
Drug Abuse	Drug Abuse	44
Drug Treatment	Drug Treatment	45
DTP Immunization	DTP Immunization	45
Duodenal Ulcer	Duodenal Ulcer	45
Dutasteride (Avodart)	Dutasteride (Avodart)	45
Dysplasia of the Hip	Dysplasia of the Hip	45
<b>E</b>		
Ear Piercing	Ear Piercing	45
Ebola Fever	Ebola Fever	46
Eczema	Eczema	46
Ehlers-Danlos Syndrome (Disease)	Ehlers-Danlos Syndrome (Disease)	46

<b>For</b>	<b>See</b>	<b>Page</b>
Electrolysis	Electrolysis	46
Elliptocytosis	Elliptocytosis	46
Emphysema	Emphysema	46
Encephalitis	Encephalitis	46
Endocarditis	Endocarditis	47
Endometriosis	Endometriosis	47
Epilepsy	Epilepsy	47
Episcleritis	Episcleritis	47
Etretinate	Etretinate	47
Eye Disease	Eye Disease	48
Eye Drops	Eye Drops	48
<b>F</b>		
Factor V Leiden	Factor V Leiden	48
Febrile Episodes	Febrile Episodes	48
Fever	Fever	49
Fibroids - Removal	Fibroids - Removal	49
Fibromyalgia	Fibromyalgia	49
Filariasis	Filariasis	49
Finasteride (Proscar)	Finasteride (Proscar)	49
Fits	Fits	50
Food Allergy	Food Allergy	50
Food Poisoning	Food Poisoning	50
Foreign Travel	Foreign Travel	50
Fungal Infection	Fungal Infection	50
Fungal Infection of Nails	Fungal Infection of Nails	50
<b>G</b>		
G6PD Deficiency	G6PD Deficiency	50
Gall Bladder Disease	Gall Bladder Disease	51
Gastrectomy	Gastrectomy	51
Gastrointestinal Disease	Gastrointestinal Disease	51
Genital Herpes Infection	Genital Herpes Infection	51
Genital Warts	Genital Warts	51
German Measles	German Measles	52
Giardiasis	Giardiasis	52
Gilbert's Disease	Gilbert's Disease	52
Gilbert's Syndrome	Gilbert's Syndrome	52
Glandular Fever	Glandular Fever	52
Glaucoma	Glaucoma	52
Goitre	Goitre	53
Gonorrhoea	Gonorrhoea	53
Gout	Gout	53
Grand Mal	Grand Mal	53

<b>For</b>	<b>See</b>	<b>Page</b>
Granuloma Inguinale	Granuloma Inguinale	53
Grave's Disease	Grave's Disease	53
Growth Hormone	Growth Hormone	53
Guillain-Barré Syndrome	Guillain-Barré Syndrome	54
<b>H</b>		
Haematological Disease	Haematological Disease	54
Haematuria	Haematuria	54
Haemochromatosis	Haemochromatosis	55
Haemoglobin Disorders	Haemoglobin Disorders	55
Haemolytic Anaemia	Haemolytic Anaemia	55
Haemophilia	Haemophilia	55
Haemophilus Influenzae Type B Immunization	Haemophilus Influenzae Type B Immunization	56
Haemorrhoids	Haemorrhoids	56
Hand, Foot and Mouth Disease	Hand, Foot and Mouth Disease	56
Hashimoto's Disease	Hashimoto's Disease	56
Hay Fever	Hay Fever	56
Head Injury	Head Injury	56
Headache	Headache	57
Heaf Test	Heaf Test	57
Health Care Worker	Health Care Worker	57
Heart Operation	Heart Operation	57
Henna Painting	Henna Painting	57
Hepatitis	Hepatitis	58
Hepatitis A	Hepatitis A	58
Hepatitis A Immunization	Hepatitis A Immunization	59
Hepatitis B	Hepatitis B	59
Hepatitis B - Post Immunization	Hepatitis B - Post Immunization	61
Hepatitis C	Hepatitis C	62
Hepatitis E	Hepatitis E	63
Hepatitis of Unknown Origin	Hepatitis of Unknown Origin	63
Hepatitis of Viral Origin	Hepatitis of Viral Origin	64
Hereditary Elliptocytosis	Hereditary Elliptocytosis	64
Hereditary Spherocytosis	Hereditary Spherocytosis	65
Herpes - Genital	Herpes - Genital	65
Herpes - Oral	Herpes - Oral	65
Herpes Simplex	Herpes Simplex	65
Herpes Zoster	Herpes Zoster	65
Hip Dysplasia	Hip Dysplasia	65
HIV	HIV	66
Homeopathy	Homeopathy	66
Homosexual and Bisexual Individuals	Homosexual and Bisexual Individuals	66

<b>For</b>	<b>See</b>	<b>Page</b>
Hormone Replacement Therapy	Hormone Replacement Therapy	67
HTLV	HTLV	68
Human Bite	Human Bite	68
Human Pituitary Extract	Human Pituitary Extract	68
Huntington's Chorea	Huntington's Chorea	69
Huntington's Disease	Huntington's Disease	69
Hydatid Disease	Hydatid Disease	69
Hydatidiform Mole	Hydatidiform Mole	69
Hydrocephalus	Hydrocephalus	69
Hyperthyroidism	Hyperthyroidism	69
Hypnotics	Hypnotics	70
Hypothyroidism	Hypothyroidism	70
Hysterectomy	Hysterectomy	70
<b>I</b>		
Idiopathic Thrombocytopenic Purpura (ITP)	Idiopathic Thrombocytopenic Purpura (ITP)	70
Ileostomy	Ileostomy	70
Immune Thrombocytopenia	Immune Thrombocytopenia	70
Immunization	Immunization	71
Immunization - Live	Immunization - Live	71
Immunization - Non-Live	Immunization - Non-Live	72
Immunodeficiency	Immunodeficiency	72
Immunoglobulin Therapy	Immunoglobulin Therapy	72
Immunosuppression	Immunosuppression	73
Infection - Acute	Infection - Acute	73
Infection - Chronic	Infection - Chronic	74
Infection - General	Infection - General	74
Infection - Tropical	Infection - Tropical	75
Infectious Diseases - Contact with	Infectious Diseases - Contact with	75
Infertility	Infertility	75
Inflammatory Bowel Disease	Inflammatory Bowel Disease	76
Inflammatory Eye Disease	Inflammatory Eye Disease	76
Influenza Immunization	Influenza Immunization	76
Inherited Diseases	Inherited Diseases	76
Injected Drugs of Misuse	Injected Drugs of Misuse	76
Inoculation Injury	Inoculation Injury	77
Inoculations	Inoculations	77
Irritable Bowel Syndrome	Irritable Bowel Syndrome	77
Isotretinoin	Isotretinoin	77
ITP	ITP	77
<b>J</b>		
Japanese Encephalitis Immunization	Japanese Encephalitis Immunization	77
Jaundice	Jaundice	78

<b>For</b>	<b>See</b>	<b>Page</b>
<b>K</b>		
Kala-Azar	Kala-Azar	78
Kidney Disease	Kidney Disease	78
Kidney Donor	Kidney Donor	79
Kidney Recipient	Kidney Recipient	79
Kidney Stones	Kidney Stones	79
Klinefelter's Syndrome	Klinefelter's Syndrome	79
<b>L</b>		
Laminectomy	Laminectomy	79
Laser Treatment	Laser Treatment	80
Lassa Fever	Lassa Fever	80
Legionnaire's Disease	Legionnaire's Disease	80
Leishmaniasis	Leishmaniasis	80
Leptospirosis	Leptospirosis	80
Lesbian	Lesbian	80
Leukaemia	Leukaemia	81
Listeriosis	Listeriosis	81
Lyme Disease	Lyme Disease	81
Lymphogranuloma Venereum	Lymphogranuloma Venereum	81
<b>M</b>		
Malaria	Malaria	81
Malaria - Contact in UK	Malaria - Contact in UK	82
Malignancy	Malignancy	82
Malignant Hypertension	Malignant Hypertension	83
Malignant Melanoma	Malignant Melanoma	83
Mantoux Test	Mantoux Test	83
Marburg Fever	Marburg Fever	84
Marfan's Syndrome	Marfan's Syndrome	84
Mastectomy	Mastectomy	84
Measles	Measles	84
Measles Immunization	Measles Immunization	84
Measles Mumps Rubella (MMR) Immunization	Measles Mumps Rubella (MMR) Immunization	85
Measles Rubella Immunization	Measles Rubella Immunization	85
Medication (Drugs)	Medication (Drugs)	85
Ménière's Disease	Ménière's Disease	85
Meningitis	Meningitis	85
Meningococcal Meningitis Immunization	Meningococcal Meningitis Immunization	85
Menopause	Menopause	86
Mental Health Problems	Mental Health Problems	86
Migraine	Migraine	86
Mitral Valve Prolapse	Mitral Valve Prolapse	86
Molar Pregnancy	Molar Pregnancy	86
MRSA	MRSA	87

<b>For</b>	<b>See</b>	<b>Page</b>
Multiple Sclerosis	Multiple Sclerosis	87
Mumps	Mumps	87
Mumps Immunization	Mumps Immunization	87
Muscular Dystrophy	Muscular Dystrophy	87
Myalgic Encephalomyelitis	Myalgic Encephalomyelitis	88
Myasthenia Gravis	Myasthenia Gravis	88
Myelodysplastic Syndrome	Myelodysplastic Syndrome	88
Myeloproliferative Syndrome	Myeloproliferative Syndrome	88
Myocarditis	Myocarditis	88
Myomectomy	Myomectomy	88
Myxoedema	Myxoedema	89
<b>N</b>		
Needle-Stick Injury	Needle-Stick Injury	89
Neotigason	Neotigason	89
Nephrectomy	Nephrectomy	89
Nephritis	Nephritis	89
Neurofibromatosis	Neurofibromatosis	89
Neurological Conditions	Neurological Conditions	89
Neurosurgery	Neurosurgery	90
Night Sweats	Night Sweats	90
Non-Specific Urethritis	Non-Specific Urethritis	90
Nonsteroidal Anti-Inflammatory Drugs (NSAID)	Nonsteroidal Anti-Inflammatory Drugs (NSAID)	90
NSAID	NSAID	91
NSU	NSU	91
<b>O</b>		
Ocular Surgery	Ocular Surgery	91
Ocular Tissue Recipient	Ocular Tissue Recipient	91
Operations	Operations	91
Orf	Orf	91
Organ Donor	Organ Donor	92
Organ Recipient	Organ Recipient	92
Oseltamivir	Oseltamivir	92
Osteoarthritis	Osteoarthritis	92
Osteogenesis Imperfecta	Osteogenesis Imperfecta	92
Osteomalacia	Osteomalacia	93
Osteomyelitis	Osteomyelitis	93
Osteoporosis	Osteoporosis	93
Ovarian Cyst	Ovarian Cyst	93
<b>P</b>		
Paget's Disease of Bone	Paget's Disease of Bone	93
Pain Killers	Pain Killers	93
Paratyphoid	Paratyphoid	94
Peptic Ulcer	Peptic Ulcer	94

<b>For</b>	<b>See</b>	<b>Page</b>
Pericarditis - Viral	Pericarditis - Viral	94
Peritonitis	Peritonitis	94
Peritonsillar Abscess	Peritonsillar Abscess	94
Permanent Make-Up	Permanent Make-Up	95
Perthes' Disease	Perthes' Disease	95
Petit Mal	Petit Mal	95
Pituitary Extract - Human	Pituitary Extract - Human	95
Platelet Disorder	Platelet Disorder	95
Pleurisy	Pleurisy	96
Pneumococcal Immunization	Pneumococcal Immunization	96
Pneumonia	Pneumonia	96
Polio Contact	Polio Contact	96
Polio Injected Immunization	Polio Injected Immunization	96
Polio Oral Immunization	Polio Oral Immunization	96
Polycythaemia	Polycythaemia	97
Polymyalgia Rheumatica	Polymyalgia Rheumatica	97
Porphyria	Porphyria	97
Post Viral Fatigue Syndrome	Post Viral Fatigue Syndrome	97
Pregnancy	Pregnancy	97
Prion Associated Diseases	Prion Associated Diseases	98
Proctitis	Proctitis	99
Proscar	Proscar	99
Prostatectomy	Prostatectomy	99
Prostitutes	Prostitutes	99
Psoriasis	Psoriasis	99
Psychiatric Problems	Psychiatric Problems	100
Pulmonary Embolism	Pulmonary Embolism	100
Pyelonephritis	Pyelonephritis	100
Pyrexia	Pyrexia	100
Pyruvate Kinase Deficiency	Pyruvate Kinase Deficiency	101
<b>Q</b>		
Q Fever	Q Fever	101
Quinsy	Quinsy	101
<b>R</b>		
Rabies	Rabies	101
Radiation Therapy	Radiation Therapy	102
Radionuclides	Radionuclides	102
Raynaud's Syndrome	Raynaud's Syndrome	102
Recipients of Normal Human Immunoglobulin	Recipients of Normal Human Immunoglobulin	102
Reiter's Syndrome	Reiter's Syndrome	102
Relapsing Fever	Relapsing Fever	103
Relenza®	Relenza®	103



<b>For</b>	<b>See</b>	<b>Page</b>
Renal Colic	Renal Colic	103
Renal Disease	Renal Disease	103
Respiratory Disease	Respiratory Disease	104
Resurfacing of Hip	Resurfacing of Hip	104
Retinitis Pigmentosa	Retinitis Pigmentosa	104
Rheumatic Fever	Rheumatic Fever	104
Rheumatoid Arthritis	Rheumatoid Arthritis	104
Ringworm	Ringworm	104
Risk Factors	Risk Factors	105
Roaccutane	Roaccutane	105
Rodent Ulcer	Rodent Ulcer	105
Rubella	Rubella	105
Rubella Immunization	Rubella Immunization	105
<b>S</b>		
Salpingitis	Salpingitis	106
Sandfly Fever	Sandfly Fever	106
Sarcoidosis	Sarcoidosis	106
SARS (Severe Acute Respiratory Syndrome)	SARS (Severe Acute Respiratory Syndrome)	106
Schistosomiasis	Schistosomiasis	107
Sclera Recipient	Sclera Recipient	107
Scleritis	Scleritis	107
Semi-Permanent Make-Up	Semi-Permanent Make-Up	107
Severe Exercise Intolerance Disease (SEID)	Post Viral Fatigue Syndrome	97
Sex Change	Sex Change	108
Sexually Transmitted Disease	Sexually Transmitted Disease	108
Shingles	Shingles	109
Sickle-Cell Disease	Sickle-Cell Disease	109
Sickle-Cell Trait	Sickle-Cell Trait	109
Skin Cancer	Skin Cancer	109
Skin Disease	Skin Disease	109
Sleeping Sickness	Sleeping Sickness	110
Smallpox Immunization	Smallpox Immunization	110
Snake Bite	Snake Bite	111
South American Trypanosomiasis	South American Trypanosomiasis	111
South American Trypanosomiasis Risk	South American Trypanosomiasis Risk	111
Spherocytosis	Spherocytosis	112
Spina Bifida	Spina Bifida	112
Spinal Surgery	Spinal Surgery	112
Splenectomy	Splenectomy	112
Squamous Cell Carcinoma	Squamous Cell Carcinoma	112
Steroid Therapy	Steroid Therapy	113

<b>For</b>	<b>See</b>	<b>Page</b>
Stroke	Stroke	113
Subacute Bacterial Endocarditis	Subacute Bacterial Endocarditis	113
Surgery	Surgery	113
Syphilis	Syphilis	114
Syphilis Sexual Contact	Syphilis Sexual Contact	114
Systemic Lupus Erythematosus	Systemic Lupus Erythematosus	115
<b>T</b>		
Tamiflu®	Tamiflu®	115
Tamoxifen	Tamoxifen	115
Tattoo	Tattoo	115
Temporal Arteritis	Temporal Arteritis	116
Tetanus Immunization	Tetanus Immunization	116
Thalassaemia Major	Thalassaemia Major	116
Thalassaemia Trait	Thalassaemia Trait	116
Therapeutic Venesection	Therapeutic Venesection	116
Threadworms	Threadworms	116
Thrombocytosis	Thrombocytosis	117
Thrombosis	Thrombosis	117
Thrush - Oral	Thrush - Oral	117
Thrush - Vaginal	Thrush - Vaginal	117
Thyroid Disease	Thyroid Disease	117
Thyroxine	Thyroxine	118
Tick-Borne Encephalitides	Tick-Borne Encephalitides	118
Tick-Borne Encephalitis Immunization	Tick-Borne Encephalitis Immunization	118
Tigason	Tigason	118
Tissue and Organ Recipients	Tissue and Organ Recipients	118
Tissue Recipient	Tissue Recipient	119
Tissues Safety Entry	Tissues Safety Entry	119
Toctino	Toctino	120
Toxoplasmosis	Toxoplasmosis	120
Transfusion	Transfusion	121
Travel	Travel	122
Tropical Areas	Tropical Areas	122
Tropical Diseases	Tropical Diseases	122
Tropical Viruses	Tropical Viruses	123
Trypanosoma Cruzi Infection	Trypanosoma Cruzi Infection	124
Tuberculosis	Tuberculosis	124
Tumour Chemotherapy	Tumour Chemotherapy	124
Turner's Syndrome	Turner's Syndrome	125
Typhoid	Typhoid	125
Typhoid Injected Immunization	Typhoid Injected Immunization	125

<b>For</b>	<b>See</b>	<b>Page</b>
Typhoid Oral Immunization	Typhoid Oral Immunization	125
<b>U</b>		
Ulcerative Colitis	Ulcerative Colitis	125
Urethritis (Non-Specific)	Urethritis (Non-Specific)	125
Urinary Tract Infection	Urinary Tract Infection	126
<b>V</b>		
Vaccination	Vaccination	126
Vasculitis	Vasculitis	126
Viral Disease	Viral Disease	126
Viral Haemorrhagic Fever	Viral Haemorrhagic Fever	126
Vitamin Treatment	Vitamin Treatment	127
Vitiligo	Vitiligo	127
Von Recklinghausen's Disease	Von Recklinghausen's Disease	127
Von Willebrand's Disease	Von Willebrand's Disease	127
<b>W</b>		
Warts	Warts	127
West Nile Virus	West Nile Virus	127
Whooping Cough	Whooping Cough	128
Wilson's Disease	Wilson's Disease	129
<b>X</b>		
Xenotransplantation	Xenotransplantation	129
XMRV	XMRV	129
<b>Y</b>		
Yaws	Yaws	130
Yellow Fever	Yellow Fever	130
Yellow Fever Immunization	Yellow Fever Immunization	130
<b>Z</b>		
Zanamivir	Zanamivir	130
Zika Virus	Tropical Viruses	123

## Achondroplasia

---

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

## Acitretin

---

Neotigason	
<i>See</i>	<u>Acne</u> <u>Psoriasis</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Acne

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Has ever taken Etretnate (Tigason). b) Less than 24 months from the last dose of Acitretin (Neotigason). c) Less than four weeks from the last dose of Isotretinoin (Roaccutane) or Alitretinoin (Toctino). d) There is secondary infection
<i>Discretionary</i>	Therapy with topical treatments, oral tetracycline, erythromycin and Dianette (cyproterone acetate and ethinyloestradiol), accept.
<i>Additional Information</i>	Etretnate (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.
<i>Reason for Change</i>	To include information on Alitretinoin (Toctino).
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## Acupuncture

---

<i>See</i>	<u>Complementary Therapy</u>
<i>Reason for Change</i>	

To replace the entry for acupuncture with a link to complementary therapy. The 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

---

<i>See</i>	<u>HIV</u> <u>Tissues Safety Entry</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Alcoholism

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Cirrhosis</u>
<i>See</i>	<u>Addiction and Drug Abuse</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Alitretinoin

---

<i>Obligatory</i>	Must not donate if less than four weeks from the last dose of Alitretinoin (Toctino).
<i>Additional Information</i>	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.
<i>See</i>	<u>Acne</u> <u>Dermatitis</u>
<i>Reason for Change</i>	New entry.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## Allergy

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Steroid Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Alternative Therapies

---

<i>See</i>	<u>Complementary Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Anaemia

---

<i>Discretionary</i>	<p><b>1. History of anaemia:</b> This must be assessed regarding its cause, current status and what treatment has been received.</p> <p><b>2. Iron deficiency:</b> If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.</p> <p><b>3. Other types:</b> Accept or exclude according to the guidelines.</p> <p><b>4. In other cases:</b> <b>Refer to a Designated Medical Officer.</b></p>
<i>See if Relevant</i>	<p><u>Haemoglobin Disorders</u> <u>Haemolytic Anaemia</u> <u>Malignancy</u></p> <p><b>If treated with blood components or products or by plasma exchange or filtration:</b> <u>Transfusion</u></p>
<i>Additional Information</i>	<p>People with severe long-standing anaemia may have abnormal structural bone. This may not be suitable for grafting.</p> <p>There are special rules for people who have received blood components or blood products.</p>
<i>Update Information</i>	<p>This entry was last updated in TDSG-LD Edition 203, Release 02</p>

## Animal Bite

---

(Non-Human)	
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Ever bitten by a non-human primate.</p> <p>b) Any wound is infected or not healed.</p> <p>c) Less than 12 months since bitten anywhere in the world by a bat or by any mammal outside of the British Isles.</p>
<i>See if Relevant</i>	<p><u>Human Bite</u> <u>Infection - General</u> <u>Rabies Immunization</u></p>
<i>Additional Information</i>	<p>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.</p> <p>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.</p>
<i>Reason for Change</i>	<p>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.</p>
<i>Update Information</i>	<p>This entry was last updated in TDSG-LD Edition 203, Release 02</p>

## Ankylosing Spondylitis

---

<i>Discretionary</i>	Accept.
<i>See</i>	<u>Autoimmune Disease</u>
<i>Reason for Change</i>	A link to 'Autoimmune Disease' has been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Anthrax

---

### Infection

*See* Infection - Acute

### Exposure

<i>Discretionary</i>	Even if on prophylactic antibiotics, accept.
<i>Additional Information</i>	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

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

## Anti-Androgens

---

<i>Including</i>	Androgen Antagonists
<i>See</i>	<u>Dutasteride (Avodart)</u> <u>Finasteride (Proscar)</u>
<i>Reason for Change</i>	To include a link for 'Anti-Androgens'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Antibiotic Therapy

---

<i>Additional Information</i>	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 <b>Designated Medical Officer</b> .
<i>See</i>	<u>Infection - General</u>
<i>Reason for Change</i>	'Additional Information' has been added for clarity.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02



## Antidepressant Therapy

---

<i>See</i>	<u>Mental Health Problems</u>
<i>Reason for Change</i>	The entry has been replaced with a link to 'Mental Health Problems'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Antifungals

---

<i>See</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Antivirals

---

<i>See</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Arthritis

---

<i>See if Relevant</i>	<u>Ankylosing Spondylitis</u> <u>Autoimmune Disease</u> <u>Osteoarthritis</u> <u>Psoriasis</u> <u>Rheumatoid Arthritis</u>
<i>Reason for Change</i>	A link has been added for 'Autoimmune Disease'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Arthropod Borne Encephalitis

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Asthma

---

<i>Obligatory</i>	<b>Must not donate if:</b> Taking, or has completed, oral or parenteral steroids within the last seven days.
<i>See if Relevant</i>	<u>Infection - General</u> <u>Steroid Therapy</u>

<i>Additional Information</i>	Steroid therapy can hide the signs and symptoms of infection. Tissue from an infected donor could be dangerous to the person receiving them.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Autoimmune Disease

---

<i>Obligatory</i>	<p><b>See:</b> Is there an entry for the condition?</p> <p><b>Must not donate if:</b> The donor has needed treatment to suppress the condition in the last 12 months.</p>
<i>See if Relevant</i>	<b>If treated with immunoglobulin or plasma exchange or filtration:</b> <u>Transfusion</u>
<i>Additional Information</i>	<p>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.</p> <p>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.</p>
<i>Reason for Change</i>	Additional Information has been added to clarify treatment that may have been used to suppress the condition.
<i>Update Information</i>	<p>Part of this advice is a requirement of the EU Tissue &amp; Cells Directive.</p> <p>This entry was last updated in TDSG-LD Edition 203, Release 02</p>

## Avascular Necrosis of the Femoral Head (Hip)

---

<i>Obligatory</i>	<b>Must not donate:</b> Affected femoral heads.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Avodart

---

Dutasteride	<i>See</i> <u>Dutasteride (Avodart)</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Babesiosis

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Basal Cell Carcinoma

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Still receiving treatment.  b) Any wound has not healed.
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## BCG

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) The inoculation site has not yet healed.  b) Less than four weeks after inoculation.
<i>Additional Information</i>	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.
<i>Reason for Change</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 08

## BCG Immunization

---

<i>See</i>	<u><a href="#">BCG</a></u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Bilharzia

---

<i>See</i>	<u><a href="#">Infection - Acute</a></u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Bipolar Disorder

---

<i>See</i>	<u><a href="#">Mental Health Problems</a></u>
<i>Reason for Change</i>	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.

*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

## Blood Transfusion

---

*See* [Transfusion](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## 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 06

## Bone Graft

---

*See* [Surgery](#)  
[Tissue and Organ Recipients](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Borrelioses

---

*See* [Infection - Acute](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Botulism Immunization

---

*See* [Immunization - Non-Live](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Brain Surgery

---

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

## 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  
*See* 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:**

- a) Not recovered from infective causes.
- b) cardiomyopathy secondary to an infiltrative process e.g. amyloidosis, sarcoidosis.

*Reason for Change*

The entry has been changed to make it clear that cardiomyopathy is not an absolute contraindication to donation of cardiovascular tissues.

*Update Information*

This entry was last updated in  
TDSG-LD Edition 203, Release 27

## Cardiovascular Disease

---

<i>See if Relevant</i>	<u>Cardiomyopathy</u> <u>Endocarditis</u> <u>Myocarditis</u>
<i>Reason for Change</i>	Additional links have been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Catarrh

---

### Acute

*See* Infection - Acute

### Chronic

<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Central Nervous System Disease

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Dementia.</p> <p>b) History of CNS disease of suspected infective origin (e.g. multiple sclerosis (MS), optic neuritis, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).</p> <p>c) Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).</p>
<i>Discretionary</i>	<p>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.</p> <p>b) If a definite diagnosis of transient global amnesia has been made, accept.</p>
<i>See if Relevant</i>	<u>Neurosurgery</u> <u>Prion Associated Diseases</u> <u>Rabies</u>
<i>Additional Information</i>	<p>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.</p> <p>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.</p>
<i>Reason for Change</i>	<p>Additional advice for donors with a history of optic neuritis, transverse myelitis, Bell's Palsy or transient global amnesia has been added.</p> <p>A new section Additional Information has been added.</p>



*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.

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

## 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

## 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

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Complicated by hepatoma.  b) Infectious or autoimmune cause.
<i>Discretionary</i>	If secondary to alcohol or genetic cause, accept.
<i>See if Relevant</i>	<u>Alcoholism</u> <u>Autoimmune Disease</u> <u>Malignancy</u>
<i>Reason for Change</i>	Additional links have been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Clinical Trials

---

<i>Obligatory</i>	<b>Must not donate if:</b> 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.
<i>Discretionary</i>	If a <b>Designated Medical Officer</b> has examined and agreed the trial protocol, accept.
<i>See if Relevant</i>	<u>Complementary Therapy</u> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Coagulation Factor Concentrates

---

<i>See</i>	<u>Bleeding Disorder</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Coeliac Disease

---

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

## Colitis

---

<i>Obligatory</i>	<b>Must not donate if history of:</b> a) Crohn's disease.  b) Ulcerative colitis.
<i>Discretionary</i>	If more than two weeks since full recovery from an episode of infective colitis, accept.
<i>See if Relevant</i>	<u>Infection - General</u>

Inflammatory Bowel Disease  
Malignancy.

<i>Reason for Change</i>	A link has been added for 'Malignancy'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Colostomy

---

<i>Obligatory</i>	<b>Must not donate if:</b> For malignancy or inflammatory bowel disease.
<i>Discretionary</i>	If the reason for the colostomy is not of itself a reason to exclude and the stoma is healthy, accept.
<i>See if Relevant</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Communication Difficulties

---

<i>Obligatory</i>	<p><b>1. All donors must:</b></p> <p>a) Fully understand the donation process.</p> <p>b) Give their informed consent to the process and to the testing of their blood for diseases that may affect its suitability for use.</p> <p><b>2. Third party interpreters:</b></p> <p>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:</p> <p>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</p> <p>b) Not be personally known to the donor.</p> <p>c) Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor</p>
<i>See if Relevant</i>	<u>Disabled Donor</u>
<i>Additional Information</i>	<p>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. <b>Every donor must:</b></p> <p>a) Complete a health and medical history questionnaire and undergo a personal interview performed by a health professional.</p> <p>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</p> <p>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.</p>

**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.

<i>Reason for Change</i>	<ol style="list-style-type: none"> <li>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</li> <li>2. To clarify that interpreters and translators have a duty of confidentiality</li> <li>3. To clarify that consent for donation need not be signed by the donor, it can be taken by telephone</li> </ol>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 20

## Complementary Therapy

---

<i>Obligatory</i>	<p><b>1. Must not donate if:</b></p> <ol style="list-style-type: none"> <li>a) The condition for which treatment was given is not acceptable.</li> <li>b) Less than four months from colonic irrigation or colonic hydrotherapy</li> </ol> <p><b>2. Therapies involving penetration by needles:</b> <b>Must not donate if:</b> Less than four months from completing treatment.</p>
<i>Discretionary</i>	<ol style="list-style-type: none"> <li>a) If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept</li> <li>b) For all other therapies (to include faecal microbiota therapy): <ol style="list-style-type: none"> <li><b>1. Performed within the NHS</b> If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.</li> <li><b>2. Performed outside of the NHS</b> 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,</li> </ol> </li> </ol>

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*

Pharmacists have been added to the list of professions regulated by the Health and Care Professions Council.

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

## 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  
 TDSG-LD Edition 203, Release 02

## 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

## 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

---

<i>Discretionary</i>	If the underlying cause does not exclude, accept.
<i>See if Relevant</i>	<u>Neurosurgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Diabetes Mellitus

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Diarrhoea

---

<i>Including</i>	D & V Enterocolitis Food Poisoning Gastric Flu Gastro-enteritis
<i>Obligatory</i>	<b>Must not donate if:</b> a) Chronic or associated with inflammatory bowel disease. b) Less than two weeks since full recovery.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Dilatation and Curettage

---

<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Diphtheria

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	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 where 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

---

<i>Obligatory</i>	The taking of some drugs may make a donor ineligible. This could be due to the underlying disease or to the medication.
	<b>See:</b> Any specific entry for the disease or the drug.
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Addiction and Drug Abuse</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## DTP Immunization

---

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

## Duodenal Ulcer

---

<i>See</i>	<u>Peptic Ulcer</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Dutasteride (Avodart)

---

<i>Obligatory</i>	<b>Must not donate if:</b> Less than six months since completion of treatment.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Dysplasia of the Hip

---

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

## Ear Piercing

---

<i>See</i>	<u>Body Piercing</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Ebola Fever

---

<i>See</i>	<u>Viral Haemorrhagic Fever</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 19

## Eczema

---

<i>See</i>	<u>Dermatitis</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Ehlers-Danlos Syndrome (Disease)

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Electrolysis

---

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

## Elliptocytosis

---

<i>See</i>	<u>Hereditary Elliptocytosis</u>
<i>Reason for Change</i>	This entry has been changed to Hereditary Elliptocytosis
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Emphysema

---

<i>Discretionary</i>	Accept.
<i>Update Information</i>	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.

*See if Relevant* Infection - General

*Reason for Change* This new entry replaces the previous entry for 'Subacute Bacterial Endocarditis'. It recognizes that the cause of endocarditis is not always bacterial and the course is not always subacute.

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

## Endometriosis

---

*Discretionary* Accept.

*See if Relevant* Surgery

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

## 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

*Reason for Change* To include an entry for 'Episcleritis'.

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

## Etretinate

---

Tigason		
	<i>Obligatory</i>	<b>Must not donate if:</b> Has ever taken Etretnate (Tigason).
	<i>See if Relevant</i>	<u>Acne</u> <u>Psoriasis</u>
	<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Eye Disease

---

	<i>Obligatory</i>	<b>Must not donate if:</b> a) Active ocular inflammation.  b) History of malignancy.  c) Ocular tissue transplanted.
	<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Glaucoma</u> <u>Infection - General</u> <u>Malignancy</u> <u>Ocular Surgery</u> <u>Ocular Tissue Recipient</u> <u>Steroid Therapy</u> <u>Tissue and Organ Recipients</u>
	<i>Reason for Change</i>	A link has been added for 'Malignancy'.
	<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Eye Drops

---

	<i>Obligatory</i>	<b>Determine what they are being used to treat.</b> <b>See:</b> Is there a relevant entry.
	<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Glaucoma</u> <u>Infection - General</u> <u>Steroid Therapy</u>
	<i>Additional Information</i>	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.
	<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Factor V Leiden

---

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

## Febrile Episodes

---



*See* [Pyrexia](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Fever

---

*See* [Pyrexia](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Fibroids - Removal

---

*See* [Surgery](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Fibromyalgia

---

*Also Known As* Fibromyositis or fibrositis  
*Obligatory* Must not donate tendons  
*Discretionary* All other tissues, accept  
*See if Relevant* [Disabled Donor](#)  
[Nonsteroidal Anti-Inflammatory Drugs](#)  
[Steroid Therapy](#)  
*Additional Information* Fibromyalgia is a common problem affecting soft tissues (muscles, tendons and ligaments) rather than bones or joints. It is often linked to sleep disorders.  
*Reason for Change* This is a new entry  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 25

## Filariasis

---

*Obligatory* **Must not donate.**  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## 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

## 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

---

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

## Gall Bladder Disease

---

<i>Obligatory</i>	<b>Must not donate if:</b> Symptomatic.
<i>Discretionary</i>	If recovered or has asymptomatic gallstones, accept.
<i>See if Relevant</i>	<u>Infection - General</u> <u>Malignancy</u> <u>Surgery</u>
<i>Reason for Change</i>	A link has been added for 'Malignancy'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Gastrectomy

---

<i>See if Relevant</i>	<u>Malignancy</u> <u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Gastrointestinal Disease

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Ulcerative colitis or Crohn's disease.  b) Malignant.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Genital Herpes Infection

---

<i>See</i>	<u>Herpes - Genital</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Genital Warts

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Sexually Transmitted Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## German Measles

---

<i>See</i>	<u>Rubella</u>
<i>Reason for Change</i>	The entry now links to Rubella.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Giardiasis

---

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

## Gilbert's Disease

---

<i>See</i>	<u>Gilbert's Syndrome</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Gilbert's Syndrome

---

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

## Glandular Fever

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Glaucoma

---

<i>Obligatory</i>	<b>Must not donate if:</b> Received transplant of sclera during glaucoma surgery.
<i>See if Relevant</i>	<u>Ocular Tissue Recipient Surgery</u> <u>Tissue and Organ Recipients</u>
<i>Additional Information</i>	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

---

<i>Obligatory</i>	<b>Must not donate if:</b> Has ever received human pituitary derived growth hormone.
<i>Discretionary</i>	If treated exclusively with recombinant-derived growth hormone, accept. In the UK this has been since 1987.
<i>See if Relevant</i>	<u>Prion Associated Diseases</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Guillain-Barré Syndrome

---

<i>Obligatory</i>	<b>Refer to a Designated Medical Officer:</b> <b>Must not donate if:</b> 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.
<i>See if Relevant</i>	<b>If treated with immunoglobulin or plasma exchange:</b> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Haematological Disease

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Malignant.  b) Clonal disorder such as primary polycythaemia (rubra vera), essential thrombocythaemia or monoclonal gammopathy of unknown significance (MGUS).
<i>Discretionary</i>	If polycythaemia or thrombocytosis is secondary to a non-malignant/clonal condition, accept.
<i>See if Relevant</i>	<u>Anaemia</u> <u>Haemoglobin Disorders</u> <u>Immune Thrombocytopenia</u> <u>Therapeutic Venesection</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	Monoclonal gammopathy of unknown significance (MGUS) has been added as an example of a clonal disorder.  'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Haematuria

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Due to infection.  b) Due to malignancy.
<i>See if Relevant</i>	<u>Kidney Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Haemochromatosis

---

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

## Haemoglobin Disorders

---

<i>Obligatory</i>	<b>Must not donate if:</b> Has a sickle-cell or thalassaemia syndrome.
<i>Discretionary</i>	Donors with traits for abnormal haemoglobin, accept.
<i>See if Relevant</i>	<u>Anaemia</u> <u>Sickle-Cell Trait</u> <u>Thalassaemia Trait</u> <u>Transfusion</u>
<i>Reason for Change</i>	A link has been added to Transfusion.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Haemolytic Anaemia

---

<i>Obligatory</i>	<b>See:</b> a) Is there an entry for the condition?  b) If not: <b>Refer to a Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Autoimmune Disorder</u> <u>G6PD Deficiency</u> <u>Haemoglobin Disorders</u> <u>Hereditary Elliptocytosis</u> <u>Hereditary Spherocytosis</u> <u>Pyruvate Kinase Deficiency</u> <u>Transfusion</u>
<i>Reason for Change</i>	To include an entry for haemolytic anaemia.
<i>Update Information</i>	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* Piles

*Discretionary* Accept.

*See if Relevant* [Surgery](#)

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

## Hand, Foot and Mouth Disease

---

See [Infection - Acute](#)

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

## Hashimoto's Disease

---

See [Thyroid Disease](#)

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

## Hay Fever

---

See [Allergy](#)

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

## Head Injury

---

See [Accident](#)

*Update Information* 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  
TDSG-LD Edition 203, Release 02

## Heaf Test

---

*Obligatory*    **Must not donate until:**  
Healing.

*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.

<i>See if Relevant</i>	<u>Body Piercing</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hepatitis

---

<i>Obligatory</i>	<b>Note:</b> Hepatitis has a number of causes including infection and hypersensitivity to drugs. Our concern is with viral hepatitis.
<i>Discretionary</i>	If fully recovered from non-viral hepatitis, accept.
<i>See if Relevant</i>	<u>Hepatitis A</u> <u>Hepatitis B</u> <u>Hepatitis C</u> <u>Hepatitis E</u> <u>Hepatitis of Unknown Origin</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hepatitis A

---

### 1. Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery.
<i>Discretionary</i>	If fully recovered, and documented HAV RNA negative, anti HAV IgG positive after recovery, accept.
<i>See if Relevant</i>	<u>Travel</u>
<i>Additional Information</i>	Hepatitis A is spread by the faecal - oral route and by sewage-contaminated food and water. It can also be spread sexually. There is no long term infection with the virus but there are many reports of transmission by transfusion. Infection may be symptom free but can be serious and occasionally fatal. The Blood Services do not test for this infection.
<i>Reason for Change</i>	The obligatory deferral has been reduced from 12 to 6 months and a discretion to accept on full recovery added. Additional Information has been updated.

### 2. Current or Former Sexual Partner of Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery of current sexual partner, or from last sexual contact if a former sexual partner.
<i>Discretionary</i>	If shown to be immune, accept.
<i>Additional Information</i>	There is a risk of transmitting the infection through sexual activity. Infection may be symptom free but can be serious and occasionally fatal. The 6 month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.
<i>Reason for Change</i>	The obligatory deferral has been reduced from 12 to 6 months.

### 3. Person Currently or Formerly Sharing a Home with an Affected Individual

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 6 months from recovery of the last affected person in the home, or from the last contact if no longer sharing.
<i>Discretionary</i>	If shown to be immune, accept.
<i>Additional Information</i>	Because hepatitis A is spread by the faecal - oral route household contacts may easily become infected. Infection may be symptom free but can be serious and occasionally fatal. The 6 month exclusion allows any infection to run its natural course and for any risk of passing the infection on through donation to have passed.
<i>Reason for Change</i>	The obligatory deferral has been reduced from 12 to 6 months.

### 4. Immunization

<i>Obligatory</i>	<b>Known exposure.</b> <b>Must not donate if:</b> Less than six weeks after vaccine or intramuscular immunoglobulin was given.
<i>Discretionary</i>	<b>No known exposure:</b> Accept.
<i>See if Relevant</i>	<u>Hepatitis B - Post Immunization</u> <u>Travel</u>
<i>Additional Information</i>	Hepatitis A immunization is advised before travel to parts of the world where other infections relevant to donating such as malaria are common. The donor should be asked about any relevant travel history.  Hepatitis A immunization may be combined with Hepatitis B immunization.
<i>Reason for Change</i>	The 'Additional Information' has been extended.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 27

## Hepatitis A Immunization

---

<i>See</i>	<u>Hepatitis A</u> - Post Immunization
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hepatitis B

---

### Infected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>

### History of Infection

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If more than 12 months from recovery, obtain history and blood samples and: <b>Refer to Designated Medical Officer.</b>
<i>Additional Information</i>	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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	Obtain history and blood samples and: <b>Refer to Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Hepatitis B - Post Immunization</u> - 1. Known Exposure
<i>Additional Information</i>	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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	Obtain history (including time from last sexual contact) and blood samples and: <b>Refer to a Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Hepatitis B - Post Immunization</u> - 1. Known Exposure
<i>Additional Information</i>	<p><b>a) If less than six months from last sexual contact:</b> 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.</p> <p><b>b) If more than six months from last sexual contact:</b> 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.</p>

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

<i>Obligatory</i>	<b>Must not donate if less than 12 months from last sexual contact.</b>
<i>Discretionary</i>	Obtain history (including date the partner cleared the HBV infection and the date HBV immunisation of the donor commenced) and blood samples and <b>Refer to Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Hepatitis B - Post Immunization</u> , Known Exposure
<i>Additional Information</i>	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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	Obtain history (if no longer sharing, include the time since sharing ceased) and blood samples and: <b>Refer to a Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Hepatitis B - Post Immunization</u> - 1. Known Exposure
<i>Additional Information</i>	<p><b>If still sharing or less than six months since last sharing:</b> 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.</p> <p><b>If has not shared for more than six months:</b> 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.</p>
<i>Reason for Change</i>	<p>Clarification regarding hepatitis B markers and natural immunity has been added to the additional information.</p> <p>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.</p> <p>New additional guidance has been added to cover donors who are/were the partners of people who had recovered from hepatitis B infection.</p>
<i>Update Information</i>	<p>This advice is a requirement of the EU Tissue &amp; Cells Directive.</p> <p>This entry was last updated in TDSG-BM Edition 203, Release 16</p>

## Hepatitis B - Post Immunization

### Known Exposure

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If more than 12 months from immunization obtain history and blood samples and: <b>Refer to a Designated Medical Officer.</b>
<i>Additional Information</i>	<p>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.</p> <p>Immunization post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg.</p> <p>May be combined with hepatitis A immunization.</p>
<i>Reason for Change</i>	Clarification regarding hepatitis B markers has been added to the additional information.

### No Known Exposure

<i>Obligatory</i>	<b>Must not donate if:</b> Less than seven days after the last immunization was given.
<i>See if Relevant</i>	<u>Hepatitis A</u> - Post Immunization

<i>Additional Information</i>	Sensitive assays for HBsAg may be positive following recent immunization. May be combined with hepatitis A immunization.
<i>Update Information</i>	Part of this advice is a requirement of the EU Tissues & Cells Directive.  This entry was last updated in TDSG-LD Edition 203, Release 16

## Hepatitis C

---

### Affected Individual

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	If the individual has been told that he/she is HCV antibody negative, then samples should be taken to determine eligibility.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	'Additional Information' has been added.

### Current Sexual Partners of HCV Positive Individuals

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>
<i>Additional Information</i>	Confirmation of the success of treatment of the HCV positive partner is not required.
<i>Reason for Change</i>	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 Pegasys 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

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from last sexual contact.
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>
<i>Reason for Change</i>	The discretionary entry has been amended to be consistent with '2. Current sexual partners of HCV positive individuals' above.

## Person Sharing Home

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	Sexual Partners of HCV Positive Individuals above.
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 12 Issue 01

## Hepatitis E

---

### Infection

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from recovery.
<i>See if Relevant</i>	<u>Travel</u>
<i>Additional Information</i>	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

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from recovery of last affected person in the home.
-------------------	--

### Sexual Partner of Confirmed Case

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from recovery of partner.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hepatitis of Unknown Origin

---

### Affected Individuals

<i>Obligatory</i>	<b>Must not donate if:</b> 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

---

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

## Herpes - Genital

---

<i>Obligatory</i>	<b>Must not donate if:</b> Fresh lesions.
<i>Discretionary</i>	If lesions are healing, provided there is no history of other Sexually Transmitted Diseases, accept.
<i>See if Relevant</i>	<u>Sexually Transmitted Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Herpes - Oral

---

<i>Obligatory</i>	<b>Must not donate if:</b> Fresh lesions.
<i>Discretionary</i>	If lesions are healing, accept.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Herpes Simplex

---

<i>See if Relevant</i>	<u>Herpes - Genital</u> <u>Herpes - Oral</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Herpes Zoster

---

<i>See if Relevant</i>	<u>Infection - Acute</u> <u>Infectious Diseases - Contact with</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hip Dysplasia

---

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

## HIV

---

*Including*    AIDS

### 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

## 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 remove the reference live tissue donors in Northern Ireland.

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

*Obligatory*

**Must not donate if:**

Male partner 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 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* To remove the reference to live tissue donors in Northern Ireland.

## Hormone Replacement Therapy

*Obligatory*

**Must not donate if:**

a) Used for malignancy.

	b) A recipient of human gonadotrophin of pituitary origin.
	c) A recipient of human pituitary growth hormone.
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Prion Associated Diseases</u> <u>Thyroid Disease</u>
<i>Reason for Change</i>	The discretionary entry has been re-worded for clarity.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## HTLV

---

### Infection

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>

### Current Sexual Partners of Confirmed Case

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>

### Former Sexual Partners of Confirmed Case

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months from last sexual contact.
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>
<i>Update Information</i>	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

---

<i>See</i>	<u>Inoculation Injury</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Human Pituitary Extract

---

<i>See</i>	<u>Pituitary Extract - Human</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Huntington's Chorea

---

<i>See</i>	<u>Huntington's Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Huntington's Disease

---

<i>Obligatory</i>	If the diagnosis is uncertain: <b>Refer to a Designated Medical Officer.</b>
<i>Discretionary</i>	If diagnosis can be confirmed, accept.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hydatid Disease

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hydatidiform Mole

---

<i>See</i>	<u>Pregnancy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hydrocephalus

---

<i>Obligatory</i>	<b>Must not donate if:</b> Has an indwelling shunt and there is evidence of shunt infection.
<i>See if Relevant</i>	<u>Neurosurgery</u> <u>Spina Bifida</u>
<i>Additional Information</i>	Donated bone is cultured to exclude active bacterial and fungal infection. However it should not be collected from bacteraemic subjects.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hyperthyroidism

---

<i>See</i>	<u>Thyroid Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hypnotics

---

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

## Hypothyroidism

---

<i>See</i>	<u>Thyroid Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Hysterectomy

---

<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Idiopathic Thrombocytopenic Purpura (ITP)

---

<i>See</i>	<u>Immune Thrombocytopenia</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Ileostomy

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) For malignancy  b) Inflammatory bowel disease.
<i>Discretionary</i>	If the reason for the ileostomy is not of itself a reason to exclude and the stoma is healthy, accept.
<i>See if Relevant</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Immune Thrombocytopenia

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Symptomatic.  b) Chronic.  c) Recovered, but less than five years from recovery.
-------------------	---

	This applies to both adult and childhood disease.
<i>See if Relevant</i>	<b>If treated with immunoglobulin or plasma exchange:</b> <u>Transfusion</u>
	<b>If treated with immunosuppressive therapy:</b> <u>Immunosuppression</u>
<i>Reason for Change</i>	The links have been revised. <>The phrase, "Recovered, but has ever had a recurrence" has been removed as this was considered too restrictive.
<i>Update Information</i>	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

- Obligatory*
- 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

---

<i>Obligatory</i>	<b>Must not donate if:</b> Less than eight weeks from administration.
<i>Discretionary</i>	If more than four weeks from administration of a live immunization other than smallpox immunization and the inoculation site has healed, accept.
<i>See if Relevant</i>	<u>BCG</u> <u>Smallpox Immunization</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	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.
<i>Update Information</i>	This advice is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-LD Edition 203, Release 08

## Immunization - Non-Live

---

### No Exposure

---

<i>Obligatory</i>	<b>Hepatitis B:</b> <b>Must not donate if:</b> Less than seven days after administration.
<i>Discretionary</i>	Other non-live immunizations, accept.
<i>See if Relevant</i>	<u>Immunization</u> - 2. Post Exposure
<i>Additional Information</i>	Sensitive assays for HBsAg may be positive following recent immunization. Full screening for Hepatitis B may be required.  "Non-Live" 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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Immunodeficiency

---

<i>See</i>	<u>Immunosuppression</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Immunoglobulin Therapy

---

<i>Obligatory</i>	<b>Must not donate if:</b>
-------------------	----------------------------



	a ) Immunosuppressed.
	b) Donors with recovered immunodeficiency: <b>Refer to a Designated Medical Officer.</b>
<i>Discretionary</i>	a) If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.
	b) Routine ante- and post- natal use of anti-D immunoglobulin, accept.
	c) If single dose prophylactic immunoglobulin has been given, accept.
<i>See if Relevant</i>	<u>Hepatitis A</u> <u>Hepatitis B</u> <u>Rabies</u> <u>Tetanus Immunization</u>
<i>Additional Information</i>	Immunoglobulin used before 1980 is unlikely to be affected by vCJD.  Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD.
<i>See</i>	<b>If treated with intravenous or subcutaneous human immunoglobulin:</b> <u>Transfusion</u>
<i>Reason for Change</i>	Additional links have been added.
<i>Update Information</i>	The advice reflects advice from the MSBTO committee of the DH.  This entry was last updated in TDSG-LD Edition 203, Release 02

## Immunosuppression

---

<i>Obligatory</i>	<b>Must not donate if:</b> a ) Immunosuppressed.  b) Donors with recovered immunodeficiency: <b>Refer to a Designated Medical Officer.</b>
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Immunoglobulin Therapy</u> <u>Steroid Therapy</u>
<i>Reason for Change</i>	Additional links have been added.
<i>Update Information</i>	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

---

<i>Obligatory</i>	<b>See:</b> Is there is a specific entry for the disease you are concerned about?  <b>Must not donate if:</b> Less than two weeks from recovery from a systemic infection.
<i>Discretionary</i>	Cold sores, genital herpes and common upper respiratory tract infections such as colds and sore throats but not influenza, if recovering, accept.
<i>See if Relevant</i>	<u>Congo Fever</u> <u>Crimean Fever</u> <u>Ebola Fever</u> <u>Herpes - Genital</u> <u>Herpes - Oral</u> <u>Lassa Fever</u>

Marburg Fever  
MRSA (Methicillin Resistant Staphylococcus Aureus)  
Steroid Therapy  
West Nile Virus

<i>Additional Information</i>	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.
<i>Reason for Change</i>	A two-week period of recovery from a systemic infection has been added on advice from the SAC-TTI.
<i>Update Information</i>	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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Discretionary</i>	<p><b>1. Acne:</b> Most donors with acne can be accepted.</p> <p><b>2. Chronic superficial fungal infections:</b> a) If on local therapy only, accept.  b) If more than seven days from completing systemic antifungal therapy, accept.</p> <p><b>3. Typhoid and Paratyphoid</b> If more than seven days from completion of antibiotic course and last symptoms, accept.</p>
<i>See if Relevant</i>	<u>Acne</u> <u>Steroid Therapy</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	To add an entry for typhoid and paratyphoid
<i>Update Information</i>	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

<i>Obligatory</i>	<b>See:</b> Is there a specific entry for the disease?
<i>See if Relevant</i>	Decide if the infection is of short duration with no long lasting carrier stage, e.g. flu: <u>Infection - Acute</u>  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 <u>Infection - Chronic</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Infection - Tropical

---

<i>Obligatory</i>	<b>Must not donate if:</b> Filariasis or Leishmaniasis
<i>See if Relevant</i>	<u>Congo Fever</u> <u>Crimean Fever</u> <u>Ebola Fever</u> <u>Lassa Fever</u> <u>Marburg Fever</u> <u>Malaria</u> <u>South American Trypanosomiasis Risk</u> <b>Other infections, see:</b> <u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Infectious Diseases - Contact with

---

<i>Obligatory</i>	<b>See:</b> Is there a specific entry for the disease with which there has been contact?  <b>Must not donate if:</b> Within the incubation period for the condition or, if this is not known, less than four weeks from last contact.
<i>Discretionary</i>	If there is a definite history of past infection with the disease with which contact has occurred, accept.
<i>See if Relevant</i>	<u>Hepatitis</u> <u>Meningitis</u> <u>Sexually Transmitted Disease</u> <u>Tuberculosis</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Infertility

---

<i>Obligatory</i>	<b>Must not donate if:</b> 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 <sup>®</sup> .
<i>Discretionary</i>	If treated exclusively with non-pituitary derived gonadotrophins, accept.
<i>See if Relevant</i>	<u>Prion Associated Diseases</u>
<i>Additional Information</i>	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 <sup>®</sup> 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.

<i>Reason for Change</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 20

## Inflammatory Bowel Disease

---

<i>Including</i>	Crohn's Disease Ulcerative Colitis
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Inflammatory Eye Disease

---

<i>See if Relevant</i>	<u>Autoimmune Disease</u>
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Influenza Immunization

---

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

## Inherited Diseases

---

<i>Obligatory</i>	<b>See:</b> Is there a specific entry for the condition? If not: <b>Refer to a Designated Medical Officer.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Injected Drugs of Misuse

---

<i>See</i>	<u>Addiction and Drug Abuse</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Inoculation Injury

---

<i>Including</i>	Human Bite
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) With material containing abnormal prions.</p> <p>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.</p>
<i>See if Relevant</i>	<u>Animal Bite</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	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).
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 06

## Inoculations

---

<i>See</i>	<u>Immunization</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Irritable Bowel Syndrome

---

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

## Isotretinoin

---

Roaccutane	
<i>See</i>	<u>Acne</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## ITP

---

<i>See</i>	<u>Immune Thrombocytopenia</u>
<i>Update Information</i>	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

<i>Obligatory</i>	<b>Must not donate if:</b> 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 <b>Hepatitis of Unknown Origin</b> .
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<a href="#">Gall Bladder Disease</a> <a href="#">Gilbert's Syndrome</a> <a href="#">Hepatitis A</a> <a href="#">Hepatitis B</a> <a href="#">Hepatitis C</a> <a href="#">Hepatitis E</a> <a href="#">Hepatitis of Unknown Origin</a>
<i>Additional Information</i>	Many things can cause jaundice. The concern is with infectious causes that might be passed on by donation.
<i>Reason for Change</i>	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.
<i>Update Information</i>	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

<i>Obligatory</i>	<b>Must not donate if:</b> Less than 12 months since recovery.
<i>Discretionary</i>	<b>1. All tissues:</b> 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 <b>Designated Medical Officer</b> .
<i>Additional</i>	

*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 TDSG-LD Edition 203, Release 02

## 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

---

<i>Obligatory</i>	<b>Must not donate if:</b> For malignancy.
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Basal Cell Carcinoma</u> <u>Cervical Carcinoma in Situ</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Lassa Fever

---

<i>See</i>	<u>Viral Haemorrhagic Fever</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 19

## Legionnaire's Disease

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Leishmaniasis

---

<i>Including</i>	Kala-Azar
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Leptospirosis

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Lesbian

---



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

## Leukaemia

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Listeriosis

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Lyme Disease

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Lymphogranuloma Venereum

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Malaria

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <ul style="list-style-type: none"> <li>a) The donor has ever had malaria.</li> <li>b) The donor has had an undiagnosed fever (that could have been malaria) while abroad or within four months of leaving a malaria endemic area.</li> <li>c) The donor has lived in any malarial endemic area for a continuous period of six months or more at any time of life.</li> <li>d) Less than 12 months after last leaving a malaria endemic area.</li> </ul>
<i>Discretionary</i>	<p><b>1a) Donors who have had malaria diagnosed in the past:</b> If more than three years have passed since anti-malaria therapy has been completed and symptoms caused by malaria have resolved and a validated test for malaria antibody is negative, accept.</p> <p>If the donor (with a history of malaria) has revisited a malaria endemic area and at least four months have passed since return and a validated test for malaria antibody is negative, accept.</p>

**1b) Donors who have EVER had an undiagnosed fever that could have been malaria while in a malaria area or within four months of leaving a malaria endemic area:**

If at least four months have passed since the donor returned from the malaria endemic area, or from the date of recovery from symptoms (undiagnosed fever) that may have been caused by malaria, whichever is later, and a validated test for malaria antibody is negative, accept.

**NB.** this may have to be increased to six months if the area is also identified as a risk area for *T. cruzi* or a tropical virus; the longest stipulated deferral period must be applied

**1c) Donors who have EVER been resident in a malaria endemic area for six months or more:**

If at least four months have passed since the date of the last potential exposure to malaria, and a validated test for malaria antibody is negative, accept.

**1d) For all other donors:**

If at least four months and less than 12 months have passed since return from a malaria endemic area, and a validated test for malaria antibody is negative, accept.

If travel to a malaria endemic area was more than 12 months prior to donation, and the donor has never been diagnosed with malaria, has never had an undiagnosed fever while abroad, or within four months of leaving a malaria endemic area and has not lived in a malaria endemic area for a continuous period of six months or more at any time of life, the donor can be accepted without the need for malaria antibody testing.

**2. 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.

Some countries have malaria as well as tropical viral risk. Both risks have to be considered if the donor had symptoms after travel or stay.

*Reason for Change* The 'Discretionary' entry has been expanded for clarity.

The interval since last leaving a malaria endemic area for malaria antibody testing has been reduced from 6 to 4 months.

*Update Information* This entry was last updated in TDSG-LD Edition 203, Release 28

## Malaria - Contact in UK

---

*Discretionary* Accept.

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

## 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 Hypertension

*Discretionary* Accept.

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

## 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

*See* [Infection - Acute](#)

### Contact

*Discretionary* Even if on prophylactic antibiotics, accept.  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Meningococcal Meningitis Immunization

---

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

## Menopause

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Hormone Replacement Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Mental Health Problems

---

<i>Obligatory</i>	<b>Must not donate if:</b> 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.
<i>See if Relevant</i>	<u>Communication Difficulties</u>
<i>Additional Information</i>	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
<i>Reason for Change</i>	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
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## Migraine

---

<i>See if Relevant</i>	<u>Headache</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Mitral Valve Prolapse

---

<i>Discretionary</i>	Accept.
<i>Update Information</i>	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

---

See [Immunization - Live](#)

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

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

## Neurological Conditions

---

*See* [Central Nervous System Disease](#)

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

## Neurosurgery

---

*Obligatory* **Must not donate.**

*Discretionary* a) If carried out in the UK after 1992, providing the reason for the surgery is not itself a reason for exclusion, accept.

b) If burr hole surgery only, accept.

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**.

*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

---

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

*Discretionary* If due to the menopause, accept.

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

## Non-Specific Urethritis

---

### Acute

*See* Infection - Acute

### Chronic

*Obligatory* **Must not donate.**

*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

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Transfusion</u>
<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Organ Recipient

---

<i>See</i>	<u>Tissue and Organ Recipients</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Oseltamivir

---

*See* Tamiflu®

## Osteoarthritis

---

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

## Osteogenesis Imperfecta

---

<i>Obligatory</i>	<b>Must not donate</b>
<i>Discretionary</i>	<b>Skin</b> Accept for split skin allografts only; not suitable for the preparation of acellular dermal allografts
<i>Additional Information</i>	Osteogenesis Imperfecta is a congenital disorder that results in defective connective tissue due to defects in the genes relating to production of Collagen I or other connective tissue proteins. Pathology includes bones that fracture easily, loose joints, poor muscle tone and thin, discoloured sclera.
<i>Reason for Change</i>	This is a new entry
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 25

## Osteomalacia

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Osteomyelitis

---

<i>Obligatory</i>	<p><b>1. Must not donate if:</b></p> <p>a) Less than two years from completing treatment and cure.</p> <p>b) Has chronic sinus.</p> <p><b>2. Exclude:</b></p> <p>Previously affected bone.</p>
<i>Discretionary</i>	If two years from completing treatment and cure, unaffected bone may be accepted.
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Osteoporosis

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Steroid Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Ovarian Cyst

---

<i>Obligatory</i>	<b>Must not donate if:</b>
	Malignant.
<i>See if Relevant</i>	<u>Malignancy</u>
	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Paget's Disease of Bone

---

<i>Including</i>	Osteitis Deformans
<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pain Killers

---

<i>Obligatory</i>	Assess reason for treatment and see relevant entry.
	<b>Must not donate if:</b> Taken for a serious long-term illness.
<i>See if Relevant</i>	<u>Nonsteroidal Anti-Inflammatory Drugs (NSAID)</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Paratyphoid

---

<i>See</i>	<u>Chronic Infection</u>
<i>Reason for Change</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## Peptic Ulcer

---

<i>Including</i>	Gastric and Duodenal Ulcer and Erosions
<i>Obligatory</i>	<b>Must not donate if:</b> Associated with malignant change.
<i>See if Relevant</i>	<u>Surgery</u> <u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pericarditis - Viral

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Peritonitis

---

<i>See</i>	<u>Infection - General</u> <u>Surgery</u>
<i>Update Information</i>	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* Adrenocorticotrophic 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  
Prion Associated Diseases

*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?
<i>Discretionary</i>	If not covered by a specific entry, accept.
<i>See if Relevant</i>	<u>Haematological Disease</u> <u>Immune Thrombocytopenia</u> <u>Thrombocytosis</u>
<i>Reason for Change</i>	Some minor alterations have been made to improve clarity.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pleurisy

---

<i>See if Relevant</i>	<u>Infection - General</u> <u>Malignancy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pneumococcal Immunization

---

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

## Pneumonia

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Polio Contact

---

<i>See</i>	<u>Infectious Diseases - Contact with</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Polio Injected Immunization

---

<i>See</i>	<u>Immunization - Non-Live</u>
<i>Update Information</i>	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

---

*See* Autoimmune Disease  
*Reason for Change* To include Polymyalgia Rheumatica under Autoimmune Disease.  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Porphyria

---

*Obligatory* **Must not donate if:**  
 Suffers from porphyria.  
*Discretionary* If the potential donor suffers from Acute Intermittent Porphyria (AIP), Varigate Porphyria (VP), Hereditary Coproporphyrinuria (HCP), Erythropoietic Protoporphyrinuria (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)  
*Obligatory* **Must not donate if:**  
 Not resolved.  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Pregnancy

---

*Obligatory* **Must not donate if:**  
 a) Resulted in a malignant (invasive) Hydatidiform mole.

b) Resulted in a non-malignant (non-invasive) Hydatidiform mole and treatment and follow up is ongoing.

c) It is less than 7 days from the last dose of methotrexate.

*See if Relevant*

Surgery  
Transfusion

*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 human prion disease.

2. Identified at increased risk of developing a prion associated disorder.

This includes:

a) Individuals at familial risk of prion-associated diseases (have had two or more blood relatives develop a prion-associated disease or have been informed following genetic counselling they are at risk).

b) Individuals who have been told that they have been put at increased risk from surgery, transfusion or transplant of tissues or organs.

c) Individuals who have been told that they may be at increased risk because a recipient of 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 23

## Proctitis

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Due to ulcerative colitis.  b) Crohn's disease.  c) Requiring treatment.
<i>Discretionary</i>	If due to other causes and not on treatment, accept.
<i>See if Relevant</i>	<u>Inflammatory Bowel Disease</u> <u>Radiation Therapy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Proscar

---

<i>See</i>	<u>Finasteride (Proscar)</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Prostatectomy

---

<i>See</i>	<u>Surgery</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Prostitutes

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>Tissues Safety Entry</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Psoriasis

---

<i>Obligatory</i>	<b>Must not donate if:</b> 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.
-------------------	---

<i>Discretionary</i>	If mild and only using topical treatment, accept.
<i>Additional Information</i>	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.
<i>See</i>	<u>Autoimmune Disease</u>
<i>Reason for Change</i>	There has been an increase in the deferral period after using acitretin (Neotigason®) from 12 to 24 months.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 14

## Psychiatric Problems

---

<i>See</i>	<u>Mental Health Problems</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pulmonary Embolism

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Malignancy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pyelonephritis

---

<i>See</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Pyrexia

---

### Not Related to Travel in Malarious Areas

<i>Obligatory</i>	<b>Must not donate if:</b> Less than two weeks from an episode of pyrexia.
<i>Discretionary</i>	If related to a common cold or other upper respiratory tract infection from which the donor is now recovered or recovering, accept.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Additional Information</i>	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

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy other than basal cell carcinoma.</p> <p>b) For other treatments: <b>Refer to a Designated Medical Officer.</b></p> <p>c) Bone to be collected has been exposed.</p>
<i>See if Relevant</i>	<u>Basal Cell Carcinoma Malignancy</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Radionuclides

---

<i>Obligatory</i>	<p><b>1. Radioactive iodine therapy:</b></p> <p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) Administered in the preceding six months.</p> <p><b>2. Other treatment or investigation:</b> <b>Refer to a Designated Medical Officer.</b></p>
<i>See if Relevant</i>	<u>Malignancy</u> <u>Thyroid Disease</u>
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Raynaud's Syndrome

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>Part of a multisystem disorder.</p>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Recipients of Normal Human Immunoglobulin

---

<i>See if Relevant</i>	<u>Hepatitis A</u> <u>Immunosuppression</u> <u>Immunoglobulin Therapy</u>
<i>See</i>	<u>Transfusion</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Reiter's Syndrome

---

<i>Discretionary</i>	If fully recovered, accept.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Relapsing Fever

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Relenza®

---

<i>Approved Name</i>	Zanamivir
<i>Obligatory</i>	<b>Must not donate if:</b> 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).
<i>Discretionary</i>	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.
<i>See if Relevant</i>	<u>Infection - Acute</u>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in: TDSG-LD Edition 203, Release 04.

## Renal Colic

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) Symptomatic.  b) Under investigation.
<i>See if Relevant</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Renal Disease

---

<i>See</i>	<u>Kidney Disease</u>
------------	-----------------------

*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

## Resurfacing of Hip

---

*See* Surgery  
Tissue and Organ Recipients

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

## Retinitis Pigmentosa

---

*Discretionary* Accept.

*See if Relevant* Disabled Donor

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

## Rheumatic Fever

---

*Discretionary* Accept.

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

## Rheumatoid Arthritis

---

*Discretionary* If mild and the only treatment is NSAIDs, accept.

*See* Autoimmune Disease

*Reason for Change* This entry is now linked to 'Autoimmune Disease'.

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

## Ringworm

---

*Obligatory* **Must not donate if:**  
On systemic treatment.



*Discretionary* If on local treatment only, accept.  
*See if Relevant* Infection - General  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## Risk Factors

---

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

## Roaccutane

---

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

## 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

---

<i>See if Relevant</i>	<u>Sexually Transmitted Disease</u>
<i>See</i>	<u>Infection - General</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Sandfly Fever

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Sarcoidosis

---

### Acute

<i>Obligatory</i>	<b>Must not donate if:</b> a) Not recovered.  b) Less than five years from both finishing all treatment and full recovery.
<i>Discretionary</i>	If more than five years since finishing all treatment and full recovery, accept.
<i>Additional Information</i>	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.
<i>Reason for Change</i>	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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## SARS (Severe Acute Respiratory Syndrome)

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>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.</p> <p>b) Less than 21 days from last contact with a person with SARS.</p> <p>c) Less than three months since recovery from SARS or possible SARS.</p>
<i>Discretionary</i>	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
<i>Additional Information</i>	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.
<i>Reason for Change</i>	Under 'Additional Information' the extant entry states "DH advice can be found at: <a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en</a> under 'Latest health updates'." The site that this link used to go to no longer exists.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Schistosomiasis

---

<i>See</i>	<u>Infection - Acute</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Sclera Recipient

---

<i>See</i>	<u>Ocular Tissue Recipient</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Scleritis

---

<i>See</i>	<u>Inflammatory Eye Disease</u>
<i>Reason for Change</i>	To include an entry for 'Scleritis'.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Semi-Permanent Make-Up

---

<i>See</i>	<u>Body Piercing</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Sex Change

---

<i>Discretionary</i>	<p>a) <b>A woman who has had her gender reassigned as a man</b>, accept.</p> <p>b) <b>A man who has had his gender reassigned as a woman</b> 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.</p>
<i>See if Relevant</i>	<u>Homosexual and bisexual individuals</u> <u>Surgery</u>
<i>Additional Information</i>	<p>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.</p> <p>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.</p> <p>Waiting twelve months from the last sexual contact helps to ensure that the infections tested for by the Blood &amp; Tissues Services will be picked up.</p>
<i>Reason for Change</i>	To reflect that all 4 countries have the same deferral policy.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 26

## Sexually Transmitted Disease

---

### Infection

<i>Obligatory</i>	<p><b>See:</b> Is there is a specific entry for the disease?</p> <p><b>Must not donate if:</b> Less than 12 months from completing treatment.</p>
<i>See if Relevant</i>	<p><u>Tissues Safety Entry</u> <u>Chlamydia</u> <u>Genital Warts</u> <u>Herpes - Genital</u> <u>Syphilis</u></p>

### Sexual Partner

<i>Obligatory</i>	<p><b>See:</b> Is there is a specific entry for the disease with which there has been contact?</p> <p><b>Must not donate if:</b> a) Donor required treatment and it is less than twelve months since completing that treatment.</p> <p>b) Donor did not require treatment and it is less than 12 months from the last sexual contact with the infected partner.</p>
<i>Discretionary</i>	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](#)

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

## Sickle-Cell Disease

---

*See* [Haemoglobin Disorders](#)

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

## Sickle-Cell Trait

---

*Discretionary* Accept.

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

## Skin Cancer

---

*See* [Malignancy](#)

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

## Skin Disease

---

<i>Obligatory</i>	<b>Must not donate if:</b> a) The condition is infected or infectious.  b) Malignant.
<i>Discretionary</i>	If malignancy was a Basal Cell Carcinoma and treatment is completed, accept.
<i>See if Relevant</i>	<u>Acne</u> <u>Dermatitis</u> <u>Infection - General</u> <u>Malignancy</u> <u>Psoriasis</u>
<i>Reason for Change</i>	Malignancy has been added to Obligatory and additional links have been included.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Sleeping Sickness

---

(African Trypanosomiasis)

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Smallpox Immunization

---

### Immunized Individual

<i>Obligatory</i>	<b>Must not donate if:</b> 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.
<i>Additional Information</i>	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

<i>Obligatory</i>	<b>Must not donate if:</b> a) Any secondarily infected site has not yet healed.  b) Less than eight weeks after secondarily infected site appeared.
<i>Discretionary</i>	If no new skin lesions, accept.
<i>Additional Information</i>	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.
<i>Update Information</i>	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

---

<i>Obligatory</i>	<b>Must not donate until:</b> Recovered.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## South American Trypanosomiasis

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>South American Trypanosomiasis Risk</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## South American Trypanosomiasis Risk

---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) Born in South America or Central America (including Southern Mexico).</p> <p>b) Mother was born in South America or Central America (including Southern Mexico).</p> <p>c) Has had a transfusion in South America or Central America (including Mexico).</p> <p>d) Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of four weeks or more.</p>
<i>Discretionary</i>	<p>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.</p> <p>b) If transfused before 1st January 1980 and a validated test for T. cruzi antibody is negative, accept.</p>
<i>See if Relevant</i>	<u>Geographical Disease Risk Index</u> for countries with T. cruzi risk <u>Transfusion</u>
<i>Additional Information</i>	<p>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.</p> <p>Camping or trekking in the jungle in South or Central America (including Southern Mexico) is not considered of high enough risk to merit exclusion.</p>
<i>Reason for Change</i>	'Additional Information' has been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 17

## Spherocytosis

---

*See* [Hereditary Spherocytosis](#)  
*Update Information* This entry was last updated in  
 TDSG-LD Edition 203, Release 02

## 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

## Spinal Surgery

---

*See if Relevant* [Neurosurgery](#)  
[Surgery](#)  
[Transfusion](#)

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

## Splenectomy

---

*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

---

<i>Obligatory</i>	<b>Must not donate if:</b>
	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.
<i>Discretionary</i>	a) If occasional use of creams over small areas of skin for minor skin complaints, accept.
	b) If using steroid inhalers for prophylaxis, accept.
<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Skin Disease</u> <u>Tissue and Organ Recipients</u>
<i>Additional Information</i>	Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation.
<i>Reason for Change</i>	To clarify when donors who have used steroid therapy may donate.
<i>Update Information</i>	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

## Stroke

---

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	<u>Disabled Donor</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Subacute Bacterial Endocarditis

---

SBE	
<i>See</i>	<u>Endocarditis</u>
<i>Reason for Change</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Surgery

---

<i>Definition</i>	<b>Major Surgery:</b> Any surgical procedure that required an inpatient stay of more than five nights or involved the use of a flexible endoscope.
-------------------	---

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) For malignancy.</p> <p>b) All wounds are not healed.</p> <p>c) There is any infection.</p> <p>d) Normal mobility has not been regained.</p> <p>e) Less than six months from major surgery.</p> <p>f) Less than seven days from other surgery.</p> <p>g) Requiring post-operative treatment, or attending hospital regularly.</p>
<i>Discretionary</i>	<p><b>1. Malignancy:</b> If for Cervical Carcinoma in Situ (CIN) or Basal Cell Carcinoma and all other criteria are fulfilled, accept.</p> <p><b>2. Major surgery:</b> 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.</p>
<i>See if Relevant</i>	<p><u>Basal Cell Carcinoma</u> <u>Cervical Carcinoma in Situ</u> <u>Neurosurgery</u> <u>Ocular Surgery</u> <u>Tissue and Organ Recipients</u> <u>Transfusion</u> <u>Xenotransplantation</u></p>
<i>Additional Information</i>	<p>Surgery may place the donor at risk of infection, either from unhealed wounds or due to infection risks from infected staff or equipment. Although these risks are very small it is important to wait long enough for the risks to have gone or until the tests performed by the Blood &amp; Tissues Services can pick up any infection that they test for that may have been transmitted to the donor by surgery.</p>
<i>Reason for Change</i>	<p>The 'Discretionary' entry has been modified and a link to 'Ocular Surgery' has been added.</p>
<i>Update Information</i>	<p>This entry was last updated in TDSG-LD Edition 203, Release 02</p>

## Syphilis

<i>Obligatory</i>	<p><b>Must not donate.</b></p>
<i>Discretionary</i>	<p>If fully treated in the past and confirmatory tests exclude recent infection, discuss with a <b>Designated Medical Officer</b>.</p>
<i>Additional Information</i>	<p>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.</p>
<i>Reason for Change</i>	<p>The 'Discretionary' entry has been modified.</p> <p>'Additional Information' has been added.</p>
<i>Update Information</i>	<p>Part of this advice is a requirement of the EU Tissue &amp; Cells &amp; Cells Directive.</p> <p>This entry was last updated in TDSG-LD Edition 203, Release 02</p>

## 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.  
*See if Relevant* Infection - Acute  
*Additional Information* 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:  
 TDSG-LD Edition 203, Release 04.

## 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

## Tattoo

---

See Body Piercing

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

## 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

## 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

## Thalassaemia Major

---

*Obligatory* **Must not donate.**

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

## 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 10e9/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

---

*Obligatory* **Must not donate if:**

- a) Unexplained.
- b) Related to immunodeficiency.
- c) Less than seven days after completion of systemic treatment.

*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

## 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 donors who have been previously transfused.

*Update Information* The term 'Xenotransplant' has replaced 'Animal tissue' under **Must not donate if:**  
This entry was last updated in  
TDSG-LD Edition 203, Release 02

## 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 and injectable tanning agents. 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*

To remove the reference to live tissue donors in Northern Ireland.

*Update Information*

This entry was last updated in  
 TDSG-LD Edition 203, Release 26

## 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.

<i>Additional Information</i>	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.
<i>Reason for Change</i>	Entry has been simplified following a risk assessment by SACTTI.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 14

## Transfusion

---

<i>Including</i>	Treatment with Blood Components, Products and Derivatives.
<i>Obligatory</i>	<p><b>1. Must not donate if:</b>  <b>At any time the donor has:</b></p> <p>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.</p> <p>b) Treated with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.</p> <p><b>2. Must not donate if:</b>  <b>Since January 1st 1980:</b></p> <p>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.</p> <p>b) Had a plasma exchange performed.</p>
<i>Discretionary</i>	<p>1. a) If on medical inquiry it is unlikely that the donor has been transfused, accept.</p> <p>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.</p> <p><b>2. Autologous Transfusion in the United Kingdom:</b>  If <b>only</b> the donor's own blood has been used, accept.</p> <p><b>3. Donor transfused before 1st January 1980 in a country endemic for malaria or South American trypanosomiasis:</b></p> <p>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 <u>Geographical Disease Risk Index</u>. 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.</p> <p>b) If the transfusion was not within a risk area for either malaria or South American trypanosomiasis, accept.</p>
<i>See if Relevant</i>	<u>Bleeding Disorder</u> <u>Immunoglobulin Therapy</u> <u>Immunosuppression</u> <u>Malaria</u> <u>Prion Associated Diseases</u> <u>South American Trypanosomiasis Risk</u> <u>Geographical Disease Risk Index</u>
<i>Additional Information</i>	<p><b>Transfused donors</b> have previously contributed to the spread of some diseases. This happened with hepatitis C.</p> <p><b>All transfused donors:</b></p>

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

## Tropical Viruses

<i>Definition</i>	<p>To include Dengue Virus, Dengue Fever and Chikungunya Virus, also known as CHIKV, Zika Virus and Zika Virus Fever.</p> <p><b>Tropical Virus Endemic Areas:</b> are shown in the 'Geographical Disease Risk Index' (GDRI) as a Tropical Virus Risk.</p>
<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has been diagnosed with chikungunya, dengue or zika virus infection whilst there or following their return to the UK.</p> <p>b) It is less than six months from a donor's return from a Tropical Virus Risk endemic area and the donor has either had a history of symptoms suggestive of chikungunya, dengue or zika virus infection whilst there or following their return to the UK.</p> <p>c) In other cases it is less than four weeks from a donor's return from a Tropical Virus Risk endemic area.</p>
<i>Discretionary</i>	<p>All donors may be accepted six months after their return from an affected area or resolution of symptoms. This may be reduced to four weeks, if they have had neither symptoms nor evidence of infection.</p>
<i>See if Relevant</i>	<p><u>Infection - General</u>  <u>Malaria</u>  <u>South American Trypanosomiasis</u>  <u>The 'Geographical Disease Risk Index'</u></p>
<i>Additional Information</i>	<p>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.</p> <p>It is geographically widespread but since 2005 it has reached epidemic proportions in parts of India and islands in the Indian Ocean. 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.</p> <p>Dengue Virus is a flavivirus that typically gives rise to abrupt high fever with a range of accompanying symptoms. Dengue fever (DF) is the most common arthropod borne disease worldwide. Dengue is currently considered endemic in approximately 128 countries.</p> <p>Overall, 15-90% of cases may have an asymptomatic course of infection, but clinical presentation varies with age group. However there is a risk of change in disease presentation and potential for increased incidence of more severe disease in older age groups due to co-circulation of different dengue types and emergence of new types in endemic areas patterns.</p> <p>Zika virus is a flavivirus that is transmitted to humans through the bite of a carrier mosquito. Zika infection is a rapid acute infection that in the majority of cases is asymptomatic or has very mild general symptoms. A small number of cases may have more apparent symptoms but hospitalisation is rare. Zika infection may be mistaken for Chikungunya or Dengue infections as the virus often co-circulate.</p> <p>The main vector for chikungunya virus, dengue virus and zika virus is <i>Aedes aegypti</i> (<i>Aedes albopictus</i> is another emerging vector), which is found worldwide between latitudes 35°N and 35°S. There is no epidemiologically important animal reservoir for Chikungunya, Dengue or Zika viruses. The main areas affected by all 3 viruses include the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, SE Asia, Indian sub-continent, Hawaii. Additionally Dengue fever has been reported in Japan and Australia.</p> <p>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 or dates of disease activity. These are provided in the <u>Geographical Disease Risk Index</u>.</p> <p><u>Position statements</u> are available in the JPAC Document Library.</p>

<i>Information</i>	This entry is compliant with the Blood Safety and Quality Regulations 2005.
<i>Reason for Change</i>	Information about Zika virus has been added.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 24

## Trypanosoma Cruzi Infection

---

<i>Obligatory</i>	<b>Must not donate.</b>
<i>See if Relevant</i>	<u>South American Trypanosomiasis Risk</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Tuberculosis

---

### Affected Individual

<i>Obligatory</i>	<p><b>1. Must not donate if:</b></p> <p>a) Infected.</p> <p>b) Less than 24 months from confirmation of cure.</p> <p>c) Under follow-up.</p> <p><b>2. Bone:</b> Must not donate previously infected bone.</p>
<i>See if Relevant</i>	<p><u>BCG</u> <u>Heaf Test</u> <u>Mantoux Test</u></p>

### Contact

<i>Obligatory</i>	<b>Must not donate until:</b> Screened and cleared.
<i>Discretionary</i>	If the donor has been informed that they do not need to be screened, accept.
<i>See if Relevant</i>	<p><u>BCG</u> <u>Heaf Test</u> <u>Mantoux Test</u></p>
<i>Additional Information</i>	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.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Tumour Chemotherapy

---

*See* [Malignancy](#)

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

## Turner's Syndrome

---

*Discretionary* Accept.

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

## 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

## Typhoid Injected Immunization

---

*See* [Immunization - Non-Live](#)

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

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

## Viral Haemorrhagic Fever

---

### 1. Affected Individual

*Obligatory* **Must not donate**

### 2. Contact or traveller to endemic country

*Obligatory* **Must not donate if:**

Less than 6 months from last contact with an affected individual or travel to an endemic country

*Discretionary* If more than 6 months from last contact, completion of investigations or return to the UK from endemic country, accept

*See if Relevant* The Geographical Disease Risk Index for countries with a current endemic Viral Haemorrhagic Fever risk

<i>Additional Information</i>	These infections have very high death rates and there is evidence that the virus may persist for some time after recovery.
<i>Reason for Change</i>	Guidance for travellers to endemic countries and contacts with these infections has been updated.
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 24

## Vitamin Treatment

---

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

## Vitiligo

---

<i>See</i>	<u>Autoimmune Disease</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Von Recklinghausen's Disease

---

<i>See</i>	<u>Neurofibromatosis</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Von Willebrand's Disease

---

<i>See</i>	<u>Bleeding Disorder</u>
<i>Update Information</i>	This entry was last updated in TDSG-LD Edition 203, Release 02

## Warts

---

<i>Discretionary</i>	Even if on local treatment, accept.
<i>Update Information</i>	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).

<i>Obligatory</i>	<p><b>Must not donate if:</b></p> <p>a) It is less than six 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.</p> <p>b) It is less than six 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.</p> <p>c) In other cases it is less than four weeks from a donor's return from a WNV endemic area.</p>
<i>Discretionary</i>	<p>1) 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. 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.</p> <p>2) Donors who have been back in the UK for less than six 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.</p>
<i>See if Relevant</i>	<u>The 'Geographical Disease Risk Index'</u>
<i>Additional Information</i>	<p>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.</p> <p>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 <u>'Geographical Disease Risk Index'</u>.</p> <p>A <u>'Position Statement on West Nile Virus (WNV)'</u> is available in the 'Document Library' of 'www.transfusionguidelines.org'.</p>
<i>Reason for Change</i>	To increase the deferral of donors following infection with West Nile Virus or symptoms suggestive of West Nile Virus Infection to six months and to remove the requirement for a negative NAT test for these donors prior to donation.
<i>Update Information</i>	This entry was last updated in: TDSG-LD Edition 203, Release 23.

## 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

---

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

## Xenotransplantation

---

<i>Including</i>	Xenografts Heterografts Non-Human Organ Perfusion
------------------	---

### Recipient

<i>Definition</i>	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 <b>nonliving cells</b> , tissues or organs from non-human animals, including but not limited to porcine insulin, porcine heart valves, and collagen matrices derived from acellular porcine, bovine or any other xenogeneic source (e.g. PelviSoft <sup>®</sup> , Bio-Oss <sup>®</sup> , Bio-Gide <sup>®</sup> and Surgibone <sup>®</sup> ) are not considered xenotransplantation products.
<i>Obligatory</i>	<b>Must not donate if:</b> Material from a <b>living</b> 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

<i>Obligatory</i>	<b>Must not donate.</b>
<i>Additional Information</i>	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.
<i>Reason for Change</i>	Further guidance re Recipient definition
<i>Update Information</i>	This advice is a requirement of the EU Tissue & Cells Directive.  This entry was last updated in TDSG-LD Edition 203, Release 25

## XMRV

---

<i>Discretionary</i>	Donors who have been tested positive for XMRV, accept.
<i>Additional Information</i>	As there is no evidence that XMRV is implicated in human disease, a positive test is not a bar to donation.
<i>Reason for Change</i>	This is a new entry.
<i>Update Information</i>	This entry was last updated in

## Yaws

---

*Obligatory*     **Must not donate.**  
*Update Information*     This entry was last updated in  
TDSG-LD Edition 203, Release 02

## Yellow Fever

---

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

## 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

## 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<sup>®</sup> (oseltamivir) See [Change Notification No. 28 - 2009](#)

Relenza<sup>®</sup> (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 - 2011](#)

### 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

#### **Changes Introduced with Release 21**

Complementary Therapy See Change Notification No. 12 - 2015  
 Injectable Tanning Agents See Change Notification No.15 - 2015

#### **Changes introduced with Release 22**

Homosexual and Bisexual Individuals - Live Donors N.I. See Change Notification No 17 - 2015

#### **Changes Introduced with Release 23**

Appendix 2 Table of Immunizations See Change Notification No. 04 - 2016  
 Tropical Viruses See Change Notification No. 08 - 2016  
 West Nile Virus See Change Notification No. 09 - 2016  
 Viral Haemorrhagic Fever See Change Notification No. 11 - 2016

#### **Changes Introduced with Release 24**

Tropical Viruses See Change Notification No. 014 - 2016  
 Viral Haemorrhagic Fever See Change Notification No. 015 - 2016

#### **Changes Introduced with Release 25**

Endoscopy See Change Notification No. 24 - 2016  
 Fibromyalgia See Change Notification No. 25 - 2016  
 Osteogenesis Imperfecta See Change Notification No. 27 - 2016  
 Severe Exercise Intolerance Disease (SEID) See Change Notification No. 28 - 2016  
 Xenotransplantation See Change Notification No. 29 - 2016

#### **Changes introduced with Release 26**

Tissue Safety Entry, Sex Change and Homosexual and Bisexual Individuals - See Change Notification No.36 - 2016

#### **Changes introduced with Release 27**

Cardiomyopathy See Change Notification No.44 - 2016  
 Hepatitis A See Change Notification No.46 - 2016

#### **Changes Introduced with Release 28**

Malaria See Change Notification No.17 - 2017

## 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

Thrombocytosis  
Thyroid Disease  
Tigason  
Tissue and Organ Recipients  
Transfusion  
West Nile Virus

**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