

Guidelines for the Blood Transfusion Services

3.16: Autologous donation

<http://www.transfusionguidelines.org/red-book/chapter-3-care-and-selection-of-whole-blood-and-component-donors-including-donors-of-pre-deposit-autologous-blood/3-16-donors-of-pre-deposit-autologous-donations>

3.16: Autologous donation

3.16.1: General principles

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

- Collection of autologous donations must be listed on the Blood Establishment Licence for the blood service.
- Blood services must have a policy and associated SOP(s) in place for autologous donation.
- As well as the usual information provided to all donors, there are additional requirements for autologous donors (see sections 5.1 and 5.2) to support informed consent (see section 3.4).
- Donations should be collected according to the same requirements as allogeneic donations, except that deferral criteria may vary.
- In some circumstances it may be appropriate to collect a lower volume donation, e.g. donors with a lower blood volume who have experienced vasovagal reactions. However, this will reduce the amount of haemoglobin in the final component for transfusion.
- Absolute deferral criteria are serious cardiac disease or active bacterial infection; these are requirements of the Blood Safety and Quality Regulations 2005.
- In all other situations, donors must be assessed by a qualified doctor or nurse working in the blood establishment before acceptance for autologous donation.
- Any autologous donation must be clearly identified as such and kept separate from allogeneic donations at all stages. Labels for autologous blood and blood components must include the identification of the donor and a statement that the component is for autologous transfusion only.
- Blood services should also have a written policy or procedure for management of autologous donations which give anomalous results in donation testing. This includes donations which are reactive for infective disease markers. In this instance, consideration must be given to the safety of blood services staff if processing reactive donations, risk of cross-contamination during storage and potential risk to others once any autologous product has been issued outside the blood service.

3.16.2: Predeposit autologous donation

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

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

3.16.3: Autologous serum eyedrops

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