Issued by JPAC: 10 April 2018	Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 08 2018

Haemoglobin Disorders

These changes apply to the Cord Blood and the Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines

Please make the following changes to the individual Donor Selection Guidelines as stated below.

Cord Blood Donor Selection Guidelines

Obligatory	**Must not donate if:** Mother or Father homozygous or heterozygous for inherited haemoglobin disorders and infant affected ~~**b) Inform Transplant Centre if:**~~ ~~Cells are from the cord of a baby that has an inherited disorder.~~
Discretionary	If the cord blood or infant/child is tested for the condition and the infant is shown to be unaffected or heterozygous (trait), accept and inform the transplant centre.
See if Relevant	Anaemia Sickle-Cell Trait Thalassaemia Trait Transfusion
Reason for Change	Stem cells from a donor who is heterozygous for a haemoglobin disorder may be accepted for transplant after a risk assessment by the transplant centre.

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Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines

Obligatory	**Must not donate if:** a) Thalassaemia major or intermedia b) Sickle cell disease (HbSS, HbSC, HbSBthal, HbSD) c) High affinity haemoglobin d) Other clinically significant structural or functional haemoglobinopathies
Discretionary	a) Donors with traits for abnormal haemoglobin, accept. Inform transplant centre b) Donors with sickle cell trait – accept for bone marrow only.
See if Relevant	Anaemia Sickle-Cell Trait Thalassaemia Trait Transfusion
Reason for Change	Stem cells from a donor who is heterozygous for a haemoglobin disorder may be accepted for transplant after a risk assessment by the transplant centre. There is no evidence of clinically significant sickling during PBSC collection in those with sickle cell trait. However, subclinical sickling has been demonstrated with PBSC collection, so those with sickle cell trait must donate by BM only

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