

Change Notification for the UK Blood Transfusion Services

Date of Issue: 13 October 2025

Implementation: to be determined by each Service

No. 18 – 2025

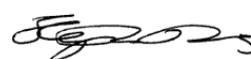
Hormone Replacement and Sex Hormone Therapy

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue – Deceased Donors	TL-DSG Tissue – Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Hormone Replacement and Sex Hormone Therapy	☐	☐	☐	☒	☐	☐	☐
2. Hormone Replacement and Sex Hormone Therapy	☐	☐	☐	☐	☒	☐	☐
3. Menopause	☐	☐	☐	☒	☒	☐	☐



Dr Richard Lomas
Chair, Standing Advisory Committee on Tissues (SACT)



Dr Stephen Thomas
Professional Director of JPAC

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

original text	«inserted text»	deleted text
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1. Changes apply to the **Tissues – Deceased Donors DSG**

Hormone Replacement «and Sex Hormone» Therapy (revised entry)

<i>«Includes</i>	Hormone Therapy: Includes any form of sex hormones, such as: • Tablets, patches or topical gels as treatment for menopausal symptoms • Testosterone replacement therapy • Gender Affirming Hormone Therapy (masculinising or feminising hormones taken to support transition) • Growth hormones used to treat children»
<i>Obligatory</i>	«See: Is there an entry for the condition for which the hormones are being given?» Must not donate if: - Used for malignancy. - A recipient of human gonadotrophin of pituitary origin. - A recipient of human pituitary growth hormone.
<i>Discretionary</i>	1. All tissues: - If treated with gonadotrophins that were exclusively non-pituitary derived, accept. - If treated with growth hormone that was exclusively recombinant, accept. - If treatment for menopausal symptoms or osteoporosis prevention, accept. «If treatment is for a shortage of sex hormones, e.g. in some cases of erectile dysfunction and is not related to the treatment of malignancy, accept.» 2. Eyes: If related to malignancy, see <u>Malignancy</u>.
<i>See if Relevant</i>	«<u>Growth Hormone</u>» «<u>Haemochromatosis</u>» <u>Prion Associated Disease</u> «<u>Steroid Therapy</u>» <u>Thyroid Disease</u> «<u>Transgender and Non-Binary Individuals</u>»
<i>«Additional Information</i>	«There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual. As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming treatment. This may include hormone blockers, such as anti-androgens.»
<i>Reason for Change</i>	«Title changed. Added 'Include' and 'Additional information' sections. Amended 'obligatory' 'discretionary' and 'links' sections.» The 'Discretionary' entry has been re-worded for clarity and the 'Discretionary' entry for 'Eyes' (malignancy) has changed.

2. Changes apply to the **Tissues – Live Donors DSG**

Hormone Replacement «and Sex Hormone» Therapy (revised entry)

<i>«Includes</i>	Hormone Therapy: Includes any form of sex hormones, such as: • Tablets, patches or topical gels as treatment for menopausal symptoms • Testosterone replacement therapy • Gender Affirming Hormone Therapy (masculinising or feminising hormones taken to support transition) • Growth hormones used to treat children»
<i>Obligatory</i>	«See: Is there an entry for the condition for which the hormones are being given?» Must not donate if: - Used for malignancy. - A recipient of human gonadotrophin of pituitary origin. - A recipient of human pituitary growth hormone.
<i>Discretionary</i>	- If treated with gonadotrophins that were exclusively non-pituitary derived, accept. - If treated with growth hormone that was exclusively recombinant, accept. - If treatment for menopausal symptoms or osteoporosis prevention, accept. «If treatment is for a shortage of sex hormones, e.g. in some cases of erectile dysfunction and is not related to the treatment of malignancy, accept.»
<i>See if Relevant</i>	«<u>Growth Hormone</u>» «<u>Haemochromatosis</u>» <u>Prion Associated Disease</u> «<u>Steroid Therapy</u>» <u>Thyroid Disease</u> «<u>Transgender and Non-Binary Individuals</u>»
<i>«Additional Information</i>	«There are many reasons why an individual may be deficient in a specific hormone. If this is related directly to malignancy, or to the treatment of malignancy, or to the use of pituitary derived hormones (these have been linked with prion associated diseases), the donor cannot donate in order to protect any person who may receive a donation from that individual. As well as hormones, donors may take other medication to modify the effect of sex hormones as part of gender-affirming treatment. This may include hormone blockers, such as anti-androgens.»
<i>Reason for Change</i>	«Title changed. Added 'Include' and 'Additional information' sections. Amended 'obligatory' 'discretionary' and 'links' sections.» The 'Discretionary' entry has been re-worded for clarity and the 'Discretionary' entry for 'Eyes' (malignancy) has changed.

3. Changes apply to both **Tissues (Deceased and Live Donors) DSG**

Menopause

(revised entry)

<i>Discretionary</i>	Accept.
<i>See if Relevant</i>	Hormone Replacement «and Sex Hormone» Therapy
<i>«Reason for Change</i>	The 'See if Relevant' section has been updated to reflect the renaming of the 'Hormone Replacement and Sex Hormone Therapy' entry.»