

Position Statement

January 2026

The contents of this document are believed to be current. Please continue to refer to the website for in-date versions.

Blood donation and genetic haemochromatosis

In principle, blood donation from individuals with genetic haemochromatosis (GH) is safe for transfusion, provided the donation process meets the requirements given in the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK (Red Book). These guidelines are designed to ensure two key priorities: the safety of transfusion recipients and the continuity of appropriate clinical care for individuals with GH who become donors.

By becoming donors, individuals with GH contribute significantly to the supply of blood components for patients in the UK.

To accept donors with GH who require venesection, Blood Services must ensure that:

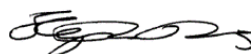
- The selection criteria and methods for all donors with GH preserve the principles of altruism.
- Blood donated for therapeutic use by any donor known to have GH meets all other criteria (except donation frequency) in the JPAC Donor Selection Guidelines. If it is clinically necessary for individuals to donate more frequently than the minimum donation interval, specific permission must be obtained from the designated clinical support officer.
- The donor is under the continuing care of a physician who is able to offer alternative venesection facilities whenever, for any reason, the donor does not meet all other criteria in the JPAC Donor Selection Guidelines.

Blood Services have a responsibility to maintain a safe and sufficient supply of blood components and blood products for patients across the UK. Any initiatives to support blood donation by individuals with GH must not compromise this provision.

Additionally, the integration of Blood Services within broader clinical services across their nations may result in different approaches to the management of donors with GH. These variations may include differences in referral pathways, donation frequency and donor prioritisation.



Dr Jayne Hughes
Chair of Standing Advisory Committee
on Care and Selection of Donors (SACCS)



Dr Stephen Thomas
Professional Director of JPAC