# Tissue - Deceased Donors
# Donor Selection Guidelines (TD-DSG)

**Edition 203 - 1 June 2007**

**Release 65 - 1 May 2026**

**Issue 1**

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# Acanthamoeba (ocular infection)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Eyes:**

**Must not donate if:**
Past or active infection.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Accident

## Tissue - Deceased Donors

### Essential information

**Includes**

Trauma

**Obligatory**

**If there is significant trauma, in particular penetrating trauma:**

Refer to a Designated Clinical Support Officer.

If the donor is accepted, the rationale must be documented.

**Discretionary**

**Eyes:**

If eyes uninvolved, accept.

### Supporting information

**See if relevant**

- Neurosurgery
- Tetanus immunisation
- Transfusion

**Additional information**

Blunt chest trauma can result in damage to cardiovascular tissue.

An open wound or other source of infection is a risk for tissues becoming contaminated.

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*Reason for change: Additional links have been added.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Achondroplasia

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Bone, structural:**<br>**Must not donate.** |
| **Discretionary** | **Bone, non-structural:**<br>Accept. |

### Supporting information

| | |
|---|---|
| **Additional information** | People with achondroplasia have abnormal structural bone. This may not be suitable for grafting. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Addiction and drug abuse

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Has injected, or has been injected with, drugs in the past 12 months.
2. Has injected, been injected with, or taken non-parenteral chemsex drugs in the past 3 months. See Tissues safety.

**Discretionary**

1. Accept if has not injected, or been injected with, other non-prescription drugs (other than drugs of addiction), such as bodybuilding drugs or injectable tanning agent within the past 3 months.
2. Accept if has not injected, or been injected with, drugs of addiction within the last 12 months.
3. If has not injected, or been injected with, drugs of addiction within the last 3 months, refer to Designated Clinical Support Officer. The donor may be accepted with individual risk assessment. See **Additional information** below.
4. May be acceptable if injected drugs were prescribed by the donor's physician for a condition that would not lead to exclusion.
5. Previous use of non-parenteral drugs does not necessarily require exclusion.

### Supporting information

**See if relevant**

- Tissues safety

**Additional information**

Injecting drugs has been linked with the passing on of many infections, including hepatitis and HIV. The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation. This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change.

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*Reason for change: Obligatory section updated as a part of the implementation of recommendations from the FAIR III report, including addition of chemsex drugs.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# African trypanosomiasis

## Tissue - Deceased Donors

*Also known as: sleeping sickness*

## Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | **Eyes:**<br>Accept for corneas only. |

## Supporting information

| | |
|---|---|
| **Additional information** | As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections. |

*Reason for change: 'Sleeping sickness' added as an 'Also known as' term.*
*Version details: TD-DSG Edition 203 Release 65 (1 May 2026)*

# Age

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Bone, structural:**
   **Must not donate if:**
   a. Over 50 years of age.
   b. Under 17 years of age.

2. **Whole heart for tissue allografts:**
   **Must not donate if:**
   a. Over 70 years of age.
   b. A child of less than 32 weeks gestation (see **Children** below).

3. **Costal cartilage:**
   **Must not donate if:**
   a. Over 40 years of age.
   b. Under 10 years of age.

4. **Eyes:**
   If the donor is under 3 years old, refer to Eye Bank and, if applicable, observe the testing for **Children** below.

5. **Skin:**
   May be collected from a donor of any age but, if applicable, observe the testing for **Children** below.

6. **Tendons:**
   **Must not donate if:**
   a. Over 60 years of age.
   b. Under 17 years of age.

7. **Children:**
   a. Under 18 months old:
   If the mother would not be excluded by the Tissues safety entry and agrees to testing, and all her results are negative (for the infectious markers used for living tissue donors) and the markers of infection in the child are negative (as used for deceased donors), accept.
   b. Breastfed in the preceding 12 months:
   As in **a** above, but only accept if the breast milk has been provided exclusively by the mother.

### Supporting information

**See if relevant**

- Tissues safety

**Additional information**

The biomechanical properties and cellularity of tissues vary with age.

Children, particularly those who are breastfed, may acquire infection risks from their mother or from the provider of breast milk if this has not been exclusively their mother.

**Regulatory information** Part of this advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: To state an upper age limit of 70 for whole heart donation for preparation of allografts.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Alcoholism

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Addiction and drug abuse

**Bone, structural:**

**Must not donate if:**
General nutrition is affected.

### Supporting information

**See if relevant** Cirrhosis

**Additional information** If nutrition is poor, the quality of bone is likely to be poor.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Allergy

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Steroid therapy

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Anaemia

## Tissue - Deceased Donors

### Essential information

**Discretionary**

1. **History of anaemia:**
   This must be assessed regarding its cause, current status and what treatment has been received.
2. **Iron deficiency:**
   If not under investigation or on treatment and the underlying cause is not a reason to exclude, accept.
3. **Other types:**
   Accept or exclude according to the guidelines.
4. **In other cases:**
   Refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Haemoglobin disorders
- Malignancy

**If treated with blood components or products, or by plasma exchange or filtration:**

- Transfusion

**Additional information**

People with severe long-standing anaemia may have abnormal structural bone. This may not be suitable for grafting.

There are special rules for people who have received blood components or blood products.

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*Reason for change: A link to 'Transfusion' has been added.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Animal bite, non-human

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

1. Ever bitten by a non-human primate.
2. Any wound is infected or not healed.
3. Less than 24 months since bitten anywhere in the world by a bat or by any other mammal outside of the British Isles (UK and Ireland).

## Supporting information

**See if relevant**

- Infection, general
- Inoculation injury
- Rabies (immunisation)

**Additional information**

Being bitten by a non-human primate should result in permanent deferral. Risks include simian T-lymphotropic virus, herpes B, simian foamy virus and other as yet unknown viruses. Non-human primates include chimpanzees, gorillas, orangutans, gibbons, monkeys (old and new world), tarsiers, lemurs and lorises.

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.

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.

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*Reason for change: To extend the deferral period following being bitten by a bat or other mammal outside of the UK from 12 to 24 months, and to provide more information on the potential risks resulting from non-human primate bites. To provide a detailed definition of a non-human primate.*
*Version details: TD-DSG Edition 203 Release 41 (15 July 2020)*

# Ankylosing spondylitis (AS)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Eyes:**
   **Must not donate if:**
   Active ocular inflammation.
   See Eye disease for more information if the donor had recovered from inflammatory eye disease.

2. **Cardiovascular tissue:**
   **Must not donate if:**
   The cardiovascular system is involved.

### Supporting information

**See if relevant**

- Autoimmune disease
- Eye disease

**Additional information**

Ankylosing spondylitis can affect the eyes, heart valves and the major artery of the body (aorta).

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*Reason for change: Obligatory section updated to refer to eye disease entry if ocular involvement, Link to eye disease entry added in "See if relevant" section.*
*Version details: TD-DSG Edition 203 Release 60 (18 April 2024)*

# Anthrax

## Tissue - Deceased Donors

### Scenarios

#### Infection

**Obligatory**

**See:** Infection, acute

#### Exposure

**Discretionary**

Even if on prophylactic antibiotics, accept.

**Additional information**

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.

#### Immunisation

**Obligatory**

**See:** Immunisation, non-live

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Antibiotic therapy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Infection, general

### Supporting information

**Additional information**

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 Designated Clinical Support Officer.

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*Reason for change: Additional Information' has been added for clarity.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Arthritis

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Ankylosing spondylitis
- Autoimmune disease
- Osteoarthritis
- Psoriasis
- Rheumatoid arthritis

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*Reason for change: A link has been added for 'Autoimmune Disease'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Asthma

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, general
- Steroid therapy

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*Reason for change: The 'Obligatory' entry has been removed. This prevented many donors dying with asthma from being accepted as they would have been treated with steroids.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Autoimmune disease

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there an entry for the condition?

**Must not donate if:**
The donor has needed treatment to suppress the condition in the last 12 months.

**Discretionary**

**Eyes:**

If no ocular involvement, accept.

### Supporting information

**See if relevant**

**If treated with immunoglobulin or plasma exchange or filtration:**

- Immunosuppression
- Transfusion

**Additional information**

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.

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.

**Regulatory information**

Part of this advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: A link to Immunosuppression has been added.*
*Version details: TD-DSG Edition 203 Release 11 (06 December 2011)*

# Avascular necrosis of the femoral head (hip)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate:**

Affected femoral heads.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Babesiosis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

Accept for corneas only.

### Supporting information

**Additional information**

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

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*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Bacillus Calmette-Guérin (BCG)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. The inoculation site has not yet healed.
2. Less than 4 weeks after inoculation.

### Supporting information

**Additional information**

BCG is an immunisation with live bacteria. By 4 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.

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*Reason for change: 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.*
*Version details: TD-DSG Edition 203 Release 09 (21 June 2011)*

# Basal cell carcinoma (BCC)

## Tissue - Deceased Donors

## Essential information

**Obligatory**

1. **Must not donate if:**
   a. Still receiving treatment.
   b. Any wound has not healed.

2. **Eyes:**
   **Must not donate if:**
   From an eye with active basal cell carcinoma of the eyelid, unhealed wounds or corneal involvement (e.g. exposure keratitis).

3. **Skin:**
   **Must not donate if:**
   From the area affected by the lesion.

**Discretionary**

**Eyes:**

Unhealed wounds not affecting the eye, if cornea is to be stored by organ culture, accept. See **Additional Information** below.

## Supporting information

**See if relevant**

- Eye disease
- Malignancy

**Additional information**

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 during storage.

Exclusion of donors with unhealed wounds not affecting the eyes does not apply to corneas stored by organ culture as this gives an opportunity to detect infection, but does apply to corneas stored at 4°C.

Donors with healed BCC of the eyelids can be accepted for eye donation, unless ocular tissue might be affected by the effects of treatment. Treatment records should be reviewed, especially in relation to the effects of treatment (e.g. radiotherapy) and eyes must undergo slit lamp examination in the eye bank.

---

*Reason for change: To add guidance regarding donors with basal cell carcinoma of the eyelid.*
*Version details: TD-DSG Edition 203 Release 52*

# Bleeding disorder

## Tissue - Deceased Donors

### Essential information

**Includes** Carriers

### Scenarios

#### 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:**

1. Treated with blood derived coagulation factor concentrates.
2. A sexual partner, or former sexual partner, of a person treated with blood derived coagulation factor concentrates.
3. Less than 3 months after the date of an inoculation injury with either blood derived coagulation factor concentrates, or from blood contamination from an affected individual.

**Discretionary**

If 3 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 3 months from the last sexual contact or inoculation injury helps to ensure that the infections tested for by the UK Blood and Tissues Services will be picked up.

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*Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Blind donor

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Eyes:**

Determine the cause of blindness and discuss with a Designated Clinical Support Officer.

**Discretionary**

**Other tissues:**

If no other contraindication, accept.

### Supporting information

**Additional information**

Donors with corneal blindness must be deferred. Most donors with retinal and optic nerve blindness can be accepted.

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*Reason for change: To provide additional information regarding which types of blindness affect eye donation.*
*Version details: TD-DSG Edition 203 Release 33 (26 September 2018)*

# Blood pressure, high

## Tissue - Deceased Donors

*Also known as: hypertension*

## Essential information

**Discretionary** Accept.

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Body piercing

## Tissue - Deceased Donors

### Essential information

**Includes**

Derma-rolling, ear and body piercing, permanent and semi-permanent makeup, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials, ritual self-flagellation.

**Obligatory**

**Must not donate if:**

Less than 3 months after last piercing.

**Discretionary**

**Piercings performed within the UK in a commercial setting:**

Accept.

**Piercings performed outside the UK or within the UK in an unlicensed non-commercial premises more than 3 months ago:**

Accept.

**Painting, stencilling or transfers applied to the skin without piercing:**

Accept.

### Supporting information

**Additional information**

Under all current legislation, it is a criminal offence to trade without registration (licensing) or to be in breach of the relevant bylaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.

In the UK, local authorities are responsible for regulating and monitoring businesses providing semi-permanent skin colouring procedures (micropigmentation, semi-permanent make-up and temporary tattooing). The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government [Miscellaneous Provisions] Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make bylaws.

For piercings performed outside the UK or within the UK in an unlicensed, non-commercial establishment less than 3 months ago, the donor may only be accepted following documented individual risk assessment and discussion with the transplant centre if the risk of delaying transplant outweighs the risk of transmission of infections.

Piercing has passed infection from person to person. Waiting 3 months helps to ensure that the infections tested for by the UK Blood and Tissue Services will be picked up.

Platelet rich plasma (PRP) facials (also known as 'vampire facials') have been associated with HIV transmission.

Ritual self-flagellation is carried out by some religious groups. The practice includes beating or flogging oneself with sharp objects. It may be associated with exposure to blood from other participants, either directly or through contamination of shared equipment.

This guidance presumes that a validated NAT test for HIV, HBV and HCV is

negative; if this test is stopped for any reason, the guidance will change.

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*Reason for change: To add Derma-rolling, ear and body piercing, tattooing (including memorial tattoos), platelet rich plasma (PRP) facials and self-flagellation to the entry and to add information regarding PRP facials and self-flagellation.*
*Version details: TD-DSG Edition 203 Release 48 (16 March 2022)*

# Breast lump

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Malignant.
2. Not fully investigated and cleared of malignancy.

**Discretionary**

**Eyes:**

If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Malignancy

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*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Breastfeeding

## Tissue - Deceased Donors

### Essential information

**Obligatory**

For infants that have been breastfed in the last 12 months:

**See:** Age

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*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Bronchitis

## Tissue - Deceased Donors

### Scenarios

#### Acute bronchitis

**Obligatory**

**See:** Infection, acute

#### Chronic bronchitis

**See if relevant**

- Infection, general
- Steroid therapy

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Brucellosis

## Tissue - Deceased Donors

*Also known as: undulant fever*

## Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Cardiac surgery

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Cardiovascular tissue donor:**

Donors with a history of previous cardiac valve surgery, refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Endocarditis

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Cardiomyopathy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Eyes:**
   **Must not donate if:**
   a. Associated with extraocular muscle paresis (e.g. Kearns-Sayre syndrome).
   b. Not recovered from infective causes.

2. **Other tissues:**
   **Must not donate if:**
   a. Not recovered from infective causes.
   b. Cardiomyopathy secondary to an infiltrative process (e.g. amyloidosis, sarcoidosis).

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*Reason for change: The entry has been changed to make it clear that cardiomyopathy is not an absolute contraindication to donation of cardiovascular tissues.*
*Version details: TD-DSG Edition 203 Release 26 (10 October 2016)*

# Cardiovascular disease (CVD)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Cardiovascular tissue donor:**

Donors with a history of cardiac valve abnormalities, refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Cardiac surgery
- Cardiomyopathy
- Endocarditis
- Myocarditis

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*Reason for change: Additional links have been added. An entry has been added for donors with a history of valve abnormalities.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Catarrh

## Tissue - Deceased Donors

### Scenarios

#### Acute catarrh

**Obligatory**

**See:** Infection, acute

#### Chronic catarrh

**See if relevant**

- Infection, general

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Central nervous system (CNS) disease

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Dementia.
2. History of CNS disease of unknown or suspected infective origin, e.g. multiple sclerosis (MS), optic neuritis, clinically isolated syndrome, transverse myelitis, Creutzfeldt-Jakob disease (CJD).
3. Neurodegenerative conditions of unknown aetiology (e.g. Parkinson's disease).

**Discretionary**

1. Individuals who have had Bell's palsy more than 4 weeks ago and have discontinued any treatment for the condition for at least 7 days, even if they have residual paralysis, accept.
2. If a definite diagnosis of transient global amnesia has been made, accept.
3. If the cause of the disease is not established, refer to Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Neurosurgery
- Prion-associated diseases
- Rabies

**Additional information**

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 variant Creutzfeldt-Jakob disease (vCJD) has been transmitted by blood transfusion.

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.

**Regulatory information**

This advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: To clarify that CNS disease of unknown origin, and clinically isolated syndrome, are reasons for obligatory deferral and to permit individual risk assessment where appropriate.*
*Version details: TD-DSG Edition 203 Release 31 (24 April 2024)*

# Cervical dysplasia

## Tissue - Deceased Donors

*Also known as: cervical intraepithelial neoplasia, CIN*

## Essential information

**Obligatory**

**Must not donate if:**

Diagnosed with invasive cervical carcinoma.

**Discretionary**

1. If the donor had colposcopy treatment for abnormal cervical cells and has been discharged to routine screening, accept. It is not necessary to wait for a normal smear result before donating.
2. If only having regular review of smears, accept.
3. If undergoing investigation or treatment, refer to Designated Clinical Support Officer.

**Eyes:**

Accept.

## Supporting information

**Additional information**

Cervical screening includes testing for high risk human papillomavirus (HR-HPV). Women who are positive for HR-HPV may be called for routine smear tests at more frequent intervals. They can donate, provided they are not undergoing other tests or awaiting colposcopy investigation.

Women with abnormal cells on a smear test are triaged according to their risk of developing cervical carcinoma. Women at higher risk will be referred for investigation and treatment via colposcopy.

Abnormalities identified at colposcopy include cervical intraepithelial neoplasia (CIN, Grades 1-3) and cervical glandular intraepithelial neoplasia (CGIN). CIN-3 is also known as cervical carcinoma in situ. By definition, patients with CIN or CGIN do not have invasive cervical carcinoma, so can be accepted once treated, fully healed and discharged. There is no need to wait for the results of their next routine smear, usually at 6 months post treatment, unless the donor has been advised that follow-up will be necessary at the colposcopy clinic.

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*Reason for change: Updated to clarify the scope of entry, when a donor can be accepted after treatment for cervical dysplasia and the significance of HR-HPV testing.*
*Version details: TD-DSG Edition 203 Release 48 (16 March 2022)*

# Chickenpox

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

**See:** Infection, acute

**Eyes:**
**See:** Herpes, ocular

#### Contact with an affected individual

**Obligatory**

**See:** Infectious diseases, contact with

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Chondromalacia

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Chronic fatigue syndrome (CFS)

## Tissue - Deceased Donors

### Essential information

**Includes**

Myalgic encephalomyelitis (ME), post-viral fatigue syndrome, systemic exertion intolerance disease (SEID).

**Obligatory**

**Must not donate if:**

Not resolved.

**Discretionary**

If donor had a history of fatigue following a viral infection (e.g. glandular fever) with no relapse of symptoms and all symptoms are resolved, accept.

### Supporting information

**Additional information**

CFS is generally diagnosed by excluding other conditions and may follow an infection that may or may not have been viral and which may be carried by the affected individual.

It is most common between the ages of 25 and 45 years and women are affected more often than men. It is associated with easily induced and prolonged episodes of fatigue, often accompanied by other symptoms.

Post-viral fatigue can occur after an acute viral infection. Symptoms of fatigue can last weeks or months and may follow a relapsing course.

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*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Cirrhosis

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

1. Complicated by hepatoma.
2. Infectious or autoimmune cause.

**Discretionary**

1. If secondary to alcohol or genetic cause, accept.

2. **Bone donation:**
   Check that the quality of bone is unaffected.

3. **Eyes:**
   If related to malignancy, see Malignancy.

## Supporting information

**See if relevant**

- Alcoholism
- Autoimmune disease
- Malignancy

---

*Reason for change: Additional links have been added.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Clinical trials

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Participating in a clinical trial. This includes the use of drugs of any kind (e.g. oral, injected, parenteral, transcutaneous) and applies to healthy individuals participating as volunteers, for example in 'phase 1' clinical trials.

**Discretionary**

If a Designated Clinical Support Officer has examined and agreed the trial protocol, accept.

### Supporting information

**See if relevant**

- Complementary therapy
- Transfusion

---

*Reason for change: Additional links have been added.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Coeliac disease

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Colostomy

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

For malignancy or inflammatory bowel disease.

**Discretionary**

1. If the reason for the colostomy is not of itself a reason to exclude and the stoma is healthy, accept.

2. **Eyes:**
   a. If related to inflammatory bowel disease and there is no evidence of ocular involvement, accept.
   b. If related to malignancy, see Malignancy.

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Communication difficulties

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **All persons giving consent must:**
   a. Fully understand the donation process.
   b. Give their informed consent to the process and to the testing of the donor's 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 persons giving consent and the qualified healthcare professional, they must:
   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.
   b. Not be personally known to the donor or to the persons giving consent.
   c. Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.

### Supporting information

**Additional information**

The UK Blood and Tissue 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. Potential donors with such difficulties are advised to seek advice from their local Blood and Tissue Service before offering to donate stem cells to see if their needs can be met.

**Any persons giving consent must:**

1. Undergo a personal interview performed by a healthcare professional.
2. Provide informed consent to proceed with the donation process. This consent must be given in the presence of the qualified healthcare professional responsible for obtaining the health history. The qualified healthcare professional may be physically present or in communication with the person giving consent by telephone.

A qualified healthcare professional may assist in the completion of the health and medical history questionnaire and in understanding the consent statement and any other information provided by the Tissue Service. To facilitate comprehension, it is permissible to use alternative formats (e.g. a language other than English, audio, computer, Braille) for the information leaflets, the health and medical history questionnaire and consent statements. The persons giving consent must be able to clearly demonstrate they have understood this material. At present, there is no standardised way of assessing comprehension so this will be a personal judgement made by the qualified healthcare professional.

**Use of third party interpreters:**

It is permissible for any third party to act as an enabler by helping to reassure the persons giving consent and to assist in establishing effective communication between them and the qualified healthcare professional. The third party must not however be present during any exchange of confidential information, unless they

are not personally known to the persons giving consent or 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 persons giving consent and the qualified healthcare professional may compromise the confidentiality of the process and the safety of any tissue donated. Interpreters are often part of a close community, or a family member, and this may inhibit or embarrass the persons giving consent in any confidential exchange of information. This may result in the non-disclosure of sensitive information that could affect the eligibility of the deceased person 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 any tissue donated at risk. There is also a requirement to communicate the results of any testing performed by the Tissue Services that may be of relevance to the donor's partner/family's health in a way that protects their confidentiality. The continuing availability of an independent interpreter, to maintain confidentiality, should be taken into account when deciding if an individual donor may be accepted.

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*Reason for change: 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. 2. To clarify that interpreters and translators have a duty of confidentiality. 3. To clarify that consent for donation need not be signed by the person giving consent, it can be taken by telephone.*
*Version details: TD-DSG Edition 203 Release 20 (17 March 2015)*

# Complementary therapy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Must not donate if:**
   The condition for which treatment was given is not acceptable.

2. **Therapies involving penetration by needles or other invasive procedures:**
   **Must not donate if:**
   Less than 3 months from completing treatment.

**Discretionary**

1. If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept.

2. For all other therapies involving penetration by needles or other invasive procedures:

   **Performed within the NHS:**
   If performed by a suitably qualified NHS healthcare professional on NHS premises, accept.

   **Performed outside of the NHS:**
   a. 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), General Pharmaceutical Council (GPhC), Pharmaceutical Society of Northern Ireland (PSNI), or The Health and Care Professions Council (HCPC) (which regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Practitioner Psychologists, Physiotherapists, Prosthetists and Orthotists, Radiographers, and Speech and Language Therapists), accept.
   b. Treatments performed within commercial premises in the UK, accept.
   c. If performed within unlicensed, non-commercial premises in the UK, or for any treatment performed outside the UK more than 3 months ago, accept.

### Supporting information

**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.

Commercial premises may be based in shops and clinics and also include operators running an acupuncture business from a residential premise such as their own homes. Under all current legislation, it is a criminal offence to trade as an acupuncturist without registration (licensing) or to be in breach of the relevant bylaws. Similar provisions are in place in Scotland in the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006. Some London boroughs also require a 'special treatment' license. It is expected that all premises will follow infection control processes including using single needles for treatments.

In the UK, local authorities are responsible for regulating and monitoring businesses providing tattooing, cosmetic piercings, semi-permanent skin colouring

(micropigmentation, semi-permanent make-up and temporary tattooing), electrolysis and acupuncture. The focus of legislation covering local authorities in England, Wales and Northern Ireland (Local Government (Miscellaneous Provisions) Act 1982) is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make bylaws.

Healthcare professionals registered with statutory body may not need to register with the local authority as their statutory body is responsible for their regulation.

This guidance presumes that a validated NAT test for HIV, HBV and HCV 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 3 months means infections are more likely to be picked up by the tests used by UK Blood and Tissue Services.

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*Reason for change: The regulatory organisations for Pharmacists in the UK have been added. The HCPC ceased to be the regulatory authority for Social Workers in England in 2019. The list of health and care professionals regulated by the HCPC has been amended.*
*Version details: TD-DSG Edition 203 Release 47 (22 February 2022)*

# Congo fever

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Less than 12 months following recovery or from return to the UK, if occurred abroad.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Contact lenses

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Eyes:**

**Must not donate if:**
Underlying disease (e.g. keratoconus or infection).

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Contraceptive implant

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Contraceptive injection

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Contraceptive pill

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Corneal transplant

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

### Supporting information

**See if relevant**

- Prion-associated diseases

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Coronary thrombosis

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Includes** | Heart attack, myocardial infarct. |
| **Discretionary** | Accept but may not be suitable for heart valves. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Coronavirus infection

## Tissue - Deceased Donors

*Also known as: COVID-19*

## Essential information

**Includes**

COVID-19 disease (due to infection with SARS-CoV-2 virus, previously known as Novel Coronavirus or 2019-nCoV).

## Supporting information

**See if relevant**

- Immunisation, non-live
- Infection, acute
- Infectious diseases, contact with

**Additional information**

Common coronaviruses cause colds and respiratory tract infections but are not considered a risk for tissue transplant recipients. Since 2002, there have been outbreaks in humans of new strains of coronavirus, associated with severe pulmonary infections and mortality rates of 10–35% (e.g. SARS and MERS).

COVID-19 is an illness characterised by respiratory symptoms, including coughing and breathlessness, and fever. It is caused by infection with a newly identified coronavirus, SARS-CoV-2. Its full pathogenesis remains unknown but individuals with certain underlying chronic conditions, the elderly and immunocompromised individuals are at risk of more severe disease.

Some persons with SARS-CoV-2 infection may be asymptomatic. It is possible that they may have undergone testing for occupational health reasons (for example).

Deceased tissue donors may have been subject to respiratory swab testing either on admission to hospital, or as organ donors. All organ donors are tested for SARS-CoV-2 on respiratory samples prior to donation. It is important to ascertain that, if the donor has been tested, the test was negative before proceeding with retrieval of tissues. There is no evidence at present that SARS-CoV-2 can be transmitted by tissue/ cell transplantation and therefore these measures are considered to be precautionary. Based on expert opinion COVID-19 infection is not a contraindication for eye donation, where the decontamination process includes a suitable virus inactivation step.

## Scenarios

### Person with confirmed or suspected COVID-19

**Obligatory**

**Must not donate if:**

Less than 7 days since resolution of symptoms due to confirmed or suspected COVID-19.

**Discretionary**

**Eyes:**

Accept. See **Additional information** below.

**For all other tissues:**

1. Confirmed symptomatic infection (COVID-19):
   If more than 7 days have passed since resolution of symptoms, accept.
2. Confirmed SARS-CoV-2 infection following diagnostic test without clinical symptoms:

If more than 7 days have passed since most recent confirmed diagnostic test, accept.

3. Suspected infection:
   a. If testing was not performed, and if more than 7 days after resolution of symptoms, see Infection, acute.
   b. If testing was performed, and COVID-19 has been ruled out as a clinical diagnosis, see Infection, acute.
   c. For respiratory symptoms/failure not related to infection, or where COVID-19 was ruled out as a clinical diagnosis following testing, and if the underlying cause does not otherwise contradict donation, accept.

See **Additional information** below.

---

*Reason for change: Delete outdated information in the definition section, and 'additional information' section. Reword 'obligatory' section and update 'discretionary' section.*
*Version details: TD-DSG Edition 203 Release 58 (15 November 2023)*

# Death from unknown causes

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | If there is nothing to suggest that the retrieval of the tissues would be hazardous to staff and a post-mortem examination establishes that the cause(s) of death would not exclude donation, accept. |

*Reason for change: There has been a change to the wording of 'Discretionary' to better reflect the EU Tissue Directive.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Deep vein thrombosis (DVT)

## Tissue - Deceased Donors

### Essential information

**Discretionary** If the underlying cause does not exclude, accept.

### Supporting information

**See if relevant**

- Malignancy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Dementia

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Dermatitis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Skin donation:**

**Must not donate:**
Areas of affected skin.

**Discretionary**

**Other tissues:**

If no other contraindications, accept.

### Supporting information

**See if relevant**

- Infection, general
- Steroid therapy

---

*Reason for change: To add a link to Alitretinoin.*
*Version details: TD-DSG Edition 203 Release 17 (31 March 2013)*

# Diabetes insipidus

## Tissue - Deceased Donors

### Essential information

**Discretionary** If the underlying cause does not exclude, accept.

### Supporting information

**See if relevant**

- Neurosurgery

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Diabetes mellitus

## Tissue - Deceased Donors

*Also known as: type 1 and type 2 diabetes, sugar diabetes*

## Essential information

**Obligatory**

**Pancreatic tissue:**

**Must not donate.**

**Discretionary**

**Other tissues:**

Accept.

## Supporting information

**See if relevant**

- Infection, general

*Reason for change: An entry has been added to indicate that pancreatic tissue should not be donated.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Diarrhoea

## Tissue - Deceased Donors

### Essential information

**Includes**

Diarrhoea and vomiting (D&V), enterocolitis, food poisoning, gastric flu, gastroenteritis.

**Obligatory**

**Must not donate if:**

Associated with inflammatory bowel disease.

**Discretionary**

**Eyes:**

1. If related to inflammatory bowel disease, and there is no evidence of ocular involvement, and the corneas are to be stored by organ culture, accept.
2. If related to infection and the corneas are stored by organ culture, accept.

### Supporting information

**See if relevant**

- Infection, general

*Reason for change: The 'Discretionary' entry for 'Eyes' has been amended.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Disabled donor

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Contractures will prevent retrieval.

**Discretionary**

If the underlying cause of the disability does not contraindicate donation, accept.

### Supporting information

**See if relevant**

- Spina bifida

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Disease of unknown aetiology

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there is a specific entry for the disease?

**Must not donate.**

**Discretionary**

If safety and quality of the donation is unlikely to be affected, discuss with Designated Clinical Support Officer.

See **Additional information** below.

### Supporting information

**Additional information**

When the cause of an illness is not clear, there is an unknown risk to any recipient of donated material.

In certain circumstances, the aetiology could be multi-factorial, although it is not clearly established, there are no concerns relating to person to person transmission. In these cases, tissues could be accepted for clinical use, based on current available evidence. For example, the most frequent form of pulmonary fibrosis is idiopathic pulmonary fibrosis (IPF) where there is no identifiable underlying cause. Diagnostic criteria for IPF have evolved over the years, and IPF is currently defined as a disease characterised by the histopathologic pattern of interstitial pneumonia occurring in the absence of an identifiable cause of lung injury. IPF is believed to be a heterogeneous disorder caused by various interactions between genetic components and environmental exposures. Although an understanding of the pathogenesis of IPF is incomplete, recent advances delineating specific clinical and pathologic features of IPF have led to better definition of the molecular pathways that are pathologically activated in the disease. On this basis, IPF is not an absolute contraindication for tissue donation.

**Regulatory information**

This advice is a requirement of the EU Tissue and Cells Directive.

---

*Reason for change: To clarify that if the safety and quality of the tissues is not impacted, donation can be permitted.*
*Version details: TD-DSG Edition 203 Release 48 (16 March 2022)*

# Diverticulosis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Infection, general

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Down's syndrome

## Tissue - Deceased Donors

*Also known as: trisomy 21*

## Essential information

**Includes** Mosaic Down's syndrome

**Obligatory**

**Eyes:**

**Must not donate.**

**Discretionary**

**Other tissues:**

If no other contraindication, accept.

## Supporting information

**Additional information** These syndromes are associated with corneal disease.

---

*Reason for change: 'Trisomy 21' added as an 'Also known as' term.*
*Version details: TD-DSG Edition 203 Release 65 (1 May 2026)*

# Drowning

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Cardiovascular tissue:**
   **Must not donate if:**
   Immersed for more than 12 hours.

2. **Eyes:**
   Refer to the Designated Clinical Support Officer.

3. **Skin:**
   **Must not donate.**

---

*Reason for change: The entry for 'Eyes' has changed from 'Must not donate'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Drug treatment

## Tissue - Deceased Donors

*Also known as: medication*

## Essential information

**Obligatory**

**See:** any specific entry for the disease being treated or the drug taken.

The taking of some drugs may make a donor ineligible. This could be due to the underlying disease or to the medication.

**Discretionary**

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.

## Supporting information

**See if relevant**

- Addiction and drug abuse

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Edwards' syndrome

## Tissue - Deceased Donors

*Also known as: trisomy 18, trisomy E*

## Essential information

| | |
|---|---|
| **Obligatory** | **Eyes:**<br>**Must not donate.** |
| **Discretionary** | **Other tissues:**<br>If no other contraindication, accept. |

*Reason for change: A 'Discretionary' entry has been added for other tissues.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ehlers-Danlos syndrome (EDS)

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.**<br>All tissues with the exception of pancreatic islets. |
| **Discretionary** | **Pancreatic islets:**<br>Accept. |

*Reason for change: Pancreatic islets have been added to the list of tissues that may be donated.*
*Version details: TD-DSG Edition 203 Release 26 (10 October 2016)*

# Electrolysis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Emphysema

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Encephalitis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Infection, general

**Discretionary**

**Eyes:**

If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Endocarditis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Must not donate if:**
   Active infection.

2. **Cardiovascular tissue:**
   History of infection:
   **Must not donate.**

**Discretionary**

1. If infection resolved, for non-cardiovascular tissue, accept.

2. **Eyes:**
   If the cause is bacterial and the corneas are to be stored by organ culture, accept.

### Supporting information

**See if relevant**

- Infection, general

---

*Reason for change: This new entry replaces the previous entry for 'Subacute Bacterial Endocarditis'. It recognises that the cause of endocarditis is not always bacterial and the course is not always subacute.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Endometriosis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Epilepsy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Recent onset and not fully investigated.
2. Secondary to malignancy or degenerative neurological disease.

**Discretionary**

**Eyes:**

If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Malignancy
- Neurosurgery

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Eye disease

## Tissue - Deceased Donors

## Essential information

**Obligatory**

1. **Must not donate if:**
   a. Ocular tissue transplanted.
   b. Malignancy.

2. **Eyes:**
   a. Active ocular inflammation or infection.
   b. Congenital or acquired ocular disorders or previous ocular surgery that may preclude a successful graft outcome. This includes iridocorneal syndrome and keratoconus.
   c. History of malignant tumours of the anterior segment, or retinoblastoma, ocular metastasis or ocular melanoma.
   d. Past history of ocular herpes or interstitial keratitis in either eye.

**Discretionary**

1. **Eyes:**
   a. Allergic conjunctivitis, accept.

   b. Vernal/atopic keratoconjunctivitis, discuss with medical officer.

   c. Past ocular trauma, discuss with medical eye bank advisor.

   d. If a donor has fully recovered from:
      i. An isolated past episode of inflammatory eye disease (e.g. uveitis or episcleritis), and the condition is not associated in the donor with other general contraindications to donation, accept.
      ii. No more than 3 past episodes of inflammatory eye disease, refer to Designated Clinical Support Officer for individual risk assessment.

   e. If a donor has fully recovered from an isolated past episode of scleritis, accept for cornea donation only.

   f. If a donor is known to have a choroidal naevus which has been diagnosed and followed up in an eye clinic, and no concerns over alternative diagnoses, particularly malignancy, have been raised, refer to Designated Clinical Support Officer.

   g. Punctate epithelial erosions:
      If there is no known visible abnormality, accept. See **Additional information** below regarding cornea assessment at retrieval and at the eye bank.

2. **Other tissues:**
   If no other contraindication, accept.

## Supporting information

**See if relevant**

- Autoimmune disease

- Basal cell carcinoma
- Central nervous system disease
- Glaucoma
- Herpes, ocular
- Immunosuppression
- Infection, general
- Laser treatment
- Malignancy
- Ocular surgery
- Ocular tissue recipient
- Steroid therapy
- Tissue and cell allograft recipients

**Additional information**

For donors with a past history of inflammatory, infectious or traumatic ocular conditions, relevant clinical records, especially ophthalmology records, should be reviewed.

Choroidal naevi are common benign melanocytic lesions of the posterior uvea. It is important to confirm that they have been diagnosed and monitored in an eye clinic.

Punctate epithelial erosions develop commonly due to a diminished lid reflex, especially in ventilated patients. Corneas must be deferred from clinical use if they are visibly abnormal. Corneas can be accepted for endothelial keratoplasty (EK) if they pass assessment at retrieval and in the eye bank.

Allergic conjunctivitis is very common and does not impact on corneal tissue quality.

Atopic and vernal keratoconjunctivitis may affect the cornea but donors with these conditions may still be acceptable for cornea donation for posterior lamellar grafts, subject to review of eye clinic information and satisfactory assessment in the eye bank.

---

*Reason for change: Update of 'discretionary' and 'additional information' sections to add information regarding allergic conjunctivitis and atopic/vernal keratoconjunctivitis.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Eye drops

## Tissue - Deceased Donors

### Essential information

**Obligatory**

Determine what they are being used to treat.

**See:** is there a relevant entry?

### Supporting information

**See if relevant**

- Autoimmune disease
- Glaucoma
- Infection, general
- Steroid therapy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Factor V Leiden

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Fertility

## Tissue - Deceased Donors

### Essential information

**Includes**

Infertility

**Obligatory**

**Must not donate if:**

1. Has ever been given human gonadotrophin of pituitary origin.
2. The donor is known to have ever been treated with Metrodin HP®.

**Discretionary**

If treated exclusively with non-pituitary derived gonadotrophins, accept.

### Supporting information

**See if relevant**

- Hormone replacement and sex hormone therapy
- Prion-associated diseases

**Additional information**

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.

Donors who have undergone egg donation, egg collection for fertility preservation, and surgical sperm retrieval should be assessed regarding any hormone treatment they have received.

There is no evidence that transfer of tissues (eggs or embryos) between individuals might lead to the spread of vCJD.

Metrodin HP® 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.

---

*Reason for change: To update 'Additional Information' section by removing the section regarding a 12-week safeguarding time from treatment, and inclusion of additional information regarding any hormone treatment received. Amendment of wording in the 'Obligatory' section to reflect this entry relates to deceased donors. Addition of link to 'Hormone Replacement and Sex Hormone Therapy' entry.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Fibromyalgia

## Tissue - Deceased Donors

*Also known as: fibromyositis, fibrositis*

## Essential information

**Obligatory**

**Tendons:**

**Must not donate.**

**Discretionary**

**All other tissues:**

Accept.

## Supporting information

**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.*
*Version details: TD-DSG Edition 203 Release 25 (13 July 2016)*

# Filariasis

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Gall bladder disease

## Tissue - Deceased Donors

### Essential information

**Discretionary** If recovered or had asymptomatic gallstones, accept.

### Supporting information

**See if relevant**

- Infection, general
- Malignancy

---

*Reason for change: A link has been added for 'Malignancy'.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Giardiasis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**Additional information** This is a local intestinal infection that does not affect donation.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Gilbert's syndrome

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**Additional information** Gilbert's syndrome is an inherited defect in bilirubin metabolism. It is harmless but can cause jaundice in the donor.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Glasses

## Tissue - Deceased Donors

*Also known as: spectacles*

## Essential information

**Discretionary**

**Eyes:**

Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Glaucoma

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Received transplant of sclera during glaucoma surgery.

### Supporting information

**See if relevant**

- Ocular tissue recipient
- Tissue and cell allograft recipients

**Additional information**

If surgery was performed after 1997 and the sclera was supplied through UK Transplant, this information will be stored on the National Transplant Database.

---

*Reason for change: A link has been added to 'Ocular Tissue Recipient'.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Glucose-6-phosphate dehydrogenase (G6PD) deficiency

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Gout

## Tissue - Deceased Donors

### Essential information

**Discretionary** Even if on treatment, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Granuloma inguinale

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Growth hormone (GH)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Has ever received human pituitary derived growth hormone.

**Discretionary**

If treated exclusively with recombinant-derived growth hormone, accept. In the UK, this has been since 1987.

### Supporting information

**See if relevant**

- Prion-associated diseases

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Guillain-Barré syndrome

## Tissue - Deceased Donors

### Essential information

**Obligatory**

Refer to a Designated Clinical Support Officer.

**Must not donate if:**

1. Less than 24 months from resolution.
2. There has been any recurrence of symptoms.
3. The doctor who managed the donor cannot confirm a typical monophasic Guillain-Barré syndrome that recovered completely within 12 months.

### Supporting information

**See if relevant**

**If treated with immunoglobulin or plasma exchange:**

- Transfusion

---

*Reason for change: There is now a requirement to 'Refer to a Designated Medical Officer'. A link has been added to 'Transfusion'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Haematological disease

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Malignant.
2. Clonal disorder such as primary polycythaemia (rubra vera) or essential thrombocythaemia.

**Discretionary**

1. If polycythaemia or thrombocytosis is secondary to a non-malignant/clonal condition, accept.
2. Monoclonal gammopathy of unknown significance (MGUS), see Malignancy.

### Supporting information

**See if relevant**

- Anaemia
- Haemoglobin disorders
- Immune thrombocytopenia
- Malignancy
- Therapeutic venesection

**Additional information**

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.

---

*Reason for change: Monoclonal gammopathy of unknown significance (MGUS) moved to the 'Discretionary' section, and a reference to the 'Malignancy' entry added.*
*Version details: TD-DSG Edition 203 Release 46 (04 August 2021)*

# Haematuria

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Uncontrolled infection.
2. Due to malignancy.

**Discretionary**

**Eyes:**

1. If caused by bacterial infection and the corneas are to be stored by organ culture, accept.
2. If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Kidney disease

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Haemochromatosis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Cardiovascular tissue:**
   **Must not donate if:**
   Cardiac involvement.

2. **Pancreas:**
   **Must not donate if:**
   Diabetic.

**Discretionary**

Other tissues, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Haemoglobin disorders

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Has a sickle cell or thalassaemia syndrome.

**Discretionary**

1. **Eyes:**
   Even if has a sickle cell or thalassaemia syndrome, accept.

2. **All tissues:**
   Donors with traits for abnormal haemoglobin, accept.

### Supporting information

**See if relevant**

- Anaemia
- Sickle cell trait
- Thalassaemia trait
- Transfusion

*Reason for change: A link to 'Transfusion' has been added.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Haemolytic anaemia

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there an entry for the condition?

If not, refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Autoimmune disease
- G6PD deficiency
- Haemoglobin disorders
- Hereditary elliptocytosis
- Hereditary spherocytosis
- Pyruvate kinase deficiency
- Transfusion

---

*Reason for change: A note to 'Refer to a Designated Medical Officer' if there is no entry for the cause of the condition has been added. Additional links have been added. To include an entry for 'Haemolytic Anaemia'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Haemorrhoids

## Tissue - Deceased Donors

*Also known as: piles*

## Essential information

**Discretionary** Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Headache

## Tissue - Deceased Donors

### Scenarios

#### Occasional headache

**Discretionary** Accept.

#### Regular headache

**Obligatory**

> **Must not donate if:**
>
> Not investigated.

**Discretionary** If investigated and diagnosis does not contraindicate donation, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Heaf test

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate until:**

Healing.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Healthcare worker

## Tissue - Deceased Donors

### Scenarios

#### History of inoculation injury

**Obligatory** | **See:** Inoculation injury

#### No inoculation history

**Discretionary** | Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Henna painting

## Tissue - Deceased Donors

*Also known as: hina, mehndi*

## Essential information

**Discretionary** Accept.

## Supporting information

**See if relevant**

- Body piercing

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hepatitis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Note:**

Hepatitis has a number of causes including infection and hypersensitivity to drugs.

Our concern is with viral hepatitis.

**Discretionary**

If fully recovered from non-viral hepatitis, accept.

### Supporting information

**See if relevant**

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Hepatitis of unknown origin

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hepatitis A

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate if:**

1. Less than 6 months from recovery of symptoms, or
2. Less than 6 months since the donor was diagnosed with hepatitis A infection following laboratory infection, or
3. If the donor tested positive for Hepatitis A Virus (HAV) RNA at the time of donation.

**Discretionary**

1. If less than 6 months from infection, but fully recovered, documented HAV RNA negative and anti-HAV IgG positive after recovery, accept.
2. For tissues that will undergo processing that has been determined to inactivate HAV prior to transplantation, accept.

**See if relevant**

- Travel

**Additional information**

Hepatitis A is a viral infection of the liver, 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 reports of transmission by transfusion and organ transplantation. However, there have been no documented cases of transmission via tissue allografts. Infection may be symptom free but can be serious and occasionally fatal. The Blood Services do not routinely test tissue donors for this infection, however if the donor has also donated organs and/or pancreatic islets, testing at the time of donation may have been done.

The processing and decontamination protocols applied to certain types of tissue allograft may be sufficient to inactivate the Hepatitis A Virus. Tissue establishments should perform a documented risk assessment to determine which tissues and processes this applies to.

#### Current or former sexual partner of an affected individual

**Obligatory**

**Must not donate if:**

1. Less than 6 months since a current sexual partner has recovered from symptoms of hepatitis A, or
2. Less than 6 months since a current sexual partner tested positive for Hepatitis A Virus (HAV) RNA, or
3. Less than 6 months since last sexual contact with a former sexual partner who has hepatitis A.

**Discretionary**

1. If less than 6 months from recovery of current sexual partner, since the current sexual partner tested negative for HAV RNA, or from last sexual contact with a former sexual partner, AND if shown to be immune, accept.
2. For tissues that will undergo processing that has been determined to inactivate HAV prior to transplantation, accept.

**Additional information**

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.

The processing and decontamination protocols applied to certain types of tissue allograft may be sufficient to inactivate the Hepatitis A Virus. Tissue establishments should perform a documented risk assessment to determine

which tissues and processes this applies to.

### Person currently or formerly sharing a home with an affected individual

**Obligatory**

**Must not donate if:**

1. Less than 6 months from recovery of the last affected person in the home, or
2. Less than 6 months from the last contact with an affected person if no longer sharing, or
3. Less than 6 months since a person sharing a home tested positive for Hepatitis A Virus (HAV) RNA.

**Discretionary**

1. If less than 6 months from recovery of the last affected person in the home, from the last contact if no longer sharing, or since a person sharing a home tested positive for HAV RNA, AND shown to be immune, accept.
2. For tissues that will undergo processing that has been determined to inactivate HAV prior to transplantation, accept.

**Additional information**

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.

The processing and decontamination protocols applied to certain types of tissue allograft may be sufficient to inactivate the Hepatitis A Virus. Tissue establishments should perform a documented risk assessment to determine which tissues and processes this applies to.

### Immunisation

**Obligatory**

**Known exposure:**

**Must not donate if:**
Less than 6 months after vaccine or intramuscular immunoglobulin was given.

**Discretionary**

1. No known exposure to Hepatitis A Virus, accept.
2. For tissues that will undergo processing that has been determined to inactivate Hepatitis A Virus prior to transplantation, accept.

**See if relevant**

- Hepatitis B
- Travel

**Additional information**

Hepatitis A immunisation 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 immunisation may be combined with hepatitis B immunisation.

If less than 6 months from immunisation following known exposure, the donor may be accepted following individual risk assessment.

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 62 (26 November 2024)*

# Hepatitis B

## Tissue - Deceased Donors

### Scenarios

#### Person with current hepatitis B infection

**Obligatory**

**Must not donate.**

**Additional information**

Hepatitis B is a serious viral infection that can lead to chronic liver disease and liver cancer (hepatoma).

Individuals who are chronically infected are sometimes referred to as 'carriers'. They often have no, or minimal, symptoms associated with their infection.

Cases are often linked to place of birth, or mother's place of birth. The condition is very common in many parts of the world and vertical spread from mother to baby is often a major route of transmission. Hepatitis B may also be acquired by injecting drug use, sexual transmission and more rarely tattoos and piercings

#### Person with previously diagnosed (recovered) hepatitis B infection

**Obligatory**

**Must not donate if:**

Less than 12 months since diagnosis.

**Discretionary**

If more than 12 months since diagnosis of HBV infection, and if they have successfully cleared the infection, accept.

Refer to the Designated Clinical Support Officer if advice on interpretation of test results is required.

**See if relevant**

- Tissues safety

**Additional information**

Leaving 12 months from diagnosis before testing allows sufficient time for a donor to clear any acute infection or develop markers of a chronic infection which will be detected on screening.

If less than 12 months from diagnosis, the donor may be accepted if the risk of delaying transplant outweighs the risk of transmission of hepatitis B subject to documented individual risk assessment.

Anti-HBc is required as a mandatory test under the EU Cell and Tissue Directive for cell and tissue donations, and is therefore a regulatory requirement. If the donor is HBsAg negative and HBV DNA negative anti-HBs testing is not required. Anti-HBc must be carried out to comply with regulation and there is no requirement for anti-HBs levels. However some international stem cell registries require anti-HBs status to determine donor suitability.

#### Current or former sexual partner of an infected individual

**Obligatory**

Obtain history (including time since last sexual contact, and the dates that HBV immunisation given).

**Must not donate if:**

Less than 3 months from last sexual contact.

**Discretionary**

If more than 3 months since last sexual contact, accept.

If less than 3 months since last sexual contact, and the donor is shown to be naturally immune, accept.

**Additional information**

A donor with a period of less than 3 months since the last sexual contact with an infected individual may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B. A shortened time between last sexual contact and testing increases the risk of not detecting a recently acquired infection on screening.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

### Current or former sexual partner of person who had recovered from hepatitis B infection at the time of last sexual contact

**Obligatory**

Obtain history (including time since last contact, date that the partner was diagnosed with HBV infection and the date that HBV immunisation of the donor commenced).

**Must not donate if:**

Less than 3 months from last sexual contact with the a partner who has been diagnosed with HBV infection less than 12 months ago.

**Discretionary**

1. If more than 3 months since last sexual contact, regardless of when the partner was diagnosed with the HBV infection, accept.
   or
2. If partner was diagnosed with HBV infection more than 12 months ago and has cleared the infection at the time of last sexual contact, accept.

**Additional information**

A donor who had sexual contact less than 3 months ago with a partner who had been diagnosed with the HBV infection less than 12 months ago at the time of sexual contact, may be accepted following individual risk assessment if risk of delaying transplant outweighs the risk of transmission of hepatitis B.

The current partner of an individual with hepatitis B infection should have been offered immunisation. If the relationship started after the diagnosis of hepatitis B, immunisation may not have been carried out.

### Person sharing a home with a person with hepatitis B infection

**Obligatory**

Obtain history to determine if they are still sharing a home, and if not, the time since sharing ceased.

**Must not donate if:**

Less than 3 months since sharing ceased.

**Discretionary**

If more than 3 months since sharing ceased, accept.

If less than 3 months since sharing ceased, and the donor is shown to be naturally immune, accept.

**See if relevant**

- **Immunisation** below

**Additional information**

A person sharing a home with a person infected with hepatitis B within the past 3 months may be accepted following individual risk assessment if the risk of delaying transplant outweighs the risk of transmission of hepatitis B.

### Immunisation

**Obligatory**

1. **If immunised following known exposure:**
   **Must not donate.**

2. **If immunised with no known exposure:**
   **Must not donate if:**
   Less than 7 days after the last immunisation was given.

**Discretionary**

1. **If immunised following known exposure:**
   If more than 3 months from immunisation, accept.

2. **If immunised with no known exposure:**
   If more than 7 days after the last immunisation was given, accept.

**Additional information**

Immunisation post exposure may be with specific anti-HB immunoglobulin as well as with HBsAg. Generally, immunoglobulin would only be given after a known exposure to hepatitis B.

There is no requirement to monitor the anti-HBs level.

May be combined with hepatitis A immunisation.

Sensitive assays for HBsAg may be positive following recent immunisation. This is why a 7-day deferral is required.

---

*Reason for change: This entry has been modified in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Hepatitis C

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

> **Must not donate.**

**Discretionary**

If the individual has been told that they are HCV antibody negative, then samples should be taken to determine eligibility.

**See if relevant**

- Tissues safety

**Additional information**

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.

#### Current or former sexual partner of an affected individual

**Obligatory**

> **Must not donate if**
>
> Less than 3 months from the last sexual contact.

**Discretionary**

1. If less than 3 months from the last sexual contact and the donor/donor family reports that their current or former HCV positive partner has been successfully treated for hepatitis C infection and has been free of therapy for at least 6 months prior to the last sexual contact and continues in sustained remission, accept.
2. If more than 3 months since last sexual contact, accept.

**See if relevant**

- Tissues safety

**Additional information**

Confirmation of the success of treatment of the HCV positive partner is not required.

Individuals who remain HCV RNA negative six months after completing treatment are likely to have been 'cured', with a risk of relapse of less than 1%

In the UK, 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. This guidance presumes that a validated NAT test for HCV is negative; if this test is stopped for any reason, the guidance will change.

#### Person currently or formerly sharing a home with an affected individual

**Discretionary**

Accept.

| | |
|---|---|
| **See if relevant** | • **Current or former sexual partner of an affected individuals** above |
| **Additional information** | 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. |

---

*Reason for change: To include guidance for persons with treated and successfully cleared past Hepatitis C infection.*
*Version details: TD-DSG Edition 203 Release 34 (30 September 2019)*

# Hepatitis E

## Tissue - Deceased Donors

### Supporting information

**Additional information**

Hepatitis E is an infectious hepatitis that is usually spread through contaminated food or water. Infection may be associated with travel to countries with poor hygiene/sewage conditions but increasingly, cases of hepatitis E are being identified in the UK usually due to consumption of undercooked contaminated meat. Hepatitis E can affect non-human animals and has been found in pigs in the UK. There have been reports of transmission by transfusion and transplant. Infection in healthy individuals is often symptom free but in people with underlying problems in their immune systems, it can be serious and occasionally fatal. The UK Blood and Tissue Services currently test for this infection.

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate if:**

Less than 6 months from recovery.

**Discretionary**

If less than 6 months from recovery and HEV RNA negative and anti-HEV IgG positive, accept.

**See if relevant**

- Travel

---

*Reason for change: 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. The deferral for household and sexual contacts has been removed.*
*Version details: TD-DSG Edition 203 Release 31 (24 April 2018)*

# Hepatitis of unknown origin

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate if:**

Less than 24 months from recovery.

**Discretionary**

1. If more than 12 months, but less than 24 months from recovery, obtain history and blood samples and refer to a Designated Clinical Support Officer.

2. If more than 24 months from recovery, accept.

3. If more than 12 months and less than 24 months from recovery:
   a. If negative for all markers of hepatitis B, accept.
   b. 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 an affected individual

**Obligatory**

**Must not donate if:**

Less than 12 months from recovery of partner.

#### Person sharing a home with an affected individual

**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 an affected individual** 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.*
*Version details: TD-DSG Edition 203 Release 17 (31 March 2013)*

# Hereditary elliptocytosis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: This entry replaces the previous entry for 'Elliptocytosis'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hereditary spherocytosis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Herpes simplex

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Herpes, genital
- Herpes, oral

**Eyes:**

- Herpes, ocular

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Herpes zoster

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, acute
- Infectious diseases, contact with

**Eyes:**

- Herpes, ocular

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Herpes, genital

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Fresh lesions.

**Discretionary**

If lesions are healing, provided there is no history of other sexually transmitted diseases, accept.

### Supporting information

**See if relevant**

- Sexually transmitted disease

**Additional information**

There is no need to defer donors who have a sexual partner with herpes if the donor themselves is asymptomatic.

---

*Reason for change: Addition of 'Additional Information' section, to include clarification regarding sexual partners.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Herpes, ocular

## Tissue - Deceased Donors

### Essential information

**Includes**

Simplex and zoster infection

**Obligatory**

**Eyes:**

**Must not donate if:**
Past or active infection in either eye.

**Discretionary**

**Other tissues:**

If no active infection or other contraindication, accept.

### Supporting information

**Additional information**

Ocular herpes can lead to serious complications in the tissue recipient (e.g. primary graft failure) and this risk must be minimised as far as possible.

---

*Reason for change: To clarify that even if only one eye is affected, donation of both eyes is contraindicated.*
*Version details: TD-DSG Edition 203 Release 33 (26 September 2018)*

# Herpes, oral

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate if:**<br>Fresh lesions. |
| **Discretionary** | If lesions are healing, accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hip dysplasia

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hormone replacement and sex hormone therapy

## Tissue - Deceased Donors

## Essential information

**Includes**

**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.

**Obligatory**

**See:** is there an entry for the condition for which the hormones are being given?

**Must not donate if:**

1. Used for malignancy.
2. A recipient of human gonadotrophin of pituitary origin.
3. A recipient of human pituitary growth hormone.

**Discretionary**

1. **All tissues:**
   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.
   d. 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 Malignancy.

## Supporting information

**See if relevant**

- Growth hormone
- Haemochromatosis
- Prion-associated diseases
- Steroid therapy
- Thyroid disease
- Transgender and non-binary individuals

**Additional information**

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.

---

*Reason for change: Title changed. Added 'Include' and 'Additional information' sections, and amended 'obligatory' 'discretionary' and 'links' sections.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Human immunodeficiency virus (HIV)

## Tissue - Deceased Donors

### Essential information

**Includes** Acquired immunodeficiency syndrome (AIDS)

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate.**

**See if relevant**

- Tissues safety

#### Current or former sexual partner of an affected individual

**Obligatory**

**Must not donate if:**

Less than 3 months from last sexual contact.

**See if relevant**

- Tissues safety

**Additional information**

HIV infection can be spread through sexual activity, including oral and anal sex. Despite regular sexual contact, transmission of infection may not happen. It may however not be transmitted for a long time into a relationship. This could be because the infection becomes more active in the infected partner, the uninfected partner acquires another infection or injury to a mucous membrane, or there is a change in the use of, or failure of, barrier contraceptives (condoms etc.). In the early stages of infection, the testing used by the Blood Services may not detect the virus allowing it to be passed on by transfusion or transplantation.

Waiting 3 months from the last sexual contact will ensure that any infection is picked up by the tests used by the Blood Services. This guidance presumes that a validated NAT test for HIV is negative; if this test is stopped for any reason, the guidance will change.

#### Person currently or formerly sharing a home with an affected individual

**Discretionary**

Accept.

**See if relevant**

- **Current or former sexual partner of an affected individual** above

**Additional information**

HIV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons, household contacts do not need to be deferred.

---

*Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017. The current and former sexual partner entries have been combined. Additional information section added.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Human T-cell lymphotropic virus (HTLV)

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate.**

**See if relevant**

- Tissues safety

#### Current or former sexual partner of an affected individual

**Obligatory**

**Must not donate if:**

Less than 3 months from last sexual contact.

**See if relevant**

- Tissues safety

**Additional information**

There is no defined infectious window period for HTLV. The risk of missing recent infection with individual sample testing is low after 3 months.

#### Person currently or formerly sharing a home with an affected individual

**Discretionary**

Accept

**See if relevant**

- **Current or former sexual partner of an affected individual** above

**Additional information**

HTLV is neither contagious nor spread by the faecal-oral route. It is usually only spread through a direct blood to blood or sexual route. For these reasons, household contacts do not need to be deferred.

---

*Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Huntington's disease

## Tissue - Deceased Donors

*Also known as: Huntington's chorea*

## Essential information

**Obligatory**

**If the diagnosis is uncertain:**

Refer to a Designated Clinical Support Officer.

**Discretionary**

If diagnosis can be confirmed, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hydatid disease

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hydrocephalus

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Has an indwelling shunt and there is evidence of shunt infection.

**Discretionary**

**Eyes:**

For shunt infection, if the corneas are to be stored by organ culture, accept.

### Supporting information

**See if relevant**

- Neurosurgery
- Spina bifida

**Additional information**

Donated tissue is cultured to exclude occult bacterial and fungal infection. However, it should not be collected from bacteraemic subjects.

---

*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Hypnotics

## Tissue - Deceased Donors

*Also known as: sedatives*

### Essential information

| | |
|---|---|
| **Includes** | Sleeping tablets |
| **Discretionary** | Accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ileostomy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. For malignancy.
2. Inflammatory bowel disease.

**Discretionary**

1. **All tissues:**
   If the reason for the ileostomy is not of itself a reason to exclude and the stoma is healthy, accept.

2. **Eyes:**
   a. If related to malignancy, see Malignancy.
   b. If related to inflammatory bowel disease and there is no evidence of ocular involvement, accept.

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Immune thrombocytopenia

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Associated with malignancy.

**Discretionary**

If underlying cause of thrombocytopenia is not a contraindication, accept. Refer to relevant entry.

Refer to Designated Clinical Support Officer if further advice required.

### Supporting information

**See if relevant**

**If treated with immunoglobulin:**

- Immunoglobulin therapy
- Transfusion
- Malignancy

**If treated with plasma exchange:**

- Transfusion

**If treated with immunosuppressive therapy:**

- Immunosuppression

**If treated with splenectomy:**

- Splenectomy
- Transfusion

**Additional information**

Immune thrombocytopenia can be associated with malignancies, especially haematological malignancies such as chronic lymphocytic leukaemia.

---

*Reason for change: To add link to 'Splenectomy' in the 'See if Relevant' section.*
*Version details: TD-DSG Edition 203 Release 59 (29 January 2024)*

# Immunisation

## Tissue - Deceased Donors

### Scenarios

#### Non-exposed

**Obligatory**

**See:**

- Immunisation, live
- Immunisation, non-live

If you do not know if an immunisation is live or not, see the specific entry for the type of immunisation or refer to a Designated Clinical Support Officer.

#### Post exposure

**Obligatory**

1. **BCG:** see BCG
2. **Hepatitis A:** see Hepatitis A
3. **Hepatitis B:** see Hepatitis B
4. **Rabies:** see Rabies
5. **Smallpox:** see Smallpox immunisation
6. **Tetanus:** see Tetanus immunisation

---

*Reason for change: Update the 'Hepatitis A' part of the 'Post-exposure' section to refer directly to the 'Hepatitis A' entry.*
*Version details: TD-DSG Edition 203 Release 41 (15 July 2020)*

# Immunisation, live

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**No exposure:**

**Must not donate if:**
Less than 8 weeks from administration.

**Discretionary**

If more than 4 weeks from administration of a live immunisation, other than smallpox immunisation, and the inoculation site has healed, accept.

### Supporting information

**See if relevant**

- BCG
- Smallpox immunisation

**Additional information**

Live immunisations 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 4 weeks, any infection caused by the immunisation should have been controlled and so should not be passed on through donated material. There are special rules for BCG and smallpox immunisations.

**Regulatory information**

This advice is a requirement of the EU Tissue and Cells Directive.

---

*Reason for change: Advice has been given from SACTTI that a period of four weeks is sufficient to ensure that there would be no circulating virus at time of blood or component donation for live immunisations other than smallpox.*
*Version details: TD-DSG Edition 203 Release 09 (21 June 2011)*

# Immunisation, non-live

## Tissue - Deceased Donors

### Essential information

**Excludes**

Post exposure - see Immunisation

**Obligatory**

**No exposure:**

**Hepatitis B:**

**Must not donate if:**
Less than 7 days after administration.

**Discretionary**

Other non-live immunisations, accept.

### Supporting information

**Additional information**

Sensitive assays for HBsAg may be positive following recent immunisation. Full screening for hepatitis B may be required.

Note, hepatitis A immunisation may be combined with hepatitis B immunisation.

Non-live immunisations do not use material that can cause infection. This means there is no risk to people receiving donated material from a recently immunised non-exposed donor.

---

*Reason for change: To remove Coronavirus Vaccination from obligatory section, and additional information section updated.*
*Version details: TD-DSG Edition 203 Release 60 (18 April 2024)*

# Immunoglobulin therapy

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

Immunosuppressed.

**Donors with recovered immunodeficiency:**

Refer to a Designated Clinical Support Officer.

**Discretionary**

1. If the intravenous or subcutaneous human immunoglobulin was given before 1980, accept.
2. Routine ante- and post-natal use of anti-D immunoglobulin, accept.
3. If single dose prophylactic immunoglobulin has been given, accept.
4. If treated with intravenous immunoglobulins after 1 January 1999:
   If underlying condition is not a contraindication, accept. Refer to Designated Clinical Support Officer if further advice required.

## Supporting information

**See if relevant**

- Hepatitis A
- Hepatitis B
- Rabies
- Tetanus immunisation

**If treated with intravenous or subcutaneous human immunoglobulin:**

- Transfusion

**Additional information**

Immunoglobulin used before 1980 is unlikely to be affected by vCJD.

Single dose immunoglobulin is unlikely to pose a significant risk for transmitting vCJD.

Since 1999, intravenous immunoglobulins prepared from UK donors have no longer been used, as a risk reduction measure for vCJD transmission.

---

*Reason for change: To permit donation from donors who have received intravenous immunoglobulin after 1st January 1999, if the reason for treatment is not a contraindication.*
*Version details: TD-DSG Edition 203 Release 45 (11 May 2021)*

# Immunosuppression

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Immunosuppressed.

**Discretionary**

1. Donors who are on immunosuppressive therapy (if the underlying condition is not a contraindication):

   If **ALL** the following criteria are met:
   a. The quality of the tissue being donated is not affected, and
   b. NAT testing is performed for HIV, HCV and HBV in addition to mandatory antibody tests and shown to be negative, and
   c. The tissue being donated is not affected by severe local infection and there is no evidence of systemic infection.

   **(OR) For corneas only:**
   In cases of bacterial infection (where there is no active ocular infection) and the corneas are to be stored by organ culture.

   Donor may be accepted, subject to a documented risk assessment. See **Additional information** below.

2. Donors with recovered immunodeficiency:
   Refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Autoimmune disease
- Immunoglobulin therapy
- Steroid therapy
- Infection, acute
- Infection, chronic

**Additional information**

The Human Tissue (Quality and Safety for Human Application) Regulations, 2007, as amended, specifies a range of allogeneic donor deferral criteria. These are set out in Annex A of the Human Tissue Authority (HTA) 'Guide to Quality and Safety Assurance for Human Tissues and Cells for Patient Treatment'. Regulatory requirements for donor testing are set out in Annex B of the Guide and specify the requirement for serological testing irrespective of NAT testing.

Annex A, part 1.1.8 states:

"Indications that test results of donor blood samples will be invalid due to... treatment with immunosuppressive agents."

Whilst antibody detection relies on the host response, antigen and molecular assays directly detect components of the infectious agent. Assays which directly detect the virus are not affected adversely by immunosuppression and are appropriate to use to support decision making in this situation. This is permitted under the SaBTO 'Guidance on the microbiological safety of human organs, tissues and cells used in transplantation' (2020).

The regulatory requirement, as set out in the HTA Guide is as follows: Para 85:

"Donors must be excluded from donation if any of the criteria in Annex A apply

unless donation is justified on the basis of a documented risk assessment approved by the Designated Individual (DI)."

To comply with the regulatory requirement, Tissue Establishments (TEs) must ensure that they have a current documented risk assessment that covers all the tissues in question before authorising a donation for clinical use on the basis of the **Discretionary** criteria set out above.

Donors on immunosuppression may be prone to an increased risk of infection and symptoms may be masked by immunosuppressive medication. All available information must be carefully assessed as part of donor evaluation and expert opinion sought where required.

**Regulatory information** This advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: To allow acceptance of tissues where the safety and quality is not compromised by immunosuppression. Additional Information section updated to include information particularly regarding regulation.*
*Version details: TD-DSG Edition 203 Release 51 (31 May 2022)*

# Infection, acute

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**See:** is there is a specific entry for the disease you are concerned about?

**Must not donate if:**

Less than 2 weeks from recovery from a systemic infection.

**Discretionary**

1. **All tissues:**
   a. If the clinician caring for the potential donor thinks that therapy given for a localised infection has successfully cleared it, accept.
   b. Common acute local viral respiratory tract infections including colds, sore throats, and seasonal influenza, accept. See **Additional information** below.
   c. Cold sores and genital herpes, accept.

2. **Eyes:**
   If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

## Supporting information

**See if relevant**

- Congo fever
- Coronavirus infection
- Herpes, genital
- Herpes, oral
- MRSA
- Myocarditis
- Steroid therapy
- West Nile Virus
- Viral haemorrhagic fever

**Additional information**

Three distinct types of influenza infection need to be considered separately: seasonal influenza, pandemic influenza and avian influenza. This guidance applies only to seasonal influenza; avian and pandemic influenza are out with the scope of this guidance. Donors with these diagnoses should not be accepted. Any outbreaks of avian or pandemic influenza will be communicated via public health alert guidance for professionals.

Seasonal influenza in the UK normally extends over a period of approximately 16 weeks during the winter months. Due to the spectrum of disease presentation, only the minority of infected individuals are tested for respiratory viruses and during the annual epidemics, most cases are diagnosed clinically. Systemic infection with viraemia is not a feature of seasonal influenza.

Potential donors who have been cared for on an ITU may have a local chest infection as a result of ventilation - these patients are acceptable as donors.

Donors who have bacterial pneumonia are acceptable as eye donors. Other tissues may be accepted if the infection has been successfully treated, or with individual risk assessment to exclude severe or systemic sepsis. The same applies to a donor with seasonal influenza who had developed secondary bacterial infection.

Donors who have had a positive screening test for MRSA (carriers) are acceptable, whereas donors with active MRSA infection at the time of death are not acceptable.

There is no evidence that cold sores, genital herpes and common viral respiratory

infections such as seasonal influenza, colds and sore throats can be passed on by processed tissue grafts.

**Unusual bacterial/fungal/protozoal infections:**

Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.

A risk assessment should be performed to ensure that retrieval staff are not put at risk from the infection.

**Regulatory information** Part of this advice is a requirement of the EU Tissue and Cells Directive.

---

*Reason for change: Updated guidance regarding donors who are recovering from seasonal influenza.*
*Version details: TD-DSG Edition 203 Release 41 (15 July 2020)*

# Infection, chronic

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

1. **Acne:**
   Most donors with acne can be accepted.

2. **Chronic fungal infections:**
   a. If on local therapy for superficial infections only, accept.
   b. If on systemic antifungal treatment only for treatment of a localised, non-systemic fungal infection, and there are no complications, accept.
   c. If otherwise more than 7 days from completing systemic antifungal therapy, accept.
   d. If undiagnosed or untreated local infection, refer to Designated Clinical Support Officer.

3. **Typhoid and paratyphoid:**
   If more than 7 days from completion of antibiotic course and last symptoms, accept.

4. **Eyes:**
   If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

## Supporting information

**See if relevant**

- Steroid therapy

**Additional information**

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 transmitted by tissue or cell transplantation.

**Unusual bacterial/fungal/protozoal infections:**

Specialist microbiological advice should be sought when considering using cells and tissues from donors who have had unusual infections in the past, including those acquired outside of Western Europe. This should include infections common in immunocompromised patients, or infections which lie dormant or may be difficult to eradicate.

**Local fungal infections (e.g. nail infection or athlete's foot):**

Systemic oral antifungal treatment may be prescribed to treat localised fungal nail infections or athlete's foot which are difficult to eradicate. Despite the systemic treatment, due to the fact that the infection is localised to the nails/digits, the risk to donated tissue/cells is considered to be remote.

**Regulatory information**

Part of this advice is a requirement of the EU Tissue and Cells Directive.

*Reason for change: To add guidance for acceptance of donors on oral antifungal treatment for localised nail infections or athlete's foot.*
*Version details: TD-DSG Edition 203 Release 42 (07 October 2020)*

# Infection, general

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there a specific entry for the disease?

### Supporting information

**See if relevant**

Decide if the infection is of short duration with no long lasting carrier stage (e.g. flu):

- Infection, acute

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):

- Infection, chronic

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Infection, tropical

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Filariasis or leishmaniasis.

**Discretionary**

**Eyes:**

If leishmaniasis, accept for corneas only.

### Supporting information

**See if relevant**

- Congo fever
- Malaria
- South American Trypanosomiasis, risk of
- Viral haemorrhagic fever

**Other infections, see:**

- Infection - General

**Additional information**

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

---

*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Infectious diseases, contact with

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there a specific entry for the disease with which there has been contact?

**Must not donate if:**

1. Within the incubation period for the condition or, if this is not known, less than 4 weeks from last contact.
2. **Skin only:** contact with skin conditions that may be transmissible by the donated material (e.g. scabies, ringworm, tinea).

**Discretionary**

1. If the infection is known to lead to permanent immunity (e.g. chickenpox, measles, mumps, rubella, whooping cough) and there is a definite history of past infection with the disease with which contact has occurred, accept.
2. Contact with common upper respiratory tract infections (e.g. colds, sore throats, influenza, SARS-CoV-2), accept.
3. Contact with norovirus and other causes of diarrhoea and vomiting, provided the donor is symptom free, accept.
4. **All tissues except skin:** contact with skin conditions which are not transmissible by donated material (e.g. scabies, ringworm, tinea) if no signs of infection, accept.
5. **Skin only:** contact with skin conditions which may be transmissible by donated material (e.g. scabies, ringworm, tinea). If the donated tissue is to be sterilised prior to transplant, accept.
6. Individuals who have been prescribed prophylactic antibiotics after contact with meningitis, anthrax or chlamydia, provided they are symptom free, accept.

### Supporting information

**See if relevant**

- Coronavirus Infection
- Hepatitis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- HIV
- HTLV
- Meningitis
- Mpox
- Sexually transmitted disease
- Smallpox immunisation
- Syphilis
- Tuberculosis

**Additional information**

Many infectious diseases can be passed on through donated material, even before a potential donor develops any symptoms of the infection. This may lead to serious infection in the person receiving a donation.

Many diseases are not infectious and so are not normally a risk.

Contacts with meningitis or anthrax are often prescribed prophylactic antibiotics. These should prevent the disease from developing, so provided the potential donor is well, they may be accepted.

If in doubt, contact a Designated Clinical Support Officer.

*Reason for change: To add 'discretionary' and 'additional information' sections and to update the 'obligatory' and 'see if relevant' sections.*
*Version details: TD-DSG Edition 203 Release 53 (13 December 2022)*

# Inflammatory bowel disease (IBD)

## Tissue - Deceased Donors

### Essential information

**Includes**

Crohn's disease, ulcerative colitis.

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

If no ocular involvement and if the corneas are to be stored by organ culture, accept.

**Other tissues:**

If mild, with no evidence of infection, tissues can be accepted subject to individual assessment. Refer to Designated Clinical Support Officer for advice if necessary.

### Supporting information

**See if relevant**

- Infection, general
- Malignancy
- Radiation therapy

**Additional information**

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.

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*Reason for change: 'See if Relevant' section has been added.*
*Version details: TD-DSG Edition 203 Release 46 (04 August 2021)*

# Inherited diseases

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** is there a specific entry for the condition?

If not, refer to a Designated Clinical Support Officer.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Inoculation injury

## Tissue - Deceased Donors

## Essential information

**Definition/s**

An **inoculation injury** is a non-consented injury or assault in which an individual is exposed to potentially infective material that could be transferred through donation. The causes may range from a sharps injury to bites, punches and abrasions, or sexual assault where mucous membranes have been contaminated with human blood or other body fluids. It also applies to any inoculation injury with abnormal prions from any species.

**Includes**

Human bite

**Obligatory**

**Must not donate if:**

1. The incident involved any material containing abnormal prions.
2. Less than 3 months after the date of an inoculation injury, or contamination of mucosa or non-intact skin with blood or body fluids.
3. Under ongoing investigations following exposure, refer to Designated Clinical Support Officer.

## Supporting information

**See if relevant**

- Animal bite, non-human
- Hepatitis
- HIV
- HTLV
- Prion-associated diseases
- Tissues safety
- Xenotransplantation

**Additional information**

Human blood or body fluids may be contaminated with infective material such that the infection may then be passed on by donated material. Waiting 3 months (if validated tests for infectious markers that include HBV, HCV HIV NAT are negative) helps to ensure that any infection is not passed on.

Donors who are under investigation may be accepted subject to individual risk assessment.

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*Reason for change: The 'Definitions' section was updated as part of the implementation of recommendations from the FAIR III report. Additional 'see if relevant' links added. 'Additional information' section updated.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Irritable bowel syndrome (IBS)

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Jaundice

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. History of jaundice.
2. If the cause of the jaundice was viral, see the specific entry for that condition.
3. If the cause of the jaundice was not known, treat as Hepatitis of unknown origin.

**Discretionary**

1. If the cause of jaundice was non-viral (this includes, but is not limited to, physiological jaundice of the newborn, gall stones and drug reactions), accept.
2. If due to Gilbert's syndrome, accept.

### Supporting information

**See if relevant**

- Gall bladder disease
- Gilbert's syndrome
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Hepatitis of unknown origin

**Additional information**

Many things can cause jaundice. The concern is with infectious causes that might be passed on by donation.

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*Reason for change: 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.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Kidney disease

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Autoimmune disease
- Immunosuppression
- Infection, general

**Additional information**

Renal diseases may present with associated conditions (e.g. autoimmune diseases or infections) and patients may undergo complex treatment (e.g. immunosuppressive treatment). It is important to evaluate the donor history comprehensively.

### Scenarios

#### Acute nephritis

**Obligatory**

**Must not donate if:**

Less than 12 months since recovery.

**Discretionary**

1. **All tissues:**
   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 Designated Clinical Support Officer.

2. **Eyes:**
   Accept.

**Additional information**

If the donor 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.

#### Chronic nephritis

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

Accept.

---

*Reason for change: Amended 'discretionary' sections, 'See if relevant' sections added, 'Additional Information' updated, to align this entry with the entry for 'immunosuppression'.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Klinefelter syndrome

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Laser treatment

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**All tissues:**

**Must not donate if:**
For malignancy.

**Discretionary**

1. **Tissues other than eyes:**
   a. If for basal cell carcinoma, treatment is completed and fully recovered, accept.
   b. If for cervical carcinoma in situ, see Cervical dysplasia.
   c. If for cosmetic purposes, accept when healed.
   d. If laser refractive surgery to the cornea, accept when healed.

2. **Eyes:**
   a. If donor has had laser-refractive surgery to the cornea, accept when healed. See **Additional information** below.
   b. If laser surgery to other structures of the eye (retina, iris, trabecular meshwork or ciliary body), accept.
   c. If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Basal cell carcinoma
- Cervical dysplasia
- Ocular surgery

**Additional information**

Laser refractive surgery affects the anterior part of the cornea. Corneal tissue from donors with healed laser refractive surgery can be used for Descemet membrane endothelial keratoplasty (DMEK). The tissue establishment might apply additional criteria for donors with a history of laser-refractive surgery, especially a minimum age for use of corneal tissue for DMEK.

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 48 (16 March 2022)*

# Leishmaniasis

## Tissue - Deceased Donors

*Also known as: kala-azar*

## Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | **Eyes:**<br>Accept for corneas only. |

## Supporting information

| | |
|---|---|
| **Additional information** | As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections. |

*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Leukaemia

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Malaria

## Tissue - Deceased Donors

## Essential information

**Definition/s**

**Resident:** a donor who has ever been present in a malaria risk area, (or areas), for a continuous period of 6 months or more (at any point in their lifetime).

**Visitor:** a donor who has visited or travelled through a malaria risk area, (or areas), within the past 12 months.

**Unexplained febrile illness:** a donor who had undiagnosed fever (that could have been malaria) while present in, or within 4 months of leaving, a malaria risk area.

**Previous diagnosis of malaria:** a donor who previously had a confirmed diagnosis of malaria, at any point in their lifetime.

**Malaria risk area:** risk area for country as defined by the Geographical Disease Risk Index.

**MAT:** Malarial Antibody Test

**NAT:** Nucleic Acid Test (for malaria)

**Obligatory**

**Must not donate (if no testing is available):**

Applies to all groups as defined above.

**Discretionary**

1a.**Previous malaria:**

- If more than 4 months have passed since anti-malaria therapy has been completed, and symptoms caused by malaria have resolved, obtain a blood sample for MAT and NAT test. See information below in this section.

1b. **Unexplained febrile illness:**

- If less than 4 months from the date of recovery of symptoms of unexplained febrile illness that could have been malaria, obtain a blood sample for MAT and NAT. See information below in this section.
- If more than 4 months from the date of recovery of symptoms of unexplained febrile illness that could have been malaria, obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release tissues. See information below in this section.

1c. **Resident:**

- If less than 4 months since date last present in a malaria risk area, obtain a blood sample for MAT and NAT. See information below in this section.
- If more than 4 months since date last present in a malaria risk area, obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release tissues. See information below in this section.

1d. **Visitor:**

- If less than 4 months since return, obtain a blood sample for MAT and NAT. See information below in this section.
- If more than 4 months and less than 12 months since return, obtain a blood sample for MAT and NAT. If MAT negative, NAT is not required to release tissues. See information below in this section.
- If more than 12 months since return: testing not required, accept.

Please note: consider *T. cruzi* or a tropical virus risk if the area is also identified as a risk area for these infections.

The results of MAT and NAT tests must be reviewed as a part of donor medical clearance to determine the suitability of tissues for clinical use. If the exposure event is more than 4 months prior to donation, and MAT is negative, NAT is not required. If the exposure event is less than 4 months prior to donation, NAT must be done and shown to be negative, irrespective of MAT results. For donors with a history of malaria where treatment was completed and symptoms have resolved at least 4 months prior to donation, if MAT is negative, NAT is not required. In case of positive MAT results with a confirmed negative NAT test, a risk assessment can be performed for accepting tissues for clinical release after seeking expert opinion.

2. **If tissue will be sterilised by irradiation post-donation:**

Accept. MAT and NAT testing not required.

3. **Eyes:**

Accept for corneas only. MAT and NAT testing not required.

## Supporting information

**See if relevant**

- Geographical Disease Risk Index for countries with a current endemic malaria risk

**Additional information**

Symptoms and signs of possible malaria include fever, flu-like illness, (including shaking chills, headache, muscle aches, and tiredness), anaemia, jaundice, nausea, vomiting, diarrhoea and cough.

SaBTO guidance confirms that irradiation of the tissue can be allowed as an alternative to malaria antibody testing.

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

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: This guidance was updated based on advice from the SACTTI parasitology sub-group.*
*Version details: TD-DSG Edition 203 Release 54 (12 April 2023)*

# Malaria - contact in the UK

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Malignancy

## Tissue - Deceased Donors

## Essential information

**Obligatory**

1. **Eyes:**
   **Must not donate if:**
   a. Haematological malignancy.
   b. Malignant tumour of anterior segment.
   c. Ocular melanoma.
   d. Ocular metastasis.
   e. Retinoblastoma.
   f. Malignant melanoma with known metastatic disease.

2. **Other tissues:**
   **Must not donate.**

**Discretionary**

1. **Eyes:**
   If not excluded under **Obligatory**, accept for corneas only.

2. **Other tissues:**
   a. If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept. If any systemic medical treatment was required, refer to Designated Clinical Support Officer.

   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. Monoclonal gammopathy of uncertain significance (MGUS) with IgG paraproteins at <15 g/L and normal serum free light chain ratio: if diagnosed more than 12 months ago, accept.

   **For other MGUS:** refer to designated clinical support officer for individual risk assessment. See **Additional information** below for other MGUS and smouldering myeloma.

   d. If the potential donor has been cured of a carcinoma in situ (CIS) and discharged from follow-up, accept. Donors who have been returned to routine screening following treatment for cervical CIS can be accepted.

   Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS), and Bowen's disease.

   If the potential donor has had a diagnosis of melanoma in situ (including lentigo maligna), refer to Designated Clinical Support Officer to confirm they have not had an invasive melanoma (e.g. 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), or on routine follow-up, accept.

f. Primary turmours of the central nervous system with a low risk of distant metastasis are acceptable for all tissues except for sclera, see **Additional information** below.

## Supporting information

**See if relevant**

- Basal cell carcinoma
- Cervical dysplasia
- Haematological disease
- Immunosuppression
- 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.

Basal cell carcinoma (rodent ulcer) does not spread through the blood, therefore people who have had successful treatment may donate.

The term carcinoma in situ (CIS) refers to a group of abnormal cells which have not invaded deeper tissue or spread to another part of the body. Donors who have been cured and discharged from follow-up may donate. For cervical CIS, donors can be accepted if treatment is complete and any follow-up smear, if performed, 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. However donors with a haematological clonal pre-malignant condition e.g. smouldering myeloma should not be accepted for tissue donation. Monoclonal gammopathy of uncertain significance (MGUS) with IgG paraproteins (rather than IgA or IgM) at <15 g/l and normal serum free light chain ratio has a 1% risk of progression to multiple myeloma over 25 years.

MGUS must be distinguished from smouldering myeloma, which is diagnosed when paraprotein levels are above 30 g/l and bone marrow plasma cells are > 10% total nucleated cells. Donors with smouldering myeloma must not be accepted for tissue donation.

Melanoma in situ which has been cured by excision is not associated with a risk of metastasis. Patients with a confirmed diagnosis of melanoma in situ (i.e. Breslow thickness of 0 and no regression) do not require ongoing follow-up beyond the initial post-operative appointment. Lentigo maligna is a form of melanoma in situ found on the head and neck. It should be distinguished from lentigo maligna melanoma which is a true malignant melanoma.

**Primary CNS tumours:**

1. Refer to Appendix 4 for WHO classification of tumours of the CNS (shown in the Guide to the Quality and Safety of Tissues and Cells for Human Application). Grade I and II tumours have low potential for metastasis and Grade III & IV are aggressive tumours. High grade CNS tumours need careful evaluation and those that are not spread outside CNS can be accepted except for sclera donation.
2. Refer to SaBTO document Transplantation of organs from deceased donors with cancer or a history of cancer for generic advice.

**Eyes:**

Only corneas are accepted under **Discretionary** (**1**) above as these are avascular and therefore are not likely to be involved in distant metastasis. The vascular parts of the eye are excluded. The predominant mode of progression of primary tumours of the CNS is by invasion and infiltration. Due to the anatomical proximity of the CNS and orbit, these donors should be deferred from sclera donation.

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*Reason for change: Advice has been added for basal cell carcinoma treated systemically.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Malignant hypertension

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Mantoux test

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate unless:**

Negative and no further investigations planned.

### Supporting information

**See if relevant**

- Tuberculosis

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Marfan syndrome

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate:**

1. Bone, structural
2. Eyes
3. Cardiovascular tissue
4. Tendons

**Discretionary**

**Bone non-structural, skin and pancreatic islets:**

Accept.

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*Reason for change: Pancreatic islets have been added to the list of tissues that may be donated*
*Version details: TD-DSG Edition 203 Release 26 (10 October 2016)*

# Measles

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory** | **See:** Infection. acute

#### Contact with an affected individual

**Obligatory** | **See:** Infectious diseases, contact with

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Meningitis

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory** — **See:** Infection, acute

**Discretionary** — **Eyes:**

If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

#### Contact with an affected individual

**Discretionary** — Even if on prophylactic antibiotics, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Menopause

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Hormone replacement and sex hormone therapy

*Reason for change: The 'See if Relevant' section has been updated to reflect the renaming of the 'Hormone Replacement and Sex Hormone Therapy' entry.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Mental health problems

## Tissue - Deceased Donors

### Essential information

**Obligatory**

If the donor has had a new mental health problem within the last 12 months, or their condition has deteriorated in the last 12 months:

Refer to a Designated Clinical Support Officer.

**Discretionary**

If the donor has known mental health problems and has been stable in the last 12 months, whether on medication or not, accept.

### Supporting information

**See if relevant**

- Central nervous system disease
- Rabies

**Additional information**

Many people have mental health problems that can be controlled with regular medication. There is no reason why they cannot donate whether on medication or not provided a firm diagnosis has been made and their condition has not deteriorated in the last 12 months. It is important to exclude other central nervous system disease including prion disease and rabies, which could present as new or deteriorating mental health problems.

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*Reason for change: The entry has been changed to allow donors with known mental health conditions at the time of death to be accepted. 'Additional information' has been added*
*Version details: TD-DSG Edition 203 Release 17 (31 March 2012)*

# Methicillin resistant staphylococcus aureus (MRSA)

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, general

**Additional information**

Staphylococcus aureus is a widely occurring skin commensal organism. The carrier status or exposure of the donor is not relevant to donation.

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Mitral valve prolapse

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Mpox

## Tissue - Deceased Donors

*Also known as: monkeypox, previously*

## Supporting information

**Additional information**

Mpox was previously known as Monkeypox. In November 2022, WHO recommended mpox as the new name for Monkeypox disease. Mpox is endemic in some African countries. During 2022, a multi-country outbreak was identified with cases in the UK, Europe, North America and other regions.

The incubation period of mpox is up to 21 days. The initial symptom are fever, myalgia, fatigue and headache. These symptoms are followed by a rash starting from the site of the primary infection, this rash develops into vesicles and pustules followed by scabs. Infectivity may start during initial symptoms and lasts until the rash clears and all scabs have dropped off.

Staff should be alert for donors who report rashes and illnesses consistent with mpox, regardless of sexual behaviour, travel history or other risk factors.

Mpox does not spread easily between people. Human-to-human transmission occurs through contact with:

- infectious material from skin lesions
- respiratory droplets in prolonged face-to-face contact
- virus-contaminated objects such as bedding or clothing

During the 2022 multi-country outbreak, the predominance of cases among men who have sex with men and the distribution of the mpox skin rash at presentation, suggests mpox transmission is associated with direct contact during sex.

Contacts may have received vaccination, to reduce the risk of serious illness. Usually vaccination will be with Imvanex® or other third generation vaccine against smallpox. Contacts are eligible to donate once they satisfy the requirements of the **Affected individual** and **Contact with an affected individual** sections above.

Healthcare workers may also have received vaccination to protect against mpox in the event of possible exposure to mpox during their work. They will be working in accordance with Infection Prevention and Control policies and with suitable personal protective equipment, which if not breached means they are eligible to donate.

Other recipients of vaccination for mpox must be assessed according to the **Immunisation for contact or risk** section above.

Imvanex® is a live attenuated non-replicating third generation Smallpox vaccination. For donor selection purposes, this can be assessed as a non-live vaccine but primarily donors must be assessed according to their individual risk of exposure to mpox. The deferral of some donors for 4 weeks from the date of a non-live vaccination allows symptoms of mpox from prior exposure to become evident (incubation period up to 21 days) and encompasses the time for maximum efficacy of the immunisation (up to 4 weeks). Donors should be deferred until completion of a course of vaccination.

## Scenarios

### Affected individual

**Obligatory** | **Must not donate.**

**Discretionary**

If the donor has recovered from confirmed or suspected mpox infection, and

- It is at least 28 days since the diagnosis of mpox was made, and
- It is at least 14 days since recovery, and
- It is at least 14 days since all skin lesions had healed, and
- It is more than 7 days since completing any antiviral or antibiotic therapy, and
- The donor was had been discharged from all follow-up (including public health surveillance),

accept.

### Contact with an affected individual

**Includes**

- Individuals who have been identified by public health teams as a close contact of an individual with mpox.

**Obligatory**

**Must not donate.**

**Discretionary**

If it is more than 21 days since last contact, and

- The donor has no symptoms of mpox, and
- The donor has completed any isolation period, and
- The donor has been discharged from all follow-up (including surveillance by public health), and
- The donor fulfils the criteria in **Immunisation for contact or risk** below regarding vaccination, if applicable,

accept.

See **Additional information** for donors who received vaccination.

### Immunisation for contact or risk

**Excludes**

- Individuals who have received vaccination because they work in a health care setting – see 'Immunisation - no known contact' below.

**Obligatory**

**Must not donate.**

**Discretionary**

If the donor fulfils the criteria in **Contact with an affected individual** above, and:

- it is more than 4 weeks since the most recent dose of a non-live or attenuated smallpox vaccination (e.g. Imvanex®), and
- the course of vaccination (if more than 1 dose) is complete,

accept.

### Immunisation - no known contact

**Includes**

- Individuals who have received vaccination because they work in a health care setting.

**Discretionary**

An individual who had received routine vaccination with Imvanex® or another third-generation smallpox vaccination in an occupational setting, can be accepted, provided that they were not deemed to be at risk due to an exposure episode.

**See if relevant**

- Immunisation

*Reason for change: The title and contents have been updated with the new name as recommended by WHO. Inclusion of sections for donors who had received vaccination either because they could have been a close contact, had risk of exposure, or had received vaccination because they were health care workers. Additional Information applicable for the whole entry contained within one section.*
*Version details: TD-DSG Edition 203 Release 54 (12 April 2023)*

# Multiple sclerosis (MS)

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

### Supporting information

**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.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Mumps

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory** | **See:** Infection, acute

#### Contact with an affected individual

**Obligatory** | **See:** Infectious diseases, contact with

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Muscular dystrophy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **All tissues other than eyes:**
   **Must not donate if:**
   Has severe contractures.

2. **Cardiovascular tissue:**
   **Must not donate.**

3. **Structural bone:**
   **Must not donate if:**
   Osteoporotic.

**Discretionary**

**Eyes:**

Accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Myasthenia gravis (MG)

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | **Eyes:** |
| | Accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Myelodysplastic syndrome (MDS)

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Myeloproliferative syndrome

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: This entry has been added to clarify the eligibility of donors with this condition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Myocarditis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Cardiovascular tissue:**
   **Must not donate.**

2. **Other tissues:**
   **Must not donate if:**
   Not recovered.

**Discretionary**

**Eyes:**

If caused by bacterial infection and the corneas are to be stored by organ culture, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ménière's disease

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Necrotising soft tissue infections

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

If no orbital or periorbital necrotising soft tissue infection and corneas stored in organ culture, refer to Designated Clinical Support Officer.

**All tissues:**

If donor has been treated and fully recovered, accept.

## Supporting information

**Additional information**

Necrotising soft tissue infections (NSTIs) include necrotising forms of fasciitis, myositis and cellulitis. NSTIs are life-threatening bacterial infections that cause necrosis of subcutaneous tissue, fascia, or muscle, typically after some superficial wound infection. They are fortunately very rare.

Donors who had NSTIs at the time of death are excluded from tissue donation as a precaution, as the effect of endotoxins on the quality and safety of tissues is not known. There are reports of orbital or periorbital NSTIs, but not bulbar involvement. Cornea donation is excluded from deceased donors with ocular/periocular NSTIs as a precaution, though the transmission of the causative bacteria is minimal/low risk when using organ culture.

Donors can be accepted if the infection was resolved at the time of death.

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*Reason for change: Title of entry changed. Expanded to include Discretionary and Additional Information sections.*
*Version details: TD-DSG Edition 203 Release 61 (13 August 2024)*

# Neurofibromatosis (NF)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

History of malignant change.

**Discretionary**

**Eyes:**

If related to malignancy, see Malignancy.

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Neurosurgery

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

1. **All tissues:**
   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 (donors with non-metastising primary tumours of the central nervous system may be accepted), the donor may be accepted by a Designated Clinical Support Officer.

2. **Eyes:**
   If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Malignancy
- Prion-associated diseases

**Regulatory information**

This advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019*

# Night sweats

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate if:**<br>Unexplained. |
| **Discretionary** | If due to menopause, accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Non-specific urethritis (NSU)

## Tissue - Deceased Donors

### Scenarios

#### Acute NSU

**Obligatory**

**See:** Infection, acute

#### Chronic NSU

**Obligatory**

**Must not donate.**

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Nonsteroidal anti-inflammatory drugs (NSAIDs)

## Tissue - Deceased Donors

### Essential information

**Obligatory** | Assess reason for treatment and see relevant entry.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ocular surgery

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Eyes:**
**Must not donate.**

**Other tissues:**
**Must not donate if:**
Ever received ocular tissue allograft transplant.

**Discretionary**

1. **Eyes:**
   a. If the procedure is unlikely to prejudice quality and outcome of graft, accept.
   b. If cataract surgery only, accept.
   c. If laser-refractive surgery to the cornea, accept when healed.
   d. If laser-refractive surgery to any other ocular structure (retina, iris trabecular meshwork or ciliary body), accept.
   e. If both cataract surgery and any type of laser-refractive surgery, discuss with Designated Clinical Support Officer.

   See **Additional Information** below.

2. **Other tissues:**
   If no other contraindication, accept.

## Supporting information

**See if relevant**

- Eye disease
- Glaucoma
- Laser treatment
- Malignancy
- Ocular tissue recipient
- Tissue and cell allograft recipients

**Additional information**

Laser-refractive surgery to the cornea renders corneal tissue unsuitable for standard corneal transplant procedures. Corneal tissue from donors with healed laser refractive surgery can be used for Descemet membrane endothelial keratoplasty (DMEK).

A Tissue Establishment might apply additional donor selection criteria for donors with a history of ocular surgery, such as a minimum age for donors with a history of laser-refractive surgery and a maximum age for donors with a history of cataract surgery.

The combination of cataract and laser-refractive surgery in a donor eye renders corneal tissue unsuitable for standard corneal transplant procedures.

Recipients of ocular tissue allografts must not donate (e.g. donors who have received cornea transplant or a sclera graft during glaucoma surgery must not donate).

---

*Reason for change: Additional detail on discretionary criteria for ocular tissue donors with a history of ocular surgery has been added, together with additional information.*
*Version details: TD-DSG Edition 203 Release 34 (30 September 2019)*

# Ocular tissue recipient

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Prion-associated diseases

**Must not donate if:**

Has received a corneal, scleral or limbal tissue graft or limbal or corneal epithelial cells.

### Supporting information

**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.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Organ donor

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Transfusion

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Organ recipient

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 56 (04 July 2023)*

# Osteoarthritis

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Osteogenesis imperfecta (OI)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Skin:**

Accept for split skin allografts only; not suitable for the preparation of acellular dermal allografts.

### Supporting information

**Additional information**

Osteogenesis imperfecta is a congenital disorder that results in defective connective tissue due to defects in the genes relating to production of Type I collagen or other connective tissue proteins. Pathology includes bones that fracture easily, loose joints, poor muscle tone and thin, discoloured sclera.

---

*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 25 (13 July 2016)*

# Osteomalacia

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Bone:**

**Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Osteomyelitis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Must not donate if:**
   a. Less than 2 years from completing treatment and cure.
   b. Has chronic sinus.

2. **Exclude:**
   Previously affected bone.

**Discretionary**

1. If 2 years from completing treatment and cure, unaffected bone may be accepted.

2. **Eyes:**
   If the corneas are to be stored by organ culture, accept.

### Supporting information

**Additional information**

Sometimes it is difficult to be certain that all infection has been eliminated. Waiting 2 years minimises the risk of any infection being passed on by a donation.

---

*Reason for change: The 'Discretionary' entry for 'Eyes' has been amended.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Osteoporosis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Structural bone:**

**Must not donate if:**
Donor has, or is at risk of, osteoporosis.

**Discretionary**

May be acceptable for donation of non-weight bearing bone.

### Supporting information

**See if relevant**

- Steroid therapy

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ovarian cyst

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Malignant.

**Discretionary**

**Eyes:**

If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Malignancy

---

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Paget's disease of bone

## Tissue - Deceased Donors

*Also known as: osteitis deformans*

## Essential information

**Obligatory**

**Bone:**

**Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Painkillers

## Tissue - Deceased Donors

### Essential information

**Obligatory**

Assess the reason for treatment, see any relevant entry and, if necessary, refer to a Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Arthritis
- Malignancy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Peptic ulcer

## Tissue - Deceased Donors

### Essential information

**Includes**

Gastric and duodenal ulcer and erosions.

**Obligatory**

**Must not donate if:**

Associated with malignant change.

**Discretionary**

**Eyes:**

If related to malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Transfusion

*Reason for change: The 'Discretionary' entry for 'Eyes' (malignancy) has changed.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Perthes disease

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pituitary extract, human

## Tissue - Deceased Donors

### Essential information

**Includes**

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.

### Supporting information

**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.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Plasma dilution

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Appendix 2: Calculation of blood and plasma dilution

**Must not donate if:**

A pre-transfusion sample is not available and plasma dilution from intravenous infusions is estimated to be more than 50% following significant blood loss. This can be calculated from the algorithm in Appendix 2.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Platelet disorders

## Tissue - Deceased Donors

### Essential information

**Obligatory** **See:** is there an entry for the condition?

**Discretionary** If not covered by a specific entry, accept.

### Supporting information

**See if relevant**

- Haematological disease
- Immune thrombocytopenia
- Thrombocytosis

---

*Reason for change: Some minor alterations have been made to improve clarity.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pleurisy

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, general
- Malignancy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pneumothorax

## Tissue - Deceased Donors

### Scenarios

#### Spontaneous pneumothorax

**Discretionary** Accept.

#### Traumatic pneumothorax

**Obligatory** **See:** Accident

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Poisoning

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

There is evidence that the individual (donor/or mother of cord blood donor) has ingested, or been otherwise exposed to toxic substances that could be transmitted in donated material in dosages that could endanger the health of recipients.

**Discretionary**

If the individual is being monitored following exposure and the levels of the agent in question are within safe limits, accept.

### Supporting information

**See if relevant**

- Addiction and drug abuse

**Additional information**

Advice may be sought from the National Poisons Information Service if required.

**Regulatory information**

This is a requirement of the Human Tissue Authority (HTA) Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment.

---

*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 30 (17 January 2018)*

# Polycythaemia

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | If confirmed as secondary polycythaemia, accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Porphyria

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Suffers from porphyria.

**Discretionary**

If the potential donor suffers from acute intermittent porphyria (AIP), varigate porphyria (VP), hereditary coproporphyria (HCP), erythropoietic protoporphyria (EPP) or congenital erythropoietic porphyria (CEP), accept for all tissues except skin.

### Supporting information

**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.

Porphyrias may be associated with skin lesions.

---

*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 11 (06 December 2011)*

# Pre- and post-exposure prophylaxis (PrEP, PEP) for HIV prevention

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Donor has taken oral pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) in the previous 3 months.
2. The donor has received an injection for PrEP in the previous 24 months.

Assess any donor using PrEP or PEP for tissue safety risks relating to sexual activity.

**Discretionary**

If:

- It is over 3 months since the donor last used oral PrEP or PEP, and/or
- It is over 24 months since the donor last received an injection for PrEP, and
- There is no other tissue safety risk,

accept.

### Supporting information

**See if relevant**

- HIV
- Inoculation injury
- Tissues safety

**Additional information**

**Pre-exposure prophylaxis (PrEP):**

PrEP to prevent HIV is increasing. Individuals taking PrEP are unlikely to be eligible to donate due to criteria within the Tissues safety entry. However, PrEP is also available via private prescription and/or online pharmacies and may be used by individuals who would not otherwise be deferred.

PrEP is normally given in tablet form but longer-acting injectable PrEP, e.g. cabotegravir (Apretude®), may also be used in individuals who are not suitable for oral medication. Cabotegravir injections are given on an 8-weekly basis to ensure adequate HIV protection. Low levels of cabotegravir can be detected for many months in treated individuals, even after injections have been stopped.

Use of PrEP may interfere with testing for HIV by delaying seroconversion or giving unclear results in a positive donor. For this reason, it is important that donors who have taken oral PrEP in the previous 3 months, or injected PrEP in the previous 24 months, are not accepted to donate, even if they do not have another tissue safety risk.

**Post-exposure prophylaxis (PEP):**

PEP has a similar mechanism of action to PrEP and may also interfere with testing results. In the UK, PEP is prescribed to people who have been exposed to someone who may have HIV. This includes through sexual activity or exposure through a needle stick injury. Donors who have received PEP will usually be ineligible to donate for the same reason they were given PEP.

If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

*Reason for change: Addition of a 24-month deferral for recipients of injectable PrEP.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Pregnancy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Resulted in a malignant (invasive) hydatidiform mole.
2. Resulted in a non-malignant (non-invasive) hydatidiform mole and treatment and follow up is ongoing.
3. It is less than 7 days from the last dose of methotrexate.

**Discretionary**

**Eyes:**

If resulted in malignancy, see Malignancy.

### Supporting information

**See if relevant**

- Malignancy

**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.*
*Version details: TD-DSG Edition 203 Release 24 (12 November 2019)*

# Prion-associated diseases

## Tissue - Deceased Donors

## Essential information

**Includes**

Sporadic, familial and variant Creutzfeldt-Jakob disease (CJD), Gerstmann-Strãussler-Scheinker disease, 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 2 or more blood relatives develop a prion-associated disease or have been informed following genetic counselling they are at risk).
   b. Individuals who have potentially 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 1 January 1980:**
   Recipients of any allogeneic human tissue.

**Discretionary**

If the donor has had 2 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 Clinical Support Officer.

## Supporting information

**See if relevant**

- Pituitary extract, human
- Tissue and cell allograft recipients
- Transfusion

**Additional information**

A Position Statement on Creutzfeldt-Jakob disease is available.

**Regulatory information**

This advice reflects advice from the MSBTO committee of the Department of Health.

---

*Reason for change: The entry has been modified to comply with advice from the MSBTO committee of the DH. Appropriate links have been added.*
*Version details: TD-DSG Edition 203 Release 23 (18 January 2018)*

# Prisons

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Has been held in prison during the preceding 12 months.

**Discretionary**

1. If just held in a police cell for a period not exceeding 96 hours, accept.
2. If held in prison for more than 96 hours but released more than three months ago, refer to Designated Clinical Support Officer.

### Supporting information

**See if relevant**

- Addiction and drug abuse

**Additional information**

A deceased person cannot be questioned about 'at-risk behaviour' that has occurred in prison. Risk behaviour is unlikely to have occurred while held in police custody under police powers of arrest.

The 12-month deferral period specified above may be reduced to 3 months by doing individual risk assessment. This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change.

---

*Reason for change: Relevant entries have been updated.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Progressive multifocal leukoencephalopathy (PML)

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Psoriasis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Generalised or severe.
2. There is secondary infection.
3. Immunosuppressed

**Discretionary**

1. If the quality of the tissue being donated is not affected, accept.
2. If mild and only using topical treatment, accept.
3. If the donor is on immunosuppressive medication, see Immunosuppression.

### Supporting information

**See if relevant**

- Autoimmune disease
- Immunosuppression

**Additional information**

Psoriasis is primarily a skin condition caused by an autoimmune process. About 1 in 10 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.

Donations may be accepted if the safety and quality of the tissues is not affected.

---

*Reason for change: Treatment with Etretinate/Neotigason is no longer a reason for deferral. To clarify that if there is no involvement of the tissue to be donated, donation may proceed. Link to 'immunosuppression' entry added.*
*Version details: TD-DSG Edition 203 Release 48 (16 March 2022)*

# Pulmonary embolism (PE)

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Malignancy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pyelonephritis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Infection, general

**Discretionary**

**Eyes:**

If the corneas are to be stored by organ culture, accept.

---

*Reason for change: The 'Discretionary' entry for 'Eyes' has changed to include a reference to organ culture.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pyrexia

## Tissue - Deceased Donors

*Also known as: fever*

### Scenarios

#### Not related to travel in malarious areas

**Obligatory**

If less than 2 weeks from an undiagnosed episode of pyrexia, refer to a Designated Clinical Support Officer.

**See if relevant**

- Infection, general

#### Related to travel in malarious areas

**Obligatory**

**See:** Malaria

---

*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Pyruvate kinase deficiency (PKD)

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Q fever

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Quinsy

## Tissue - Deceased Donors

### Essential information

**Discretionary**

**Eyes:**

If the corneas are to be stored by organ culture, accept.

### Supporting information

**See if relevant**

- Infection, acute

---

*Reason for change: The 'Discretionary' entry for 'Eyes' has changed to include a reference to organ culture.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Rabies

## Tissue - Deceased Donors

### Scenarios

#### Infection

**Obligatory**

**Must not donate.**

**See if relevant**

- Animal bite, non-human

#### Immunisation - post exposure

**Obligatory**

**Must not donate until:**

At least 24 months post exposure and fully cleared by treating physician.

#### Immunisation - non-exposed

**Discretionary**

If non-exposed, accept.

---

*Reason for change: To extend the deferral period post exposure to 24 months.*
*Version details: TD-DSG Edition 203 Release 41 (15 July 2020)*

# Radiation therapy

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. For malignancy other than basal cell carcinoma.
2. For other treatments, refer to a Designated Clinical Support Officer.
3. Tissue to be collected has been irradiated.

**Discretionary**

1. **Eyes:**
   If related to malignancy and the eyes were not included in the field of irradiation, see Malignancy.
2. If fully recovered and is acceptable according to Immunosuppression advice, accept.
3. If for basal cell carcinoma or ductal carcinoma in situ of the breast, all treatment has been completed, the donor has been discharged from follow up and is eligible under the Malignancy guideline, accept.

### Supporting information

**See if relevant**

- Basal cell carcinoma
- Immunosuppression
- Malignancy

**Additional information**

Radiation therapy is sometimes used for non-malignant conditions, particularly for some skin conditions. It is often used as a substitute for other treatments that work by suppressing the immune system such as high dose steroids and cytotoxic drugs. More information is likely to be required before a decision can be made as to if an individual can donate. This why a referral to a Designated Clinical Support Officer is required.

---

*Reason for change: Additional discretionary acceptance for basal cell carcinomas and ductal carcinoma insitu of the breast. A link had been added to autoimmune disease, and additional information has been added.*
*Version details: TD-DSG Edition 203 Release 29 (27 November 2017)*

# Radionuclides

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Radioactive iodine therapy:**
   **Must not donate if:**
   a. For malignancy.
   b. Administered in the preceding 6 months.

2. **Other treatment or investigation:**
   Refer to a Designated Clinical Support Officer.

**Discretionary**

**Eyes:**
If related to malignancy, see Malignancy

### Supporting information

**See if relevant**

- Malignancy
- Thyroid disease

**Additional information**

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 6 months have passed.

---

*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Raynaud's syndrome

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Part of a multisystem disorder.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Recipients of normal human immunoglobulin

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Transfusion

### Supporting information

**See if relevant**

- Hepatitis A
- Immunoglobulin therapy
- Immunosuppression

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Renal colic

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, general

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Respiratory disease

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Infection, general
- Steroid therapy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Retinitis pigmentosa (RP)

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Reye's syndrome

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Eyes:**

**Must not donate.**

**Discretionary**

**Eyes:**

If more than 3 months after recovery, accept.

**Other tissues:**

If no other contraindication, accept.

### Supporting information

**See if relevant**

- Infection, acute

---

*Reason for change: To add a discretionary acceptance for eyes*
*Version details: TD-DSG Edition 203 Release 33 (26 September 2018)*

# Rheumatic fever

## Tissue - Deceased Donors

### Essential information

**Obligatory**

1. **Cardiovascular tissue:**
   **Must not donate.**

2. **Other tissues:**
   **Must not donate if:**
   Active infection.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Rheumatoid arthritis (RA)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**See:** Autoimmune disease

**Discretionary**

1. If mild and the only treatment is nonsteroidal anti-inflammatory drugs (NSAIDs), accept.
2. **Eyes:**
   If no ocular involvement, accept

---

*Reason for change: The entry has been changed for consistency from 'Must not donate' to 'See Autoimmune Disease'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Ringworm

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

On systemic treatment.

**Discretionary**

If on local treatment only, accept.

### Supporting information

**See if relevant**

- Infection, general

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Rubella

## Tissue - Deceased Donors

### Scenarios

#### Acute infection

**Obligatory**

**See:** Infection, acute

#### Contact with an infected individual

**Obligatory**

**See:** Infectious diseases, contact with

#### Congenital infection

**Obligatory**

**See:** Infection, acute

**Eyes:**

**Must not donate.**

**Discretionary**

**Other tissues:**

If no other contraindication, accept.

---

*Reason for change: A 'Discretionary' entry has been added for other tissues.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Sarcoidosis

## Tissue - Deceased Donors

### Scenarios

#### Acute sarcoidosis

**Obligatory**

**Must not donate if:**

1. Not recovered.
2. Less than 5 years from both finishing all treatment and full recovery.

**Discretionary**

1. If more than 5 years since finishing all treatment and full recovery, accept
2. **Eyes:**
   If no ocular involvement, accept.

**Additional information**

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 5 years may donate.

#### Chronic sarcoidosis

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

If no ocular involvement, accept.

**Additional information**

Chronic sarcoidosis can cause a range of problems, particularly with the lungs but also with the heart. The treatments used may also cause immunosuppression. For these reasons, people with this condition should not donate.

---

*Reason for change: 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.*
*Version details: TD-DSG Edition 203 Release 17 (31 March 2013)*

# Sex worker

## Tissue - Deceased Donors

### Essential information

**Definition/s**

In this context, **sex**is defined as vaginal, oral or anal sex with or without a condom/ protective.

**Obligatory**

**Must not donate.**

**Discretionary**

If 3 months or more has elapsed since the donor last received money or drugs for sex, accept.

### Supporting information

**See if relevant**

- Addiction and drug abuse
- Hepatitis of unknown origin
- HIV
- HTLV
- Infection, general

**Additional information**

This guidance presumes that a validated NAT test for HIV, HBV and HCV is negative; if this test is stopped for any reason, the guidance will change.

If received injectable drugs of addiction for sex, see Addiction and drug abuse as a 12-month deferral may apply.

---

*Reason for change: This entry was updated in line with the recommendations of the SaBTO Donor Selection Criteria Review Report published on 23rd July 2017.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Sexually transmitted disease (STD)

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Herpes, genital
- Infection, acute
- Infectious diseases, contact with
- Syphilis
- Tissues safety
- Warts, genital

### Scenarios

#### Affected individual

**Obligatory**

> **See:** is there is a specific entry for the disease?
>
> **Must not donate.**

**Discretionary**

If fully treated, at least 3 months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the person answering the relevant Medical and Social History questions about the donor or someone with access to records of the donor's treatment.

#### Current or former sexual partner of an affected individual

**Obligatory**

> **See:** is there is a specific entry for the disease with which there has been contact?
>
> **Must not donate if:**
>
> 1. Donor required treatment and it is less than 3 months since completing that treatment.
> 2. Donor did not require treatment and it is less than 3 months from the last sexual contact with the infected partner.

**Discretionary**

1. Donor did not require treatment and it is more than 3 months since the infected partner has completed treatment, accept.
2. Donor required treatment: if fully treated, and if it is at least 3 months from completion of treatment, accept. Additionally, for gonorrhoea, evidence of a test of cure after treatment is required. This may be a verbal confirmation, provided by the person answering the relevant Medical and Social History questions about the donor or someone with access to records of the donor's treatment.
3. If the donor's sexual partner has been diagnosed with chlamydia (except lymphogranuloma venereum, see **2** above), genital warts or genital herpes and the donor is asymptomatic and not undergoing treatment or investigation, accept.

**Additional information**

Guidelines (NICE, BASHH) recommend that current sexual partners of lymphogranuloma venereum (LGV) probable or confirmed individuals should receive testing and empiric treatment with a chlamydial regimen. They can be accepted 3 months after completion of treatment.

*Reason for change: 'See if Relevant' links have been updated.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Shingles

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

**Obligatory**

**See:** Herpes zoster

**See if relevant**

- Herpes, ocular

#### Contact with an affected individual

**Obligatory**

**See:**Infectious diseases, contact with

---

*Reason for change: The links have been changed for clarity.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Sickle cell trait

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Sideroblastic anaemia

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

### Supporting information

**See if relevant**

- Myelodysplastic syndrome

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*Reason for change: Must not donate' has been extended to all tissues.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Skin disease

## Tissue - Deceased Donors

## Essential information

**Obligatory**

1. **Must not donate if:**
   a. The condition is infected or infectious.
   b. Malignant.

2. **Skin donor:**
   **Must not donate if:**
   a. The skin disease is part of a generalised condition.
   b. Affected skin.

**Discretionary**

1. **Eyes:**
   a. If related to malignancy, see Malignancy.
   b. If any infection is bacterial and the corneas are to be stored by organ culture, accept.

2. **Skin:**
   If malignancy was a basal cell carcinoma and treatment is completed, accept unaffected skin only.

3. **Other tissues:**
   If malignancy was a basal cell carcinoma and treatment is completed, accept.

## Supporting information

**See if relevant**

- Dermatitis
- Infection, general
- Malignancy
- Psoriasis

---

*Reason for change: Discretions have been added for 'Eyes' and 'Skin'. 'Malignancy' has been added to 'Obligatory' and additional links have been included.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Smallpox immunisation

## Tissue - Deceased Donors

### Scenarios

#### Immunised individual

**Obligatory**

**Must not donate if:**

1. **All tissues:**
   a. The inoculation site has not fully healed.
   b. Any secondarily infected site has not fully healed.
   c. Less than 8 weeks from inoculation or from the appearance of any secondarily infected site.

2. **Skin only:**
   Less than 2 weeks after the last lesion healed.

**Additional information**

Smallpox immunisation is with live virus. By 8 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.

#### Contact with an immunised individual

**Obligatory**

**Must not donate if:**

1. **All tissues:**
   a. Any secondarily infected site has not yet healed.
   b. Less than 8 weeks after secondarily infected site appeared.

2. **Skin only:**
   Less than 2 weeks after the last lesion healed on the infected contact.

**Discretionary**

**All tissues except skin:**

If no new skin lesions, accept.

**Additional information**

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 immunised.

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# South American trypanosomiasis

## Tissue - Deceased Donors

*Also known as: Chagas disease*

## Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

Accept for corneas only.

## Supporting information

**See if relevant**

- South American trypanosomiasis, risk of

**Additional information**

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

---

*Reason for change: 'Chagas disease' added as an 'Also known as' term.*
*Version details: TD-DSG Edition 203 Release 65 (1 May 2026)*

# South American trypanosomiasis, risk of

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

1. Born in South America or Central America (including Mexico).
2. Mother was born in South America or Central America (including Mexico).
3. Has had a transfusion in South America or Central America (including Mexico).
4. Has lived and/or worked in rural subsistence farming communities in these countries for a continuous period of 4 weeks or more.

**Discretionary**

1. If at least 4 months from the date of last exposure, including transfusion abroad, and a validated *T. cruzi* antibody test is negative, accept.
2. **Eyes:**
   Accept for corneas only (testing not required). For other ocular tissues, as **1** above.

## Supporting information

**See if relevant**

- Geographical Disease Risk Index for countries with a current *T. cruzi* risk
- Transfusion

**Additional information**

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 4 months from the last time of exposure allows time for the antibodies that are tested for to develop.

Camping or trekking in the jungle in South or Central America (including Mexico) is not considered of high enough risk to merit exclusion.

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

---

*Reason for change: To reduce deferral period following last date of exposure from six to four months, and align this entry with the 'Transfusion' entry. To also align this entry with the Geographical Disease Risk Index and change the reference to "Southern Mexico" to "Mexico".*
*Version details: TD-DSG Edition 203 Release 42 (07 October 2020)*

# Spina bifida

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Has an indwelling shunt and there is evidence of shunt infection.
2. Has an infected pressure sore.

**Discretionary**

**Eyes:**

For shunt infection or infected pressure sore, if the corneas are to be stored by organ culture, accept.

### Supporting information

**Additional information**

Donated bone is cultured to exclude occult bacterial and fungal infection. However, it should not be collected from bacteraemic subjects.

---

*Reason for change: A 'Discretion' has been added for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Spinal surgery

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Neurosurgery
- Transfusion

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Splenectomy

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Must not donate if:**

1. For malignancy.
2. For a myeloproliferative disorder.

**Discretionary**

**All tissues:**

If for trauma, or if underlying reason for splenectomy is not a contraindication to donation, even if on prophylactic antibiotics, accept.

**Eyes:**

If related to malignancy, see Malignancy.

## Supporting information

**See if relevant**

- Haematological disease
- Haemolytic anaemia
- Immune thrombocytopenia
- Malignancy
- Transfusion

---

*Reason for change: To update 'obligatory' and 'discretionary' sections and add 'see if relevant' links.*
*Version details: TD-DSG Edition 203 Release 59 (29 January 2024)*

# Steroid therapy

## Tissue - Deceased Donors

## Essential information

**Obligatory**

**Discuss with a Designated Clinical Support Officer if:**

Has been regularly taking steroid tablets, injections or enemas, or applying creams over large areas.

For information on other situations where steroid therapy may be acceptable, see Immunosuppression.

**Discretionary**

1. If occasional use of creams over small areas of skin for minor skin complaints, accept.
2. If using steroid inhalers for prophylaxis, accept.
3. **Cornea only:**
   If corneas are stored in organ culture and in the absence of other contraindications, accept. See **Additional information** below.

## Supporting information

**See if relevant**

- Autoimmune disease
- Eye disease
- Immunosuppression
- Infection, acute
- Infection, chronic
- Skin disease
- Tissue and cell allograft recipients

**Additional information**

Steroid therapy in high doses causes immunosuppression. This may mask infective and inflammatory conditions that would otherwise prevent donation. For further information, refer to Immunosuppression.

The underlying condition requiring steroid treatment should always be taken into consideration.

Eye donors receiving steroid treatment (e.g. steroid eye drops) should be evaluated on a case-by-case basis, taking into consideration the indication for treatment as well as any possible side effects. Relevant clinical records, especially ophthalmology records, should be reviewed.

**Regulatory information**

Part of this advice is a requirement of the EU Tissue and Cells Directive.

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*Reason for change: Links to the Infection – acute, Infection – chronic and Eye Disease entries have been added. Discretionary section amended regarding cornea donation.*
*Version details: TD-DSG Edition 203 Release 52 (12 September 2022)*

# Stroke

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Syphilis

## Tissue - Deceased Donors

### Scenarios

#### Affected individual

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | If fully treated in the past and confirmatory tests exclude recent infection, discuss with a Designated Clinical Support Officer. |
| **Additional information** | 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. |

#### Current or former sexual partner of an affected individual

| | |
|---|---|
| **Obligatory** | **Must not donate if:**<br>1. The potential donor was diagnosed with syphilis (see **Affected individual** above).<br>2. It is less than 3 months since last sexual contact with an infected partner. |
| **Discretionary** | 1. If it is more than 3 months from the last sexual contact with an infected partner, accept.<br>2. If it is more than 3 months since an infected partner has completed treatment, accept. |
| **See if relevant** | • Tissues safety |

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*Reason for change: The deferral period after sexual contact with an infected person has been reduced to three months.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Systemic lupus erythematosus (SLE)

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

If the tissues to be donated are not affected by the condition, subject to individual risk assessment, accept.

Discuss with Designated Clinical Support Officer for advice, if required.

### Supporting information

**See if relevant**

- Immunosuppression

---

*Reason for change: To permit discretionary acceptance of unaffected tissues subject to individual risk assessment.*
*Version details: TD-DSG Edition 203 Release 42 (07 October 2020)*

# Tamoxifen

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **See:** Malignancy |
| **Discretionary** | If taken for non-malignant conditions, accept. |

*Reason for change: To clarify that use of Tamoxifen for non-malignant conditions is not a contraindication to donation.*
*Version details: TD-DSG Edition 203 Release 42 (07 October 2020)*

# Tetanus immunisation

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate if:**<br>Less than 4 weeks from exposure. |
| **Discretionary** | If non-exposed, accept. |

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Thalassaemia major

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

Accept.

### Supporting information

**See if relevant**

- Transfusion

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Thalassaemia trait

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Therapeutic venesection

## Tissue - Deceased Donors

### Essential information

| | |
|---|---|
| **Obligatory** | **Must not donate.** |
| **Discretionary** | If for haemochromatosis or confirmed secondary polycythaemia, accept. |

### Supporting information

**See if relevant**

- Haemochromatosis

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Threadworms

## Tissue - Deceased Donors

### Essential information

**Discretionary** Even if on treatment, accept.

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Thrombocytosis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Due to a myeloproliferative disorder.

### Supporting information

**Additional information**

People with unexplained persistently raised platelet counts should not be accepted.

---

*Reason for change: This entry has been added to clarify the eligibility of donors with this condition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Thrombosis

## Tissue - Deceased Donors

### Essential information

**Discretionary** If the underlying cause does not exclude, accept.

### Supporting information

**See if relevant**

- Malignancy

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Thrush, oral

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Unexplained.
2. Related to immunodeficiency.

### Supporting information

**See if relevant**

- Infection, chronic

---

*Reason for change: This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.*
*Version details: TD-DSG Edition 203 Release 46 (04 August 2021)*

# Thrush, vaginal

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Related to immunodeficiency.

### Supporting information

**See if relevant**

- Infection, chronic

---

*Reason for change: This entry has been revised to link discretionary acceptance to the current 'Infection: Chronic' entry.*
*Version details: TD-DSG Edition 203 Release 46 (04 August 2021)*

# Thyroid disease

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

1. Under investigation.
2. Malignant.
3. Less than 6 months from treatment with radioactive iodine therapy.

**Discretionary**

**Eyes:**

1. If related to malignancy, see Malignancy.
2. If associated with thyroid eye disease (Graves' disease), accept if no history of corneal involvement.

### Supporting information

**See if relevant**

- Autoimmune disease

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*Reason for change: To add an additional discretion for 'Eyes'.*
*Version details: TD-DSG Edition 203 Release 35 (12 November 2019)*

# Tissue and cell allograft recipients

## Tissue - Deceased Donors

### Essential information

**Excludes**

Xenograft recipients, recipients of biological grafts of non-human origin and bio-prosthetic grafts, organ recipients.

**Obligatory**

**All donors:**

**Must not donate if:**

1. Dura mater transplanted at any time.
2. Ocular tissue transplanted at any time.
3. Any other allogeneic human tissue or cell transplanted since 1 January 1980.

**Discretionary**

1. If an autologous tissue, or cells, has been transplanted at any time, and there is no other reason to exclude the donor, accept.
2. If an allogeneic tissue (except dura mater or ocular tissue) or cell transplant was performed before 1 January 1980, and there is no other reason to exclude the donor, accept.
3. For donations of heart valves, skin, ocular tissue and pancreatic islets only: If an allogeneic tissue (except dura mater or ocular tissue), or cells, has been transplanted at any time, and there is no other reason to exclude the donor, accept.

### Supporting information

**See if relevant**

- Immunosuppression
- Ocular tissue recipient
- Organ recipient
- Prion-associated diseases
- Transfusion
- Xenotransplantation

**Additional information**

The transfer of tissues or cells between individuals and species has led to the spread of infection. The above guidelines are intended to minimise these risks.

People who have received a tissue or cell transplant since 1980 are excluded from donation of any tissues except for heart valves, ocular tissue, pancreatic islets and skin as a precautionary measure against the risk of transmission of variant Creutzfeldt-Jakob disease (vCJD) in the same way as recipients of transfusion are.

Dura mater and ocular tissue allografts have been implicated in iatrogenic CJD. Iatrogenic CJD refers to the transmission of prions via inadvertent medical exposure. Recipients of dura mater and ocular tissue recipients are excluded.

Dura mater use stopped in the UK by 1993. The situation in other countries varied so specific dates cannot be given.

Tissue allograft recipients do not require immunosuppression. If the recipient was on immunosuppression for any other reason, see Immunosuppression.

*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 56 (04 July 2023)*

# Tissues safety

## Tissue - Deceased Donors

### Essential information

**Definition/s**

**Individual risk** is based on the donor's sexual behaviour, including new partners and the number of partners in the 3 months prior to donation.

**Partner risk** is based on sexual contact with a partner who may, at a population level, be at higher risk of acquiring infection, as described in this entry.

**Sexual contact** is defined as oral, vaginal or anal sex.

**Anal sex** is defined as penile-anal intercourse only. It does not apply to oro-anal sex or the use of sex toys.

**Chemsex** is sex while using stimulant drugs taken for the specific purpose of enhancing sexual experience and reducing inhibitions. Chemsex does not refer to sex after using alcohol or recreational drugs for other purposes, nor the use of drugs (e.g. Viagra® or Cialis®) to treat erectile dysfunction.

**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.

3. **You must not donate for at least 12 months:**
   After stopping habitual use of injected drugs of addiction.

4. **You must not donate for at least 3 months if:**
   a. You have taken pre-exposure prophlyaxis (PrEP) / Truvada by mouth to prevent HIV.
   b. You have taken or been prescribed post-exposure prophylaxis (PEP) by mouth to prevent HIV.

   If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

5. **You must not donate for at least 24 months if:**
   You have received PrEP as an injection to prevent HIV e.g. cabotegravir (Apretude®).

   If the underlying reason for taking PrEP or PEP warrants a longer deferral period, this should be applied.

6. **You must not donate for at least 3 months if:**
   a. You have received money or drugs for sex.

b. You have injected, or been injected with, non-prescription drugs, even only once. This includes, for example, bodybuilding drugs or injectable tanning agents. You may be able to donate if a doctor prescribed the drugs. Please ask.
c. You have injected, been injected with, or used non-parenteral Chemsex drugs.

7. **Individual risk criteria (FAIR):**
You must not donate for at least 3 months if:
a. You have taken part in chemsex activity, including the use of stimulant drugs. This risk applies for all sexual contact.
b. You have been diagnosed with gonorrhoea. You must wait for at least three months after you have successfully completed treatment and been discharged from further follow-up.
c. You have had more than one sexual partner in the last 3 months AND you have had anal sex with any of these partners.
d. You have had anal sex with a new sexual partner. For the purpose of donor selection, a new partner is someone that you have not had sex with before or a previous partner with whom you have restarted a sexual relationship in the last 3 months.

   If you are in a sexual relationship with one partner only, you can donate once it is 3 months from the date of first sexual contact, even if you are having anal sex.

8. **You must not donate for at least 3 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 received money or drugs for sex.
e. A partner who has injected, or been injected with non-prescription drugs. This includes, for example, bodybuilding drugs or injected tanning agents. You may be able to give if a doctor prescribed the drugs, please ask.

## Supporting information

**See if relevant**

- Addiction and drug abuse
- Hepatitis B
- Hepatitis C
- Hepatitis of unknown origin
- HIV
- HTLV
- Infection, general
- Pre- and post-exposure prophylaxis for HIV prevention
- Sexually transmitted disease
- Syphilis

**Additional information**

The For the Assessment of Individualised Risk (FAIR) report (2020) recommended changes to blood donor selection policy to allow a more individualised risk-based approach. This approach was approved by ministers in devolved administrations and has now been implemented by the UK Transfusion Services.

The FAIR III working group recommended that a similar approach could be applied to tissue and cell donors in principle, acknowledging that the current donor

selection policies already permit an individual risk assessment approach for life saving tissues and cells.

FAIR identified several factors associated with a higher risk of blood borne infections. These include the recent diagnosis of a bacterial sexually transmitted disease and the following sexual behaviours:

- new or multiple sexual partners
- anal sex
- participation in chemsex activity

Drugs used for chemsex include methamphetamine, mephedrone and GHB/GBL, but other drugs may be used (e.g. ketamine, poppers, cocaine). Chemsex is a high risk activity because it usually involves multiple sexual partners, sometimes for extended periods of time. The drugs involved also reduce inhibition leading to riskier sexual activity.

The drugs used in both pre- and post-exposure prophylaxis for HIV (PrEP and PEP) may interfere with the routine HIV screening tests carried out on all tissue and cell donors. For this reason, donors who have taken oral PrEP or PEP in the previous 3 months, or received injectable PrEP in the previous 24 months, should not donate. This applies even if they are otherwise eligible under individual risk criteria.

The deferral periods specified above may be reduced by doing individual risk assessment if the risk of acquiring an infectious disease may be outweighed by the risk of delaying a lifesaving transplantation.

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*Reason for change: Addition of a 24-month deferral for recipients of injectable PrEP.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Toxoplasmosis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate if:**

Confirmed current active infection at the time of donation.

### Supporting information

**See if relevant**

- Infection, acute

**Additional information**

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.

Testing of tissue donors is not required. Toxoplasma immunoglobulin (IgG) results from organ donors, if available, do not require further investigation.

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*Reason for change: To clarify that toxoplasma IgG results from organ donors, if available do not require further investigation.*
*Version details: TD-DSG Edition 203 Release 30 (17 January 2018)*

# Transfusion

## Tissue - Deceased Donors

### Essential information

**Includes**

Treatment with blood components, products and derivatives.

**Obligatory**

1. **Must not donate if:**
   At any time the donor has:
   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. See **Discretionary** below for exceptions.
   b. Has received regular treatment with blood derived coagulation factor concentrates.

2. **Since 1 January 1980:**
   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) or cryoprecipitate. This includes mothers whose babies have required intrauterine transfusion.
   b. Had a plasma exchange performed.

3. **Before 1 January 1999:**
   a. Treated with prothrombin complex to reverse over-anticoagulation.
   b. Received intravenous or subcutaneous human normal immunoglobulin.

**Discretionary**

1. **If:**
   a. On medical inquiry, it is unlikely that the donor has been transfused, accept.
   b. Received, or thinks they may have received, a transfusion of blood or blood components before 1 January 1980, accept. See **4** below if transfused abroad.
   c. Treatment with human immunoglobulin has been limited to small quantities of specific immunoglobulin as prophylaxis (e.g. rhesus, tetanus, hepatitis, immunoglobulin), accept.
   d. The only transfusion has been within the last week of life, accept.
   e. Treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1 January 1999, accept.
   f. Treated with intravenous immunoglobulins after 1 January 1999, if underlying condition is not a contraindication, accept. Refer to Designated Clinical Support Officer if further advice required.

2. **Autologous transfusion:**
   If only the donor's own blood has been used, accept.

3. **Heart valve, ocular tissue, skin and pancreatic islet donors only:**
   Provided the donor's total transfusion exposure is limited to less than 80 units of blood or blood components, accept. See **4** below if transfused abroad.

4. **Donor transfused in a country endemic for malaria or South American trypanosomiasis:**
   a. Check the Geographical Disease Risk Index. If transfused in an at-risk endemic country, and a validated malarial antibody test and/or (as appropriate) a validated test for *T. cruzi* antibody is negative, accept.
   b. If tissue will be sterilised by irradiation post-donation, accept (testing not

required).

c. **For eyes only:**
If the risk was for malaria or South American trypanosomiasis, accept for corneas only (testing not required).

## Supporting information

**See if relevant**

- Appendix 2: Calculation of blood and plasma dilution
- Bleeding disorder
- Geographical Disease Risk Index
- Immunoglobulin therapy
- Immunosuppression
- Malaria
- Prion-associated diseases
- South American trypanosomiasis, risk of

**Additional information**

Transfused donors have previously contributed to the spread of some diseases. This happened with hepatitis C.

**All transfused donors:**

Transfusions in some countries may have put the donor at risk of malaria or South American trypanosomiasis. It is necessary to exclude these infections (with the exception of malaria and South American trypanosomiasis for cornea donors only, or for tissues that are terminally sterilised) before accepting the donor.

**Coagulation concentrates:**

People who have received blood derived coagulation concentrates (these are made from the blood of many donors) regularly 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 variant Creutzfeldt-Jakob disease (vCJD), died from vCJD. Since then there has been a very small number of 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 (except in the last week of life) should not normally be accepted. Because of shortages in supply, this does not currently apply to the donation of heart valves, ocular tissue, pancreatic islets and skin. Any history of transfusion after 1980 must be recorded and remain part of the documentation associated with the donation.

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.

Commonly used PCCs (such as Beriplex or Octaplex), currently used in the UK, are prepared from non-UK donors. They are administered as one-off doses to reverse anticoagulation or peri-operative prophylaxis. Since 1999, coagulation factors prepared from UK donors have no longer been used as a risk reduction measure for vCJD transmission.

*Reason for change: To permit donation from donors who have received intravenous immunoglobulin after 01 January 1999, if the reason for treatment is not a contraindication.*
*Version details: TD-DSG Edition 203 Release 45 (11 May 2011)*

# Transgender and non-binary individuals

## Tissue - Deceased Donors

### Essential information

**Definition/s**

**Trans:** an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including (but not limited to) transgender, non-binary or gender queer. Gender-affirming hormone therapy may be used as part of transition by transgender and non-binary individuals.

**Includes**

Gender reassignment, sex change.

**Obligatory**

Obtain history and refer to Designated Clinical Support Officer if necessary.

### Supporting information

**See if relevant**

- Hormone replacement and sex hormone therapy
- Tissues safety

**Additional information**

Assessment of the donor suitability should be according to the gender assigned at the time of donation.

An individual risk assessment is required with regard to potential effects on the donor, donated material and any potential risk to the recipient.

Consideration should be given to the medications used during gender re-assignment. 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.

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*Reason for change: Title changed, definition amended, obligatory section amended, discretionary section deleted, link to 'Hormone Replacement and Sex Hormone Therapy' entry added, and additional information section updated.*
*Version details: TD-DSG Edition 203 Release 64 (13 October 2025)*

# Travel

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- Geographical Disease Risk Index
- Infection, tropical
- Malaria
- South American trypanosomiasis, risk of

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*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Tropical viruses

## Tissue - Deceased Donors

## Essential information

**Definition/s**

**Tropical Virus endemic areas** are shown in the Geographical Disease Risk Index as a Tropical Virus Risk.

**Includes**

Tropical viruses:

- Chikungunya Virus, also known as CHIKV
- Dengue Virus, also known as Dengue Fever
- Yellow Fever, also known as YF
- Zika Virus, also known as ZIKV, and Zika Virus Fever

**Obligatory**

**Must not donate if:**

1. It is less than 6 months from a donor's return from a Tropical Virus Risk endemic area and the donor has been diagnosed with Chikungunya, Dengue, Yellow Fever or Zika virus infection whilst there or following their return to the UK.

2. It is less than 6 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, Yellow Fever or Zika virus infection whilst there or following their return to the UK.

3. In other cases, it is less than 4 weeks from a donor's return from a Tropical Virus Risk endemic area.

**Discretionary**

All donors may be accepted 6 months after their return from an affected area or resolution of symptoms. This may be reduced to 4 weeks if they have had no clinical evidence of infection.

## Supporting information

**See if relevant**

- Geographical Disease Risk Index for countries with a current tropical virus risk
- Infection, general
- Malaria
- South American trypanosomiasis

**Additional information**

Chikungunya, Dengue, Yellow Fever and Zika virus are spread by the day-flying mosquito species *Aedes aegypti* and *Aedes albopictus*. As these mosquitos are typically found in tropical and subtropical regions, the main geographical areas affected by tropical virus infection are the Caribbean, South and Central America, Mexico, Africa, the Pacific Islands, Southeast Asia, Indian sub-continent, Hawaii and northern parts of Australia. The range of *Aedes albopictus* is also increasing into more temperate zones, leading to outbreaks of tropical virus disease in new areas. There have been outbreaks of Dengue and Chikungunya in parts of Europe.

Position statements are available.

**Chikungunya Virus:**

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.

Chikungunya virus is found in countries in Asia, Africa, Central and South America, and in the islands of the Caribbean. There is no evidence of person-to-person transmission except through blood transfer. Transfusion-transmission from an asymptomatic individual has not been documented. Nevertheless, restrictions after travel to a Chikungunya virus risk area were introduced to reduce any risk of transmission through blood or tissue donation.

**Dengue Virus:**

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 insect-borne disease worldwide. Dengue is currently considered endemic in approximately 140 countries. Transfusion-transmission has been reported.

Overall, up to 75% of cases are asymptomatic or mild. If symptoms occur, they can range from non-specific acute febrile illness to severe disease including dengue haemorrhagic fever and dengue shock syndrome. Mild cases may be misdiagnosed as other febrile illnesses.

**Yellow Fever Virus:**

Yellow Fever Virus is a flavivirus which is found in Africa, South America, Central America and parts of the Caribbean. Symptoms of Yellow Fever include high temperature, headache, nausea and vomiting, muscle pains and backache. One in four individuals may suffer from jaundice and bleeding from the gastrointestinal tract and other sites.

**Zika Virus:**

Zika Virus is a flavivirus which was known to occur in Africa and parts of Southeast Asia. More recently, Zika Virus has been associated with epidemic outbreaks in the Pacific region and in the Americas. As well as mosquito-borne infection, Zika Virus can be spread through sexual transmission. Infection is usually asymptomatic or presents as a mild self-limiting febrile illness. More severe disease and hospitalisation are rare but infection during pregnancy carries a high risk of congenital abnormalities in the baby. Zika Virus infection may be mistaken for Chikungunya or Dengue infections as these viruses often co-circulate.

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*Reason for change: Discretionary guidance has been revised.*
*Version details: TD-DSG Edition 203 Release 60 (18 April 2024)*

# Trypanosoma cruzi infection

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

Accept for corneas only.

### Supporting information

**See if relevant**

- South American trypanosomiasis, risk of

**Additional information**

As corneas are avascular, there is not considered to be a risk of transmitting protozoal infections.

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*Reason for change: The 'Discretionary' entry for 'Eyes' has been amended.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Tuberculosis (TB)

## Tissue - Deceased Donors

### Supporting information

**See if relevant**

- BCG
- Heaf test
- Mantoux test

**Additional information**

Tuberculosis (TB) 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.

Individuals with latent TB do not have symptoms of active infection. Treatment is usually recommended for individuals aged under 65. Antibiotics used to treat TB can cause liver damage in older adults, and hence treatment may not be offered. If latent TB is thought to be drug resistant, or if the individual is taking immunosuppressive medication for any reason, they may be regularly monitored to check the infection does not become active.

Designated Clinical Support Officers should consider all the TB risk factors in combination, and along with any clinical signs, symptoms, or radiological evidence of TB, treatment during review of donor eligibility, along with the processing methodology applied.

Donors with past treated TB can be accepted if tissues are to be terminally sterilised or processed in a manner validated to remove viable donor cells. However, this does not apply to any bone that has been the site of previous infection.

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate if:**

1. Infected.
2. Under follow-up.
3. Ever had clinically active tuberculosis.
4. Diagnosed with latent tuberculosis within the past 2 years.

**Discretionary**

1. If donor with a history of tuberculosis that has been successfully treated, with treatment being completed at least 24 months previously, been discharged from follow-up, and has remained well and asymptomatic, refer to Designated Clinical Support Officer for individual risk assessment.
2. Donors with a diagnosis of latent tuberculosis currently not undergoing investigation, or more than 7 days after completion of treatment, refer to Designated Clinical Support Officer for individual risk assessment.
3. See **Additional information** below.

#### Contact with an affected individual

**Obligatory**

**Must not donate until:**

Screened and cleared.

**Discretionary**

If the donor has been informed that they do not need to be screened, accept.

*Reason for change: Obligatory section updated to include past active TB and latent TB. Discretionary section updated to require that donors with a past history of treated TB be referred to DCSO for individual risk assessment. Additional points added to*

*Discretionary section and Additional Information section updated.*
*Version details: TD-DSG Edition 203 Release 61 (13 August 2024)*

# Turner syndrome

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Vasculitis

## Tissue - Deceased Donors

### Essential information

**Obligatory**

**Must not donate.**

**Discretionary**

**Eyes:**

If no known ocular involvement, accept.

### Supporting information

**See if relevant**

- Autoimmune disease
- Immunosuppression
- Steroid therapy
- Immunoglobulin therapy

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*Reason for change: To allow discretionary acceptance of cornea donors.*
*Version details: TD-DSG Edition 203 Release 33 (26 September 2023)*

# Viral haemorrhagic fever (VHF)

## Tissue - Deceased Donors

### Essential information

**Includes** Crimean-Congo Fever, Ebola Virus Disease, Lassa Fever, Marburg Fever.

### Supporting information

**See if relevant**

- Geographical Disease Risk Index for countries with a current endemic VHF risk

**Additional information**

These infections have very high death rates and there is evidence that the virus may persist for some time after recovery. The 2014–2016 outbreak of Ebola in West Africa had increased understanding about the persistence of the virus in affected individuals and the number of asymptomatic individuals who may be able to transmit the virus to others.

There is no routine screening test for Ebola Virus (EBOV) currently available. There is an option to test donors serologically for the presence of anti-EBOV (antibodies) 2 months after the exposure event if a test becomes available. A reactive test would result in permanent deferral; a negative test would allow donation to proceed. Designated Clinical Support Officers may seek expert advice where necessary, under exceptional circumstances.

There is evidence of persistent virus in individuals who recover from several forms of viral haemorrhagic fever. For this reason, it is necessary to defer the sexual partners of these individuals.

### Scenarios

#### Affected individual

**Obligatory**

**Must not donate if:**

Has ever been infected.

#### Contact with an affected individual or travel to endemic country

**Obligatory**

**Must not donate if:**

1. Was present in an area during an active outbreak.
2. Under investigation for viral haemorrhagic fever.
3. Has been in contact with an individual who was present in an area during an active outbreak.
4. Was in contact with an individual infected with, or was under investigation for viral haemorrhagic fever.
5. Less than 6 months after return to UK from an endemic area when there was no active outbreak.

Under exceptional circumstances, the donor may be accepted subject to individual risk assessment. Refer to Designated Clinical Support Officer. See **Additional information** below.

**Discretionary**

**Accept if:**

1. More than 6 months after return to UK from an endemic area when there was no active outbreak at the time of visit.
2. The individual, or the contact person, under investigation had viral haemorrhagic fever infection excluded as diagnosis.

#### Sexual partner of an affected individual

| | |
|---|---|
| **Obligatory** | **Must not donate if:**<br>The donor has had sex with an individual who had been diagnosed with a viral haemorrhagic fever at any time before their last sexual contact. |

*Reason for change: A permanent deferral has been introduced for donors who have had sex with an individual who has been diagnosed with a Viral Haemorrhagic Fever, and definition of Viral Haemorrhagic Fever provided.*
*Version details: TD-DSG Edition 203 Release 41 (15 July 2020)*

# Vitamin treatment

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Warts

## Tissue - Deceased Donors

### Essential information

**Discretionary** Even if on local treatment, accept.

### Supporting information

**Additional information** Warts (including verruca) are caused by infection with the human papillomavirus (HPV) of which there are over 100 different types. They may occur on the skin and mucous membranes. The virus is spread by skin-to-skin contact and it can be very infectious. Genital warts are possibly the commonest sexually transmitted disease, but they do not necessarily indicate high risk sexually activity, so no specific deferral is required.

Molluscum contagiosum is also caused by a virus and can be managed in the same way as warts.

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*Reason for change: 'Additional Information' section added following FAIR III report.*
*Version details: TD-DSG Edition 203 Release 57 (15 November 2023)*

# Warts, genital

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

### Supporting information

**See if relevant**

- Sexually transmitted disease

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# West Nile Virus (WNV)

## Tissue - Deceased Donors

## Essential information

**Definition/s**

**West Nile Virus endemic areas** are shown in the Geographical Disease Risk Index.

**Obligatory**

**Must not donate if:**

1. It is less than 6 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.

2. It is less than 6 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.

3. In other cases, it is less than 4 weeks from a donor's return from a WNV endemic area.

**Discretionary**

1. All donors may be accepted 6 months after their return from an affected area. This may be reduced to 4 weeks if they have had neither symptoms nor evidence of infection. For donors who have been back in the UK for less than 4 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.

2. Donors who have been back in the UK for less than 6 months, who have had symptoms suggestive of WNV infection while abroad or within 28 days of return (but no firm diagnosis of WVN infection), if a validated NAT for WNV is to be undertaken on the donated component(s), accept.

## Supporting information

**See if relevant**

- Geographical Disease Risk Index for countries with an current endemic WNV risk

**Additional information**

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.

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 Geographical Disease Risk Index.

A Position Statement on West Nile Virus is available.

*Reason for change: 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.*
*Version details: TD-DSG Edition 203 Release 23 (18 January 2018)*

# Whooping cough

## Tissue - Deceased Donors

*Also known as: pertussis*

### Scenarios

#### Affected individual

**Obligatory** | **See:** Infection, acute

#### Contact with an affected individual

**Obligatory** | **See:** Infectious diseases, contact with

---

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Wilson's disease

## Tissue - Deceased Donors

### Essential information

**Discretionary** Accept.

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Xenotransplantation

## Tissue - Deceased Donors

*Also known as: xenografts*

## Essential information

**Definition/s**

**Xenotransplantation:** 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 non-living cells, 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®, Bio-Oss®, Bio-Gide® and Surgibone®) are not considered xenotransplantation products.

**Includes**

Xenografts, heterografts, non-human organ perfusion.

## Scenarios

### Xenotransplant recipient

**Obligatory**

**Must not donate if:**

Material from a **living** non-human animal source has been directly or indirectly in contact with the donor's blood supply. This does not include animal bites.

### Current or former sexual partner of a xenotransplant recipient

**Obligatory**

**Must not donate.**

**Additional information**

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.

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*Reason for change: Further guidance re Recipient definition*
*Version details: TD-DSG Edition 203 Release 25 (13 July 2016)*

# Xenotropic murine leukemia virus-related virus (XMRV)

## Tissue - Deceased Donors

### Essential information

**Discretionary** Donors who have been tested positive for XMRV, accept.

### Supporting information

**Additional information** As there is no evidence that XMRV is implicated in human disease, a positive test is not a bar to donation.

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*Reason for change: This is a new entry.*
*Version details: TD-DSG Edition 203 Release 12 (24 January 2012)*

# Yaws

## Tissue - Deceased Donors

### Essential information

**Obligatory** | **Must not donate.**

*Reason for change: Entry carried over from previous Edition.*
*Version details: TD-DSG Edition 203 Release 02 (01 November 2007)*

# Using these guidelines

## Using these guidelines

Last updated in TD-DSG Edition 203 Release 65 (1 May 2026)

The Tissue (Deceased Donors) Donor Selection Guidelines (TD-DSG) apply to deceased donors giving giving tissues for therapeutic use.

The TD-DSG forms a constituent part of Chapter 20 of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK.

JPAC is responsible for these guidelines and receives professional advice from its specialist Standing Advisory Committees and other relevant expert groups. The TD-DSG is primarily reviewed and updated by the Standing Advisory Committee on Tissues (SACT). It is reviewed regularly to ensure that donations are of the highest quality and of sufficient quantity to meet the needs of recipients.

Comments about the content of the TD-DSG, including notification of errors, omissions and suggestions for improvements, should be sent to JPACOffice@nhsbt.nhs.uk.

## On this page



## General principles

### Important

These guidelines are for healthcare professionals who are trained in their use.

JPAC cannot answer individual donor queries or provide personal medical advice. Help with such matters may be available through a local blood and tissue service.

Donations must not be accepted from donors who exhibit health risks that are not listed in these guidelines without referral to, and acceptance by, a Designated Clinical Support Officer.

Donors are selected to ensure that their donation is unlikely to harm any recipient.

The ultimate responsibility for the selection of donors rests with the Medical Director of each UK Blood and Tissue Service (UKBTS).

The immediate responsibility is with the Qualified Healthcare Professional who must ensure that the donor fulfills the respective selection criteria. When it is not clear from these guidelines if an individual donation is suitable, no tissue should be used without discussion with a Designated Clinical Support Officer.

The prospective donor must be evaluated for their eligibility to donate by a Qualified Healthcare Professional who has undergone appropriate training to use these guidelines to select or defer a donor. They must verify their assessment by signing the donation record.

Special note must be taken of the content of the Tissues safety entry.

It is the responsibility of the Qualified Healthcare Professional to ensure that relatives/partners of donors

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 the donor's medical history, hence great care must be taken over privacy and confidentiality.

Where there is separate guidance for different tissues, this is made clear. When there is a recognised risk to the recipient, the guidelines **must** be followed.

### Ocular guidelines

The TD-DSG contains information on the selection of donors of ocular tissue. Questions and comments about the ocular guidelines should be addressed to Dr Ulrike Paulus (Ulrike.Paulus@nhsbt.nhs.uk).

## Use of the A to Z index

Any medical condition or possible contraindication to donation, elicited at any point during donation processing or storage, must be managed as indicated by its respective guideline entry. A complete list of available entries can be found in the A to Z index. Any donated tissue which, as a result, is unsuitable for clinical use must be clearly labelled as unfit for use.

If late information is provided by the relatives/partner of a donor, or through any other source, that the donor was medically unfit, this must be recorded and reported to the Designated Clinical Support Officer.

Any new health risks identified during the donor selection process should be notified to SACT so that they can be considered for incorporation into future revisions of the TD-DSG.

## Guideline terminology

Please note, not all of the terms given below appear on every guideline entry.

### Terms used for each section of an entry

| | |
|---|---|
| **Also known as** | Alternative names for the entry. |
| **Definition(s)** | Clarification of key terms and concepts within the entry. |
| **Includes** | Any specific conditions, treatments or other factors covered by the entry. |
| **Excludes** | Any specific conditions, treatments or other factors **not** covered by the entry. |
| **Obligatory** | Reasons why a donor **must not** donate. |
| **Discretionary** | Reasons why a donor **may be permitted** to donate.<br>These statements are conditional and all criteria that must be fulfilled will come before the final statement that they may be accepted.<br>If the donor fulfils these requirements, as well as all others that apply, then they can be accepted. |
| **See if relevant** | Other guideline entries which may need to be consulted, depending upon the information provided by the donor. |
| **Additional information** | Further detail as to why any particular action is required. |

### Terms used within the text of an entry

| | |
|---|---|
| Must not donate | The donor **must not donate** if any of the statements apply to them, unless a **discretion** clearly applies.<br>If the deferral depends on time-related factors, the donor must be clearly advised when they will become eligible to donate again.<br>If the deferral is not time limited (i.e. it is likely to be permanent) the donor must be clearly advised why they cannot donate. |
| See | The specified guideline entry **must** be consulted. |
| Refer to a Designated Clinical Support Officer | When there is a need to seek further advice, the Designated Clinical Support Officer is a suitably trained person authorised to undertake this task by the Medical Director or their nominated deputy. |

### Information provided at the end of each entry

| | |
|---|---|
| Reason for change | A brief summary of the most recent changes to the entry. |
| Version details | The Edition and Release number of the current version of the entry and its date of publication. |
| Document | A link to the relevant Change Notification detailing the most recent update to the entry, if applicable. |

## Medication

The underlying illness suffered by a donor, rather than the properties of any drug they are taking, is the usual reason for an ineligiblity to donate.

In general, traces of drugs in donations 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 drugs used to treat acne, psoriasis, and some prostate problems. All such drugs have their own entry.

## Version control

The TD-DSG is under the continuing review of SACT and the Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI) to ensure that they are accurate and up to date.

All changes are the responsibility of the Professional Director of JPAC and have the approval of the Executive Working Group (EWG) and the JPAC Board.

### Terms used for version control of the guidelines

| | |
|---|---|
| Change Notification | This notifies the Medical Director and the Quality Manager of each of the four UKBTS to upcoming changes to the guidelines.<br>The implementation of any changes is the responsibility of the individual Services. |
| Edition | An extensive revision of the entire set of guideline entries. |
| Release | Changes to the one or more entries in the current Edition of the guidelines |

| | |
|---|---|
| | which involve a change to the medical or scientific content. |
| **Issue** | Changes to the one or more entries in the current Release of the guidelines which do not involve a change to the medical or scientific content or have been made to correct an error or omission.<br>Each Release of the guidelines will be Issue 01 unless otherwise stated. |

The Quality Manager of each UKBTS will be notified of upcoming changes by electronic distribution of a Change Notification.

The Quality Manager is responsible for effecting changes to locally held copies of the guidelines, or to information adapted from the guidelines for use within their respective service. An effective version control and change procedure must be in place to ensure only current versions of the guidelines are in use and that all authorised copies, electronic and paper, are traceable.

## Live version of the guidelines (this website)

The website will always display the current version of each guideline entry, as shown in the A to Z index, and each entry will shown the date of its most recent update. Changes will be published on the website on the effective date given in the relevant Change Notification.

## Offline version of the guidelines (source files)

A source file is a downloadable copy of the guidelines. A source file containing the current version of the guidelines is always available on the Source files page.

In addition, whenever a Change Notification is distributed to indicate upcoming changes, an updated source file incorporating those changes will be made available. This will supersede the current source file on the effective date of the Change Notification and any previous source files will be removed.

# Updates

## Updates

The following table lists all updates to Edition 203 of the Tissue (Deceased Donors) Donor Selection Guidelines (TD-DSG). The linked Change Notification documents are issued to the UK Blood and Tissue Services (UKBTS) to indicate upcoming changes.

Please note that the dates listed below indicate the formal publication of updated guidelines on the website. The implementation of these guideline changes is the responsibility of each UKBTS and may vary accordingly.

| Change number | Title | Updated | Guidelines affected | Release |
|---|---|---|---|---|
| 32-2025 | Sexually Transmitted Disease (PDF only, 197KB) | 13 October 2025 | **Bone marrowTissue (deceased)Tissue (live)Cord blood** | 58646156 |
| 20-2025 | Chronic Fatigue Syndrome (PDF only, 260KB) | 13 October 2025 | **Tissue (deceased)Tissue (live)** | 6461 |
| 21-2025 | Transgender and Non-Binary Individuals (PDF only, 226KB) | 13 October 2025 | **Tissue (live)Tissue (deceased)** | 6164 |
| 22-2025 | Injectable Pre-Exposure Prophylaxis (PrEP) for HIV prevention (PDF only, 293KB) | 13 October 2025 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 64615856 |
| 16-2025 | Eye Disease (PDF only, 190KB) | 13 October 2025 | **Tissue (deceased)** | 64 |
| 17-2025 | Kidney Disease (PDF only, 180KB) | 13 October 2025 | **Tissue (deceased)** | 64 |
| 18-2025 | Hormone Replacement and Sex Hormone Therapy (PDF only, 231KB) | 13 October 2025 | **Tissue (deceased)Tissue (live)** | 6461 |
| 19-2025 | Infertility (PDF only, 241KB) | 13 October 2025 | **Tissue (deceased)Tissue (live)** | 6461 |
| 09-2025 | Table of Immunisations (PDF only, 578KB) | 30 April 2025 | **Whole bloodTissue (live)Tissue (deceased)Cord bloodBone marrow** | 7660635557 |
| 45-2024 | Hepatitis A (PDF only, 300KB) | 26 November 2024 | **Tissue (deceased)Tissue** | 6259 |

| | | | | |
|---|---|---|---|---|
| | | | **(live)** | |
| 32-2024 | Necrotising Fasciitis (PDF only, 101KB) | 13 August 2024 | **Tissue (deceased)** | 61 |
| 33-2024 | Tuberculosis (PDF only, 111KB) | 13 August 2024 | **Tissue (deceased)Tissue (live)** | 6158 |
| 10-2024 | Coronavirus Vaccination (PDF only, 311KB) | 18 April 2024 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 60575554 |
| 12-2024 | Ankylosing Spondylitis and Eye Disease (PDF only, 233KB) | 18 April 2024 | **Tissue (deceased)** | 60 |
| 13-2024 | Tropical Viruses (PDF only, 174KB) | 18 April 2024 | **Tissue (deceased)Tissue (live)Bone marrow** | 605755 |
| 23-2024 | Sexually Transmitted Disease (PDF only, 180KB) | 18 April 2024 | **Tissue (deceased)** | 60 |
| 38-2023 | Splenectomy and ITP (PDF only, 208KB) | 29 January 2024 | **Tissue (deceased)** | 59 |
| 17-2023 | FAIR III changes (PDF only, 605KB) | 15 November 2023 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 57555251 |
| 33-2023 | Coronavirus Infection (PDF only, 378KB) | 15 November 2023 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 58565352 |
| 14-2023 | Tissue and Organ Recipients (PDF only, 247KB) | 4 July 2023 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 56545150 |
| 25-2023 | Tuberculosis (PDF only, 232KB) | 4 July 2023 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 56545150 |
| 12-2023 | Tropical Viruses (PDF only, 201KB) | 19 May 2023 | **Whole bloodTissue (deceased)Tissue (live)** | 685553 |
| 13-2023 | Mpox (Monkeypox) (PDF only, 313KB) | 12 April 2023 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 54525049 |

| | | | | |
|---|---|---|---|---|
| 21-2023 | Malaria (PDF only, 311KB) | 12 April 2023 | **Tissue (deceased)Tissue (live)Bone marrow** | 545250 |
| 51-2022 | Coronavirus Infection (COVID-19) (PDF only, 217KB) | 13 December 2022 | **Tissue (deceased)Tissue (live)Bone marrowCord blood** | 53514948 |

# Appendices

## Appendix 1: Medical criteria for the withdrawal of donations following information received after donation

Last updated in TD-DSG Edition 203 Release 02 Issue 02 (1 November 2007)

### 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 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 UK Blood and Tissue 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 Clinical Support 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.

### Late notification of donation test results

This may occur because:

- The results of microbiological screening tests are brought into question.
- Additional information becomes available (e.g. the results of further testing).
- 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).
- 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 Clinical Support Officer.

### Notification of circumstances that should have triggered deferral at the time of donor selection

Circumstances include:

- Circumstances which place a donor at risk of infection with blood borne organisms (see Tissues safety entry).
- Donors in the 'at risk' categories relating to possible transmission of prion-associated diseases e.g. Creutzfeldt-Jakob disease (CJD) and variant CJD (vCJD).
- Donors with malignancy (other than those for which there is a discretion in the TD-DSG).
- Autoimmune Disease.
- Allergy.
- 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.
- Donors with diseases of unknown aetiology.

**Action:** Inform the Designated Clinical Support Officer.

# Appendix 2: Calculation of blood and plasma dilution

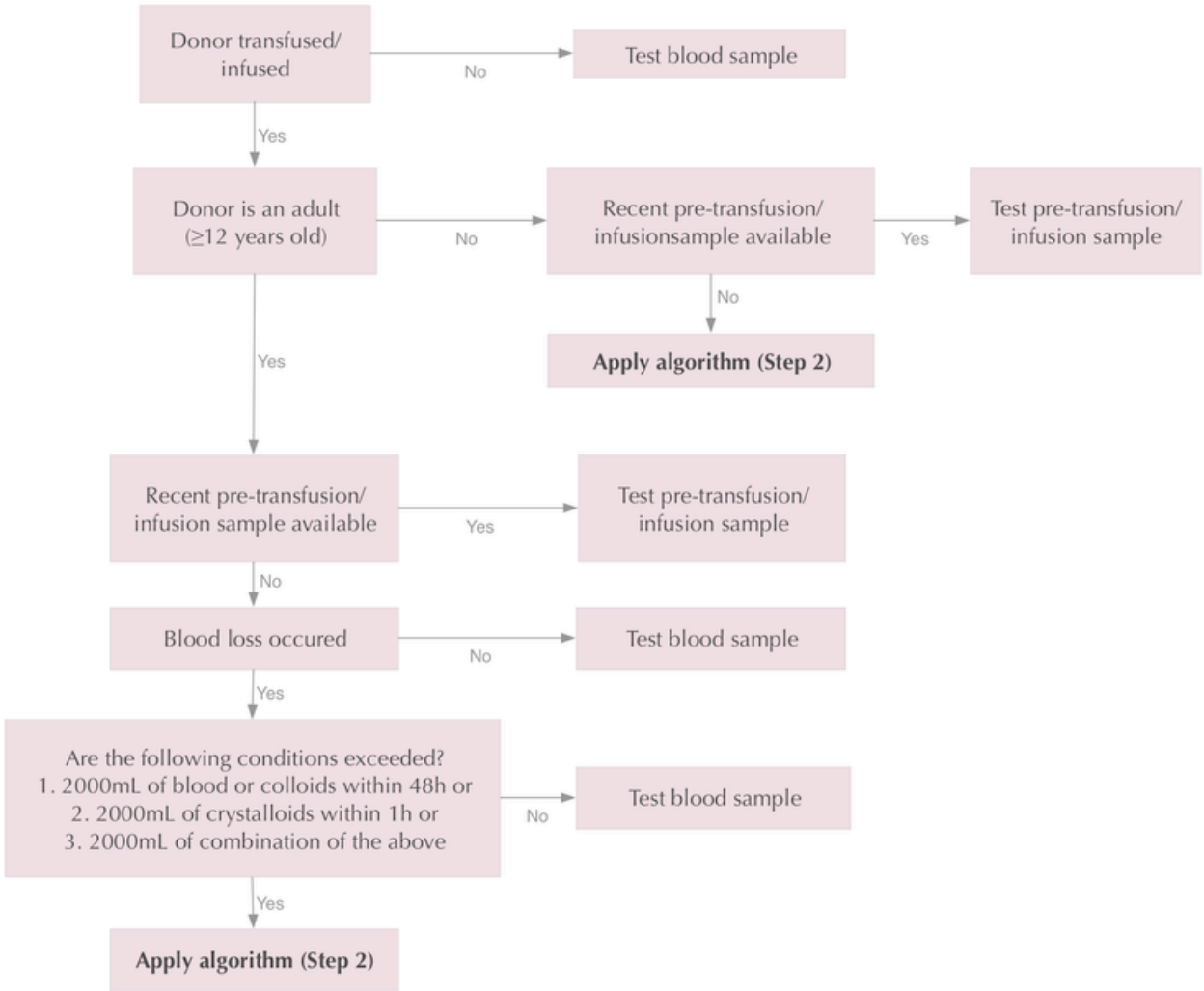
Last updated in TD-DSG Edition 203 Release 32 (26 July 2018)

The following algorithm is used for determining the suitability of post-transfusion/infusion samples for mandatory screening for transmissible infections. It is based on the algorithm developed by the Food and Drug Administration (FDA).

## Step 1: Determine which sample is suitable for testing

### Figure 1: Decision process

Use this flow chart to determine whether a blood sample or a pre-transfusion/infusion sample should be tested, or whether the algorithm (Step 2) should be applied.



### Description of Figure 1: Decision process

1. Has the donor been transfused?
   a. If No, test a blood sample.
   b. If Yes, continue to number 2.
2. Is the donor an adult (12 years old or above)?
   a. If No, continue to number 3.
   b. If Yes, continue to number 4.
3. Is there a recent pre-transfusion or pre-infusion sample available?
   a. If No, apply the algorithm for assessing dilution. See Step 2 on the page below.
   b. If Yes, test the pre-transfusion or pre-infusion sample.
4. Is there a recent pre-transfusion or pre-infusion sample available?
   a. If No, continue to number 5.
   b. If Yes, test the pre-transfusion or pre-infusion sample.
5. Has blood loss occurred?
   a. If No, test a blood sample.
   b. If Yes, continue to number 6.
6. Has the donor received 2000 mL of blood or colloids within 48 hours, or received 2000 mL of crystalloids within 1 hour, or received 2000 mL of a combination of blood, colloids and crystalloids?
   a. If No, test a blood sample.
   b. If Yes, apply the algorithm for assessing dilution. See Step 2 on the page below.

# Step 2: Algorithm to assess dilution

## Step 2a: Calculate volumes

### 1. Calculate donor plasma volume

Donor weight (kg) ÷ 0.025 = **donor plasma volume** (mL)

### 2. Calculate donor blood volume

Donor weight (kg) ÷ 0.015 = **donor blood volume** (mL)

### 3. Record volume of blood transfused

(in the 48 hours prior to death or sample collection, whichever comes first)

Add the following to calculate the volume of blood transfused (mL):

- Red blood cells in 48 hours (mL)
- Whole blood in 48 hours (mL)
- Reconstituted blood in 48 hours (mL)

The volume of blood transfused (mL) is **Sum A**.

### 4. Record volume of colloid infused

(in the 48 hours prior to death or sample collection, whichever comes first)

Add the following to calculate the volume of colloids transfused (mL):

- Plasma in 48 hours (mL)
- Platelets in 48 hours (mL)
- Albumin in 48 hours (mL)
- Hydroxyethyl starch (HES) or other colloids in 48 hours (mL)

The volume of colloids transfused (mL) is **Sum B**.

### 5. Record volume of crystalloid infused

(in the 1 hour prior to death or sample collection, whichever comes first)

The volume of crystalloid infused (mL) is **Sum C**.

## Step 2b: Assess dilution

### 1. Calculate volume of plasma transfused

Sum B + Sum C = **volume of plasma transfused** (mL)

### 2. Calculate total volume transfused

Sum A + Sum B + Sum C = **total volume transfused** (mL)

### 3. Calculate plasma dilution

Is the **volume of plasma transfused** greater than the **donor plasma volume**?

- Yes
- No

### 4. Calculate blood dilution

Is the **total volume transfused** greater than **donor blood volume**?

- Yes
- No

### 5. Determine sample suitability

If the answers to **both** questions above are 'No', the post-transfusion/infusion sample is acceptable.

If the answer to **either** question above is 'Yes', use a pre-transfusion/infusion sample. If a suitable sample is not available, seek expert advice and inform transplant centre, testing laboratory, tissue bank as necessary.

# Appendix 3: Immunisations

Last updated in TD-DSG Edition 203 Release 63 (30 April 2025)

This appendix gives information on live immunisations and non-live immunisations that may have been received by potential donors.

| **Disease** | **Comments and example adult preparations** | **Immunisation type** |
|---|---|---|
| Anthrax | Rarely given | Non-live |
| Cholera | Two cholera vaccines are available: **Vaxchora®** and Dukoral®; see rows below. Ensure the correct guidance is applied depending on the vaccine given.If vaccine name not certain, treat as a **live** vaccine. | See below |
| **Cholera** | **Vaxchora®** | Live |

| | | |
|---|---|---|
| Cholera | Dukoral® | Non-live |
| COVID-19 (SARS-CoV-2) | All COVID-19 vaccines licensed in the UK are non-live | Non-live |
| **Dengue** | **Qdenga®, Dengvaxia®** | Live |
| *Haemophilus influenza* type b (Hib) | Menitorex® | Non-live |
| Hepatitis A | May be combined with typhoid or hepatitis B.Hepatitis A only: Vaqta®, Avaxim®, Havrix®Combined with typhoid: ViATIM®Combined with hepatitis B: Ambirix®, Twinrix® | Non-live |
| Hepatitis B | May be combined with hepatitis A. If unexposed and more than 7 days from last immunisation, accept (see Hepatitis B).Engerix®, Fendrix®, HBvaxPRO®, PreHevBri®, Ambirix®, Twinrix® | Non-live |
| Human papillomavirus (HPV) | Cervarix®, Gardasil® | Non-live |
| **Influenza, intra-nasal** | **Given by intra-nasal spray, from 2 to 18 years of age.Fluenz Tetra®** | Live |
| Influenza, injection | This is the annual 'flu jab', given by injection.Several preparations, updated annually. | Non-live |
| Japanese encephalitis | Usually given for travel.Ixiaro® | Non-live |
| **Measles, mumps, rubella** | **This is the 'MMR' vaccine.M-M-RvaxPro®, Priorix®** | Live |
| Meningitis | Meningococcal group C: NeisVac-C®, Menjugate Kit®Meningococcal group B: Bexsero®, Trumenba®MenACWY Quadrivalent vaccine: Menveo®, Nimenrix®, MenQuadfi®Combined with H. influenzae type b (Hib): Menitorix® | Non-live |
| Mpox | Imvanex® (MVA-BN) is a live attenuated non-replicating smallpox vaccine. It may be used for pre-exposure mpox prophylaxis in healthcare workers or for post-exposure prophylaxis in contacts of mpox cases.If given for mpox vaccination, treat as a non-live vaccine (see Mpox). | Non-live |
| Pertussis | Usually given to pregnant women, in combination with diphtheria/ tetanus/polio vaccine or diphtheria/tetanus vaccine. | Non-live |

| | | |
|---|---|---|
| Pneumococcal disease | Usually given to people with specific risks (e.g. people who have had a splenectomy, people over 65).Pneumovax 23® | Non-live |
| Polio, injected | Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and *Haemophilus influenzae*. | Non-live |
| **Polio, oral** | **Not in routine use in the UK but may be given abroad** | Live |
| Rabies | Usually given to non-exposed individuals if occupation or activity has an exposure risk, or for some travellers to endemic areas.Rabipur®, Verorab® | Non-live |
| Respiratory syncytial virus (RSV) | Abrysvo®, Arexvy® | Non-live |
| Shingles | Two shingles vaccines are available: **Zostavax®** and Shingrix®; see rows below.Please note, Shingrix® has replaced Zostavax® in the UK vaccination programme for individuals aged 60-79 years. | See below |
| **Shingles** | **Zostavax® for shingles prevention** | Live |
| Shingles | Shingrix® for shingles prevention | Non-live |
| **Smallpox** | **This requires an 8-week deferral. If given, see**Smallpox immunisation**. See also Mpox (above).** | Live |
| Tetanus | Usually given in combination with other vaccines including (depending on the preparation) diphtheria, tetanus, pertussis and *Haemophilus influenzae*. | Non-live |
| Tick-borne encephalitis (TBE) | TicoVac® | Non-live |
| **Tuberculosis** | **This is the 'BCG' vaccine** | Live |
| Typhoid, injected | As a single preparation: Typhim Vi®Combined with hepatitis A: ViATIM® | Non-live |
| **Typhoid, oral** | **Usually given in capsule form.Vivotif®** | Live |
| **Varicella (chickenpox)** | **Usually given to healthcare workers.Varilrix®, Varivax®** | Live |
| **Yellow Fever** | **Stamaril®** | Live |

# Appendix 4: Grading of selected central nervous system tumours (WHO 2016 classification)

Adapted from: Louis DN, Perry A, Reifenberger G et al (2016). The 2016 World Health Organization Classification of Tumors of the Central Nervous System: a summary. Acta Neuropathologica. 2016;131(6): 803–20.

Last updated in TD-DSG Edition 203 Release 34 (30 September 2019)

## On this page



| **Tumour** | **Grade** |
|---|---|
| Diffuse astrocytoma, IDH-mutant | II |
| Anaplastic astrocytoma, IDH-mutant | III |
| Glioblastoma, IDH-wildtype | IV |
| Glioblastoma, IDH-mutant | IV |
| Diffuse midline glioma, H3K27M-mutant | IV |
| Oligodendroglioma, IDH-mutant and 1p/19q-codeleted | II |
| Anaplastic oligodendroglioma, IDH-mutant and 1p/19q-codeleted | III |
| **Tumour** | **Grade** |
| Pilocytic astrocytoma | I |
| Subependymal giant cell astrocytoma | I |
| Pleomorphic xanthoastrocytoma | II |
| Anaplastic pleomorphic xanthoastrocytoma | III |
| **Tumour** | **Grade** |
| Subependymoma | I |
| Myxopapillary ependymoma | I |

| | |
|---|---|
| Ependymoma | II |
| Ependymoma, RELA fusion-positive | II and III |
| Anaplastic ependymoma | III |
| **Tumour** | **Grade** |
| Angiocentric glioma | I |
| Chordoid glioma of third ventricle | II |
| **Tumour** | **Grade** |
| Choroid plexus papilloma | I |
| Atypical choroid plexus papilloma | II |
| Choroid plexus carcinoma | III |
| **Tumour** | **Grade** |
| Pineocytoma | I |
| Pineal parenchymal tumour of intermediate differentiation | II and III |
| Pineoblastoma | IV |
| Papillary tumour of the pineal region | II and III |
| **Tumour** | **Grade** |
| Meningioma | I |
| Atypical meningioma | II |
| Anaplastic (malignant) meningioma | III |
| **Tumour** | **Grade** |
| Medulloblastoma (all subtypes) | IV |
| Embryonal tumour with multi-layered rosettes, C19MC-altered | IV |
| Medulloepithelioma | IV |
| CNS embryonal tumour, NOS | IV |
| Atypical teratoid/rhabdoid tumour | IV |
| CNS embryonal tumour with rhabdoid features | IV |
| **Tumour** | **Grade** |
| Dysembryoplastic neuroepithelial tumour | I |
| Gangliocytoma | I |
| Ganglioglioma | I |
| Anaplastic ganglioglioma | III |
| Dysplastic gangliocytoma of cerebellum (Lhermitte–Duclos) | I |

| | |
|---|---|
| Desmoplastic infantile astrocytoma and ganglioglioma | I |
| Papillary glioneuronal tumour | I |
| Rosette-forming glioneuronal tumour | I |
| Central neurocytoma | II |
| Extraventricular neurocytoma | II |
| Cerebellar liponeurocytoma | II |
| **Tumour** | **Grade** |
| Schwannoma | I |
| Neurofibroma | I |
| Perineurioma | I |
| Malignant peripheral nerve sheath tumour (MPNST) | II, III and IV |
| **Tumour** | **Grade** |
| Solitary fibrous tumour/haemangiopericytoma | I, II and III |
| Haemangioblastoma | I |
| **Tumour** | **Grade** |
| Craniopharyngioma | I |
| Granular cell tumour | I |
| Pituicytoma | I |
| Spindle cell oncocytoma | I |