


Allergy

This page was last modified on 1 November 2016, at 13:33.

 **Contents**

- [Condition](#)
- [Individual at Risk](#)
- [Guidance at RECRUITMENT/CT/WORK-UP for adult volunteer donor \(NA for maternal donor \(cord blood donation\)\)](#)
 - [Latex](#)
 - [Anaesthetic](#)
 - [Other allergy](#)
- [Justification for guidance](#)
- [References](#)

Condition

Any abnormal immune-mediated reaction to a drug or other external stimulus, such as rash, tongue-swelling, and difficulty breathing.

Individual at Risk

Donor / Recipient

Guidance at RECRUITMENT/CT/WORK-UP for adult volunteer donor (NA for maternal donor (cord blood donation))

Latex

UNACCEPTABLE if anaphylaxis (life-threatening) or widespread allergy (i.e. rash all over the skin) to latex.

ACCEPTABLE if mild localised contact allergy to latex (e.g. a rash on the hands from wearing latex gloves).

Anaesthetic

UNACCEPTABLE if life-threatening or other severe allergy to any anaesthetic agent. However, other adverse effects (such as nausea, vomiting, fatigue) may be acceptable.

Other allergy

ACCEPTABLE at the discretion of the assessing physician. Donors with multiple severe allergies, particularly with a history of anaphylaxis to more than one allergen should not donate.

ACCEPTABLE if currently undergoing desensitisation therapy.

Inform transplant centre AND collection centre of any allergy, including hayfever.

Justification for guidance

During donation donors are exposed to a number of potential allergens, including G-CSF, anaesthetic agents and latex. There is a possibility of transfer of allergy to the recipient.

References

Tulpule S, Shaw BE, Makoni P, Little AM, Madrigal JA, Goldman JM. Severe allergic reaction with anaphylaxis to G-CSF (lenograstim) in a healthy donor. *Bone Marrow Transplant* 2009; 44(2): 129-30.

Hallstrand TS, Sprenger JD, Agosti JM, Longton GM, Witherspoon RP, Henderson WR, Jr. Long-term acquisition of allergen-specific IgE and asthma following allogeneic bone marrow transplantation from allergic donors. *Blood* 2004; 104(10): 3086-90.