| Organisation name<br>Site or unit | | STANDARD OPERATING PROCEDURE<br>**Donation testing and disposal of unsafe units** | |
|---|---|---|---|
| **Document ID** | BLD-SOP-002 | **Version** | 1.0 |
| **Status** | Blank form, to adapt | **Issue date** | |
| **Review date** | | **Replaces** | |
| **Owner** | | **Approved by** | |
| **Signature** | | | |

**Standards › Standard 5 › Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · BLD-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

**Supports: 5.2**

At a glance

- Test every donation for the infections and blood group with validated tests.
- Record each result before the unit is released.
- Discard any unit with a positive or invalid result.
- Notify the donor and the clinician of a positive result as the policy sets.
- Stop and get help straight away if: a unit is released before all tests are recorded, or a positive unit is not discarded.

## 1. Purpose

To make sure each donation is tested, and that unsafe units never reach a patient (5.2).

## 2. Scope

| Applies to | Clinical and support staff in the hospital |
|---|---|
| Locations | All wards, clinics and departments of the facility |

| | |
|---|---|
| When | Whenever the activity described is carried out |
| Does not apply to | Activities covered by another document listed in section 15 |
| | |
| | |
| | |

## 3. Definitions

| Term | Meaning |
|---|---|
| Clinical lead | The doctor or nurse in charge of the area at the time |
| | |
| | |
| | |

## 4. Background

Each donation carries a risk of infections that can pass to a patient. Testing every donation with validated tests, and discarding unsafe ones, keeps those infections out of the blood supply.

## 5. Responsibilities

| Role | Responsibility | Competence |
|---|---|---|
| Laboratory scientist | Runs the tests and checks the results | Scientist |
| Blood bank director | Authorises release and disposal | Clinician |
| | | |
| | | |
| | | |

## 6. Materials and equipment

| Item | Requirement | Condition |
|---|---|---|
| Records and forms named in this document | Current version | Checked before use |
| | | |
| | | |

## 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

## 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

## 9. Procedure

Step 1. Test.

- Run the validated tests for each donation and record the results (BLD-REG-001).

Key point: Validated tests only.

Step 2. Release.

- Release a unit only when every test result is recorded and valid.

Key point: No result, no release.

Step 3. Discard.

- Discard any positive or invalid unit, and record the disposal.

Key point: Unsafe is discarded, always recorded.

## 10. Decision points

- No decision points in this procedure.

## 11. Special situations

| Situation | Action |
|---|---|
| Out of hours | Follow the same steps. Use the on-call contact on the wall of the area. |
| | |
| | |
| | |

## 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

## 13. Monitoring

| Measure | Target | Frequency | Owner | If not met |
|---|---|---|---|---|
| Units released with all results recorded | 100% | Monthly | Blood bank director | Escalate to governing body |
| Unsafe units discarded and recorded | 100% | Monthly | Blood bank director | Escalate to governing body |
| | | | | |
| | | | | |
| | | | | |

## 14. Records

| Record | Kept in | Retention |
|---|---|---|
| Record named in this document | Patient record or the area file | the period set by the facility's records policy, in years |
| | | |
| | | |
| | | |

## 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

## 16. Related documents

| ID | Title | Use |
|---|---|---|
| BLD-REG-001 | Donation testing and release register | Register |
| | | |
| | | |
| | | |

## 17. Evidence

| Reference | Note |
|---|---|
| E-009 | Based on the WHO guidance on screening donated blood for transfusion-transmissible infections (2010). |
| E-006 | ASF Policy Framework v1.2. Adapted. |
| E-009 | ASF Expert Committee consensus. |
| | |
| | |
| | |

## 18. Change history

| Version | Date | What changed | Approval |
|---|---|---|---|
| 1.0 | the date of approval | First version | set Expert Committee approval |
| | | | |
| | | | |
| | | | |

## 19. References



Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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