Standard operating procedure (SOP) · FRT-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 8.5

At a glance

- Each donor is screened for infectious diseases and genetic conditions as required.
- The screening is repeated as the guidance sets.
- Results are recorded before any donation is used.
- A donor with a positive result is not used.
- Stop and get help straight away if: a donation is used before the donor’s screening results are recorded.

1. Purpose

To prevent infections and genetic conditions passing to a patient or a child (8.5).

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

A donor’s infection or genetic condition can pass to a patient or a child. Screening before use, with results recorded, is required for safe donation.

5. Responsibilities

Role	Responsibility	Competence
Clinical director	Owns the screening rule	Clinician
Donor coordinator	Runs the screening and records results	Nurse or scientist

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. Screen.

- Screen the donor for infections and genetic conditions as the guidance requires (FRT-FRM-003).

Key point: Before any use.

Step 2. Decide.

- Do not use a donation from a donor with a positive or incomplete result.

Key point: Positive means not used.

Step 3. Record.

- Record each result and the date it is valid until.

Key point: Valid until a date.

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
Donations used with screening recorded	100%	Monthly	Clinical director	Escalate to chief executive

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 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
FRT-FRM-003	Donor screening record	Record

17. Evidence

Reference	Note
E-009	Based on ESHRE guidance and the WHO guidance on screening donated blood for 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

E-learning for this document

- **Fertility & IVF Accreditation Training** (AMB-13)
- Biosafety, PPE, spills, sharps, waste, fire and access (L-09)

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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