BLOOD DONATION

COMPLETE GUIDE

Eligibility • Rules • Medical Criteria • Regulations

"One Donation. Three Lives Saved."

A Comprehensive Reference for Blood Donors & Medical Staff

National Blood Transfusion Council (NBTC) | Drugs & Cosmetics Act, 1940 | India

❶ BASIC ELIGIBILITY CRITERIA

Who Can Donate?

CRITERION	REQUIREMENT	NOTES
Age	18 – 65 years	First-time donors ≤ 60 recommended
Body Weight	Minimum 45 kg	Higher weight = 450 mL collected
Haemoglobin	≥ 12.5 g/dL (Female) ≥ 13.0 g/dL (Male)	Tested via copper-sulphate / digital Hb meter
Systolic BP	100 – 160 mmHg	Measured before donation
Diastolic BP	60 – 100 mmHg	Must be within normal range
Pulse Rate	60 – 100 bpm	Regular rhythm required
Body Temp	≤ 37.5°C (99.5°F)	No fever on donation day
General Health	Feeling well	No recent illness in past 2 weeks

COLLECTION VOLUME: 350 mL if weight 45–54 kg | 450 mL if weight ≥ 55 kg (per NBTC guidelines)

❷ DONATION FREQUENCY

How Often Can You Donate?

COMPONENT	INTERVAL	MAX / YEAR	NOTES
Whole Blood	Every 90 days (3 months)	4 times	Most common type
Platelets (Apheresis)	Every 14 days	Up to 24 times	Same-day procedure ~2 hrs
Plasma	Every 28 days	Up to 13 times	Yellow liquid component
Double Red Cells	Every 112 days	3 times	Requires higher Hb
Granulocytes	As directed by doctor	Variable	Rare; for infection patients

❸ MEDICAL SCREENING AT THE BLOOD BANK

What Happens Before Your Blood Is Taken

Before every donation, a trained medical officer performs a confidential health screening. Here is exactly what is checked — information that is rarely explained to donors:

TEST / CHECK	METHOD USED	PASS THRESHOLD	WHY IT MATTERS
Haemoglobin (Hb)	CuSO■ drop test or digital Hb meter	≥ 12.5 g/dL	Prevents donor anaemia
Blood Pressure	Manual sphygmomanometer	100–160 / 60–100 mmHg	Ensures cardiac safety
Pulse	Manual or digital	60–100 bpm, regular	Detects arrhythmia
Body Temperature	Oral / ear thermometer	≤ 37.5°C	Screens active infection
Skin & Veins	Visual inspection	No lesions, good vein access	Prevents donor injury
HIV Antibody	ELISA / rapid test on donated blood	Non-reactive	Protects recipient
Hepatitis B (HBsAg)	ELISA on donated blood	Non-reactive	Prevents HBV transfusion
Hepatitis C (Anti-HCV)	ELISA on donated blood	Non-reactive	Prevents HCV transfusion
Syphilis (VDRL/RPR)	Serological test	Non-reactive	Prevents syphilis
Malaria Parasite	Malaria antigen test (where applicable)	Negative	Tropical disease screen
Blood Group & Rh	ABO + Rh typing	Confirmed & labelled	Cross-match accuracy
Donor History Form	Verbal + written questionnaire	No high-risk activity	Behavioural screening

All test results on donated blood are STRICTLY CONFIDENTIAL and handled by licensed pathologists only.

❹ TEMPORARY DEFERRAL CONDITIONS

You Can Donate Later

CONDITION / SITUATION	WAIT PERIOD	REASON
Cold / Flu / Fever	Until fully recovered + 7 days	Active viral load risk
Dental extraction	3 days	Bacteraemia risk
Dental scaling / filling	1 day	Minor tissue trauma
Minor surgery	6 months	Recovery & anaemia risk
Major surgery	12 months	Healing + blood loss
Tattoo or body piercing	6–12 months	Bloodborne infection window
Vaccination (live virus)	4 weeks	e.g. MMR, BCG, OPV, varicella
Vaccination (killed / toxoid)	48 hours	e.g. flu shot, Hepatitis B
COVID-19 vaccine	28 days	As per revised NBTC circular
Childbirth / C-section	6 months	Post-partum recovery
Miscarriage / abortion	6 months (3 months if early)	Hormonal & blood recovery
Breastfeeding	Until breastfeeding stops	Nutritional needs of infant
Malaria (confirmed)	3 months after recovery	Parasite clearance
Malaria endemic area visit	3 months after return	Parasite window period
Typhoid fever	12 months after recovery	Systemic bacterial infection
Jaundice (non-viral)	3 months	Liver function
Alcohol consumption	24–48 hours	Blood viscosity & safety
Aspirin / NSAIDs	3 days (for platelets)	Platelet aggregation affected
Antibiotics course	Until 7 days after last dose	Active infection concern
Blood transfusion received	12 months	Window period for TTIs
Endoscopy / Colonoscopy	1 week	Minor mucosal trauma
Acupuncture (sterile needles)	No deferral	If performed by certified professional
Acupuncture (non-sterile)	12 months	Infection risk

⑤ PERMANENT DEFERRAL CONDITIONS

Cannot Donate — Ever

CONDITION	REASON
HIV Positive (any stage)	Incurable; recipient safety
Hepatitis B (HBsAg positive, chronic)	Chronic carrier; transfusion-transmissible
Hepatitis C (Anti-HCV positive)	No cure available; recipient risk
HTLV I/II infection	Leukaemia / lymphoma risk to recipient
Syphilis (untreated or chronic)	Spirochaete transmission
Heart disease (active / treated)	Donor cardiovascular safety
Cancer (any type)	Risk of transmission; donor health
Epilepsy (on medication)	Seizure risk during needle procedure
Insulin-dependent Diabetes (Type 1)	Organ impact & donor risk
Chronic Kidney Disease	Metabolic instability
Chronic Liver Disease (cirrhosis)	Clotting factor deficiency
Babesiosis (history of)	Parasite persists in red cells
Chagas disease	Endemic parasite; transmissible
CJD / vCJD (or at risk)	Prion disease — no test available
IV drug use (ever)	Permanent bloodborne disease risk
Received dura mater / corneal graft	CJD prion risk
Haemophilia or clotting disorders	Recipient safety + donor blood loss

⑥ MEDICATION-BASED DEFERRAL

DRUG / MEDICATION	WAIT / ACTION	NOTES
Aspirin	72 hours (platelets only)	Whole blood: no deferral
Warfarin / Blood thinners	7 days after stopping	INR must be normalised
Isotretinoin (Accutane)	1 month after last dose	Teratogen — recipient risk
Finasteride / Dutasteride	1 month / 6 months after last dose	Teratogen in recipients
Etretinate (Tegison)	Permanent deferral	Long half-life teratogen
Acitretin	3 years after last dose	Severe teratogen
Bovine insulin (if ever used)	Review case by case	CJD transmission concern
Hormone therapy / HRT	No deferral if stable	Donor must feel healthy
Oral contraceptives	No deferral	Safe to donate
Antibiotics (acute course)	7 days after completion	Active infection concern

DRUG / MEDICATION	WAIT / ACTION	NOTES
Steroids (systemic, long-term)	Assessed by medical officer	Immune suppression review
Immunosuppressants	Permanent deferral	Transplant / autoimmune patients

❼ PRE & POST DONATION CARE

Essential Steps for a Safe Experience

BEFORE DONATION — DO THIS	AFTER DONATION — DO THIS
✔ **Hydrate well** — Drink 500 mL extra water 2 hrs before	✔ **Rest 10–15 minutes** — Stay in observation area
✔ **Eat light iron-rich meal** — Include spinach, lentils, or eggs	✔ **Press & keep plaster on** — At least 3–4 hours
✔ **Avoid fatty foods** — Fat affects infection testing	✔ **Drink extra fluids** — Juice, water, coconut water
✔ **Sleep 7–8 hours** — Reduces dizziness risk	✔ **Eat snacks provided** — Biscuit, juice at donation camp
✔ **Carry valid photo ID** — Aadhaar / PAN / Passport	✔ **Avoid driving 30 min** — Possible light-headedness
✔ **Wear loose clothing** — Easy upper-arm access	✔ **No heavy lifting 24 hrs** — Rest arm used for donation
✔ **Avoid alcohol 48 hrs** — Affects blood quality	✔ **Avoid alcohol 24 hrs** — Post-donation dehydration risk
✔ **No strenuous exercise** — On the day of donation	✔ **Exercise next day only** — Light activity okay after 4 hrs
✔ **Disclose all medications** — Full honest disclosure required	✔ **Iron-rich diet 7 days** — Red meat, spinach, legumes

❽ INDIAN REGULATORY FRAMEWORK

Legal & Official Guidelines

REGULATION / BODY	KEY PROVISION
Drugs & Cosmetics Act, 1940 (Schedule F, Part XII B)	Governs licensing, operation & standards of blood banks in India
National Blood Transfusion Council (NBTC)	Apex body under MoHFW; sets all national standards & policies
State Blood Transfusion Councils (SBTCs)	Implement NBTC policies; oversee state blood bank licensing
Voluntary Blood Donation Policy	All paid/commercial blood donation is BANNED in India since 1998
Central Drugs Standard Control Organisation (CDSCO)	Licenses blood banks; inspects compliance
National AIDS Control Organisation (NACO)	Mandates HIV screening on every donated unit
Blood Bank Licensing	Every blood bank must hold a valid licence from State Drug Controller
Informed Consent	Donor must sign a voluntary consent form before donation
Medical Officer Certification	A registered MO must certify donor fitness before blood is drawn
Donor Deferral Register	All deferred donors must be recorded; register reviewed quarterly
Blood Component Preparation	Mandatory separation into RBCs, plasma, platelets where feasible
Labelling Standards	Every bag must show: blood group, Rh, volume, collection date, expiry, screening status
Cold Chain Requirements	Whole blood: 2–6°C | Platelets: 20–24°C agitated | FFP: ≤ –25°C
Cross-Matching Mandate	Compulsory ABO + Rh cross-match before any transfusion
Haemovigilance Programme (HvPI)	Adverse transfusion reactions must be reported to CDSCO/NBTC
Lookback / Traceability	Each donation traceable from donor to recipient for up to 30 years

⑨ BLOOD GROUP COMPATIBILITY CHART

Who Can Give & Receive What?

BLOOD GROUP	CAN DONATE TO	CAN RECEIVE FROM	% POPULATION (India)
A+	A+, AB+	A+, A–, O+, O–	~27%
A–	A+, A–, AB+, AB–	A–, O–	~1%
B+	B+, AB+	B+, B–, O+, O–	~37%
B–	B+, B–, AB+, AB–	B–, O–	~2%
O+	A+, B+, O+, AB+	O+, O–	~36%
O–	**ALL (Universal Donor)**	**O– only**	**~2%**
AB+	**AB+ only**	**ALL (Universal Recipient)**	**~9%**
AB–	AB+, AB–	A–, B–, O–, AB–	~1%

O– is the Universal Donor (red cells). AB+ is the Universal Recipient. AB is the Universal Plasma Donor.

⑩ QUICK REFERENCE — EMERGENCY CONTACTS

ORGANISATION	CONTACT / HELPLINE	SERVICE
National Blood Transfusion Council (NBTC)	nbtc.naco.gov.in	Policy & Donor Registry
eRaktkosh (MoHFW Portal)	eraktkosh.in | 1800-180-1104	Blood bank locator; 24×7
Tamil Nadu STBC	104 (health helpline)	TN blood bank directory
Indian Red Cross Society	011-23716441	Blood donation drives
NACO (for HIV queries)	1097 (toll-free)	Confidential HIV counselling
National Health Mission	104	Health helpline; India-wide

Every drop counts. A single whole-blood donation takes 8–10 minutes and can save up to **3 lives**. Be a hero — donate today.