

**To: Transfusion Laboratory Managers, Transfusion Practitioners, Chair of HTC, Chair of RTC, Consultant Haematologist with responsibility for Blood Transfusion, England EPRR, Chief Nurses**

**3 July 2026**

**Stock Update – Move to Pre-Amber status for A and AB D negative Platelets. O D negative and B D negative Red Cell stocks are vulnerable**

Dear Colleague,

We would like to thank you for your support again. Our stock is sensitive to fluctuations in donation and demand especially through the recent hot weather and need your continued support.

We are concerned about sufficiency of supply of group A D negative and AB D negative platelets over the coming days and weeks. There has also been a significant rise in demand for B D negative and O D negative red cells.

To support us in maintaining an uninterrupted supply we are moving to Pre-Amber status for A D negative and AB D negative platelets and we will only issue these for named patients. This will be implemented at 12.00 on 3 July 2026.

We are NOT asking you to implement your Emergency Blood Management Arrangements (EBMA) at this stage. However, it is important you ensure your EBMA for platelets are in place and that your EBM group can be convened quickly if needed.

NHSBT and NBTC are asking all hospitals to take action to avoid impact on NHSBT's ability to supply to orders for red cells and platelets

Please ensure the following actions are taken:

### **Hospital Action to Support Platelets**

- **Only order group A D and AB D negative platelets for named patients**
- Review your stock holding and reduce where possible
- Do not specify CMV, apheresis or High Titre requirements unless clinically required
- Match ABO group rather than rely on group A platelets as this provides better patient outcomes
- Extend the interval between platelet transfusions if safe to do so
- Review the appropriateness of requests for platelets, especially any requests for double dose platelets.
- Ensure that wastage is kept to a minimum and stock is held only where essential for patient safety.
- When placing your order, please indicate the date and time you require the platelets for transfusion. Please let our Hospital Services team know immediately if the urgency of any order changes

The Patient Blood Management Team have produced a range of [resources](#) to support best practice in Platelet use.

### **Hospital Action to Support O D and B D Negative Red Cells**

- Review and reduce your stock holding if safe to do so
- Use appropriate substitutions and use O D positive if safe to do so
- Use O D positive red cells for males, and females over 50, in emergencies where their blood group is unknown
- Please request Ro if you require this. This will give us a full understanding of demand
- Please preserve Ro blood for Ro patients. NHSBT can help support setting up stock sharing with other Trusts

Refer to [NBTC Pre-Amber guidance](#) and continue to implement [Patient Blood Management](#) recommendations including:

- Use of tranexamic acid prior to major surgery
- Appropriate treatment of iron deficiency anaemia with oral or intravenous iron
- Appropriate treatment of vitamin B12/folate deficiencies
- Single unit red cell transfusions if not actively bleeding or on a transfusion programme
- Use a restrictive red cell transfusion threshold, haemoglobin of 70 g/L unless patient is bleeding, has acute coronary syndrome, or is on a chronic transfusion programme

### **NHSBT Action**

We continue to deliver an extensive media campaign and working hard to bring in more red cell and platelet donors to support the at risk blood groups.

**Please cascade to laboratory and clinical staff as appropriate.**

Kind regards

**Dr. Andrew Fletcher**  
Associate Medical Director  
NHS Blood and Transplant

**Prof. Cheng-Hock Toh**  
Chair  
National Blood Transfusion Committee

