













Red Cell Compatibility Guide

		Donor Unit			
Patient	Type	O	A	B	AB
	O				
	A				
	B				
	AB				

		Donor	
Patient	RhD	+	-
	+		
	-	*	


* In extreme circumstances RhD Positive blood **may** be given to a RhD Negative individual (except for women of child-bearing age or patients with anti-D). This decision is always taken in consultation with a Transfusion Medicine Specialist.










ABO compatibility is not essential for platelet transfusions. The Blood Bank will normally provide platelets that are ABO identical to the recipient or are ABO compatible (see table for Red Cells) but it is not a strict requirement for platelet components to be ABO compatible.

Please refer to the Blood Resource Folder



Plasma Compatibility Guide



		Donor Unit			
Patient	Type	O	A	B	AB
	O				
	A				
	B				
	AB				

There are NO viable red cells in plasma so RhD is not relevant.

In an emergency situation it is possible that patients may receive group A plasma irrespective of blood group.

ABO compatibility is not essential for cryoprecipitate transfusions. The Blood Bank will normally provide cryoprecipitate that is ABO identical to the recipient or is ABO compatible (see table for plasma) but it is not a strict requirement for cryoprecipitate to be ABO compatible.

Please refer to the Blood Resource Folder

