

Recipient ABO Type	Donor ABO Type	Restrictions for Processing Peripheral Blood Stem Cells
A	A	Unmanipulated
A	B	Red Blood Cell Depleted* / Plasma Depleted**
A	O	Plasma Depleted**
A	AB	Red Blood Cell Depleted*
B	A	Red Blood Cell Depleted* / Plasma Depleted**
B	B	Unmanipulated
B	O	Plasma Depleted**
B	AB	Red Blood Cell Depleted*
O	A	Red Blood Cell Depleted*
O	B	Red Blood Cell Depleted*
O	O	Unmanipulated
O	AB	Red Blood Cell Depleted*
AB	A	Plasma Depleted**
AB	B	Plasma Depleted**
AB	O	Plasma Depleted**
AB	AB	Unmanipulated

\*If volume of RBCs is < 30mL total-Product is unmanipulated

\*\*If product is < 150 ml-Product is unmanipulated