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Journal of Clinical Transplantation

ISSN 3068-3750

Research Article

Artificial Intelligence In Transfusion Medicine: A Contemporary Review.

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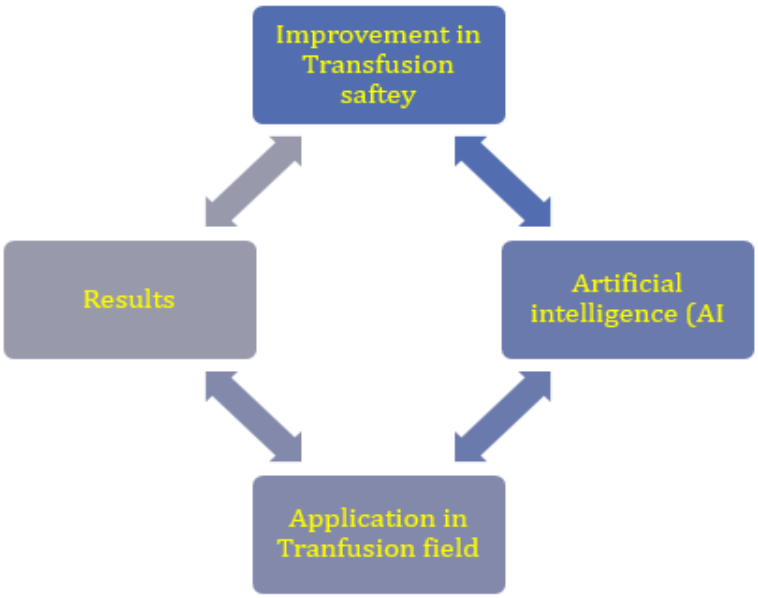
Abstract

Artificial intelligence (AI)—including machine learning (ML), deep learning (DL), and natural language processing (NLP)—is transforming transfusion medicine (TM) across the donor-to-recipient continuum. This review synthesizes applications in donor recruitment-motivation and mobilization, donor screening, laboratory microbiology and immunohematology, component quality assessment, inventory forecasting, clinical decision support and patient blood management (PBM), and hemovigilance. We summarize reported benefits, implementation pitfalls, regulatory and ethical considerations, and pragmatic steps to deploy AI safely. Across domains, AI shows promise to improve safety, reduce wastage, and personalize care; however, rigorous prospective evaluation, calibration, transparency, and human-in-the-loop governance remain essential.

Keywords: Transfusion medicine, artificial intelligence, machine learning, inventory forecasting, immunohematology, hemovigilance, patient blood management.

Graphical Abstract



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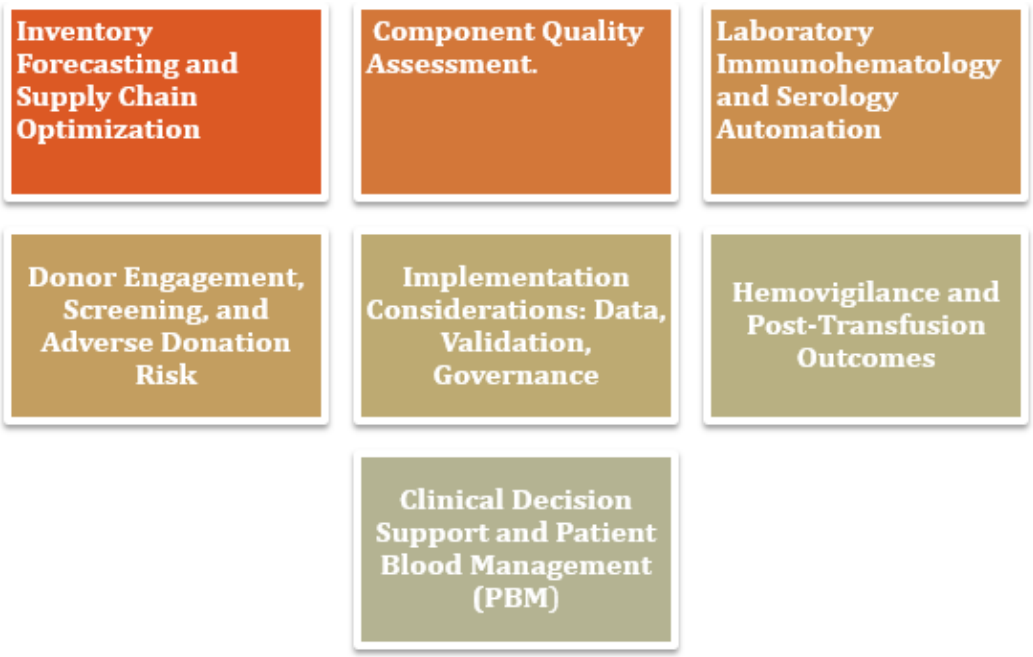
Received: 09-Jan-2026, Manuscript No. JOCT - 5361 **; Editor Assigned:** 10-Jan-2026 **; Reviewed:** 28-Jan-2026, QC No. JOCT - 5361 **; Published:** 25-Feb-2026.
DOI: 10.52338/joct.2026.5361.
Citation: **Dr. Neha Singh.** Artificial Intelligence In Transfusion Medicine: A Contemporary Review. Journal of Clinical Transplantation. 2026 February; 15(1). doi: 10.52338/joct.2026.5361.

INTRODUCTION

Transfusion medicine (TM) represents a highly dynamic and high-stakes multidisciplinary speciality that lies at the intersection of clinical care, laboratory sciences, and health systems management. Unlike many other areas of medicine, it operates within a supply chain that is both time-critical and uniquely constrained by the biological nature of its products. Blood and its components—such as red blood cells, platelets, fresh and recovered plasma, and cryoprecipitate—are inherently perishable, with shelf lives ranging from just a few days to a few weeks. This short viability period places considerable pressure on healthcare systems to balance the competing demands of maintaining adequate stock while minimizing wastage due to expiry. Furthermore, blood products are sourced from human donors, making supply inherently dependent on donor availability, motivation and mobilization campaigns, seasonal fluctuations, and sociocultural factors. On the demand side, unpredictable emergencies, major surgeries, trauma, and chronic transfusion-dependent conditions create considerable variability. Thus, transfusion medicine is tasked with orchestrating an extremely delicate equilibrium of supply and demand under conditions of uncertainty and urgency. Adding to this complexity is the remarkable heterogeneity of patients requiring transfusion. Factors such as age, comorbidities, immunological background, alloimmunization history, and rare blood group phenotypes all play a critical role in determining transfusion needs. Inappropriate matching or inadequate prediction of transfusion requirements can lead not only to resource wastage but also to life-threatening outcomes such as hemolytic reactions, alloimmunization, and transfusion-related acute lung injury (TRALI). Historically, conventional statistical methods and heuristic approaches have been used to predict blood utilization patterns, optimize inventory, and reduce risks. While these methods provided valuable insights, their capacity to handle the large, multidimensional datasets generated in modern healthcare has been limited. In recent years, artificial intelligence (AI) has emerged as a transformative force capable of augmenting, and in some areas surpassing, traditional tools in TM. Machine learning algorithms, deep learning architectures, and natural language processing techniques are increasingly being employed to address challenges ranging from donor motivation and mobilization and blood inventory forecasting to automated serological testing and bedside transfusion decision support. AI models can integrate vast amounts of structured data (such as blood counts, laboratory results, and donor demographics) with unstructured data (such as clinical notes or imaging reports) to derive predictive insights that were previously unattainable. By learning from historical patterns, these models enable more accurate forecasting of demand, optimization of stock rotation, and identification of patients at risk for adverse transfusion outcomes. outcomes significant is AI's potential in enhancing safety. Automated image recognition systems are being deployed to improve serology and cross-matching, reducing human error in laboratory workflows. Predictive analytics can flag mismatched transfusions, while reinforcement learning approaches are being investigated for personalized transfusion thresholds, tailoring decisions to individual patient physiology rather than applying broad guidelines. At the systems level, AI-driven dashboards and decision-support platforms assist clinicians and administrators in making real-time decisions about allocation and prioritization of limited blood resources. Recent scoping and narrative reviews consistently emphasize the rapid acceleration of AI applications within transfusion medicine.[1-4] They highlight how innovations are moving beyond theoretical frameworks into real-world practice, with pilot ooimplementations already underway in blood banks, clinical laboratories, and hospital wards ORs and ICU. These reviews also underscore the importance of responsible adoption, with attention to ethical considerations, data privacy, and validation across diverse populations. As the field progresses, AI is not envisioned as a replacement for human expertise but as an essential tool(**fig-1**) that enhances precision, efficiency, and safety in transfusion practices.

Areas for [AI] Tool in Transfusion Medicine.

Figure 1.



Donor engagement and motivation, Screening, and Adverse Donation Risk

Donor engagement represents the cornerstone of a sustainable blood supply chain. Since blood cannot be artificially manufactured, healthcare systems are reliant on the altruism and repeated participation of voluntary, non-remunerated donors. motivtion and retention are therefore perennial challenges in transfusion medicine, especially in the face of demographic shifts, pandemic-related disruptions, and seasonal shortages. Artificial intelligence (AI) has emerged as a promising tool to improve motivation and retention efficiency and donor experience by leveraging large-scale data collected in blood establishment computer systems (BECS) and national donor registries. Different process of donor recruitment and retention expalained(**table 1**)

Donor recruitment and retention Table 1.

motivation and Retention	Screening and Eligibility	Equity, Fairness, and Ethical Considerations

Motivation and Retention

Predictive models are increasingly used to identify individuals who are likely to become repeat donors. Machine learning algorithms can analyze donor demographics, previous donation history, geographic location, and even external factors such as weather and public holidays to forecast donation likelihood (5-6). For instance, predictive engagement models can anticipate when a donor is most likely to return, allowing targeted reminders and personalized messaging that improve retention rates. Similarly, AI-driven analytics can forecast blood drive yields based on seasonal variations, regional demographics, and campaign-specific attributes. This enables blood centers to strategically schedule mobile drives in locations and time periods with the highest predicted impact, thereby reducing operational costs and improving yield consistency[7].

Screening and Eligibility

The pre-donation screening process, traditionally reliant on standardized questionnaires and interpretation, is increasingly being augmented with AI. Machine learning models can triage donor eligibility by analyzing vitals, prior medical history, and responses to screening questions. Predictive risk scores can help flag donors at higher risk of ineligibility, thereby streamlining the workflow and reducing waiting times (8). Moreover, AI can detect inconsistencies in donor responses that may otherwise escape human reviewers, enhancing the accuracy of donor deferral decisions. Natural language processing (NLP) has also been explored for analyzing free-text entries in donor questionnaires, helping identify subtle risk markers related to lifestyle or travel history.

Prediction of Adverse Donor Reactions

Adverse events during donation—such as vasovagal reactions, hematomas, —pose not only risks to donor safety but also threaten retention, as negative experiences reduce the likelihood of repeat donations. AI models trained on large BECS datasets have shown promise in predicting adverse donor reactions by analyzing pre-donation vitals (e.g., blood pressure, pulse, hemoglobin levels), demographic

variables, and prior reaction history (9). These models can be used to implement preventive strategies such as tailored hydration protocols, pre-donation counseling, or selection of an alternative donation type (e.g., apheresis vs. whole blood). Personalized risk assessment enhances donor safety, improves satisfaction, and promotes long-term loyalty to the donation system.

Outcome, Fairness, and Ethical Considerations

While predictive performance of AI-driven donor engagement and screening systems is strong, concerns about fairness and outcome remain. Certain donor groups—such as women, younger donors, or those from underrepresented ethnic communities—may face disproportionately higher deferral rates if models are not periodically audited and recalibrated (10). For example, reliance on hemoglobin thresholds without considering sex-based differences can inadvertently discourage female donors. Algorithmic bias, if unaddressed, risks undermining trust in blood collection systems. Therefore, ongoing validation across diverse populations and transparent reporting of model performance are essential.

Additionally, ethical considerations such as data minimization time reduction and explicit donor consent must be prioritized. Since AI models may utilize sensitive attributes—including socioeconomic indicators, lifestyle factors, or genetic markers—governance frameworks should ensure that only relevant variables are used, and that donors are informed about how their data is applied. Clear communication fosters trust and aligns with international principles for responsible AI in healthcare.

Laboratory microbiology and Immunohematology and Serology Automation

Laboratory microbiology and immunohematology forms the backbone of transfusion medicine, providing essential testing to ensure compatibility between donor blood and recipients. Core procedures such as blood grouping, antibody screening, and crossmatching have traditionally relied on manual or semi-automated methods. These conventional approaches, though effective, are vulnerable to limitations such as inter-operator variability, subjective interpretation of agglutination strength,time factor and time delays during high workload situations. The integration of artificial intelligence (AI)-**Table-2** and automation technologies into serology laboratories offers a pathway to overcome these challenges, enhancing accuracy, efficiency, and reproducibility.

AI- Conventational methods to automation Table 2.

Image-Based Algorithms for Agglutination Grading
Deep Learning for Genotype-to-Phenotype Mapping
NLP for Antibody History and Special Requirements
Integration of Automation and Expert Oversight

Future Directions and Ethical Considerations

Image-Based Algorithms for Agglutination Grading

Agglutination strength assessment is a key determinant in antibody detection and crossmatching. Traditionally, grading has depended on visual interpretation by laboratory technologists, introducing variability between readers, especially in borderline or weak reactions. Image analysis algorithms, trained on large datasets of gel or column agglutination images, are now being deployed to provide standardized and objective grading (11). These algorithms can reliably differentiate between negative, weakly positive, and strongly positive reactions, thereby reducing subjective error and improving consistency across different laboratories. Advanced image-based models also integrate quality control checks, flagging samples where reactions are ambiguous and requiring expert adjudication.

Deep Learning for Genotype-to-Phenotype Mapping

The increasing availability of next-generation sequencing (NGS) and molecular typing technologies has enabled comprehensive characterization of blood group genotypes. However, translating genotypic data into clinically actionable antigen phenotypes—especially for highly polymorphic blood group systems such as Rh, Kell, Kidd, and Duffy—remains a complex task. Deep learning (DL) models have shown promise in mapping genotypic patterns to antigenic phenotypes with high accuracy (12). These tools facilitate the identification of extended blood group profiles, enabling provision of antigen-matched transfusions for patients with multiple alloantibodies, such as those with aplastic anemia, sickle cell disease or thalassemia who require chronic transfusion support. By reducing the risk of alloimmunization, genotype-phenotype inference helps improve long-term transfusion safety and better patient transfusion outcomes.

NLP for Antibody History and Special Requirements

A critical aspect of safe transfusion practice is recognition of a patient's prior antibody history. Antibodies may disappear serologically over time, yet remain clinically significant during future transfusions. Manual review of patient records or consult notes to identify such history is often labor-intensive and prone to omissions. Natural language processing (NLP) algorithms can automatically analyze electronic health records, flagging prior antibodies, previous transfusion reactions, or unique transfusion requirements such as irradiated, leukoreduced, or washed products [13]. These tools help ensure that critical information is not overlooked during the transfusion decision-making process, thereby reducing avoidable risks.

Integration of Automation and Expert Oversight

While AI-powered automation significantly improves laboratory workflows, complete replacement of human

expertise is neither feasible nor advisable. Rare serological patterns, unexpected crossmatch incompatibilities, or novel antibodies may not be adequately recognized by models trained on historical datasets. Furthermore, AI systems are subject to "model drift," where predictive accuracy declines over time due to changing population genetics, testing platforms, or reagent characteristics[14]. Human expert adjudication remains indispensable in reviewing complex or ambiguous cases, providing contextual interpretation, and guiding corrective action. A hybrid model—where AI performs high-volume, routine tasks while human experts focus on complex problem-solving—represents the most effective and safe approach.

Future Directions and Ethical Considerations

The future of immunohematology automation lies in integrating AI with robotics, molecular typing, and laboratory information systems (LIS). Automated platforms capable of processing samples end-to-end, from initial typing to antibody identification, will likely become standard in high-throughput centers. However, implementation must address issues of interpretability, data privacy, and equity. For example, genotype-phenotype prediction tools should be validated across diverse ethnic populations to avoid disparities in transfusion safety[15] . Moreover, transparency in algorithmic decision-making are essential for sustained reliability.

Component Quality Assessment

The quality of blood components directly influences transfusion efficacy and patient outcomes. Traditionally, blood banks have relied on surrogate markers such as storage time, pH, glucose consumption, and visual inspection to infer the quality of platelets, red cells, and plasma. However, these parameters often lack precision and may fail to predict in vivo performance. Recent advances in AI,(**table-3**) particularly in image analysis and cytometry, are opening new avenues for noninvasive, real-time quality assessment at the unit level.

AI-Quality control Table 3.

Platelet Quality Evaluation	Red Cell Quality and Hemolysis Prediction	Toward Unit-Level Quality-Based Allocation

Platelet Quality Evaluation

Platelets are especially vulnerable to storage lesions given their short shelf life (5–7 days). One established manual method to gauge platelet viability is "swirling," which refers to a characteristic light diffraction pattern seen when platelet concentrates are gently agitated. This subjective test is prone to inter-observer variability. AI-driven computer vision models now provide automated, quantitative analogs of swirling, extracting morphological features such as size distribution, granularity, and light scatter (16). Similarly, imaging flow cytometry, augmented by deep learning classifiers, has been applied to measure platelet shape-change metrics during storage. These metrics correlate strongly with functional recovery in vivo, offering a more reliable surrogate for post-transfusion survival [17]. By identifying units with declining quality, AI-based tools can improve patient safety while reducing wastage.

Red Cell Quality and Hemolysis Prediction

Red blood cells (RBCs) undergo biochemical and structural changes during storage, including membrane loss, potassium leakage, and hemolysis. Conventionally, unit expiration dates are determined by fixed storage times rather than real-time quality assessments. AI models trained on hemolysis indices, metabolomic profiles, and donor-specific variables can now estimate the risk of hemolysis and storage suitability on a unit-by-unit basis [18]. These tools may support individualized transfusion decisions, ensuring that higher-quality units are reserved for vulnerable populations such as neonates or patients with sickle cell disease.

Toward Unit-Level Quality-Based Allocation

The integration of these AI-driven assessments has the potential to revolutionize allocation practices. Instead of traditional "first-in, first-out" (FIFO) systems, transfusion services could implement "first-expiry, first-out" (FEFO) or even "first-quality, first-out" strategies clearly the need supply chain [19]. Such approaches prioritize both expiration timelines and biological quality markers, balancing efficiency with safety. Over time, widespread adoption may extend the usable lifespan of components, reduce wastage, and optimize patient outcomes.

Inventory Forecasting and Supply Chain Optimization

Efficient management of blood inventories is one of the most pressing challenges in transfusion medicine. The perishable nature of blood products, coupled with unpredictable demand, makes forecasting essential to avoid shortages or wastage. AI-prophency (table-4) has proven particularly powerful in this domain, as it can integrate large, heterogeneous datasets to improve accuracy and adaptability.

AI-Prophency Table 4.

Forecasting Approaches
Hospital-Level Optimization
Regional and National Supply Chains
Challenges and Ethical Considerations

Forecasting Approaches

Traditional statistical models such as ARIMA (AutoRegressive Integrated Moving Average) and Prophet have been widely

used for time-series forecasting of blood demand. Modern AI approaches expand upon these by incorporating tree-based ensemble methods (e.g., random forests, gradient boosting) and deep learning architectures such as long short-term memory (LSTM) networks (20). These models integrate exogenous variables including surgical schedules, trauma incidence, epidemiological trends, weather conditions, and even public holidays, all of which significantly influence donation and utilization patterns[21] .

Hospital-Level Optimization

At the hospital level, forecasting models can be coupled with reinforcement learning (RL) to guide dynamic decision-making for ordering, issuing, and redistribution of blood products. RL agents learn optimal strategies by simulating multiple scenarios of supply, demand, and wastage, refining policies to minimize expiries while ensuring adequate supply (22). Such systems are particularly valuable for platelets, given their extremely short shelf life. Early implementations have shown that embedding AI-driven tools into clinician- and technologist-centered workflows can reduce wastage without increasing outdates or shortages [23].

Regional and National Supply Chains

Beyond the hospital, AI can also be leveraged at regional or national levels to optimize inter-center redistribution of blood units. Multi-agent optimization models allow blood banks in different locations to share inventory in real time, reducing shortages in high-demand centers while preventing wastage in low-demand areas [24]. These approaches require robust digital infrastructure and interoperable data platforms but hold promise for more equitable allocation of scarce resources.

Challenges and Ethical Considerations

Despite strong evidence for effectiveness, challenges remain. Forecasting models must be continuously recalibrated to account for shifts in healthcare delivery, such as elective surgery patterns or unexpected crises (e.g., pandemics, natural disasters). Transparency and interpretability are also critical, as healthcare providers must trust AI-generated recommendations to act upon them. Finally, ethical considerations such as equitable allocation and avoiding systemic bias in resource distribution are paramount. AI can enhance human aspects knowledge and practice experience[25].

CLINICAL DECISION SUPPORT AND PATIENT BLOOD MANAGEMENT (PBM)

Patient Blood Management (PBM) has emerged as a cornerstone of modern transfusion practice, aiming to optimize the care of patients who might need transfusion, improve outcomes, and reduce unnecessary blood use. Artificial intelligence (AI) provides new capabilities for enhancing PBM(**table-5**) by predicting transfusion needs, guiding restrictive strategies, and identifying alternatives to allogeneic blood transfusion.

AI-PBM Management Table 5.

Predicting Transfusion Needs	Supporting Restrictive Thresholds and Multi-Parameter Triggers	Alternatives to Transfusion	Decision Support Characteristics

Predicting Transfusion Needs

AI models can integrate routine electronic health record (EHR) data—including hemoglobin trends, coagulation parameters, vital signs, and comorbidities through transfusion and post transfusion monitoring to blood donation—to forecast transfusion needs in real time. For example, deep learning (DL) sequence models have accurately predicted platelet transfusions within 24 hours in hematology–oncology and intensive care settings, allowing blood banks to proactively crossmatch and align inventory [26]. Similarly, perioperative models can anticipate red cell needs during major surgeries, reducing reliance on emergency transfusions.

Supporting Restrictive Thresholds and Multi-Parameter Triggers

Traditional transfusion practice has often been threshold-driven, such as a fixed hemoglobin cutoff (e.g., <7 g/dL). AI allows for more nuanced, patient-centered triggers by combining multiple variables—hemoglobin trajectory, hemodynamic status, tissue oxygenation, and comorbidity profiles—into a predictive framework **(27)**. This supports adherence to restrictive strategies shown to be safe in many patient groups, while individualizing care for those with higher risk.

Alternatives to Transfusion

AI-enhanced PBM also incorporates strategies to minimize transfusion needs. Algorithms can recommend alternatives such as intravenous iron, erythropoiesis-stimulating agents (ESAs), or intraoperative cell salvage when patterns suggest transfusion is

avoidable [28]. Integration into clinical workflows ensures that clinicians are prompted with options in advance, rather than after transfusion has already occurred.

Decision Support Characteristics

Crucially, AI in PBM should remain advisory rather than prescriptive. Decision-support systems must provide interpretable outputs with explanations, display uncertainty estimates, and allow for clinician override [29]. This safeguards clinical autonomy and builds trust in AI systems, while ensuring that patients with unique or unforeseen needs are not disadvantaged.

HEMOVIGILANCE AND POST-TRANSFUSION OUTCOMES

Hemovigilance start at bedside and end with sourse material-human blood donated by a donors. Hemovigilance systems track adverse events from blood donation through transfusion to post-transfusion monitoring. Traditionally, hemovigilance relied on voluntary reporting, manual case review, and registry-based analyses, often leading to under-reporting and delays in recognition of emerging risks. AI(**table 6**) offers powerful tools for enhancing detection, classification, and feedback loops.

Role of AI in hemovigilance and oucomes Table 6.

Mining Incident Reports and EHR Narratives
Performance and Limitations
Linking Donor, Product, and Recipient Data

Mining Incident Reports and EHR Narratives

Supervised natural language processing (NLP) and machine learning (ML) classifiers can mine unstructured narratives in incident reports, nursing notes, and discharge summaries to identify suspected transfusion reactions [30]. These systems can classify reactions such as transfusion-associated circulatory overload (TACO), transfusion-related acute lunginjury (TRALI), acute hemolytic transfusion reactions (AHTR), and delayed serologic transfusion reactions (DSTR). Automated signal detection can reduce discovery latency from months to days,by supporting enhancment responsiveness to safety threats.

Performance and Limitations

While sensitivity and specificity for acute reactions are promising, recent evaluations show that delayed or serologic reactions remain difficult for automated systems to detect, partly due to subtle clinical presentation and fragmented documentation [31]. Therefore, expert review remains essential, both for adjudicating flagged cases and for refining AI classifiers through iterative feedback.

Linking Donor, Product, and Recipient Data

A major strength of AI-enabled hemovigilance lies in its ability to link donor, product, and recipient data across the transfusion chain. Longitudinal models can identify associations between donor characteristics (e.g., age, sex, genetic variants), product processing/storage factors, and recipient outcomes [32]. Such feedback loops allow upstream modifications—such as altered storage protocols or donor eligibility criteria—based on downstream safety outcomes. This holistic, “vein-to-vein” approach represents a paradigm shift in hemovigilance.

IMPLEMENTATION CONSIDERATIONS: DATA, VALIDATION, GOVERNANCE

The promise of AI tools (**table-7**) in transfusion medicine is contingent on robust implementation strategies. Without rigorous validation and governance, even well-performing models risk unintended harm.

AI-tools in implementation strategies Table 7.

Data Quality and Representativeness	Validation and Monitoring	Bias Assessment and Fairness	Regulatory and Governance Frameworks

Data Quality and Representativeness

High-quality, representative datasets are the foundation of safe AI. Training data should encompass diverse patient populations across sex, age, ethnicity, comorbidities, and genetic backgrounds to prevent bias (33).high quality documention can easly achived under tree of AI. Equally important is the inclusion of diverse operational contexts—different hospitals, blood centers, equipment and regent vendors, and time periods—to ensure generalizability.

Validation and Monitoring

External validation across independent sites is mandatory before deployment. Continuous monitoring is required post-implementation to detect model drift, which can occur due to changes in patient populations, clinical practices, or laboratory

technologies. Calibration checks, version control, and performance monitoring dashboards should be routine.

Bias Assessment and Fairness

Bias detection is a safety requirement, not a secondary consideration. Subgroup calibration analyses (e.g., by sex, age, genotype distribution) are essential to avoid inequitable recommendations or disproportionate deferrals [34]. Transparent disclosure of subgroup performance ensures accountability and fosters trust.

Regulatory and Governance Frameworks

Many AI models in transfusion medicine qualify as "software as a medical device" (SaMD), falling under regulatory oversight by agencies such as the FDA (U.S.) or EMA (Europe). Regulatory frameworks emphasize safety, efficacy, and transparency, though specific standards for AI are still evolving[35] . Developers and implementers should maintain transparent documentation, including:

- Intended use and clinical context
- Dataset lineage and preprocessing steps
- Performance stratified by subgroups
- Known limitations and failure modes

PRACTICAL PATHWAY TO ADOPTION

Despite the excitement surrounding AI in transfusion medicine (TM), widespread clinical adoption remains limited. Moving from promising research prototypes to real-world systems requires careful prioritization, stakeholder engagement, and robust governance. A practical pathway to adoption (**table-8**) involves starting small, embedding safety mechanisms, prospectively measuring outcomes, and aligning with existing programs.

Use of AI from practical pathway to adoption Table 8.

Start with High-Utility, Narrowly Scoped Problems
Co-Design with End Users
Embed Guardrails and Safety Mechanisms
Prospective Measurement of Impact
Leverage National Programs and Registries
Ethical and Legal Readiness

Start with High-Utility, Narrowly Scoped Problems

AI adoption is most effective when focused on problems with high utility, limited scope, and measurable impact. Examples include platelet inventory optimization—where even a modest reduction in wastage can generate significant cost and safety benefits—or perioperative red cell transfusion prediction, which can reduce emergency shortages [36]. These "early wins" demonstrate value, build trust, and provide momentum for broader integration.

Co-Design with End Users

End-user involvement is essential for success. Clinicians, laboratory technologists, transfusion specialists, and blood bank managers should co-design workflows to ensure usability and acceptance [37]. Co-design ensures that models address real pain points rather than theoretical ones and that outputs are presented in an intuitive, actionable manner. For example, technologists may prefer dashboards with color-coded alerts, while surgeons may want direct EHR-integrated recommendations.

Embed Guardrails and Safety Mechanisms

AI should never operate unchecked in safety-critical domains like TM. Implementation must include guardrails such as uncertainty thresholds, conservative default policies, and back-out plans [38]. For example, if prediction confidence falls below a certain threshold, the system should revert to standard operating procedures. Similarly, fallback protocols should exist for system downtime, ensuring continuity of safe practice.

Prospective Measurement of Impact

Deployment should be accompanied by prospective instrumentation of workflows to measure clinical and operational outcomes. Key metrics include wastage rates, shortage events, time-to-issue, quality of reaction reporting, and patient outcomes [39]. Transparent publication of methods and results not only supports continuous improvement but also contributes to collective learning in the field.

Leverage National Programs and Registries

Alignment with existing governance structures is critical. National PBM programs, hemovigilance registries, and regulatory frameworks provide infrastructure for oversight, benchmarking, and cross-institutional learning [40]. Embedding AI tools within these frameworks increases legitimacy, facilitates harmonization, and accelerates dissemination across centers.

Ethical and Legal Readiness

Ethical principles such as transparency, accountability, and patient consent must be embedded from the outset. Legal frameworks governing AI as a medical device, data sharing, and liability must be anticipated. Institutions that proactively address these considerations will be better positioned for sustainable adoption .

OUTLOOK

Looking forward, the trajectory of AI in transfusion medicine is poised to move beyond narrow applications toward integrated, adaptive, and system-level innovations. The

emphasis will shift from algorithmic accuracy(**Table-9**) to patient safety, clinical value, and system resilience.

AI- from algorithmic accuracy Table 9.

Multimodal Modeling	Foundation and Domain-Specific Models
Learning Health Systems	
From Metrics to Outcomes	Global Collaboration and Equity

Multimodal Modeling

The next generation of AI tools will combine multiple data modalities, serology images, molecular genotyping, laboratory parameters including, device telemetry, and longitudinal EHR streams . For example, integrating imaging of agglutination reactions with genomic data and patient transfusion history could enable precise antibody prediction, transforming pretransfusion testing.

Foundation and Domain-Specific Models

General-purpose "foundation models," trained on massive datasets, are increasingly being adapted to healthcare. In TM, small domain-specific language models and multimodal foundation models can be fine-tuned for tasks such as interpreting immunohematology consult notes or predicting transfusion needs across diverse contexts . These models promise adaptability and efficiency but require strong safeguards against hallucinations and biases.

Learning Health Systems

The ultimate vision is the creation of "learning health systems" for transfusion medicine—where data from every transfusion, transfusion event, and donor contributes to continuous model updating . Such systems will enable real-time feedback loops, improving predictions and recommendations as practices and populations evolve. Guardrails, drift monitoring, and human oversight will remain critical to ensure safe adaptation.

From Metrics to Outcomes

Success in AI should no longer be measured primarily by statistical performance metrics such as AUROC or F1-score. Instead, the true yardstick will be patient-centered outcomes: safer transfusions, fewer unnecessary blood compnent, reduced adverse event, and more resilient blood systems . This reframing aligns innovation with the ultimate goal of transfusion medicine—medicine - sustainably improving patient safety and system sustainability.

Global Collaboration and Equity

Finally, the outlook must address equity. Many AI studies are conducted in high-income settings with robust infrastructure. Broader adoption requires attention to global diversity, ensuring that models are validated in resource-limited settings and across underrepresented populations. International collaboration through registries and consortia will be essential to avoid exacerbating disparities.

RECOMMENDATIONS

1. Rigorous Validation and Multicenter Trials: Future AI tools in transfusion medicine (TM) should undergo robust multicenter validation across diverse populations and healthcare systems before large-scale deployment. Prospective clinical trials should measure not only algorithmic accuracy but also patient-centered outcomes, workflow efficiency, and cost-effectiveness.
2. Human-in-the-Loop Integration: AI systems should augment—not replace—human expertise. Embedding transfusion specialists and laboratory technologists in AI-assisted workflows ensures contextual interpretation, safety checks, and continuous performance calibration.
3. Ethical, Transparent, and Fair AI Practices: Developers and institutions must prioritize fairness audits, explainability, and equitable performance across age, sex, ethnicity, and geographic subgroups. Transparent documentation of data sources, biases, and limitations should be mandatory.
4. Standardized Data Infrastructure: Establishing interoperable, high-quality digital databases across blood centers and hospitals is essential. Integration with existing Blood Establishment Computer Systems (BECS), Laboratory Information Systems (LIS), and Electronic Health Records (EHR) will enhance data sharing , real-time analytics and introduction of digital foot print..
5. Governance and Regulatory Alignment: National transfusion services should collaborate with regulatory bodies to define clear guidelines for AI as a medical device (SaMD). Continuous post-market monitoring, version control, and drift detection must become standard practice.
6. Capacity Building and Training: Incorporating AI literacy and data science principles into transfusion medicine curricula will empower clinicians, technologists, and administrators to interpret and govern AI responsibly.
7. Global Collaboration and Resource Equity: International networks and registries should be leveraged to share datasets, benchmarks, and best practices, ensuring that AI tools developed in high-resource settings are adaptable to low- and middle-income countries without exacerbating disparities.there are many ongoing scientific and technical development of AI supporting and improving the health systems.

CONCLUSION

Artificial intelligence is redefining the landscape of transfusion medicine by supporting enhancement of safety,

precision, and operational efficiency across the donor-to-recipient continuum. From predictive donor engagement and automated serology to dynamic inventory forecasting, patient blood management, and hemovigilance, AI's potential impact is transformative. However, realizing this promise requires rigorous validation, transparent governance, and ethical stewardship. AI should be viewed as a collaborative partner—amplifying human expertise while ensuring patient safety, equity, and sustainability remain at the forefront of transfusion practice. The integration of AI-driven solutions within responsible, well-governed frameworks will pave the way for a more resilient and intelligent transfusion ecosystem.

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