03



WHITE PAPER · PART III

The Donor Journey

What SoHO Regulation Article 54 changes for plasma donor recruitment and retention

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WHITE PAPER · PART III · EXECUTIVE SUMMARY

Retention when compensation can no longer compete

From 7 August 2027, plasma operators can compensate donors only within conditions and an upper limit set by national law, and no promotion or publicity may refer to that compensation. Compensation can stay; competing on it ends. What decides retention after that date is what operators still control: how donors are treated on the floor, and whether they feel part of something beyond it.

CORE THESIS

When compensation becomes a regulated constant that cannot be advertised, donors choose and stay with operators for the experience. Our model suggests a redesigned donor journey limits the loss but does not fully replace what bonuses did. Operators who start before August 2027 keep more of their donor base; those who wait lose their main acquisition lever with nothing in its place.

KEY FINDINGS

— Without a redesign, about 24 of every 1,000 first-time donors are lost within 12 months of August 2027 (modelled range 12–39).

— A redesigned journey wins back about 11 of them (range 7–15). It limits the damage; it does not erase it.

— When cash referral bonuses end, referred new donors fall by half in our model (1,321 to 661 a year in a 13,700-donor network). Non-financial recognition recovers about 130 of them.

IN THIS PAPER

01 What Article 54 actually changes 2
02 What the floor shows 3
03 Why donors come back 4
04 Where donors are lost 6
05 What the model shows 8
06 Designing for the three needs 10
07 What to do before August 2027 11
– Method, limitations and sources 12

01

SECTION 01

What Article 54 actually changes

Article 54 does not ban donor compensation. It bans using compensation to compete.

For years, commercial plasma collection ran on a simple model: money drives volume. Operators competed on rates, stacked bonuses for frequent donors, paid cash for referrals, and put the amount on billboards. The SoHO Regulation (EU) 2024/1938 removes each of those tools.

TABLE 1.1

What changes on 7 August 2027

WHAT CHANGES	BEFORE	FROM 7 AUGUST 2027
Compensation for losses and expenses	Set by each operator	Allowed only where the Member State permits it, as fixed allowances or non-financial forms, under national conditions with an upper limit aimed at financial neutrality (Art. 54(2))
Financial incentives and inducements	Bonuses, frequency stacking, loyalty payouts	Prohibited (Art. 54(1))
Cash referral bonuses	Common acquisition tool	Not named in the text; in our reading, an inducement under Art. 54(1)
Promotion and publicity	Payment as the headline	May not refer to compensation; donors keep the right to be informed of their rights (Art. 54(4))
Transparency	Internal matter	Operators must show how they apply national conditions when the competent authority asks (Art. 54(5))

SOURCE · REGULATION (EU) 2024/1938, ART. 54 AND RECITALS 58–59

The consequence is structural. When every operator in a country pays within the same cap and no one can say so publicly, compensation stops differentiating anyone. Donors will still be compensated. They will simply have no money-based reason to choose one operator over another.

The Regulation says this itself. Recital 58 explains that a national cap and financially neutral compensation remove any incentive for donors to choose one centre over another, so compensation stops driving competition between centres. Competition moves to two places: the friction a donor experiences in the centre, and the belonging a donor feels outside it.

NATIONAL IMPLEMENTATION

Compensation is a national choice, not an EU guarantee: Article 54(2) applies only where a Member State allows it, and donors may decline it. Each Member State sets its own conditions. Operators should track their national implementation, not only the EU text.

02

SECTION 02

What the floor shows

Donors say they come to help, and they do. But almost none come without the money, and many new donors arrive because another operator treated them badly.

The observations below come from more than two years of phlebotomy work in commercial plasma centres in the Czech Republic. They are practitioner observations, not a survey, and should be read as patterns to test, not as market statistics.

Stated motive and behaviour diverge. Asked why they donate, nearly every donor says they want to help. Nearly every donor also accepts compensation without hesitation, and first-time donors often ask when they will be paid. Donors with no monetary motive at all are a very small minority. Altruism is real, but compensation is what keeps most donors in the system. It does not decide which centre they choose.

New donors are often switchers. Many new donors are not first-timers. They are leaving another operator after a bad experience: vein damage, unskilled venipuncture, or lab results nobody explained. The rest are genuine first-time donors, often just turned 18. After August 2027, when pay can no longer differ, treatment becomes the main reason donors move.

Donors already recruit, mostly family. A typical recruiting donor brings in two or three others, more often family than friends. The network exists; operators simply do not structure or recognise it.

Donors attach to people, not only to places. Many regular donors have a favourite phlebotomist. Donors also come in pairs: spouses, a parent with a grown-up child, friends who ask to sit next to each other. For them, the visit is a shared routine and a relationship with a trusted professional, something no other centre can offer by paying more.

Three segments, one conversion question

Parts I and II of this series split donors by motive: Cash Optimizers and Identity-Loyal donors. Part III adds a relational layer. Community-Driven donors are defined by observable behaviour rather than stated motive: they donate together with a partner or family member, have referred someone or were referred, or return to the same trusted phlebotomist.

TABLE 2.1

What holds each segment, and what Article 54 removes

SEGMENT	WHAT HOLDS THEM TODAY	ARTICLE 54 REMOVES	WHAT CAN STILL HOLD THEM
Cash Optimizers	Bonuses, frequency stacking, cash referrals, the advertised rate	All of these	Low friction, convenience, social ties to other donors
Identity-Loyal	Routine, a sense of contribution, trusted staff	Very little	Recognition, continuity, visible impact
Community-Driven	Partners and family in the next chair, a favourite phlebotomist, the people they brought in	Very little	People: shared routine, continuity with trusted staff, a visible network

SOURCE · QUEENSLAB SEGMENTATION (PARTS I–III); PRACTITIONER OBSERVATION

Cash Optimizers do not disappear in 2027. They lose the reasons they had to stay with one operator. The strategic question is how many of them an operator can move toward identity-based or community-based loyalty before the incentives end.

03

SECTION 03

Why donors come back

Money can bring a donor in once. Research on donor psychology shows that what brings them back is a sense that the choice is their own, that they know what they are doing, and that they belong to something.

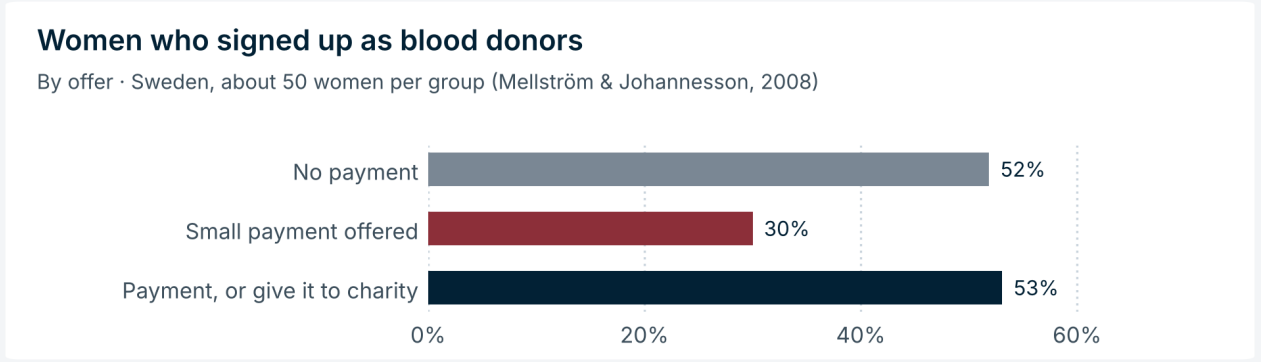
The plasma donation paradox. Researchers describe exactly what the floor shows: in plasma donation, altruism and payment coexist in the same person (Gyuris et al., 2021). Neither motive is false.

Payment can push donors away, and a charity option can bring them back. In a Swedish field experiment, offering women a small payment to become blood donors cut sign-ups from 52% to 30%.

Letting them give that payment to charity instead restored sign-ups to 53%. Men were not affected either way. The groups were small, about 50 women each, so the result is a direction, not a precise effect size.

FIGURE 3.1

A payment cut sign-ups; a charity option restored them



SOURCE · MELLSTRÖM & JOHANNESSON (2008), JOURNAL OF THE EUROPEAN ECONOMIC ASSOCIATION, TABLE 2

Self-chosen motivation predicts return; extrinsic motivation does not. In a 2026 study of 277 French plasma donors, autonomous motivation was associated with the intention to donate again, and intention predicted actual return. Extrinsic motivation predicted neither (Beurel-Tréhan et al., 2026). France collects plasma without payment, so the setting differs, but the mechanism is the one that remains after August 2027.

A bad experience costs return visits. Among almost 90,000 American Red Cross whole-blood donors, even light vasovagal reactions reduced return within a year by 20% for first-time donors and 33% for experienced donors; moderate and severe reactions cut it by half or more (France et al., 2005). In a separate study of 1,000 donors, a reaction combined with fatigue and a sore arm reduced the return rate by 85% (Newman et al., 2006). Among American Red Cross donors aged 16, even a minor complication cut return within 12 months from 73% to 52% (Eder et al., 2008). These studies concern whole blood, not plasma, but the direction is clear.

> Neither motive is false: in plasma donation, altruism and payment coexist in the same person.

Three needs, three answers

Self-determination theory groups these findings into three needs. Each one shows up on the floor, and each one is something an operator can design for.

NEED	WHAT THE FLOOR SHOWS	WHAT CAN BE DESIGNED
Autonomy: the donor chooses	Rigid booking and long waits read as disrespect; switchers leave after a bad experience	Flexible rescheduling with no penalty; donation timing set only by the centre
Competence: the donor knows how	Poor preparation leads to deferral; a deferred first-timer often feels rejected	Clear pre-visit preparation; a record of their own donation history
Relatedness: the donor belongs	Donors bring two or three others, mostly family; pairs ask to sit together; many have a favourite phlebotomist	Adjacent chairs for pairs; continuity with trusted staff where rosters allow; visible donor networks and shared community projects

SOURCE · SELF-DETERMINATION THEORY APPLIED TO PRACTITIONER OBSERVATION

Cash bonuses worked against all three: they made donation a transaction. After 2027, the levers left to operators are the ones that support these needs.

04

SECTION 04

Where donors are lost

Retention is decided in four moments of the donor journey, and each one can be measured today.

As long as a bonus waits at the end of the visit, a donor tolerates a long queue or a painful needle. Once the bonus is gone, the same friction has less to offset it.

MOMENT	WHAT GOES WRONG	METRIC TO TRACK NOW
Before the visit	Poor preparation guidance (hydration, food, documents) leads to deferral. A deferred first-time donor may not return.	Re-booking rate after a deferral
The wait	Booking grids that ignore real chair turnover crowd the waiting room. Donors read it as disrespect for their time.	Minutes from check-in to needle
The needle	Difficult or failed venipuncture, bruising, repeated use of the same arm. The most common reason switchers give for leaving.	Return rate after a difficult venipuncture

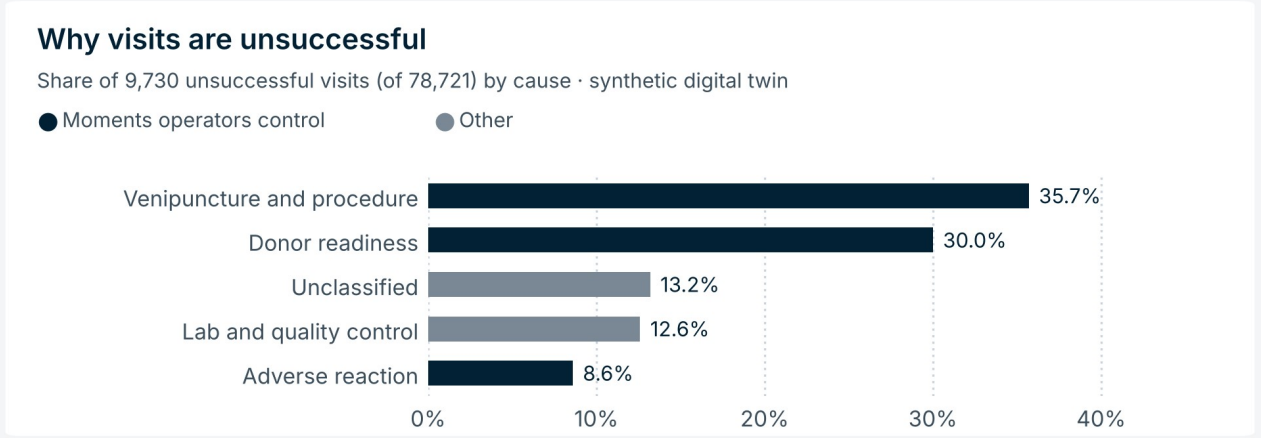
MOMENT	WHAT GOES WRONG	METRIC TO TRACK NOW
After the needle	The relationship ends when the needle comes out. Nothing connects one visit to the next except the payment.	Share of first-time donors who return within 90 days

SOURCE · PRACTITIONER OBSERVATION; METRICS PROPOSED BY QUEENSLAB

Published research puts numbers on the first and third moments. Among Dutch first-time donors, 69% returned after a deferral compared with 82% without one (Spekman et al., 2019), and 61% returned after a needle-related complication compared with 82% after an uncomplicated first donation (Wiersum-Osselton et al., 2014). Earlier US studies found the same pattern: even short temporary deferrals reduce future donation (Halperin et al., 1998; Custer et al., 2007).

FIGURE 4.1

Two thirds of unsuccessful visits trace to moments operators control



SOURCE · QUEENSLAB SYNTHETIC DIGITAL TWIN, 13,781 DONORS AND 78,721 VISITS. SYNTHETIC DATA, NOT REAL DONOR RECORDS

FROM THE FLOOR · WHEN A DONATION FAILS IN COMPANY

A failed collection is harder when a partner or family member is in the next chair. These donors often leave early, feeling they failed in front of someone close, while the other person completes the donation. Yet the Regulation defines donation as including the medical formalities and examination, whether or not the donation succeeds (Art. 3(5)). A donor who came and tried has donated. Recognising that, rather than letting the visit end as a failure, is a gap no operator currently fills.

Operators who measure these four numbers before August 2027 will know where their donors leak. Operators who do not will find out from their volume reports afterwards.

05

SECTION 05

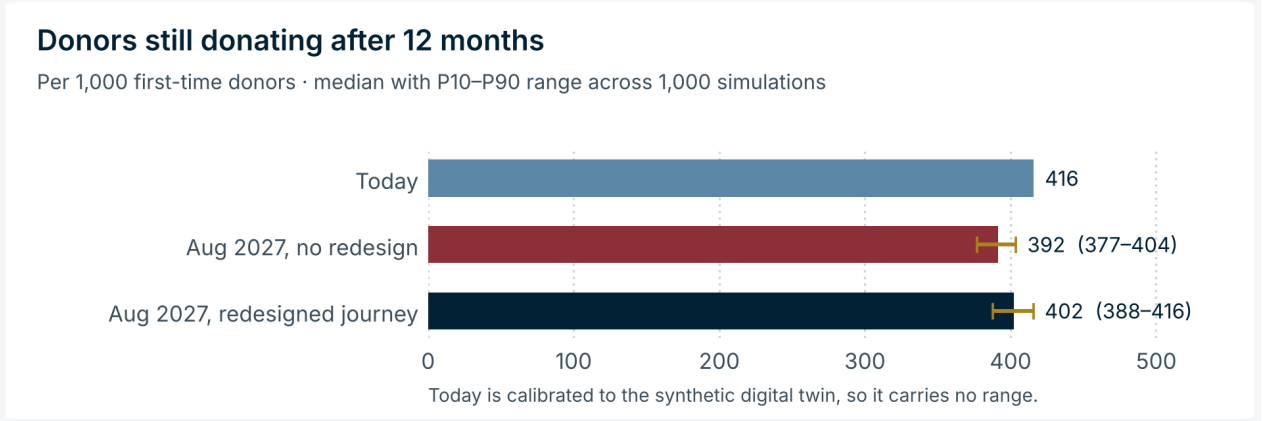
What the model shows

A better donor journey limits the loss from Article 54. It does not erase it.

We modelled 1,000 scenarios of a cohort of first-time donors over 12 months, in three situations: today; after August 2027 with no redesign, when the bonus cushion on a bad first visit mostly disappears and loyalty bonuses end; and after August 2027 with a redesigned journey: better preparation, recognition of unsuccessful visits, and a digital journey tool with belonging features. The model is calibrated on our synthetic digital twin and uses published return effects; every input is listed in the method section.

FIGURE 5.1

Without a redesign, about 24 of every 1,000 first-time donors are lost; a redesign wins back about 11



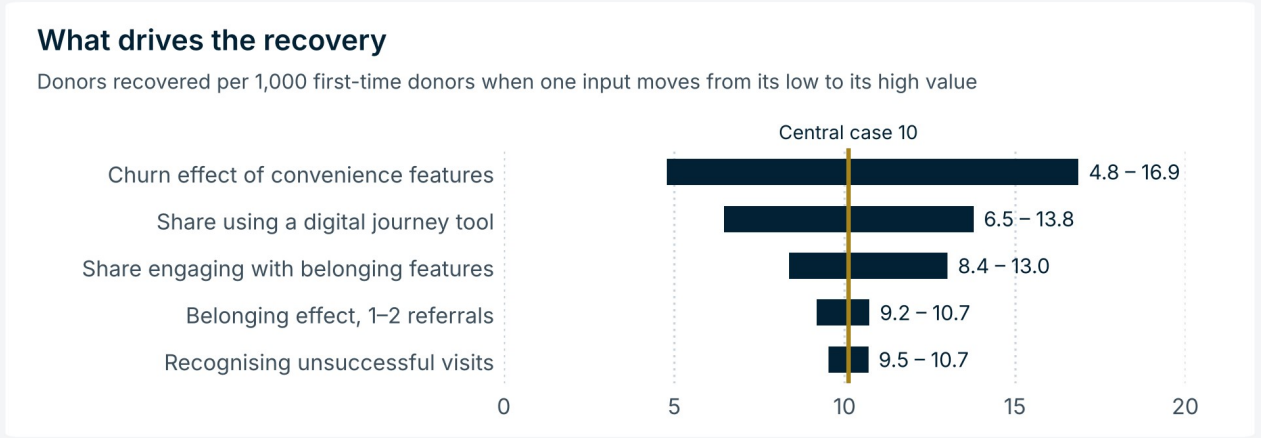
SOURCE · QUEENSLAB RETENTION MODEL, 1,000 MONTE CARLO TRIALS, 12-MONTH HORIZON. MODELLED, SYNTHETIC DATA

The loss appears in every one of the 1,000 trials. The redesigned journey recovers roughly 45% of it in the central case and beats today in only one trial in ten. That is a more modest result than the debate often assumes, and a more useful one: it tells operators that the experience can protect most of their base, but not all of it, and not by itself.

> WHAT-IF · WHAT 24 DONORS ARE WORTH
> The model counts donors, not donations. If each lost donor would otherwise have become a regular giving about 15 times a year (an illustrative assumption, not a model output), the central loss is roughly 360 donations a year per 1,000 first-time donors (about 180–585 across the modelled range), for every year they would have stayed. The 11 donors a redesign wins back are worth about 165 donations a year. Retention is lifetime value, not a percentage.

FIGURE 5.2

Recovery depends most on how many donors use the journey tool and how much it lowers churn

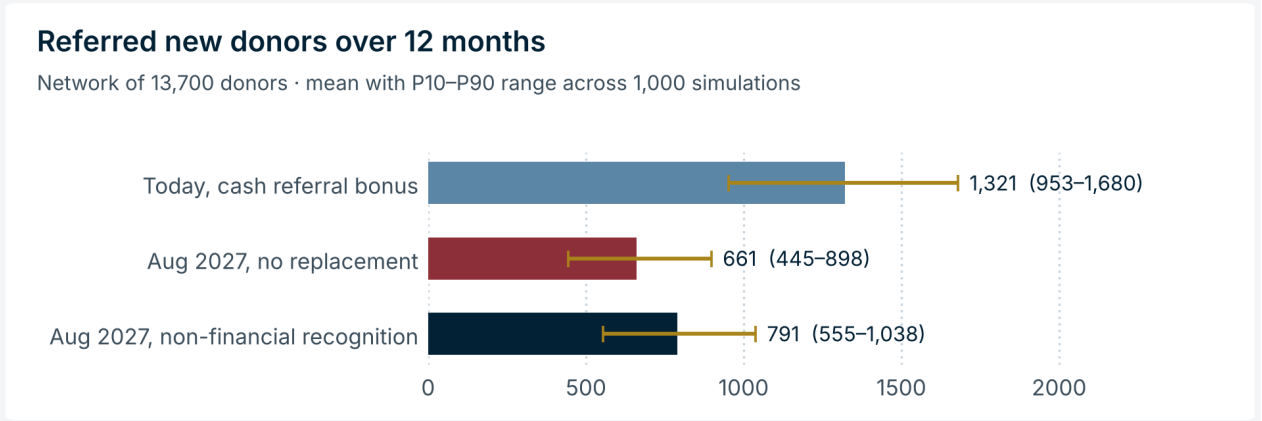


SOURCE · QUEENSLAB RETENTION MODEL, ONE-AT-A-TIME SENSITIVITY, ALL OTHER INPUTS AT THEIR MOST LIKELY VALUE. MODELLED

First-visit friction matters for each donor it touches, but only about one first visit in nine is unsuccessful in our synthetic network, so its overall effect is small. The larger lever is everyday engagement: how many donors actually use a digital journey and how much convenience and belonging lower churn. These are also the least certain inputs, which is why a pilot should measure them first.

FIGURE 5.3

Ending cash referral bonuses halves referred new donors; recognition recovers part of them



SOURCE · QUEENSLAB ENGAGEMENT MODEL (V5), 1,000 MONTE CARLO TRIALS, 12-MONTH HORIZON, 13,700-DONOR NETWORK. MODELLED, SYNTHETIC DATA

Referrals are where Article 54 bites hardest. In our engagement model, about half of today's referrals depend on the cash bonus. Non-financial recognition, such as badges, a visible donor network and shared community projects, recovers part of them, about 130 a year in a 13,700-donor network. The rest have to be bought at full acquisition cost, which is the real price of waiting.

06

SECTION 06

Designing for the three needs

A donor engagement layer can support autonomy, competence and relatedness without ever touching compensation.

The principles below describe what such a layer should do. They are deliberately independent of any one product. Operators keep compensating donors under national rules, entirely outside it.

Readiness, not pressure. A pre-visit plan walks donors through their centre's preparation guidance, so fewer arrive unprepared and get deferred. It never determines eligibility, and donation timing is set only by the centre. Rescheduling never costs a donor any progress.

Recognition, not rewards. Milestones are recognised much as Czech blood services have long done with the Jánský plaques. Levels carry no perks and nothing redeemable. Every visit counts, whether or not the collection succeeds, in line with Article 3(5). To stay fair to donors who prepare properly, full recognition of an unsuccessful visit can be tied to completing the readiness plan.

Belonging, not competition. The family and friend networks donors already build become visible, and pairs who come in together are linked. Centres appear in an unranked overview of the community projects they support. No donor and no centre is ranked by donation count.

An employer channel. Employees can donate as part of their company's group, and the company funds its own community projects, connecting donation to measurable social impact.

Privacy by design. Donors use nicknames. The engagement layer holds no health data, no donation volumes and no financial or compensation data. Everything clinical and financial stays in the operator's own systems.

Is this an inducement under Article 54(1)?

This is the first question a compliance team will ask. The design position: recognition has no financial value to the donor, cannot be exchanged for personal benefit, and never appears alongside compensation. Recital 59 accepts small gifts such as badges as recognition of donors' efforts.

> How national authorities will treat charity funding linked to donation is not yet settled. Operators should validate any such programme with their competent authority before launch; in the Czech Republic, the Ministry of Health and SÚKL.

07

SECTION 07

What to do before August 2027

Article 54 does not end compensation. It ends competing on it. Operators have fewer than nine months to build something else to compete on.

— Measure the four moments in Section 4 at every centre, starting now, to get a baseline before the rules change.

— Audit recruitment materials for any reference to compensation, bonuses or referral payments.

— Map existing referral networks. Donors already bring in family. Find out who, how many, and how often.

— Pilot non-monetary engagement in one centre in the first half of 2027, with compliance sign-off, so the results exist before the deadline.

NEXT STEP

QueensLab Group helps operators measure these baselines and model their own post-2027 scenarios. Contact office@queenslabgroup.com.

METHOD & SOURCES

Method, limitations and sources

Independence and data

This paper was not commissioned or funded by any plasma operator, manufacturer or public body. It uses no data, documents or internal information from any operator, including any past or present employer of the author. Every number in the paper comes from published research, public regulation or QueensLab's own synthetic data and models. The author is independently developing a donor engagement app; this paper names no product and was written to stand on its own.

Synthetic digital twin

A synthetic dataset of 13,781 donors and 78,721 visits, built to reflect patterns observed in commercial plasma collection without using any real donor records. It supplies the first-visit outcome mix (3.4% readiness failures, 2.6% venipuncture failures, 0.9% adverse reactions), the share of first-time donors who return (76.3%) and the monthly churn after return (5.37%, person-time with a 180-day lost-donor rule).

Retention model

An expected-value cohort model run for 1,000 Monte Carlo trials over 12 months, with uncertain inputs drawn from triangular distributions. The return penalty after a deferral, a needle-related complication or a reaction comes from the published studies listed below. Assumptions with no data are shown as ranges and labelled as such: the share of friction cushioned by today's bonuses (20–60%), how much of that cushion remains after August 2027 (10–50%), the rise in monthly churn when loyalty bonuses end (0–20%), the cut in readiness failures from preparation (10–40%) and the effect of recognising unsuccessful visits (0–30%). Engagement inputs use the same ranges as the QueensLab engagement model: 30–70% of donors using a journey tool, a 1–10% churn reduction from convenience, and 2–18% of users engaging with belonging features.

Limitations

Friction is applied at the first visit only; friction at later visits sits inside the baseline churn. Waiting time is not modelled for lack of data. Effects are combined multiplicatively as a modelling choice. The published return effects come from whole-blood donors, not plasma donors. The digital twin does not by itself show a lower return after a failed first visit, which is why published effects are used instead. All results are scenario estimates; real effects can only be measured in a pilot. Model files are available on request.

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