

CY - More Stringent Testing Requirements - 2015

Colour key	
	Minimum requirements as set out in Directive 2004/23/EC
	More stringent testing - legally binding on national level
	More stringent testing - recommended on national level
	Not legally binding and not recommended on national level

Non-reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all		NO	
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	
	HCV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							NO	

CY - More Stringent Testing Requirements - 2015

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
	Anti-HTLV-2	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all	no comments		
	HTLV-2 NAT								
	Other technique								
Chikungunya virus									
Cytomegalovirus	Technique not specified	NO	YES	N/A	recommended depending on donor medical history	all	no comments	NO	
	Anti-CMV								
	CMV NAT								
	Other technique								
Dengue Virus									
Ebola Virus									
Epstein-Barr virus	Technique not specified								
	Anti- EBV								
	Other technique								
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis	Technique not specified	NO	YES	N/A	recommended depending on donor medical history	all	no comments	NO	
	Anti-Toxoplasma gondii								
	Microscopy								
	Other technique								
Trypanosomiasis									
specify pathogen									
BACTERIAL									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all		NO	
	Anti- <i>T. pallidum</i>	YES	NO	N/A	all	all	Algorithm to exclude active infection must be in place		
	Microscopy								
	<i>T. pallidum</i> NAT								
	Other technique								

CY - More Stringent Testing Requirements - 2015

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
<i>Chlamydia trachomatis</i>									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform encephalopathies									
Other Tests									
ABO blood group testing	ABO typing	YES	NO	N/A	all	all	no comments	NO	
	Other technique								
RhD blood group testing	RhD typing	YES	NO	N/A	all	all	no comments	NO	
	Other technique								
HLA testing	Technique not specified	YES	NO	NA	all	stem cells	depending on tissue/cell	NO	
	HLA Ab								
	HLA Ag								
	HLA gene								
	Other technique								
Genetic testing, please specify condition									

CY - More Stringent Testing Requirements - 2015

Colour key	
	Minimum requirements as set out in Directive 2004/23/EC
	More stringent testing - legally binding on national level
	More stringent testing - recommended on national level
	Not legally binding and not recommended on national level

Reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all		NO	
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	
	HCV NAT	YES	NO	N/A	all	all	NAT testing is required if tissues or cells will be issued without retesting of donors after 180 days of collection		
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	HTLV-1 NAT								
	Other technique								

CY - More Stringent Testing Requirements - 2015

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
HTLV-2	Technique not specified							NO	
	Anti-HTLV-2	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all	no comments		
	HTLV-2 NAT Other technique								
Chikungunya virus									
Cytomegalovirus									
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	depending on donor medical history	Sperm		NO	A validated testing algorithm must be applied to exclude the presence of active infection with <i>Treponema pallidum</i> .
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT Other technique								
<i>Chlamydia trachomatis</i>	Technique not specified							NO	No comments
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	all	Sperm			
	Culture Other technique								
<i>Neisseria gonorrhoeae</i>									
Bruceellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									

CY - More Stringent Testing Requirements - 2015

Tested pathogen	Donor test/ technique	Legally binding	Recommended on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
specify pathogen									
Transmissible spongiform encephalopathies									
Other Tests									
ABO blood group testing	ABO typing	YES	NO	N/A	all	Sperm , Ova	no comments	NO	
	Other technique								
RhD blood group testing	RhD typing	YES	NO	N/A	all	Sperm , Ova	no comments	NO	
	Other technique								
HLA testing									
Genetic testing, please specify condition									