# Netherlands - More stringent blood donor testing requirements 2015 Mapping exercise

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	Recommending authority/ association	Circumstances for appli			Regional differences	Further comments
rested patriogen	Zonor testy testinique					Tissue/cell type	Comments	- Negronal amerences	artifer comments
VIRAL		•	•	•		, , , ,	•	•	
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all	no comments	NO	no comments
	Anti-HIV 2	YES	NO	N/A	all	all	no comments		
	HIV 1p24		•	<u>'</u>					
	HIV NAT								
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all	no comments	NO	no comments
•	Anti-HBc	YES	NO	N/A	all	all	no comments		
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all	no comments	NO	no comments
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified	YES		N/A	donor origin	all	no comments	NO	no comments
	Anti-HTLV-1	YES	NO	N/A	donors living in or	all			
					originating from a high				
					prevalence area, or				
					parents or sexual				
					partners originating				
					from those areas				
	HTLV-1 NAT								
	Other technique								
HTLV-2									
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									

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Tooks does the const	Daniel de la	La mallia de la allia m	D	D di'	C'	!! k!		Designal differences	Further comments
Tested pathogen	Donor test/ technique	Legally binding		d Recommending authority/ association	Circumstances for appl		Regional differences	Further comments	
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
Treponema pallidum	Technique not specified	YES	NO	N/A	all	all	no comments	NO	no comments
(Syphilis)	Anti-T. pallidum								
	Microscopy								
	T. pallidum NAT								
	Other technique								
Chlamydia trachomatis									
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible									
spongiform									
Other Tests									
ABO blood group									
testing									
RhD blood group									
testing									
HLA testing	Technique not specified	NO	YES	Eur.Eye Bank Ass.; JACIE / NetCordFACT	On advice of the local transplant-coordinator	cornea's, stemcells	no comments	NO	no comments
	HLA Ab								
	HLA Ag								
	HLA gene								
	Other technique								
Genetic testing, please									
specify condition									

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	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		Recommending authority/ association	Circumstances for appl	Circumstances for application			Further comments
					Donor profile	Tissue/cell type	Comments		
VIRAL									
А Н Н	Anti-HIV 1	YES	NO	N/A	partner donation (not direct use), non- partner donation	all	N/A	NO	
	Anti-HIV 2	YES	NO	N/A	partner donation (not direct use), non- partner donation	all	N/A		
	HIV 1p24 HIV NAT Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all [ partner donation (not direct use), non- partner donation]	all	N/A	NO	
	Anti-HBc	YES	NO	N/A	all [ partner donation (not direct use), non- partner donation]	all	N/A		
	Anti - HBs HBV NAT								
Hepatitis C	Other technique Anti-HCV	YES	NO	N/A	all [ partner donation (not direct use), non- partner donation]	all	N/A	NO	
	HCV NAT		•				•		
	Other technique								

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Tested pathogen	Donor test/ technique	e Legally binding Recommended Recommending Circumstances for application			Regional differences	Further comments			
	, , , , , , , , , , , , , , , , , , , ,		on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
HTLV-1	Technique not specified	YES	NO	N/A	all [ partner donation (not direct use), non- partner donation], but only for cases when the donor/the donor's sexual partner/parents of the donor are living or born in an area with a high prevalence for HTLV	all		NO	
	Anti-HTLV-1  HTLV-1 NAT	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	Other technique								
HTLV-2									
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									
(Syphilis)	Technique not specified	YES	NO	N/A	non-partner donation	all	no comments	NO	
	Anti-T. pallidum								
	Microscopy								
	T. pallidum NAT								
	Other technique								
Chlamydia trachomatis	Technique not specified							NO	

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Tested pathogen	Donor test/ technique	Legally binding	gally binding Recommended on national level	_	Circumstances for application			Regional differences	Further comments
, ,					Donor profile	Tissue/cell type	Comments		
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT	YES	NO	N/A	non-partner donation	all	no comments		
	Culture					1	_		
	Other technique								
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform									
Other Tests									
ABO blood group									
RhD blood group									
HLA testing									
Genetic testing, please specify condition	Specify technique	YES	NO	N/A	selected donor based on ethnic and family background	all	no comments	NO	

5 of 5 2.REPRODUCTIVE T&C 30/06/2016