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		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	Anti-HIV 1	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	HIV1 p24 testing is performed through a procedure involving an offer from certified laboratories (by CMIA) which is approved by the national competent authority (currently Ministry of Health, but the amendment of the law No. 576/2004 will be adopted by the national Parliament this responsibility will be transferred the National Transplantation Organization).
	Anti-HIV 2	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all			
	HIV 1p24	YES	YES	Ministry of Health of the Slovak Republic	all	all	no comments		
HIV NAT	HIV NAT Other technique								
Hepatitis B HE Ar Ar	HBs Ag	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	
	Anti-HBc	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all			
	Anti - HBs HBV NAT Other technique								
Hepatitis C	Anti-HCV	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	HCV NAT is performed through a procedure involving an offer fron certified laboratories (by CMIA) which is approved by the national
	HCV NAT	YES	YES	Ministry of Health of the Slovak Republic	all	all	no comments		competent authority (currently Ministry of Health, but if the amendment of the law No.
HTLV-1	Other technique Technique not specified							NO	no comments

Anti-H [*]	·		on national level	Recommending authority/ association N/A	Circumstances for applic Donor profile donors from regions of high prevelence rate	Tissue/cell type	Comments mandatory for donors live or come from regions of high prevelence rate. As well as donors having sexual partners or parents coming from	Regional differences	Further comments
HTLV-1 Other t HTLV-2 Chikungunya virus Cytomegalovirus Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus	/-1 NAT	/ES			donors from regions of		mandatory for donors live or come from regions of high prevelence rate. As well as donors having sexual partners or		
Other t HTLV-2 Chikungunya virus Cytomegalovirus Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus							high prevelence rate regions.		
HTLV-2 Chikungunya virus Cytomegalovirus Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus	er technique							1	
Chikungunya virus Cytomegalovirus Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus								<u> </u>	
Cytomegalovirus Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus									
Dengue Virus Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus									
Ebola Virus Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus									
Epstein-Barr virus Hepatitis E Human Parvovirus B19 Herpes simplex virus									
Hepatitis E Human Parvovirus B19 Herpes simplex virus									
Human Parvovirus B19 Herpes simplex virus									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
Treponema pallidum (Syphilis)	inique not specified	'ES	NO	N/A	all	all			Anti -T.pallidum IgM+IgG testing is performed through a procedure
Anti- <i>T.</i>	-T. pallidum	'ES		Ministry of Health of the Slovak Republic	all	all	no comments		involving an offer from certified laboratories (by CMIA) which is
	оѕсору							I	approved by the national
T. palli	allidum NAT							I	competent authority (currently
Other t	er technique							ı	Ministry of Health, but if the
Chlamydia trachomatis									
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									

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Tested pathogen	Donor test/ technique	Legally binding	ng Recommended Recommending	Circumstances for appl	cation	Regional differences	Further comments		
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
specify pathogen									
Transmissible spongiform									
Other Tests									
ABO blood group									
testing									
RhD blood group									
testing									
HLA testing									
Genetic testing, please			_			_		_	
specify condition									

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		Recommending authority/ association	Circumstances for application			Regional differences	Further comments
						Tissue/cell type	Comments		
VIRAL									
Anti-HIV 1 Anti-HIV 2 Anti-HIV 2 HIV 1p24 HIV NAT Other technique	Anti-HIV 1	YES		Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	
	Anti-HIV 2	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all			
	· ·	_							
Hepatitis B HBs Ag Anti-HBc Anti - HBs HBV NAT		YES		Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	
	Anti-HBc	YES		Regulation of the Government of the Slovak Republic No. 20/2007	all	all			
				·					
Hepatitis C	Anti-HCV	YES		Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	
	HCV NAT Other technique								
HTLV-1	Technique not specified							NO	no comments

Tostod nathegen	Donor test/ technique	Logally hinding	Pocommondod	Pacammanding	Circumstances for small	ication		Regional differences	Eurthor commonts
Tested pathogen	Donor test/ technique	Legally binding		Recommending	Circumstances for appli		Comments	Regional differences	Further comments
				authority/ association	Donor profile	Tissue/cell type	Comments		
	Anti-HTLV-1	YES	NO	N/A	donors from regions of	all	mandatory for donors		
					high prevelence rate		live or come from		
							regions of high		
							prevelence rate. As		
							well as donors having		
							sexual partners or		
							parents coming from		
							high prevelence rate		
							regions.		
	LITING A NAT								
	HTLV-1 NAT								
HTLV-2	Other technique								l
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									
Treponema pallidum	Technique not specified	YES	YES	Regulation of the	all	all		NO	
(Syphilis)	qua not opecined			Government of the				-	
· // -/				Slovak Republic No.					
				20/2007					
	Anti-T. pallidum								
	Microscopy								
	T. pallidum NAT								
	Other technique								
Chlamydia trachomatis	Technique not specified								
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT	YES	NO	N/A	all sperm donors	sperm			
					except partners				
	Culture								
	Other technique								
Neisseria gonorrhoeae									

Tested pathogen	Donor test/ technique Le	Legally binding	Recommended	Recommending	Circumstances for application			Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI		·		·		·		·	
specify pathogen									
Transmissible									
spongiform									
encephalopathies									
Other Tests									
ABO blood group testing	5								
RhD blood group testing	5								
HLA testing									
Genetic testing, please									
specify condition									