

## Slovakia - 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 on national level	Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
<b>VIRAL</b>									
HIV 1 and HIV 2	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 if the amendment of the law No. 576/2004 will be adopted by the national Parliament this responsibility will be transferred to 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								
	Other technique								
Hepatitis B	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 from certified laboratories (by CMIA) which is approved by the national competent authority (currently Ministry of Health, but if the amendment of the law No.
	HCV NAT	YES	YES	Ministry of Health of the Slovak Republic	all	all	no comments		
	Other technique								
HTLV-1	Technique not specified							NO	no comments

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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-1	YES	NO	N/A	donors from regions of high prevalence rate	all	mandatory for donors live or come from regions of high prevalence rate. As well as donors having sexual partners or parents coming from high prevalence rate regions.		
	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									
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all		NO	Anti -T.pallidum IgM+IgG 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 if the
	Anti- <i>T. pallidum</i>	YES	YES	Ministry of Health of the Slovak Republic	all	all	no comments		
	Microscopy								
	<i>T. pallidum</i> NAT								
Other technique									
<i>Chlamydia trachomatis</i>									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									

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					Donor profile	Tissue/cell type	Comments		
specify pathogen									
<b>Transmissible spongiform</b>									
<b>Other Tests</b>									
ABO blood group testing									
RhD blood group testing									
HLA testing									
Genetic testing, please specify condition									

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### 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			
<b>VIRAL</b>										
HIV 1 and HIV 2	Anti-HIV 1	YES	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				
	HIV 1p24									
	HIV NAT									
	Other technique									
Hepatitis B	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									
	Other technique									
HTLV-1	Technique not specified							NO	no comments	

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					Donor profile	Tissue/cell type	Comments		
	Anti-HTLV-1	YES	NO	N/A	donors from regions of high prevalence rate	all	mandatory for donors live or come from regions of high prevalence rate. As well as donors having sexual partners or parents coming from high prevalence rate regions.		
	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									
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	YES	Regulation of the Government of the Slovak Republic No. 20/2007	all	all		NO	
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT								
	Other technique								
<i>Chlamydia trachomatis</i>	Technique not specified								
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	all sperm donors except partners	sperm			
	Culture								
	Other technique								
<i>Neisseria gonorrhoeae</i>									

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					Donor profile	Tissue/cell type	Comments		
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									
specify pathogen									
<b>Transmissible spongiform encephalopathies</b>									
<b>Other Tests</b>									
ABO blood group testing									
RhD blood group testing									
HLA testing									
Genetic testing, please specify condition									