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	Recom	Recommending authority/ association	Circumstances for application		Regional differences	Further comments	
			mende		Donor profile	Tissue/cell type	Comments		
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	YES	Spanish Tissue Banks	all	all		NO	
				Association					
	Anti-HIV 2	YES	YES	Spanish Tissue Banks	all	all			
				Association					
	HIV 1p24	NO	YES	Spanish Tissue Banks	all	all	no comments		
				Association				4	
	HIV NAT	NO	YES	Spanish Tissue Banks	living donors	all	optional testing to avoid re-		
				Association			testing after 180 days in case of		
	Ag HIV						long term storage	-	
	Other technique								
Hepatitis B	HBs Ag	YES	YES	Spanish Tissue Banks	all	all		NO	
териниз в	TIDS AG	1123	11.5	Association		all		INO .	
	Anti-HBc	YES	YES	Spanish Tissue Banks	all	all			
	7	1.25	1.20	Association	c				
	Anti - HBs						optional testing, in particular		
							performed when HBs Ag		
							negative and Anti HBc positive		
	HBV NAT	NO	YES	Spanish Tissue Banks	all	all	optional testing, in particular		
				Association			performed when HBs Ag		
							negative and Anti HBc positive		
6	Other technique	VEC	VEC	Ic : 1 = : 0 1	1	Lu		NO	
Hepatitis C	Anti-HCV	YES	YES	Spanish Tissue Banks	all	all	no comments	NO	
	HCV NAT	YES	YES	Association Spanish Tissue Banks	all	anhy for LIDC	no comments	-	
	ncv NAT	YES	YES	Association	dii	only for HPC	no comments		
	Other technique			Association				1	
HTLV-1	Technique not specified							NO	
1	Anti-HTLV-1	YES	NO	N/A	donors living in or originating	all	no comments	-	
		1.23			from a high prevalence area, or				
					parents or sexual partners				
					originating from those areas				
					0 11 0 11 11 11 11				

Tested pathogen	Donor test/ technique	Legally binding	Recom	Recommending authority/	Circumstances for application		Regional differences	Further comments	
		mende	mende		Donor profile	Tissue/cell type	1		
	HTLV-1 NAT	NO	YES	Spanish Tissue Banks Association	living donors	all	testing is performed to avoid repeat sampling and additional testing after 180 days when tissues and cells can be stored for long time periods		
	Other technique								
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	NO	YES	Spanish Tissue Banks Association recommended for all donors	living donors	all	testing is performed to avoid repeat sampling and additional testing after 180 days when tissues and cells can be stored for long time periods		
	Other technique								
Chikungunya virus									optional testing depending on clinical history or epidemiologic risk of the disease
Cytomegalovirus									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Dengue virus									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Epstein-Barr virus									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Hepatitis E									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Human Parvovirus B19									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Herpes simplex virus									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated

Tested pathogen	Donor test/ technique	Legally binding		Recommending authority/ association	Circumstances for applic	ation	Regional differences	Further comments	
, ,					Donor profile	Tissue/cell type	Comments	1	
West Nile Virus									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
specify pathogen									
PARASITIC									
Babesiosis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Leishmaniasis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Malaria									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Toxoplasmosis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Trypanosomiasis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
specify pathogen									
BACTERIAL									
Treponema pallidum	Technique not specified	YES	NO	N/A	all	all		NO	
(Syphilis)	Anti-T. pallidum	YES	YES	Spanish Tissue Banks Association	all	all	no comments		
	Microscopy						·		
	T. pallidum NAT	YES	YES	Spanish Tissue Banks Association	all	all	testing is performed when the non-specific test is positive		
	Other technique								
Chlamydia trachomatis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Neisseria gonorrhoeae									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Brucellosis									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated

Tested pathogen	Donor test/ technique	Legally binding	Recom	Recommending authority/	Circumstances for applica	ation		Regional differences	Further comments
			mende	association	Donor profile	Tissue/cell type	Comments		
Tuberculosis									testing may be performed
									depending on donor's history and
									on the characteristcs of the tissue
									or cells donated
Q-fever									testing may be performed
									depending on donor's history and
									on the characteristcs of the tissue or cells donated
specify pathogon									or cens donated
specify pathogen									
FUNGI									
specify pathogen									testing may be performed depending on donor's history and on the characteristcs of the tissue or cells donated
Transmissible spongiform									
encephalopathies									
Other Tests									
ABO blood group testing									
RhD blood group testing									
HLA testing									
Genetic testing, please									
specify									

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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	Recommending	Circumstances for appli	ication	Regional differences	Further comments	
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
'IRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	YES	Real Decreto-ley 9/2014, and professional associations (SEF-Spanish Fertility Society and ASEBIR-Spanish embryologist association recommendations. Links: 1. https://www.boe.es/boe/dias/2014/07/05/pdfs/BOE-A-2014-7065.pdf 2. http://www.sefertilidad.net/docs/biblioteca/libros/recomendaciones.pdf		all	Semen: all donors must have a negative Ag HBs and Anti Hbc previous donation and after 180 days. Egg donor: all donor must have a negative AhgHBs and anti HBc previous every donation. SEF-ASEBIR recommendations: egg donor should have HIV NAT before every donation.	NO	
	Anti-HIV 2	YES	YES	Same as above	all	all	Semen: all donors must have a negative Ag HBs and Anti Hbc previous donation and after 180 days. Egg donor: all donor must have a negative AhgHBs and anti HBc previous every donation. SEF-ASEBIR recommendations: egg donor should have HIV NAT before every donation.		
	HIV 1p24			- I		1			
	HIV NAT	YES	YES	Same as above	Non-partner donation of sperm	Sperm	HIV NAT testing allows for release of sperm without repeat testing after 180 days after donation	1	
	Ag HIV Other technique								
lepatitis B	HBs Ag	YES	YES	Same as above	all	all	Semen: all donors must have a negative Ag HBs and Anti Hbc previous donation and after 180 days. Egg donor: all donor must have a negative AhgHBs and anti HBc previous every donation. SEF-ASEBIR recommendations: egg donor should have HBV NAT before every donation.	NO	

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appl	ication	Regional differences	Further comments	
	, , , , , , , , , , , , , , , , , , , ,		on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
	Anti-HBc	YES	YES	Same as above	all	all	Semen: all donors must have a negative Ag HBs and Anti Hbc previous donation and after 180 days. Egg donor: all donor must have a negative AhgHBs and anti HBc previous every donation. SEF-ASEBIR recommendations: egg donor should have HBV NAT before every donation.		
	Anti - HBs								
	HBV NAT	YES	YES	Same as above	all	Sperm	Testing is performed when the donation is not in quarantine		
	Other technique		<u> </u>	•					
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all	Semen: all donors must have a negative Ag HBs and Anti Hbc previous donation and after 180 days. Egg donor: all donor must have a negative AhgHBs and anti HBc previous every donation. SEF-ASEBIR recommendations: egg donor should have HCV NAT before every donation.	NO	
	HCV NAT	YES	NO	N/A	all	Sperm	Testing is performed when the donation is not in quarantine		
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	YES	Same as above	Donors living in or originating from areas of high prevalence of HTLV-1	all			
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							NO	
	Anti-HTLV-2	YES	YES	Same as above	Donors living in or originating from areas of high prevalence of HTLV-2	all	no comments		
	HTLV-2 NAT	YES	NO	N/A	Donors living in or originating from areas of high prevalence	all	no comments		
	Other technique					•			
Chikungunya virus									
Cytomegalovirus									Additional tests (malaria, toxoplasma, Tripanosoma cruzi, dengue, CMV, VEB, RhD) could be requiered in specific circumstances
Dengue Virus									Same as above
Ebola Virus									
Epstein-Barr virus									Same as above

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for app	lication		Regional differences	Further comments
rested patriogeri	Donor testy teeningue	Ecgany binding	on national level	authority/ association	Donor profile	Tissue/cell type	Comments	Regional unferences	Turtier comments
Hepatitis E			on national level	additionely, association	Bollot proffic	rissuc/ceii type	Comments		
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
Rubella									
specify pathogen									
PARASITIC									
Babesiosis									
Malaria									Same as above
Toxoplasmosis									Same as above
Trypanosomiasis									Same as above
specify pathogen									
BACTERIAL									
Treponema pallidum (Syphilis)	Technique not specified	YES	YES	Same as above	According to EU Directive tissues and cells	all	no comments	NO	
	Anti-T. pallidum			•		<u>'</u>			
	Microscopy								
	T. pallidum NAT								
	Other technique								
Chlamydia trachomatis	Technique not specified							NO	
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT	YES	YES	Same as above	Sperm donors	Sperm	Testing is performed with an urine sample		
	Culture								
	Other technique								
Neisseria gonorrhoeae									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible									
spongiform									
encephalopathies									
Other Tests	1400:	VEC	lvrc.	lc I	T. II	T 11		Tuo	<u> </u>
ABO blood group testing	ABO typing	YES	YES	Same as above	all	all	no comments	NO	
RhD blood group	RhD typing	YES	YES	Same as above	all	all	no comments	NO	
testing								1	
HLA testing									
Genetic testing, please specify	Specify technique	YES	YES	Same as above	all	all	physician criteria: karyotype (always), cystic fibrosis, etc.	NO	
peeny	l				1	ı	morodia, etc.	1	