

**France - More stringent blood donor testing requirements
2015 Mapping exercise**

| Colour key | |
|------------|---|
| | Minimum requirements as set out in the 2004/33/EC Directive |
| | More stringent testing - legally binding on national level |
| | More stringent testing - recommended on national level |
| | Not legally binding and not recommended on national level |

| Test | Test/ technique | Legally binding | Recommendation on national level | Recommending authority/ service/ association | Type of blood donation (blood for transfusion or plasma for fractionation) | Circumstances for application/ donor profile | Regional differences | Further comments |
|------------------------|-----------------------------------|-----------------|----------------------------------|--|--|--|----------------------|--|
| Basic testing | | | | | | | | |
| Blood group testing | ABO typing | YES | NO | NO | both | Application to all donors at every donation | NO | |
| | RhD typing | YES | NO | NO | both | Application to all donors at every donation | NO | |
| | Other, please specify (Kell etc.) | YES | NO | NO | whole blood/ blood components for transfusion | Application to all donors at the first two donations | NO | Phenotyping Rh-Kell : C(RH2), E(RH3), c(RH4), e(RH5) and Kell(KEL1) |
| HLA testing | HLA/ Technique not specified | NO | YES | National recommendations of the Haute autorité de santé (HAS) http://www.has-sante.fr/portail/ | whole blood/ blood components for transfusion | Application only for part of platelets components for transfusion, intended for patients with antibodies | YES | |
| | HLA Ab | NO | YES | Scientific advising recommendations | whole blood/ blood components for transfusion | Application only for part of platelets components for transfusion, intended for patients with antibodies | | |
| | HLA Ag | NO | YES | Scientific advising recommendations | whole blood/ blood components for transfusion | Application only for part of platelets components for transfusion, intended for patients with antibodies | | |
| | HLA gene | NO | YES | Scientific advising recommendations | whole blood/ blood components for transfusion | Application only for part of platelets components for transfusion, intended for patients with antibodies | | |
| | Other technique | | | | | | | |
| Disease testing | | | | | | | | |
| VIRAL | | | | | | | | |
| HIV 1 and HIV 2 | Anti-HIV 1 | YES | NO | NO | both | Application to all donors at every donation | NO | In the French legislation, there are no differences for the mandatory list of screening tests between the donations of whole blood/ blood components for transfusion and plasma for fractionation. The Anti-HIV testing is a combination ELISA test anti-HIV 1 and 2 performed once at each donation. If the initial result is positive, this result shall be confirmed positive using appropriate confirmatory testing. In case of confirmed positive results, blood components of the donation are stored separately and excluded from therapeutic use. And the donor is informed, using appropriate donor management procedure. The NAT HIV is performed in combination with NAT-HBV and NAT-HCV. |
| | Anti-HIV 2 | YES | NO | NO | both | Application to all donors at every donation | | |
| | HIV 1p24 | | | | | | | |
| | HIV NAT pool or ID | YES | NO | NO | both | Application to all donors at every donation | | |
| | HIV NAT ID | NO | YES | National blood service http://www.dondusang.net/rewrite/heading1/758/efs.htm?idRubrique=758 and the Military blood center http://www.defense.gouv.fr/sante/notre-expertise/transfusion-sanguine | both | Application to all donors at every donation | | |
| Other technique | | | | | | | | |
| Hepatitis B | HBs Ag | YES | NO | NO | both | Application to all donors at every donation | NO | In the French legislation, there are no differences for the mandatory list of screening tests between the donations of whole blood/ blood components |
| | Anti-HBc | YES | NO | NO | both | Application to all donors at every donation | | |

**France - More stringent blood donor testing requirements
2015 Mapping exercise**

| Test | Test/ technique | Legally binding | Recommendation on national level | Recommending authority/ service/ association | Type of blood donation (blood for transfusion or plasma for fractionation) | Circumstances for application/ donor profile | Regional differences | Further comments |
|-------------|--|-----------------|----------------------------------|--|--|---|----------------------|---|
| | Anti - HBs | YES | NO | NO | plasma for fractionation | Application to donations for plasma for fractionation intended to the production of IgIV anti-HBS | | for transfusion and plasma for fractionation. If the initial result of HBs Ag testing and/or of anti-HBc is/are positive, this result/results shall be confirmed positive using appropriate confirmatory testing. In case of confirmed positive results, blood components of the donation are stored separately and excluded from therapeutic use. And the donor is informed. |
| | HBV NAT pool or ID | NO | YES | National blood service http://www.dondusang.net/rewrite/heading1/758/efs.htm?idRubrique=758 and the Military blood center http://www.defense.gouv.fr/sante/notre-expertise/transfusion-sanguine | both | Application to all donors at every donation | | |
| | HBV NAT ID Other technique | | | | | | | |
| Hepatitis C | Anti-HCV | YES | NO | NO | both | Application to all donors at every donation | NO | In the French legislation, there are no differences for the mandatory list of screening tests between the donations of whole blood/ blood components for transfusion and plasma for fractionation. If the initial result of the Anti-HCV testing is positive, this result shall be confirmed positive using appropriate confirmatory testing. In case of confirmed positive results, blood components of the donation are stored separately and excluded from therapeutic use. And the donor is informed, using appropriate donor management procedure. The NAT HCV is performed in combination with NAT-HIV and NAT HBV. |
| | HCV NAT pool or ID | YES | NO | NO | both | Application to all donors at every donation | | |
| | HCV NAT ID | NO | YES | National blood service http://www.dondusang.net/rewrite/heading1/758/efs.htm?idRubrique=758 and the Military blood center http://www.defense.gouv.fr/sante/notre-expertise/transfusion-sanguine | both | Application to all donors at every donation | | |
| | Other technique | | | | | | | |
| Hepatitis E | HEV/ technique not specified Anti-HEV | | | | | | YES | Screening tests HEV (hepatitis E virus) NAT (pool of 96 samples) was implemented by the national blood service in December 2012 for FFP-SD, and by the Military blood center in the beginning of 2013 for lyophilized plasma manufacturing pools. Testing of a certain percentage of plasma for transfusion was recently implemented in the beginning of 2015 |
| | HEV NAT pool or ID | NO | YES | National blood service http://www.dondusang.net/rewrite/heading1/758/efs.htm?idRubrique=758 and the Military blood center http://www.defense.gouv.fr/sante/notre-expertise/transfusion-sanguine | both | Application to certain percentage of plasma for transfusion, in order to ensure the availability of "HEV free" plasma for immunocompromised patients. | | |
| | HEV NAT ID | NO | YES | National blood service http://www.dondusang.net/rewrite/heading1/758/efs.htm?idRubrique=758 and the Military blood center http://www.defense.gouv.fr/sante/notre-expertise/transfusion-sanguine | both | Application if the result of the pool is positive | | |
| | Other technique | | | | | | | |
| HTLV-1 | HTLV-1/ technique not specified | | | | | | NO | In the French legislation, there are no differences for the mandatory list of screening tests between the donations of whole blood/ blood components for transfusion and plasma for fractionation. The Anti-HTLV testing is a combination ELISA test anti-HTLV I and anti-HTLV II performed once at each donation. If the initial result is positive, this result shall be confirmed positive using appropriate confirmatory testing. In case of confirmed positive results, blood components of the donation are stored separately and excluded from therapeutic use. And the donor is informed, using appropriate donor management procedure. |
| | Anti-HTLV-1 | YES | NO | NO | both | Application to all donors at every donation | | |
| | HTLV-1 NAT pool or ID | | | | | | | |
| | HTLV-1 NAT ID | | | | | | | |
| | Other technique | | | | | | | |

**France - More stringent blood donor testing requirements
2015 Mapping exercise**

| Test | Test/ technique | Legally binding | Recommendation on national level | Recommending authority/ service/ association | Type of blood donation (blood for transfusion or plasma for fractionation) | Circumstances for application/ donor profile | Regional differences | Further comments |
|-------------------------------|-----------------------------------|-----------------|----------------------------------|--|--|--|----------------------|------------------|
| Other pathogen, specify | | | | | | | | |
| BACTERIAL | | | | | | | | |
| Treponema pallidum (Syphilis) | Technique not specified | YES | NO | NO | both | Application to all donors at every donation | NO | |
| | Microscopy | | | | | | | |
| | Anti- <i>T. pallidum</i> | | | | | | | |
| | <i>T. pallidum</i> NAT pool or ID | | | | | | | |
| | <i>T. pallidum</i> NAT ID | | | | | | | |
| | Culture | | | | | | | |
| Other technique | | | | | | | | |
| Neisseria gonorrhoeae | | | | | | | | |
| Brucellosis | | | | | | | | |
| Tuberculosis | | | | | | | | |
| Q-fever | | | | | | | | |
| Other pathogen, | | | | | | | | |
| FUNGI | | | | | | | | |
| specify pathogen | | | | | | | | |

* For West Nile Virus NAT ID, see 2004/33/EC as amended by 2014/110/EU with a deadline for transposition into national law of December 31, 2015