

## Croatia - 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	NO	N/A	all	all	No comments	NO	If there is no possibility to provide NAT testing and tissues of allogeneic living donors are stored for a longer period, it is necessary to take samples and repeat testing after 180 days.
	Anti-HIV 2	YES	NO	N/A	all	all	No comments		
	HIV 1p24								
	HIV NAT	YES	NO	N/A	all	all	NAT testing is mandatory for all donors.		
	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	YES	NO	N/A	all	all	If there are anti-HBc-positive and HbsAg negative donors, in the framework of risk assessment, for the donor assessment it is necessary to provide anti-HBs with titers. Tissue of donors with titers higher than 100 U /l and negative NAT can be used.		
	HBV NAT	YES	NO	N/A	all	all	NAT testing is mandatory for all donors.		
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all	No comments	NO	No comments
	HCV NAT	YES	NO	N/A	all	all	NAT testing is mandatory for all donors.		
	Other technique								

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HTLV-1	Technique not specified	YES	NO	N/A	The testing have to be performed if the donor/the donor's sexual partner/parents of the donor are living in or originating from an area with a high prevalence for HTLV	all	No comments	NO	No comments
	Anti-HTLV-1	YES	NO	N/A	donors living in or originating from a high prevalence area, or parents or sexual partners originating from those areas	all			
	HTLV-1 NAT Other technique								
HTLV-2									
Chikungunya virus									
Cytomegalovirus									In certain circumstances, additional testing such as CMV test may be required depending on the donor's medical history and the
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									In certain circumstances,
Toxoplasmosis									In certain circumstances,
Trypanosomiasis									In certain circumstances,
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i>	Technique not specified	YES	NO	N/A	N/A	all		NO	No comments

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(Syphilis)	Anti- <i>T. pallidum</i>	YES	NO	N/A	all	all	For donors positive on Treponema-specific test, risk assessment is required to determine eligibility of specific tissue for use.		
	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>									
specify pathogen									
<b>Transmissible spongiform</b>									
<b>Other Tests</b>									
ABO blood group testing								In certain circumstances, additional testing such as ABO testing may be required depending on the donor's medical history and the characteristics of the tissue and cells donated.	
RhD blood group testing								RhD testing may be required depending on the donor's medical history and the characteristics of the tissue and cells donated.	
HLA testing								In certain circumstances, depending on donor history and tissues characteristics, additional testing such as HLA antibodies and antigens may be required.	
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	NO	N/A	all ( both partner and non-partner donation)	all	No comments	NO	No comments	
	Anti-HIV 2	YES	NO	N/A	all ( both partner and non-partner donation)	all	No comments			
	HIV 1p24									
	HIV NAT									
	Ag HIV									
	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	Mandatory for both partner and non-partner donation	NO	No comments	
	HCV NAT									
	Other technique									
HTLV-1	Technique not specified								NO	No comments
	Anti-HTLV-1	YES	NO	N/A	Anti-HTLV 1 is mandatory for donors living in or coming from areas with high prevalence of HTLV or whose sexual partners or parents live or originate from areas with high prevalence of HTLV-1	all	No comments			
	HTLV-1 NAT									
	Other technique									

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					Donor profile	Tissue/cell type	Comments		
HTLV-2									Anti HTLV 2 as additional test for partner donation may be required in case travels or exposure to the risk of contagion, or depending on the characteristics of the procured reproductive cells.
Chikungunya virus									
Cytomegalovirus									Additional testing such as CMV testing may be required depending on the exposure to the risk of infection or characteristics of procured reproductive cells.
Dengue Virus									Additional testing on Dengue virus may be required depending on the donor travels or exposure to the risk of contagion, and depending on the characteristics of procured reproductive cells.
Ebola Virus									
Epstein-Barr virus									Testing for VEB may be required depending on travels or exposure to the risk of contagion, or
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									Testing for malaria may be required depending on travel history or exposure to the risk of contagion, or depending on the characteristics of the procured reproductive cells.
Toxoplasmosis									Testing for toxoplasmosis may be required depending on travels or
Trypanosomiasis									Testing for Trypanosoma may be required depending on travels or exposure to the risk of contagion, or depending on the characteristics
specify pathogen									
<b>BACTERIAL</b>									

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					Donor profile	Tissue/cell type	Comments								
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all	Serological markers of non-partner donors for syphilis have to be negative.	NO	No comments						
	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	all	In non-partner donation sperm donors must be negative for Chlamydia on a urine sample tested by NAT	NO	No comments						
	Culture														
	Other technique														
<i>Neisseria gonorrhoeae</i>															
Brucellosis															
Tuberculosis															
Q-fever															
specify pathogen															
<b>FUNGI</b>															
specify pathogen															
<b>Transmissible spongiform</b>															
<b>OTHER TESTS</b>															
ABO blood group testing															
RhD blood group testing									In certain circumstances depending on the donor's history						
HLA testing															
Genetic testing, please specify condition															