

## Lithuania - 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	NO	all	all		NO	
	Anti-HIV 2	YES	NO	NO	all	all			
	HIV 1p24	YES	NO	NO	all	all	no comments		
	HIV NAT								
	Other technique								
Hepatitis B	HBs Ag	YES	NO	NO	all	all		NO	
	Anti-HBc	YES	NO	NO	all	all			
	Anti - HBs	YES	NO	NO	all	all	no comments		
	HBV NAT	YES	NO	NO	deceased	all	no comments		
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	NO	all	all		NO	
	HCV NAT	YES	NO	NO	deceased	all	no comments		
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	NO	all except HPC	all except HPC	mandatory for deceased, but for living - only in case the donor or his parents come from a country with a high prevalence area and mandatory only in a certain region where it occurs		
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							NO	

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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-2	YES	NO	NO	all except HPC	all except HPC	mandatory for deceased, but for living - only in case the donor or his parents come from a country with a high prevalence area and mandatory only in a certain region where it occurs		
	HTLV-2 NAT								
	Other technique								
Chikungunya virus									
Cytomegalovirus	Technique not specified							NO	
	Anti-CMV	YES	NO	NO	all	all	no comments		
	CMV NAT								
	Other technique								
Dengue Virus									
Ebola Virus									
Epstein-Barr virus	Technique not specified							NO	
	Anti-EBV	YES	NO	NO	all	all	no comments		
	Other technique								
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
<b>PARASITIC</b>									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis	Technique not specified							NO	
	Anti- <i>Toxoplasma gondii</i>	YES	NO	NO	all	all	no comments		
	Microscopy								
	Other technique								
Trypanosomiasis									
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	NO	all donors except married couples	all		NO	
	Anti- <i>T. pallidum</i>	YES	NO	NO	all	all	no comments		
	Microscopy								
	<i>T. pallidum</i> NAT	YES	NO	NO	all	all	no comments		
Other technique									

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					Donor profile	Tissue/cell type	Comments		
<i>Chlamydia trachomatis</i>									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									
specify pathogen									
<b>Transmissible spongiform encephalopathies</b>									
<b>Other Tests</b>									
ABO blood group testing	ABO typing	YES	NO	NO	all	all	no comments	NO	
	Other technique								
RhD blood group testing	RhD typing	YES	NO	NO	all	all	no comments	NO	
	Other technique								
HLA testing	Technique not specified							NO	
	HLA Ab								
	HLA Ag	YES	NO	NO	only HPC	only HPC	no comments		
	HLA gene								
Other technique									
Genetic testing, please specify condition									

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	Not legally binding and not recommended on national level

## 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	NO	married couple	all		NO	
	Anti-HIV 2	YES	NO	NO	married couple	all	no comments		
	HIV 1p24								
	HIV NAT								
	Other technique								
Hepatitis B	HBs Ag	YES	NO	NO	married couple	all		NO	
	Anti-HBc	YES	NO	NO	married couple	all	no comments		
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	NO	married couple	all	no comments	NO	
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified							NO	
	Anti-HTLV-1	YES	NO	NO	married couple	all	in case the donor or his parents come from a country with a high prevalence area and mandatory only in a certain region where it occurs		
	HTLV-1 NAT								
	Other technique								
HTLV-2									
<b>Chikungunya virus</b>									
Cytomegalovirus	Technique not specified	YES	NO	NO	only married women	all	no comments	NO	
	Anti-CMV								
	CMV NAT								
	Other technique								
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									

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					Donor profile	Tissue/cell type	Comments		
Toxoplasmosis	Technique not specified							NO	
	Anti-Toxoplasma gondii	YES	NO	NO	only married women	all	no comments		
	Microscopy								
	Other technique								
Trypanosomiasis									
specify pathogen									
<b>BACTERIAL</b>									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	NO	all donors except married couples	all		NO	
	Anti-T. pallidum								
	Microscopy								
	T. pallidum NAT								
<i>Chlamydia trachomatis</i>	Technique not specified							NO	
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT	YES	NO	N/A	all sperm donors except partners	sperm	mandatory for all sperm donors except partners		
	Culture								
Other technique									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
<b>FUNGI</b>									
specify pathogen									
Transmissible spongiform encephalopathies									
<b>Other Tests</b>									
ABO blood group testing	ABO typing	YES	NO	NO	married couple	all	no comments	NO	
	Other technique								
RhD blood group testing	RhD typing	YES	NO	NO	married couple	all	no comments	NO	
	Other technique								
HLA testing									
Genetic testing, please specify condition									