

**Greece - 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 | | |
| VIRAL | | | | | | | | | |
| HIV 1 and HIV 2 | Anti-HIV 1 | YES | NO | N/A | all | all | | NO | |
| | Anti-HIV 2 | YES | NO | N/A | all | all | | | |
| | HIV 1p24 | | | | | | | | |
| | HIV NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| Hepatitis B | HBs Ag | YES | NO | N/A | all | all | | NO | |
| | Anti-HBc | YES | NO | N/A | all | all | | | |
| | Anti - HBs | YES | NO | N/A | all | all | no comments | | |
| | HBV NAT | NO | YES | Transplant Centre | all | all | HBV NAT is performed for the living donor if requested by the Transplant Centre and it is mandatory for all tissues and cells | | |
| | Other technique | | | | | | | | |
| Hepatitis C | Anti-HCV | YES | NO | N/A | all | all | | NO | |
| | HCV NAT | NO | YES | Transplant Centre | all | all | HCV NAT is performed for the living donor if requested by the Transplant Centre and it is mandatory for all tissues and cells | | |
| | Other technique | | | | | | | | |
| HTLV-1 | Technique not specified | | | | | | | NO | |
| | 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 | YES | NO | N/A | all | all | no comments | | |
| | Other technique | | | | | | | | |
| HTLV-2 | Technique not specified | | | | | | | NO | |

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| | | | | | Donor profile | Tissue/cell type | Comments | | |
| | Anti-HTLV-2 | YES | NO | N/A | all | all | Anti-HTLV-2 is mandatory for the donor profile | | |
| | HTLV-2 NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| Chikungunya virus | | | | | | | | | |
| Cytomegalovirus | Technique not specified | | | | | | | NO | |
| | Anti-CMV | YES | NO | N/A | all | all | no comments | | |
| | CMV NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| Dengue Virus | | | | | | | | | |
| Ebola Virus | | | | | | | | | |
| Epstein-Barr virus | Technique not specified | | | | | | | | |
| | Anti- EBV | YES | NO | N/A | all | all | no comments | NO | |
| | Other technique | | | | | | | | |
| Hepatitis E | | | | | | | | | |
| Human Parvovirus B19 | | | | | | | | | |
| Herpes simplex virus | | | | | | | | | |
| West Nile Virus | | | | | | | | | only if there is a need according to the guidelines of the transfusion committee |
| specify pathogen | | | | | | | | | |
| PARASITIC | | | | | | | | | |
| Babesiosis | | | | | | | | | |
| Leishmaniasis | | | | | | | | | |
| Malaria | | | | | | | | | |
| Toxoplasmosis | Technique not specified | | | | | | | NO | |
| | Anti- <i>Toxoplasma gondii</i> | YES | NO | N/A | all | all | no comments | | |
| | Microscopy | | | | | | | | |
| | Other technique | | | | | | | | |
| Trypanosomiasis | Technique not specified | | | | | | | NO | |
| | Anti- <i>Trypanosoma cruzi</i> | NO | YES | Transplant Centre | depending on donor travel and medical history | all | only if requested by Transplant Centre | | |
| | Microscopy | | | | | | | | |
| | Other technique | | | | | | | | |
| specify pathogen | | | | | | | | | |
| BACTERIAL | | | | | | | | | |
| <i>Treponema pallidum</i> (Syphilis) | Technique not specified | YES | NO | N/A | all | all | | NO | |
| | Anti- <i>T. pallidum</i> | YES | NO | N/A | all | all | no comments | | |
| | Microscopy | | | | | | | | |
| | <i>T. pallidum</i> NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| <i>Chlamydia trachomatis</i> | | | | | | | | | |
| <i>Neisseria gonorrhoeae</i> | | | | | | | | | |
| Brucellosis | | | | | | | | | |
| Tuberculosis | | | | | | | | | |
| Q-fever | | | | | | | | | |

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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 | | | |
| specify pathogen | | | | | | | | | | |
| FUNGI | | | | | | | | | | |
| specify pathogen | | | | | | | | | | |
| Transmissible spongiform | | | | | | | | | | |
| Other Tests | | | | | | | | | | |
| ABO blood group testing | ABO typing | YES | NO | N/A | all | brain, tonsil, appendix, other | no comments | NO | | |
| | Other technique | | | | | | | | | |
| RhD blood group testing | | | | | | | | | | |
| HLA testing | Technique not specified | | | | | | | | NO | |
| | HLA Ab | YES | NO | NA | all | all | HLA Ab is performed only in haploidentical transplantation | | | |
| | HLA Ag | YES | NO | NA | all | all | no comments | | | |
| | HLA gene | YES | NO | NA | all | all | no comments | | | |
| Other technique | | | | | | | | | | |
| 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 | | |
| VIRAL | | | | | | | | | |
| HIV 1 and HIV 2 | Anti-HIV 1 | YES | NO | N/A | all | all | no comments | NO | Test algorithm are used for confirmation. 180-day retesting from time of donation for all sperm donors excluding partners. |
| | Anti-HIV 2 | YES | NO | N/A | all | all | no comments | | |
| | HIV 1p24 | | | | | | | | |
| | HIV NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| Hepatitis B | HBs Ag | YES | NO | N/A | all | all | no comments | NO | Also 180-day retesting from time of donation for all sperm donors excluding partners. |
| | 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 | no comments | NO | 180-day retesting from time of donation for all sperm donors excluding partners. |
| | HCV NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| HTLV-1 | Technique not specified | | | | | | | NO | no 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 | Technique not specified | | | | | | | NO | |
| | Anti-CMV | YES | N/A | N/A | medical history | all | required for donors with medical history related to CMV. | | |
| | CMV NAT | | | | | | | | |
| Other technique | | | | | | | | | |
| Dengue Virus | | | | | | | | | |
| Ebola Virus | | | | | | | | | |
| Epstein-Barr virus | | | | | | | | | |
| Hepatitis E | | | | | | | | | |

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| | | | | | Donor profile | Tissue/cell type | Comments | | |
| Human Parvovirus B19 | | | | | | | | | |
| Herpes simplex virus | | | | | | | | | |
| West Nile Virus | | | | | | | | | |
| specify pathogen | | | | | | | | | |
| PARASITIC | | | | | | | | | |
| Babesiosis | | | | | | | | | |
| Leishmaniasis | | | | | | | | | |
| Malaria | Technique not specified | | | | | | | mandatory testing for donors travelling to counties with malaria | no comments |
| | Microscopy | | | | | | | | |
| | <i>Plasmodium sp . Ab</i> | YES | NO | N/A | donors with related travel history | all | required for any case of potential exposure. | | |
| | <i>Plasmodium sp . Ag</i> | YES | NO | N/A | donors with related travel history | all | required for any case of potential exposure. | | |
| | <i>Plasmodium sp . Ag - rapid test</i> | | | | | | | | |
| | <i>Plasmodium sp . NAT</i> | | | | | | | | |
| | Other technique | | | | | | | | |
| Toxoplasmosis | | | | | | | | | |
| Trypanosomiasis | Technique not specified | | | | | | | mandatory testing for donors travelling to counties with high prevalence | no comments |
| | Anti- <i>Trypanosoma cruzi</i> | YES | NO | N/A | travel history | all | no comments | | |
| | Microscopy | | | | | | | | |
| | Other technique | | | | | | | | |
| specify pathogen | | | | | | | | | |
| BACTERIAL | | | | | | | | | |
| <i>Treponema pallidum</i> (Syphilis) | Technique not specified | YES | NO | N/A | all non-partner donors | all | no comments | NO | Certified test algorithm is used to exclude active infection. Confirmation testing is mandatory in cases of positive results with non-specific serology tests |
| | Anti- <i>T. pallidum</i> | YES | NO | N/A | all | all | no comments | | |
| | Microscopy | YES | NO | N/A | all | all | no comments | | |
| | <i>T. pallidum</i> NAT | | | | | | | | |
| | Other technique | | | | | | | | |
| <i>Chlamydia trachomatis</i> | Technique not specified | | | | | | | NO | all sperm donors excluding partners |
| | <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 | mandatory for all sperm donors except partners | | |
| | Culture | | | | | | | | |
| | Other technique | | | | | | | | |
| <i>Neisseria gonorrhoeae</i> | | | | | | | | | |
| Brucellosis | | | | | | | | | |
| Tuberculosis | | | | | | | | | |
| Q-fever | | | | | | | | | |
| specify pathogen | | | | | | | | | |
| FUNGI | | | | | | | | | |
| specify pathogen | | | | | | | | | |

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| | | | | | Donor profile | Tissue/cell type | Comments | | |
| Transmissible spongiform encephalopathies | | | | | | | | | |
| Other Tests | | | | | | | | | |
| ABO blood group testing | ABO typing | YES | NO | N/A | all | all | all donors and recipients | NO | no comments |
| | Other technique | | | | | | | | |
| RhD blood group testing | RhD typing | YES | NO | N/A | all | all | no comments | NO | RhD typing to test mother-fetus incompatibility |
| | Other technique | | | | | | | | |
| HLA testing | Technique not specified | | | | | | | NO | Preimplantation Genetic Diagnosis (PGD) for HLA testing in IVF is recommended in cases of Haematopoietic stem cell transplantation (HSCT): selection of a histocompatible embryo able to donate cord blood or |
| | HLA Ab | | | | | | | | |
| | HLA Ag | | | | | | | | |
| | HLA gene | NO | YES | N/A | all | embryo cells or blastomere | preimplantation Genetic Diagnosis for HLA typing | | |
| Other technique | | | | | | | | | |
| Genetic testing: cystic fibrosis, thalassemia A, B | Gene molecular analysis | NO | YES | N/A | all | all | recommended to donors due to national genetic background | | Additional genetic testing is recommended to donors and recipients with family history of any monogenic disorder. |