

**Denmark - 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	N/A	whole blood/ blood components for transfusion	All donations	NO	
	RhD typing	YES	NO	N/A	whole blood/ blood components for transfusion	All donations	NO	e.g. specific requirement for weak RhD testing
	Screening for irregular RBC antibodies	NO	YES	www.dski.dk & www.tms-online.dk	both	only first time donors and after transfusion or pregnancy	NO	
HLA testing								
Disease testing								
VIRAL								
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	both	All donations	NO	
	Anti-HIV 2	YES	NO	N/A	both	All donations		
	HIV 1p24							
	HIV NAT pool or ID							
	HIV NAT ID	YES	NO	N/A	both	All donations		
	Other technique							
Hepatitis B	HBs Ag	YES	NO	N/A	both	All donations	NO	
	Anti-HBc	NO	YES	www.dski.dk & www.tms-online.dk	both	Only first time		
	Anti - HBs							
	HBV NAT pool or ID							
	HBV NAT ID	YES	NO	N/A	both	All donations		
	Other technique							
Hepatitis C	Anti-HCV	YES	NO	N/A	both	All donations	NO	
	HCV NAT pool or ID							
	HCV NAT ID	YES	NO	N/A	both	All donations		
	Other technique							
Hepatitis E								
HTLV-1								
HTLV-2								
Ebola Virus								
Chikungunya virus								
Cytomegalovirus								
West Nile Virus*								
Dengue Virus								
Epstein-Barr virus								
Human Parvovirus B19								
Herpes simplex								
Nonspecific viral infection								
Other pathogen								
PARASITIC								
Malaria								
Trypanosomiasis								
Babesiosis								
Leishmaniasis								
Toxoplasmosis								
Other pathogen								
BACTERIAL								
Treponema pallidum (Syphilis)								
Neisseria								
Brucellosis								
Tuberculosis								
Q-fever								
Screening of platelets for bacteria	Culture	YES	NO	N/A	only platelets	only platelets	NO	
FUNGI								
specify pathogen	specify technique							

* 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