

**Netherlands - 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	both	universal screening	NO	
	RhD typing	YES	NO	N/A	both	universal screening	NO	
	Other, please specify (Kell etc.)	NO	YES	Health Council of the Netherlands [http://www.gezondheidsraad.nl/sites/default/files/200904.pdf]; ISBN 978-90-5549-753-9], CBO [http://www.sanquin.nl/repository/documenten/en/prod-en-dienst/287294/blood-transfusion-guideline.pdf], and Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	whole blood/ blood components for transfusion	selective screening	NO	The large majority of the Dutch donor population is typed for the rhesus phenotype (C, c, D, E and e) and the K-type (K negative or K positive); for patients with clinically relevant alloantibodies and for certain patient categories, specific requirements are set with regard to the transfusion of typed red blood cells
HLA testing	HLA/ Technique not specified	NO	YES	CBO [http://www.sanquin.nl/repository/documenten/en/prod-en-dienst/287294/blood-transfusion-guideline.pdf], and Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	whole blood/ blood components for transfusion	selective screening	NO	In order to make HLA/HPA matched platelet transfusions possible, HLA/HPA testing of selected donors is performed using PCR based and solid-phase based techniques
	HLA Ab							
	HLA Ag							
	HLA gene							
	Other technique							
Disease testing								
VIRAL								
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	both	universal screening	NO	A multiplex real-time PCR test is used to simultaneously screen donated blood for HIV-1 RNA, HIV-2 RNA, HCV RNA, and HBV DNA
	Anti-HIV 2	YES	NO	N/A	both	universal screening		
	HIV 1p24							
	HIV NAT pool	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	universal screening		
	HIV NAT ID							
	Other technique							
Hepatitis B virus	HBsAg	YES	NO	N/A	both	universal screening	NO	A multiplex real-time PCR test is used to simultaneously screen donated blood for HIV-1 RNA, HIV-2 RNA, HCV RNA, and HBV DNA; all donations of blood and blood components are tested for presence of HBsAg, HBV DNA and anti-HBc; anti-HBs levels are determined for the presence of anti-HBs
	Anti-HBc	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	universal screening		
	Anti-HBs	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	anti-HBc positive donors only are tested for the presence of anti-HBs		
	HBV NAT pool	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	universal screening		
	HBV NAT ID							
	Other technique							
Hepatitis C virus	Anti-HCV	YES	NO	N/A	both	universal screening	NO	A multiplex real-time PCR test is used to simultaneously screen donated blood for HIV-1 RNA, HIV-2 RNA, HCV RNA, and HBV DNA
	HCV NAT pool	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	universal screening		
	HCV NAT ID							
	Other technique							
Hepatitis E virus								In order to meet the requirements of the European Pharmacopeia,

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Hepatitis A virus								In order to meet the requirements of the European Pharmacopeia, EMA guidelines, Plasma Master File and European Directives, plasma for the manufacture of PDMPs may be routinely tested by NAT for the presence of HAV RNA (HAV RNA positive plasma donations are then not released)
PARASITIC								
Malaria	Technique not specified						NO	Malaria antibody testing is performed to determine acceptance or rejection of blood donor candidates who give a history of malaria and/or have lived in a malaria area for a continuous period of 6 months or more
	Microscopy							
	<i>Plasmodium sp.</i> Ab	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	whole blood/ blood components for transfusion	selective screening		
	<i>Plasmodium sp.</i> Ag							
	<i>Plasmodium sp.</i> Ag - rapid test							
	<i>Plasmodium sp.</i> NAT pool							
	<i>Plasmodium sp.</i> NAT ID							
	Other technique							
Trypanosomiasis								
Babesiosis								
Leishmaniasis								
Toxoplasmosis								
Other pathogen								
BACTERIAL								
Treponema pallidum (Syphilis)	Technique not specified						NO	
	Microscopy							
	Anti- <i>T. pallidum</i>	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	both	universal screening		
	<i>T. pallidum</i> NAT pool							
	<i>T. pallidum</i> NAT ID							
	Culture							
	Other technique							
Neisseria								
Brucellosis								
Tuberculosis								
Q-fever								<i>C. burnetii</i> detection by NAT is ready for implementation to practice in certain epidemiological situations
Bacterial contamination	Automated microbial growth and detection technology	NO	YES	Medical Advisory Council of Sanquin Blood Supply Foundation [guidance document not available in the public domain]	all platelet products	platelet products only	NO	Products are released on a negative-to-date basis
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