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	Recommending	Circumstances for appli	cation		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO	N/A	all	all		no	no comments
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT								
	Other technique								
lepatitis B	HBs Ag	YES	NO		all	all		no	no comments
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
lepatitis C	Anti-HCV	YES	NO	N/A	all	all		no	no comments
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified							no	no comments
	Anti-HTLV-1	YES	NO		for donors living in, or originating from, HTLV-1 high-incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those areas				
	Other technique								
	Technique not specified							no	no comments

ested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appl			Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
	Anti-HTLV-2	YES	NO	N/A	for donors living in, or originating from, HTLV- 1 high-incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those areas	all	no comments		
	HTLV-2 NAT								
	Other technique								
Chikungunya virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Anti-CHIKV							Ī	
	CHIKV NAT								
	Other technique			•		T	T		
ytomegalovirus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Anti-CMV		•		<del>'</del>				
	CMV NAT								
	Other technique		T	T		T	I		
Dengue Virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Anti-DENV							1	
	NAT								
	Other technique								
oola Virus			T	1	T		T .		
ostein-Barr virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appl			Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
Hepatitis E	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Anti-HEV							1	
	HEV NAT								
	Other technique								
Human Parvovirus B19	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	HPVB19 NAT		•						
	Other technique								
Herpes simplex virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
-	HSV Ag			1				i	
	HSV Ab								
	HSV NAT								
	Other technique								
West Nile Virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	WNV minipool NAT								
	WNV ID NAT								
	Other technique								
specify pathogen									
PARASITIC									
Babesiosis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Microscopy							1	
	Antibody detection (EIA, IFA)								
	Molecular testing (NAT)								
	Other technique								

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for anal	cation		Regional differences	Further comments
resteu patriogen	bollor test/ technique	Legally billiding	on national level	authority/ association	Circumstances for appl		Comments	negional uniterences	Further comments
					Donor profile	Tissue/cell type	Comments		
Leishmaniasis	Technique not specified	YES	NO	N/A	may be required depending on the	may be required depending on the	no comments	no	no comments
					donor's history	characteristics of the			
					donor's history	tissue or cells donated			
						tissue of cells dollated			
	Microscopy								
	Anti -Leishmania sp.								
	Leishmania sp. NAT								
	Other technique								
Malaria	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	no	no comments
					depending on the	depending on the			
					donor's history	characteristics of the			
						tissue or cells donated			
	Microscopy								
	Plasmodium sp . Ab								
	Plasmodium sp . Ag								
	Plasmodium sp. Ag - rapid	d							
	test								
	Plasmodium sp. NAT	_							
T	Other technique	VEC	luo.	In/A		laran ha aran tarat			
Toxoplasmosis	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	no	no comments
					depending on the donor's history	depending on the characteristics of the			
					donor silistory	tissue or cells donated			
						tissue of cells dollated			
	Anti-Toxoplasma gondii								
	The second general								
	Microscopy								
	Other technique								
Trypanosomiasis	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	no	no comments
					depending on the	depending on the			
					donor's history	characteristics of the			
						tissue or cells donated			
	Anti-Trypanosoma cruzi								
	Microscopy	_							
	Other technique								
specify pathogen	Other teeningue								
BACTERIAL									
	Tochnique not enecified	YES	NO	NI/A	all	N/A		Inc	A validated testing algorithms asset
Treponema pallidum	Technique not specified	152	NO	N/A	dii	IN/A		no	A validated testing algorithm must be applied to exclude the presence
(Syphilis)	Anti T nallidum								of active infection with Treponema
	Anti-T. pallidum								pallidum.
	Microscopy T. pallidum NAT								panidum.
	Other technique								
	Other technique								

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for app	olication		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
Chlamydia trachomatis	Technique not specified	YES	NO	NA	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	C. trachomatis DFA								
	C. trachomatis EIA								
	C. trachomatis NAT								
	Culture								
	Other technique								
Neisseria gonorrhoeae		YES	NO	NA	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	N. gonorrhoeae NAT								
	Culture	_							
	Other technique								
Brucellosis	Technique not specified	YES	NO	NA	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Culture								
	Other technique	_							
Tuberculosis	Technique not specified	YES	NO	NA	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Culture								
	Other technique								
Q-fever	Technique not specified	YES	NO	NA	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	C. burnetii Ab					<u> </u>			
	C. burnetii NAT								
	Microscopy								
specify pathogen									
FUNGI									
specify pathogen									
Transmissible									
spongiform									
Other Tests									
ABO blood group									

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for app	lication		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
testing									
RhD blood group testing	RhD typing	YES	NO		may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	Other technique								
HLA testing	Technique not specified	YES	NO		may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments
	HLA Ab				•				
	HLA Ag								
	HLA gene								
	Other technique								
Genetic testing, please specify condition	Specify technique	YES	NO		may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	no	no comments

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

### Reproductive tissues and cells

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appli	cation		Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
VIRAL									
HIV 1 and HIV 2	Anti-HIV 1	YES	NO		all	all		NO	General comment for testing of
	Anti-HIV 2	YES	NO	N/A	all	all			non-reproductive cells: non-
	HIV 1p24								partner oocyte donation is not
	HIV NAT								allowed.
	Other technique								
lepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	No comments
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
lepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	No comments
	HCV NAT								
	Other technique								
HTLV-1	Technique not specified							NO	No comments
	Anti-HTLV-1	YES	NO		for donors living in, or originating from, HTLV- 1 high-incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those areas				
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							NO	No comments

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appli	cation		Regional differences	Further comments
esteu putriogen	Donor testy testinique	Legan, Smang	on national level	authority/ association	Donor profile	Tissue/cell type	Comments	_ negional amerences	
	Anti-HTLV-2  HTLV-2 NAT	YES	NO	N/A	for donors living in, or originating from, HTLV- 1 high-incidence areas or with sexual partners originating from those areas or where the donor's parents originate from those areas	all	no comments		
	Other technique	-							
Chikungunya virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Anti-CHIKV								
	CHIKV NAT								
	Other technique								
Cytomegalovirus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Anti-CMV								
	CMV NAT								
	Other technique								
Dengue Virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Anti-DENV				•	•			
	NAT								
	Other technique								
Ebola Virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	NAT							1	
	Other technique								
Epstein-Barr virus	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments

		1							1-
Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for app		12	Regional differences	Further comments
			on national level	authority/ association	Donor profile	Tissue/cell type	Comments		
	Anti-EBV								
	Other technique		_	Ī	1	1	1		
Hepatitis E	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	NO	No comments
					depending on the	depending on the			
					donor's history	characteristics of the			
						tissue or cells donated			
								_	
	Anti-HEV								
	HEV NAT								
	Other technique			Γ.	T	T	<u> </u>		
Human Parvovirus B19	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	NO	No comments
ĺ					depending on the	depending on the			
ĺ					donor's history	characteristics of the			
						tissue or cells donated			
	1101/040 1147								
	HPVB19 NAT								
	Other technique	VEC	luo.	In. 14		1			
Herpes simplex virus	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	NO	No comments
					depending on the	depending on the			
					donor's history	characteristics of the			
						tissue or cells donated			
	HSV Ag								
	HSV Ab								
	HSV NAT								
	Other technique								
West Nile Virus	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	NO	No comments
West Mile Virus	recinique not specifica	123		14/71	depending on the	depending on the	no comments		140 comments
					donor's history	characteristics of the			
					donor smatery	tissue or cells donated			
	WNV minipool NAT								
	WNV ID NAT								
	Other technique								
specify pathogen									
PARASITIC									
Babesiosis	Technique not specified	YES	NO	N/A	may be required	may be required	no comments	NO	No comments
Dubesiosis	recinique not specifica	123		14/71	depending on the	depending on the	no comments		140 comments
					donor's history	characteristics of the			
					donor smatery	tissue or cells donated			
						and the contract of the contra			
	Microscopy							1	
	Antibody detection (EIA,								
	IFA)								
	Molecular testing (NAT)								
	Other technique								
	c. teeque								1

Tested pathogen	Donor test/ technique	Legally binding	Recommended	Recommending	Circumstances for appl	cation		Regional differences	Further comments
resteu patriogen	Donor test/ technique	Legally billuling	on national level	authority/ association	Circumstances for appli Donor profile	Tissue/cell type	Comments	Regional differences	ruttier comments
Leishmaniasis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Microscopy Anti -Leishmania sp. Leishmania sp. NAT Other technique	- - -							
Malaria	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Microscopy Plasmodium sp . Ab Plasmodium sp . Ag Plasmodium sp . Ag - rapic test Plasmodium sp . NAT Other technique								
Toxoplasmosis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Anti-Toxoplasma gondii Microscopy Other technique	-							
Trypanosomiasis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Anti- <i>Trypanosoma cruzi</i>								
	Microscopy								
	Other technique								
specify pathogen									
BACTERIAL		•	•						
Treponema pallidum (Syphilis)		YES	NO	N/A	all	all		NO	A validated testing algorithm must be applied to exclude the presence
	Anti-T. pallidum								of active infection with Treponema
	Microscopy T. pallidum NAT								pallidum.
	Other technique								
	Other technique								1

		1	1-		1		_		
	Donor test/ technique	Legally binding		Recommending authority/ association	Circumstances for application			Regional differences	Further comments
			on national level		Donor profile	Tissue/cell type	Comments		
Chlamydia trachomatis	Technique not specified							NO	No comments
	C. trachomatis DFA								
	C. trachomatis EIA					_			
	C. trachomatis NAT	YES	NO	N/A	sperm donors	sperm	tested on a urine sample		
	Culture								
	Other technique								
Neisseria gonorrhoeae	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	N. gonorrhoeae NAT								
	Culture								
	Other technique								
Brucellosis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Culture								
	Other technique								
Tuberculosis	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Culture								
	Other technique								
Q-fever	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	C. burnetii Ab					•			
	C. burnetii NAT								
	Microscopy								
pecify pathogen									
UNGI		<del></del>							
pecify pathogen									
ransmissible pongiform ncephalopathies	Prion (PrP) detection	YES	NO	N/A	may be required depending on the donor's history	all	please specify analyte (brain, tonsil, appendix, other)	NO	No comments
	Other technique								1
	o and teaminque								

Tested pathogen	Donor test/ technique	Legally binding		Recommending authority/ association	Circumstances for application			Regional differences	Further comments
					Donor profile	Tissue/cell type	Comments		
ABO blood group esting									
RhD blood group testing	RhD typing	YES	NO	N/A	may be required depending on the donor's history	may be required depending on the characteristics of the tissue or cells donated	no comments	NO	No comments
	Other technique								
HLA testing	Technique not specified	YES	NO	N/A	may be required depending on the donor's history	all	no comments	NO	No comments
	HLA Ab								
	HLA Ag								
	HLA gene Other technique								
Genetic testing, please specify condition exemple: mucovicidosis									ART clinics may perform genetic screenin for autosomal recessive genes known to I prevalent, according to international scientific evidence, in the donor's ethnic background and an assessment of the rist transmission of inherited conditions know to be present in the family.