

Luxembourg - 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	no comments
	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	no comments
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis 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	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			
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							no	no comments

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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	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								
	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									
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

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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		
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								
	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								
	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								
	Antibody detection (EIA, IFA)								
	Molecular testing (NAT)								
	Other technique								

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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			
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 - <i>Leishmania sp.</i>									
	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									
	<i>Plasmodium sp.</i> Ab									
	<i>Plasmodium sp.</i> Ag									
	<i>Plasmodium sp.</i> Ag - rapid test									
	<i>Plasmodium sp.</i> 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- <i>Toxoplasma gondii</i>									
	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										
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	N/A		no	A validated testing algorithm must be applied to exclude the presence of active infection with <i>Treponema pallidum</i> .	
	Anti- <i>T. pallidum</i>									
	Microscopy									
	<i>T. pallidum</i> NAT									
	Other technique									

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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		
<i>Chlamydia trachomatis</i>	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
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT								
	Culture								
Other technique									
<i>Neisseria gonorrhoeae</i>	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
	<i>N. gonorrhoeae</i> 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
	<i>C. burnetii</i> Ab								
	<i>C. burnetii</i> NAT								
Microscopy									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform									
Other Tests									
ABO blood group									

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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		
testing									
RhD blood group testing	RhD typing	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
	Other technique								
HLA testing	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
	HLA Ab								
	HLA Ag								
	Other technique								
Genetic testing, please specify condition	Specify technique	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

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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 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	General comment for testing of non-reproductive cells: non-partner oocyte donation is not allowed.
	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	No comments
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT								
	Other technique								
Hepatitis 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	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			
	HTLV-1 NAT								
	Other technique								
HTLV-2	Technique not specified							NO	No comments

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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	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								
	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								
	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

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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-EBV Other technique								
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								
	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								
	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								
	Antibody detection (EIA, IFA)								
	Molecular testing (NAT)								
	Other technique								

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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		
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 - <i>Leishmania sp.</i>								
	<i>Leishmania sp.</i> 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								
	<i>Plasmodium sp.</i> Ab								
	<i>Plasmodium sp.</i> Ag								
	<i>Plasmodium sp.</i> Ag - rapid test								
	<i>Plasmodium sp.</i> 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- <i>Toxoplasma gondii</i>								
	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									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	all	all		NO	A validated testing algorithm must be applied to exclude the presence of active infection with <i>Treponema pallidum</i> .
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT								
	Other technique								

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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		
<i>Chlamydia trachomatis</i>	Technique not specified							NO	No comments
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	sperm donors	sperm	tested on a urine sample		
	Culture								
	Other technique								
<i>Neisseria gonorrhoeae</i>	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
	<i>N. gonorrhoeae</i> 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
	<i>C. burnetii</i> Ab								
	<i>C. burnetii</i> NAT								
	Microscopy								
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform encephalopathies	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								
Other Tests									

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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			
ABO blood group testing										
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: mucoviciidosis									ART clinics may perform genetic screening for autosomal recessive genes known to be prevalent, according to international scientific evidence, in the donor's ethnic background and an assessment of the risk of transmission of inherited conditions known to be present in the family.	