

Austria - 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	living	all	autologous and allogenic	NO	NO
	Anti-HIV 2	YES	NO	N/A	living	all	autologous and allogenic		
	HIV 1p24								
	HIV NAT	YES	NO	N/A	deceased or living (if no re-testing is performed)	all	allogenic		
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	living	all	autologous and allogenic	NO	If Anti-HBc-Test is positive and HBsAg is negative further tests are required (risk evaluation) to determine the clinical use.
	Anti-HBc	YES	NO	N/A	living	all	autologous and allogenic		
	Anti - HBs								
	HBV NAT	YES	NO	N/A	deceased or living (if no re-testing is performed)	all	allogenic		
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	living	all	autologous and allogenic	NO	NO
	HCV NAT	YES	NO	N/A	deceased or living (if no re-testing is performed)	all	allogenic		
	Other technique								
HTLV-1	Technique not specified							NO	NO

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	Anti-HTLV-1	YES	NO	N/A	all	all	only legally binding if the donor/the donor's sexual partner/parents of the donor are living or born in an area with a high prevalence for HTLV		
	HTLV-1 NAT								
	Other technique								
HTLV-2								General information for all further tests listed: Depending on the donors medical history and the characteristics of the donated tissues / cells and based on a risk assessment additional laboratory tests could be required.	
Chikungunya virus									
Cytomegalovirus									
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									

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<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	partner and non-partner	all		NO	NO
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT	YES	NO	N/A	living and deceased	all	autologous and allogenic, either NAT or validated test-algorithm		
validated test-algorithm	YES	NO	N/A	living and deceased	all	autologous and allogenic, either NAT or validated test-algorithm			
<i>Chlamydia trachomatis</i>									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									
Transmissible spongiform encephalopathies									
Other Tests									
ABO blood group testing									
RhD blood group testing									
HLA testing									
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	NO
	Anti-HIV 2	YES	NO	N/A	all	all			
	HIV 1p24								
	HIV NAT	YES	NO	N/A	non-partner donations, long-term storage of cells	all			
	Other technique								
Hepatitis B	HBs Ag	YES	NO	N/A	all	all		NO	NO
	Anti-HBc	YES	NO	N/A	all	all			
	Anti - HBs								
	HBV NAT	YES	NO	N/A	non-partner donations, long-term storage of cells	all			
	Other technique								
Hepatitis C	Anti-HCV	YES	NO	N/A	all	all		NO	NO
	HCV NAT	YES	NO	N/A	non-partner donations, long-term storage of cells	all			
	Other technique								
HTLV-1	Technique not specified							NO	NO
	Anti-HTLV-1	YES	NO	N/A	all, only legally binding if the donor/the donor's sexual partner/parents of the donor are living or born in an area with a high prevalence for HTLV	all			
	HTLV-1 NAT								
	Other technique								
HTLV-2									

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Cytomegalovirus									
Dengue Virus									
Ebola Virus									
Epstein-Barr virus									
Hepatitis E									
Human Parvovirus B19									
Herpes simplex virus									
West Nile Virus									
specify pathogen									
PARASITIC									
Babesiosis									
Leishmaniasis									
Malaria									
Toxoplasmosis									
Trypanosomiasis									
specify pathogen									
BACTERIAL									
<i>Treponema pallidum</i> (Syphilis)	Technique not specified	YES	NO	N/A	partner and non-partner	all		NO	NO
	Anti- <i>T. pallidum</i>								
	Microscopy								
	<i>T. pallidum</i> NAT								
<i>Chlamydia trachomatis</i>	Technique not specified								
	<i>C. trachomatis</i> DFA								
	<i>C. trachomatis</i> EIA								
	<i>C. trachomatis</i> NAT	YES	NO	N/A	partner and non-partner	all			
	Culture								
Other technique									
<i>Neisseria gonorrhoeae</i>									
Brucellosis									
Tuberculosis									
Q-fever									
specify pathogen									
FUNGI									
specify pathogen									

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ABO blood group testing									
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Genetic testing, please specify condition									