

Operational Information ION-4979

This data is publicly available. Parent page : ION-4979

| Operational data for Hellenic Transplant Organisation - ION-4979 | |
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| Organisation Overview | |
| The information has been reviewed in year : | |
| Issuing organisation Number (ION) | ION-4979 The Issuing Organisation Number of a organisation, this is globally unique number, as issued by the ICCBBA. |
| Time zone | Europe/Belgrade (GMT+01:00) The timezone in which this organisation operates. |
| Business hours | 9am till 5pm The daily hours in which this organisation operates. |
| Work schedule | The normal work week in which this organisation operates. |
| Organisation closures | For all organisation closures, please see the WMDA Calendar . |
| Donor ID example | ID to be expected on paperwork, samples, and products. |
| Preliminary Search | |
| Requires preliminary search request form | If yes, form required can be found on the Documents Page. |
| Extended Typing | |
| Typing options available for request | Please note special requirements listed |
| Requires organisation specific typing request form | If yes, form required can be found on the Documents Page. |
| Number of days donor is reserved for a patient after a request | |
| Verification Typing | |
| Maximum blood volume allowed | |
| Requires organisation specific typing request form | If yes, form required can be found on the Documents Page. |
| IDM testing performed at verification | |
| Number of days donor is reserved for a patient after a request | |
| Sibling Typing | |
| Registry is willing to arrange sibling typings | |
| If yes, procedure to apply for sibling typings | |
| Workup Request | |
| Product dosage limit | Number of donor cells allowed based on recipient weight. |
| Requires patient to meet certain standards in order to proceed with collection | Organisation may or may not allow donor collections for some patients. |
| Patient physician must report the following in order to proceed with collection | Must provide additional information to organisation. |
| Requires organisation specific work up forms | If yes, form(s) required can be found on the Documents Page. |

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| Workup IDM completed 30 days prior to collection | Donor IDM results must be performed within 30 days of collection date to be valid and allow the collection to proceed. |
| Medical Health Questionnaire example available | If yes, the example can be found on the Documents Page. |
| Post-Transplant | |
| Subsequent donation policy | |
| Anonymous contact allowed | |
| Direct contact allowed | |
| Gift exchange allowed | |
| Cord blood contact allowed | |

IDM

| IDM | Tested | Method | Days between test and sampling/workup |
|-------------------------------------------------------------|--------|--------|---------------------------------------|
| ALT/ASTALT/AST ratio, De-Ritis-Quotient | - | | |
| ChagasChagas, T. cruzi | - | | |
| CMV IgGCytomegalovirus (CMV) Antibody testing IgG | - | | |
| CMV IgMCytomegalovirus (CMV) Antibody testing IgM | - | | |
| CMV TotalCytomegalovirus Total | - | | |
| EBV IgGEpstein-Barr Virus Antibody testing IgG | - | | |
| EBV IgMEpstein-Barr Virus Antibody testing IgM | - | | |
| HAV (NAT)Anti-hepatitis A virus nucleic acid testing | - | | |
| HBV (NAT)Hepatitis B nucleic acid testing | - | | |
| HBc AbHepatitis B core antibody testing | - | | |
| HBs AgHepatitis B Surface antigen testing | - | | |
| HCV (NAT)Hepatitis C nucleic acid testing | - | | |
| HCV AbHepatitis C antibody testing | - | | |
| HEV (NAT)Hepatitis E Virus nucleic acid testing | - | | |
| HIV (NAT)Human Immunodeficiency Virus nucleic acid testing | - | | |
| HIV-1 AbHuman Immunodeficiency Virus HIV-1 antibody testing | - | | |
| HIV-2 AbHuman Immunodeficiency Virus HIV-2 antibody testing | - | | |
| HIV p24Human Immunodeficiency Virus p24 antigen testing | - | | |
| HTLV-IHuman T-Lymphotropic Virus type I testing | - | | |
| HTLV-IIHuman T-Lymphotropic Virus type II testing | - | | |
| MalariaMalaria | - | | |
| HSVHerpes Simplex Virus | - | | |
| STSSerological tests for syphilis | - | | |
| STS FTA-ABSSerological test for syphilis | - | | |
| ToxoplasmosisToxoplasmosis | - | | |
| VZVVaricella Zoster Virus | - | | |
| WNV-NATWest Nile Virus nucleic acid testing | - | | |
| Other tests performed | - | | |