



Molecular Virology Department

Head: Christina Christodoulou PhD

Referral Letter

Department Code: 32

Patient details

Category: Outpatient Inpatient

Name: Surname:

Date of Birth: / / I.D. No.:

Nationality: Gender: Male Female

Patient Status:

GESY Government - Non GESY Hospital Card No. Private - Non GESY

Address:

City: Code: Country:

Phone: e-mail:

Date of sampling:

Sample type: Serum EDTA-blood CSF Stools Urine Nasal/pharyngeal swab Skin swab BAL Amniotic fluid Other (please specify)

Consent: I hereby agree that my samples will be analysed for the indicated viruses and that the samples will be stored for a maximum of 5 years (in accordance with ISO15189) in case a repeat of the analysis is necessary.

Patient signature:

Referring clinician's/ scientist's details

Name: Surname:

Hospital/ Clinic:

Referring clinician status:

CING Government (OKYTY) Private -Non GESY Private-GESY GESY No.

Address:

City: Code: Country:

Phone: Fax:

e-mail:

Diagnosis:

Clinician's signature: Date:

The referring physician undertakes and confirms understanding and compliance in respect of the mutual obligations as these are determined under the GDPR.

Molecular Tests

- Cytomegalovirus DNA 43. Herpes Simplex Virus 1 DNA 44. Herpes Simplex Virus 2 DNA 45. Epstein-Barr-Virus DNA 46. Varicella Zoster Virus DNA 47. Human Herpesvirus 6 DNA* 73. Human Herpesvirus 7 DNA* 74. Human Herpesvirus 8 DNA* 75. Hepatitis B Virus DNA* 41. Hepatitis C Virus RNA* 42. Enteroviruses RNA 48. Human Papillomavirus DNA 49.1 Adenovirus DNA 63. Rotavirus RNA* 67. Norovirus RNA* 72. Parvovirus DNA 71. Toxoplasma gondii DNA 78.

RESPIRATORY VIRUSES

- Respiratory Panel I (Influenza A, Influenza B, RSV, Parainfluenzaviruses*) 81.3 Respiratory Panel II* (Rhinovirus, Metapneumovirus, Coronaviruses, Bocavirus) 82.3

VECTORBORNE VIRUSES

- Phleboviruses RNA (Toscana Virus, SFV Sicilian, SFV Neaples)* 79. Flaviviruses RNA (West-Nile Virus, Yellow Fever Virus, Dengue Viruses, Zikavirus, TBEV)* 80.

Serological Tests

Note: serological tests are temporarily suspended.

Table with 3 columns: Test Name, IgM, IgG, IgG/Avidity. Rows include Cytomegalovirus* and Toxoplasma gondii*.

For tests not listed above, please inquire: 22 392648.

Sample Receipt (Laboratory Internal Use Only)

Form box containing fields for Lab No., Sample quality, Comments, Date received, and Received by.

*These tests are currently not ISO accredited