



DEPARTMENT OF VIROLOGY
MEDICAL RESEARCH INSTITUTE

Tel (011) 2693532-4

MRI No

CMV

CMV Realtime PCR (Viral Quantification Assay) Can be download at <http://www.mri.gov.lk/en/departments/virology/cmV/>

Note: the request may be rejected if this form is not filled properly and the specimen is not transferred properly.

Name :

Age: Sex: M / F

Institution (not in shorten form):

Ward: BHT No:.....

Date of collection of sample: ____ / ____ / 201 ____

Sample Type:

Mode of Transport: **in ice** see overleaf

<u>For Lab use Only</u>	
Sample Reject	<input type="checkbox"/>
Reason	
PCR not indicated	<input type="checkbox"/>
Reason	

Indication of the test

Clinical History: (Mandatory): **Please fill all fields**

Symptoms Duration of the illness:

End organ/s involvement : Lung / Eye/ Liver / GUT/.....

Co-morbid conditions: DM / HT / Vascular diseases/ Immunological diseases /

Any other

Period of post transplantation

Diagnosis of HIV-AIDS/ cancer:.....mon/yrs

Immunosuppressive treatment:

Date started : Duration

Drugs :

Dosage and frequency : 1)

2)

Other Radiotherapy etc

Antiviral Treatment started

If yes date started ____/ ____/ _____

Dose

Investigations:

FBC (recent).....

Diff counts % N% L.....%

S. Creatinine:..... GFR

CD₄ counts

Liver function tests :

CMV Serology (shoud performed before PCR) IgM IgG

rtPCR last result (if performed)Iu/ml date ____/____/ 201 ____

Funduscopy : _____

Chest X-ray :

USS (brain) :

Other : Neonate Birth history

Antenatal history :

Clinical features of congenital disease Deafness :....

Signature of the Clinician Contact Telephone Number :.....