Virus	Available tests	Sample sending guideline
Chikungunya virus	Chikungunya real time RT-PCR	Page 2
Dengue Virus	Dengue RNA real time RT-PCR	Page 3
	Dengue serotyping real time RT- PCR	Page 3
	Dengue IgM	Page 4
	Dengue NS1 Antigen	-
	Dengue IgG	
Ebola virus	Ebola virus RNA RT-PCR (out sourcing)	Page 5
HHV6 virus	HHV6 DNA real time PCR	Page 6
Hepatitis A virus (HAV)	HAV IgM	Page 7
_	HAV IgG	-
Hepatitis B virus	HBsAg	Page 8
-	HBeAg	-
	Anti HBsAb	
	Anti HBc IgM	
	Anti HBc total	
	Anti HBeAb	
	HBV DNA quantification real time PCR	Page 9
Hepatitis C virus	HCV Ab	Page 8
1	HCV Ag-Ab	U
	HCV quantitative real time RT-PCR	Page 9
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Hepatitis E virus	Hepatitis E virus IgM	Page 10
	Hepatitis E virus real time RT-PCR	Page 11
Herpes Simplex virus	HSV 1 & 2 DNA real time PCR	Page 12
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Human Papilloma virus (HPV)	HPV genotyping real time PCR	Page 14
Japanese encephalitis virus (JE)	JE IgM	Page 15
Measles Virus	Measles IgM	Page 16
	Measles IgG	
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Rota virus	Rota virus Antigen	Page 17
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	Rubella IgG avidity	
	Rubella RT-PCR	
	Rubella genotyping PCR	
Varicella Zoster Virus	Alpha herpes virus real time PCR	Page 12
West Nile Virus	West Nile virus RNA real time RT-PCR	Page 2
Yellow Fever virus	Yellow fever virus RNA real time RT-PCR PCR	Page 2
Zika virus	Zika virus RNA real time RT-PCR	Page 19

West Nile Virus/ Chickungunya virus/ Yellow fever virus virus Real time RT - PCR assays Brief guideline for send - out samples

	Description
Request	Very brief history is mandatory <u>highlighting the day of illness</u> which the blood was collected for testing
	Fill all the other fields in the request form very clearly
	Container should be properly labelled
Time of Sample collection	Sample should be collected with-in first five days of illness (early sample)
Sample type/ Volume/ Container	Blood in EDTA tube or plain plastic disposable (red top) tube, minimum 2mL volume
	Please note <u>samples in glass bottles including penicillin bottles</u> with rubber tops may not be accepted for PCR testing
	Also, heparinized or very low volume samples(< 2 mL) may not be accepted for testing too
Test Availability	These assays are performed depending on the requirement
Transport and short term storage	Specimen should be transported to the laboratory <u>at 2 to 8°C</u> as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+\,94\,11\,269\,7280$, $+94\,719900940$

<u>Dengue virus Real time PCR assay/Serotype assay (Multiplex)</u> <u>Brief guideline for send - out samples (V2.0)</u>

	Description
Request	Very brief history is mandatory <u>highlighting the day of illness</u> which the blood was collected for testing
	Fill all the other fields in the request form very clearly
	Container should be properly labelled
Time of Sample collection	Sample should be collected with-in first five days of illness (early sample)
	Late samples (after day 7 of illness) should not be accepted for the Dengue PCR test
Sample type/ Volume/ Container	Blood in EDTA tube or plain plastic disposable (red top) tube, minimum 2mL volume
	Please note <u>samples in glass bottles including penicillin bottles</u> with rubber tops may not be accepted for PCR testing Also, heparinized or very low volume samples(< 2 mL) may not be accepted for testing too
Test Availability	The assay is performed minimum of once per week depending on the test volume
Transport and short term storage	Specimen should be transported to the laboratory at 2 to 8°C as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+\,94\,11\,269\,7280$, $+94\,719900940$

Thank you for your kind cooperation.

Director, MRI

Brief guideline for send-out samples For Laboratory testing of anti-dengue IgM/IgG and dengue NS1 (V2.0)

	Description
Available tests	Dengue IgM ELISA/ICT
	Dengue IgG ELISA/ICT
	Dengue NS1 Antigen ICT
	(For dengue PCR/serotyping see guidelines for dengue PCR)
Testing criteria to be	History is mandatory highlighting,
included in request form	Clinical features: acute onset of fever, rash, retro orbital pain, myalgia
_	Date of onset of illness
	Any other investigations done (FBC)
	Travel history
	Fill all the other components of the request form very clearly
Time of sample	• For dengue IgM- after the 5 th day of illness
collection	• For dengue IgG – after 7-10 days of illness
Concesson	For dengue NS1 Ag- during the first 5 days of the illness
Sample	Blood/Serum
type/volume/container	• 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be
	collected into a clean (preferably sterile), dry, screw capped plain plastic
	tube
	Container should be properly labeled
Test availability	The Dengue IgM assay - performed 3 times/week
	The Dengue IgG assay – depend on the requirment
	Thee NS1 assay - depend on the requirement
Transport and short	Sample can be transported in room temperature if there is no delay. If a
term storage	delay in transport for >48 hours is anticipated, sample should be stored
term storage	at $+4^{\circ}$ C and transported with ice packs in a cold chain to maintain $+4^{\circ}$ C.
	• Samples later than 48 hours need to separate serum and should be
	stored at -20° C -70° C until transporting to testing laboratory
Reporting	• Dengue IgM/IgG-results will be available with-in 24-48hours of
	receiving samples
	• Dengue NS1 results will be available with-in 4-12hours of receiving the
	sample

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

Brief guideline for send-out samples For Laboratory testing of Ebola virus RNA (out sourcing)

	Description
	-
Testing criteria (PUI)	 Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, unexplained hemorrhage AND An epidemiological link within 21 days before the onset of symptoms
Request	A brief history is mandatory
	 Clinical features: fever, headache, myalgia, hemorrhagic features Travel history to high risk countries (areas)
	3. Day of illness that the blood was collected for Ebola virus testing
	4. Any other investigations done for other infections; malaria, dengue, etc
	Fill all the other components of the request form very clearly
Time of sample	Preferred between 3-10 days of onset of clinical symptoms.
collection	If the onset of symptoms is < 3 days, a specimen collected on a later date may be needed to exclude Ebola virus, if the specimen tests negative.
Sample type/volume/container	For adults: a minimum of 4 mL of whole blood in to a sterile, plastic , screw capped EDTA tube is recommended
	For paediatric patients: a minimum of 1mL of whole blood (Glass tubes will be rejected)
	Containers should be properly labelled
Short term storage	• Store specimen at 2-8 °C
	• If expecting any delay of > 72 hours, store at -70° C
Transport and	Should be transported in triple package

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

<u>Human Herpes virus 6 Real time PCR test</u> <u>Brief guideline for send-out samples</u>

	Description
Request	Very brief history is mandatory, including day of illness / antiviral treatment
	Fill all the other fields in the request form very clearly
	Container should be properly label
Time of sample collection	Preferred before starting antivirals
Sample type/ Volume/ Container	1.Blood in EDTA tube or plain plastic disposable (red top) tube, minimum 2mL volume
	2. <u>CSF into sterile plastic disposable tube</u> minimum 300uL
	3.Swabs in 2.0mL, Viral Transport Media
	Please note samples in glass bottles including penicillin bottles with rubber tops may not be accepted for PCR testing Also, heparinized or very low volume samples may not be accepted for testing
Test Availability	The assay is performed depending on the requirement
Transport and short term storage	Specimen should be transported to the laboratory <u>at 2°C to</u> 8°C as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+94\ 11\ 269\ 7280$, $+94\ 719900940$

Thank you for your kind cooperation.

<u>Brief guideline for send-out samples</u> For serological diagnosis of Hepatitis A virus infections

	Description
Available tests	HAV IgMHAV IgG
Request	Very brief history is mandatory highlighting the indication for testing
	Fill all the other fields in the request form very clearly
Time of sample collection	 IgM: With the onset of jaundice in patients with acute hepatitis IgG: As and when required to test immunity/past infection
Sample type/volume/container	Blood/Serum • 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be collected into a clean (preferably sterile), dry, screw capped plain plastic tube • Container should be properly labeled
Test availability	The assay is performed depending on the requirement
Transport and short term storage	• Sample can be transported in room temperature if there is no delay. If a delay in transport for >48 hours is anticipated, sample should be stored at +4°C and transported with ice packs in a cold chain to maintain +4°C.
	• Samples later than 48 hours need to separate serum and should be stored at -20°C -70°C until transporting to testing laboratory

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

<u>Brief guideline for send-out samples</u> For serological diagnosis of Hepatitis B and C virus infections

	Description
Available tests	 HBeAg Anti HBsAb Anti HBc IgM Anti HBc total Anti HBeAb HCV Ab HCV ag-Ab
Request	 Very brief history is mandatory highlighting the indication for testing Fill all the other fields in the request form very clearly
Time of sample collection	As and when required
Sample type/volume/container	Blood/Serum 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be collected into a clean (preferably sterile), dry, screw capped plain plastic tube Container should be properly labeled
Test availability	 HBsAg, anti HBs Ab, HCV Ab-twice a week Others-once in 2 weeks May vary with the volume of samples received
Transport and short term storage	 Sample can be transported in room temperature if there is no delay. If a delay in transport for >48 hours is anticipated, sample should be stored at +4°C and transported with ice packs in a cold chain to maintain +4°C. Samples later than 48 hours need to separate serum and should be stored at -20°C -70°C until transporting to testing laboratory

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

Thank you for your kind cooperation.

Hepatitis B virus DNA real time quantitative PCR, Hepatitis C virus RNA real time quantitative PCR, Hepatitis C virus genotyping PCR Brief guideline for send-out samples (V 2.0)

	Description
Request	Very brief history is mandatory, including clinical presentation / antiviral treatment/indication for testing Fill all the other fields in the request form very clearly Container should be properly label
Time of sample collection	As and when required
Sample type/ Volume/ Container	Please note samples in glass bottles including penicillin bottles with rubber tops, samples in plain tubes/serum samples may not be accepted for PCR testing Also, heparinized or very low volume samples may not be accepted for testing
Test Availability	The assay is performed minimum of once per week
Transport and short term storage	Specimen should be transported to the laboratory <u>at 2°C to</u> <u>8°C</u> as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+\,94\,\,11\,\,269\,\,7280$, $+94\,\,719900940$

<u>Brief guideline for send-out samples</u> For serological diagnosis of Hepatitis E virus infections

	Description
Available tests	HEV IgM
Request	Very brief history is mandatory highlighting the indication for testing
	Fill all the other fields in the request form very clearly
Time of sample collection	IgM: With the onset of jaundice in patients with acute hepatitis
Sample type/volume/container	Blood/Serum 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be collected into a clean (preferably sterile), dry, screw capped plain plastic tube Container should be properly labeled
Test availability	The assay is performed depending on the requirement
Transport and short term storage	• Sample can be transported in room temperature if there is no delay. If a delay in transport for >48 hours is anticipated, sample should be stored at +4°C and transported with ice packs in a cold chain to maintain +4°C.
	• Samples later than 48 hours need to separate serum and should be stored at -20°C -70°C until transporting to testing laboratory

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

Hepatitis E virus RNA real time PCR Brief guideline for send-out samples

	Description	
Request	Very brief history is mandatory, <u>including clinical presentation</u> /indication for testing	
	Fill all the other fields in the request form very clearly	
	Container should be properly label	
Time of sample collection	During the first two weeks of the illness	
Sample type/ Volume/ Container	Blood in EDTA tube or plain plastic disposable (red top) tube, minimum 2mL volume	
	Please note samples in glass bottles including penicillin bottles with rubber tops, may not be accepted for PCR testing	
	Also, heparinized or very low volume samples may not be accepted for testing	
Test Availability	The assay is performed depending on the requirement	
Transport and short term storage	Specimen should be transported to the laboratory <u>at 2°C to</u> 8°C as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested	
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For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+\,94\,\,11\,\,269\,\,7280$, $+94\,\,719900940$

<u>Herpes Simplex virus and/or Varicella zoster virus Real time typing PCR test</u> (Qualitative assay)

Brief guideline for send-out samples (V 2.0)

	Description
Request	Very brief history is mandatory, including day of illness / antiviral treatment
	Fill all the other fields in the request form very clearly
	Container should be properly label
Time of sample collection	Preferred before starting antivirals
Sample type/ Volume/ Container	1.Blood in EDTA tube or plain plastic disposable (red top) tube, minimum 2mL volume
	2. <u>CSF into sterile plastic disposable tube</u> minimum 300uL
	3.Swabs in 2.0mL, Viral Transport Media
	Please note samples in glass bottles including penicillin bottles with rubber tops may not be accepted for PCR testing Also, heparinized or very low volume samples may not be accepted for testing
Test Availability	The assay is performed minimum of 2 times per week depending on the test volume
Transport and short term storage	Specimen should be transported to the laboratory at 2°C to 8°C as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

Brief guideline for send-out samples For Laboratory testing of HSV 1 & 2 IgM/IgG

Available tests	Description HSV 1 & 2 IgM ELISA HSV 1 & 2 IgG ELISA	
Request	Very brief history is mandatory highlighting the indication for testing Fill all the other fields in the request form very clearly	
Time of sample collection	 Depend on the indication For diagnosis of congenital infection; within 1st month of birth 	
Sample type/volume/container	 Blood/Serum 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be collected into a clean (preferably sterile), dry, screw capped plain plastic tube Container should be properly labeled 	
Test availability	Assays are performed minimum of once/week	
Transport and short term storage	 Sample can be transported in room temperature if there is no delay. If a delay in transport for >48 hours is anticipated, sample should be stored at +4°C and transported with ice packs in a cold chain to maintain +4°C. Samples later than 48 hours need to separate serum and should be stored at -20°C -70°C until transporting to testing laboratory 	

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+94\ 11\ 269\ 7280$, $+94\ 719900940$

Human Papilloma virus real time PCR Brief guideline for send-out samples

	Description	
Request	Very brief history is mandatory, including clinical presentation /indication for testing	
	Fill all the other fields in the request form very clearly	
Time of sample collection	As and when required, preferably before starting treatment	
Sample type/ Volume/ Container	A sterile, screw capped container with Viral Transport Medium (VTM) or specific Transport Solution compatible with PCR kit need to be used.	
	Biopsies and scrapings of epithelial cells of cervical mucosa, urethra, vagina and posterior wall of the larynx	
	 Place the material into a test tube with the Transportation Solution using a sterile disposable swab, brush or similar tool. Mix thoroughly. Remove excess liquid from the swab (or other tool) by pressing the swab against the wall of a tube. Discard the swab or leave the swab inside the tube after breaking it in half at the incision point and securely close the tube 	
	Semen / Prostatic secretions / saliva	
	• Mix about 300µl sperm with 300µl Transportation Solution and shake it well. If the solution is too viscous, there can be mixed up a 1:2 solution (Sperm: Transportation Solution).	
	 Urine Centrifuge the urine, and then mix the pellet (about 300μl) with one tube of Transportation Solution. 	
Test Availability	The assay is performed depending on the requirement	
Transport and short term storage	At (18-25) °C – up to 2 days; At (2-8) °C – up to 2 weeks; Deliver unfrozen samples to the laboratory for testing in adapted container within 3 to 4 hours.	

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

Thank you for your kind cooperation.

Director, MRI

<u>Brief guideline for send-out samples</u> <u>For Laboratory testing of Japanese encephalitis virus IgM</u>

	Description		
	Description		
Testing criteria to be	, , , , , , , , , , , , , , , , , , , ,		
included in request form	Clinical features suggestive of acute encephalitic syndrome		
	Date of onset of illness		
	Any other investigations done (neuro-imaging)		
	• Travel history		
	JE vaccination history		
	Fill all the other components of the request form very clearly		
Time of sample collection	As soon as patient possible on suspicion		
Sample	Blood/Serum		
type/volume/container	• 2 ml of whole blood, 1 ml of serum (0.5 ml minimum) should be collected into a clean (preferably sterile), dry, screw capped plain plastic tube CSF		
	A minimum of 0.5ml in to a dry, sterile, screw capped plastic container		
	Containers should be properly labeled		
Test availability	Performed once/week		
Transport and short term storage	• Sample can be transported in room temperature if there is no delay. If a delay in transport for >48 hours is anticipated, sample should be stored at +4°C and transported with ice packs in a cold chain to maintain +4°C.		
	• Samples later than 48 hours need to separate serum and should be stored at -20°C -70°C until transporting to testing laboratory		

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

<u>Measles virus – Serological diagnosis (IgM ELISA) & PCR</u> <u>Brief guideline for send –out samples</u>

	Description			
Request	Very brief history is mandatory highlighting the day of illness on which the blood was collected for testing.			
	Fill the other fields in the request form very clearly.			
	Container should be properly labelled.			
Time of Sample collection	Serology: from 3 rd to 28 th day of onset of rash			
	PCR: Within first 5 days of onset of rash			
Sample type/Volume/Container	Two types of specimens for each test type.			
	Serology: 3-5 ml of blood into a sterile, dry, screw capped container with/without anti-coagulant/serum/plasma (1mL for infants)			
	PCR: Nasopharyngeal and oropharyngeal swabs in sterile Viral Transport Medium in labelled screw capped tubes			
	Alternative: Urine (≥ 10mL), Whole blood			
Test availability	Serology: Performed every 4 th consecutive day			
	PCR: Performed depending on the number of sample received.			
Transport and short term storage	Both types of samples should be transported to the laboratory at 2 to 8°C as soon as possible.			
	If any delay,			
	Separated serum: maximum 3 days at 2-8°C			
	Whole blood: Maximum 24 hours at 2-8° C until separation Nasopharyngeal and oropharyngeal swabs: maximum 48 days at 2-8°C			

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+\,94\,\,11\,\,269\,\,7280$, $+94\,\,719900940$

<u>Rota Virus Antigen detection by ELISA – Rota virus Surveillance</u> <u>Brief guideline for send-out samples</u>

	Description	
Request	 Name of the hospital Date of sample collection and sending Patient's name, gender, age Brief clinical history including signs and symptoms, duration of illness 	
Inclusion criteria for the Rota virus Surveillance	 Any child under the age of 5 years Admitted for treatment of acute watery diarrhoea/gastroenteritis (≤14 days duration) Admitted to a hospital included in the study (Lady Ridgeway Hospital, Colombo North Teaching Hospital, TH-Peradeniya, TH-Jaffna, TH-Matara, TH-Batticaloa, TH-Anuradhapura, DGH-Nuwara Eliya, DGH-Badulla) 	
Exclusion criteria for the Rota virus Surveillance	 Children with bloody diarrhoea Children transferred from another hospital 	
Sample type/ Volume/ Container	Stool samples Volume – liquid 1mL, solid 3-5g Container – Clean, wide mouthed, screw capped, lid with spoon, plastic, labelled	
Test Availability	The assay is performed depending on the requirement	
Transport and short term storage	Specimen should be transported to the laboratory at 2°C to 8°C as soon as possible Can store for 8 days at 2-8°C prior to testing Longer storage – store at -20°C	

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940

<u>Rubella virus – Serological diagnosis (IgM ELISA) & PCR</u> <u>Brief guideline for send –out samples</u>

	Description
Request	Very brief history is mandatory highlighting the day of illness on which the blood was collected for testing. Include MMR vaccination history in children.
	Fill the other fields in the request form very clearly.
	Container should be properly labeled.
Time of Sample collection	Serology: Fever/rash: from 3 rd to 28 th day of onset of rash. CRS: up to 9 months of age
	PCR: Fever/rash: Within first 5 days of onset of rash. CRS: within first year of life
Sample type/Volume/Container	Two types of specimens for each test type.
type/volume/container	Serology: 3-5 ml of blood into a sterile, dry, screw capped container without anti-coagulant (1mL in infants)
	PCR: Nasopharyngeal and oropharyngeal swabs in sterile Viral Transport Medium in labeled screw capped tubes
	Alternative: Urine (≥ 10 mL), CSF (1mL), Whole blood
Test availability	Serology: Performed every 4 th consecutive day
	PCR: Performed depending on the number of sample received.
Transport and short term storage	Both types of samples should be transported to the laboratory at 2 to 8°C as soon as possible.
	If any delay, Separated serum: maximum 3 days at 2-8°C Whole blood: Maximum 24 hours at 2-8° C until separation Nasopharyngeal and oropharyngeal swabs: maximum 48 days at 2-8°C

MMR:Measles/Mumps/Rubella, CRS:Congenital Rubella Syndrome

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at $+94\ 11\ 269\ 7280$, $+94\ 719900940$

Zika virus infection Testing Brief guideline for send - out samples (V3.0)

	Description		
Criteria for testing	 Signs and symptoms of zika virus with travel history to high risk countries Pregnant females with travel history to high risk countries 		
Request	Very brief history is mandatory highlighting 1. clinical features: acute fever, rash, conjunctivitis, headache, myalgia, arthralgia 2. travel history to high risk countries (areas) 3. day of illness that the blood/urine was collected for zika infection testing 4. any other investigations done for viral infections: dengue, chikungunya Fill all the other fields in the request form very clearly.		
Test Method	1.Molecular Testing(Zika -RNA detection by Real time PCR assay, qualitative assay)	1.Serological Testing (Zika IgM antibody ELISA)	
Time of Sample collection	1.Blood sample should be collected within first 07 days of illness2.Urine sample should be collected within first 21 days of illnessLate blood/ urine samples should not be accepted for the zika virus PCR test	1.Blood sample should be collected after 2-12 weeks of illness/exposure	
Sample type/ Volume/ Container	Blood in EDTA tube or plain sterile plastic disposable (red top) tube, minimum 2mL volume Heparinized or very low volume samples (< 2 mL) may not be accepted Urine - sterile plastic vial with screw cap or sterile plastic screw cap bottle, 2mL volume	Blood in plain plastic disposable (red top) tube, minimum 2mL volume Container should be properly labeled.	
Transport and short term storage	Specimen should be transported to the laboratory at 2 to 8°C as soon as possible, if in delay they may be stored in the refrigerator at 2 to 8°C up to 2 days before being tested		
Test Availability	The assay is performed depending on the requirement		

For questions please contact Dr JI Abeynayake, Consultant Medical Virologist, MRI at + 94 11 269 7280 , +94 719900940