

## NPC-2016 Registry

### Reference form for Virological Diagnostics

**To be sent to:**

Medizinische Hochschule Hannover  
Institut für Virologie  
Dr. C. Schmitt / Dr. W. Puppe  
Carl-Neuberg-Str. 1  
  
D-30625 Hannover

Submitted by:  
Name: \_\_\_\_\_

Hospital stamp / Address:

Patient: \_\_\_\_\_ Date of birth \_\_\_\_\_

Time of analysis:

- at diagnosis and before start of treatment
- after chemotherapy and before start of radiotherapy
- 6 weeks after end of radiotherapy
- end of therapy
- other time point: \_\_\_\_\_

Date of blood drawing: \_\_\_\_\_

Material:

- EDTA-Blood (minimal 1 ml) / *Analysis:* EBV-PCR
- Serum (minimal 2 ml) / *Analysis:* EBV-VCA-IgA-IFT

To be sent to:

- within initial blood drawing at diagnosis to study center in Aachen; Monday - Thursday
- during or after treatment: directly to Hannover

Date \_\_\_\_\_ Name / Signature \_\_\_\_\_