



# Hôpital ophtalmique Jules-Gonin

Service universitaire d'ophtalmologie  
Fondation Asile des aveugles

Au service de  
votre santé visuelle

Avenue de France 15 • case postale 1  
CH-1001 Lausanne

**Pôle ONCO**  
**Oncologie oculaire pédiatrique**  
Responsable  
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## TO WHOM IT MAY CONCERN

N/réf. CS/ab

Lausanne, 4<sup>th</sup> April 2024

**Child Gurianova Diana, dob 13.07.2010**

### CERTIFICATE

We herewith confirm that parents of the above named child have requested a medical care for their daughter in our **specialised centre**.

The child is affected with retinoblastoma, a serious eye disease, which needs close follow-up and treatment in our specialised centre, the Jules-Gonin Eye hospital and at CHUV (Central University Hospital) in Lausanne, Switzerland.

We certify that treatment for retinoblastoma requires specific technical apparatus and expertise of specialized medical staff that is only available at the Jules-Gonin Eye hospital.

In order for the child to be admitted at both of the hospitals, an initial deposit of 65'000 CHF (Swiss francs) is requested as follows:

- **20'000 CHF is requested on the Jules-Gonin Eye hospital account. Details are as follows:**

#### **UBS SA**

Case postale

CH - 1002 Lausanne

**Beneficiary:** Fondation Asile des aveugles

**Account no:** 243-G0206683.0

**Swiftcode:** UBSWCHZH80A

**IBAN:** CH51 0024 3243 G020 6683 0

**Ref:** Pls mention full name + date of birth + country of origin of the child when making the bank transfer.

- **45'000 CHF is requested on the CHUV account. Details are as follows:**

#### **BANQUE CANTONALE VAUDOISE**

CH – 1003 Lausanne

**Beneficiary:** Centre Hospitalier Universitaire Vaudois – CHUV

**Account:** 328 707 0

**Clearing:** 767

**Swiftcode:** BCVLCH2LXXX

**IBAN:** CH65 0076 7000 E032 8707 0

**Ref:** Pls mention full name + date of birth + country of origin of the child when making the bank transfer.

**Please be aware that these deposits will only cover approximately the first three months of treatments** and that conservative therapy can easily reach 50'000.- to 100'000.- CHF within the first year of treatment. Additional deposits may then be required.

In case of balance after completion of treatment, the amount will be refunded to the payer within 180 days after the end of treatment.

Receipt of bank transfers must be sent to us either by fax 0041/21 626 85 44 or by email to [pediatrie@fa2.ch](mailto:pediatrie@fa2.ch).

Presence of the parents is compulsory.



Dr C. Stathopoulos, MER  
Médecin adjointe

