

COVERING OF LAB REPORT

To whom it may concern:

This laboratory/health institution* _____
(*name of laboratory or health institution*), as a laboratory/health institution recognized or approved by the Government of _____ (*name of the Country*) hereby certifies that the following named person has a negative SARS-CoV-2 nucleic acid test. Details are as follows:

Name of person tested:

Passport / HKID n. :

Date and time of specimen collection:

Test conducted: SARS-CoV-2 nucleic acid test

Results: NEGATIVE

Signature:

Name of person-in-charge:

Position of person-in-charge:

Organization chop:

*Delete as appropriate