

LAB REPORT COVER LETTER

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 person indicated here below obtained a negative SARS-CoV-2 nucleic acid test.

Details are as follows:

Name & Surname of Person tested

(must match the personal details in the valid travel document):

_____ Date of birth: _____

Date and time of specimen collection: _____

Type of test conducted: A polymerase chain reaction-based (PCR-based) nucleic acid test for COVID-19 .

Result: **NEGATIVE**

Signed by: _____

Name of Person-in-charge: _____

Position of Person-in-charge: _____

OFFICIAL STAMP OF THE LABORATORY:

*Delete as appropriate