



Patient name(English):	_____	Date:	_____
Patient name(Chinese):	_____	Clinic:	_____
ID/passport no.:	_____	Address:	_____
Sex/age:	_____	Tel/fax no.:	_____
Date of birth:	_____	Doctor:	_____
Reference no.:	_____		
Diagnosis/clinical history:	_____		
Antibiotics prescribed:	_____	Doctor's signature and chop:	_____

TEST REQUEST FORM (SARS-CoV-2 (Covid-19) real-time RT-PCR)

2019 冠狀病毒核酸測試申請表

Specimen type (✓ one): Deep throat saliva (early morning) Specimen collected date (dd/mm/yy): _____
 Throat swab Specimen collected time: _____
 Nasopharyngeal swab

Test item: SARS-CoV-2 (Covid-19) real-time RT-PCR

Report delivery (✓ one): By email _____
 By fax _____

Specimen packing instruction:

1. place the specimen into the first specimen bag, zip sealed
2. place the (1) zip sealed specimen bag into a second specimen bag with an outer pouch, zip sealed
3. place this completed test request form into the outer pouch
4. call laboratory at 27570184 for specimen collection
- 5. last call for same day specimen pickup for SARS-CoV-2 (Covid-19) real-time RT-PCR test is 12:00 noon, Monday to Saturday (except public holidays)**
6. this form is only valid with the signature and chop of a registered medical practitioner

Internal use only:

Arrival time:	_____	Lab no.:	_____
Arrival date:	_____		