|  |  |  |  |
| --- | --- | --- | --- |
| Name | 填写护照上姓名拼音 | Gender | Male/Famale（性别） |
| Age | 填写年龄 | Date of birth | 填写出生日期 |
| ID No. | 填写身份证号码 | Passport No. | 填写护照号 |
| Nationality | Chinese（国籍） | Medical Record No. | 填写报告单上的门诊号 |
| Applied by | 填写申请医生 | Type of specimen | 填写标本类型 |
| Department | Physical Examination Department | Diagnosis | Health examination |

**Results of Test：**

|  |  |  |  |
| --- | --- | --- | --- |
| Item of test | Result | Reference range | Testing method |
| COVID-19 Nucleic Acid Test | Negative | Negative | Real-time RT-PCR |

（Following is blank）

**Statement:**

(1)The test was implemented by a test kit which was approved by National Medical Products Administration of People’s Republic of China.

(2)False negative caused by primer region mutation.

(3)No COVID-19 Nucleic Acid was detected.

(4)The test results may be affected by sampling time, sampling site, methodological limitations, and other factors, so they need to be analyzed in combination with clinical practices.

(5)The report is valid for the specimen delivered and tested only this time.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tested by | | 填写报告检测者 | Confirmed by | 填写报告审核者 | | Seal: | | (盖医务部公章) |
| Sampling Time | | 标本采样时间 | Sample Reception Time | 标本接收时间 | | Report Time | | 填写报告时间 |
| Hospital Add | No.96 Beida Street, Yibin City, Sichuan Province | | | | Contact Call | | 0831-8886606 | |

填写说明：

**蓝色字体部分是填写纸质报告单上对应内容，红色部分对应身份证和护照填写，标本类型选择Oropharyngeal swab（咽拭子）还是Nasopharyngeal swab（鼻咽拭子）；**

**填写完成后黑白打印，带上在最近两天在宜宾市第二人民医院新冠核酸检测纸质报告单、身份证、护照原件到新政楼医务部盖章。**