

## Lab Form for COVID-19 Test

**Name of Examinee:**

檢測者姓名:

**Specimen ID:**

樣本編號:

**Date of Birth:**

出生日期:

**Specimen Type:**

樣本類別:

**Gender/Age:**

性別/年齡:

**Collection Date & Time:**

採集日期及時間:

**ID/Travel Document No.:**

身份證/旅遊證件號碼:

**Telephone Number:**

電話號碼:

**Express:**

加急:

Yes是 / No否

**Referring Doctor:**

轉介醫生:

Dr. Lee Kong Ngai

**Address & Phone Number:**

電話及地址:

It is confirmed that the specimen is taken from the holder of the ID/Travel document number provided above.  
樣本確認由上述身份證/旅遊證件號碼持有人所提供。

**Stamp/Signature by Referring Clinic/Doctor:**

轉介診所/醫生蓋章/簽署:

**For Lab Use Only**

<b>Specimen received By:</b>	
<b>Date &amp; Time:</b>	