DNA WeCheck
天資基因檢測中心

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 form 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

Specimen received By:	
Date & Time:	