2019冠狀病毒病測試表格
COVID-19 TEST REQUISITION FORM

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APPLICANT REFERENCE NUMBER
申請編號

LAB ID NUMBER 實驗室編號
(Lab Use Only) (由實驗室填寫)

APPLICANT INFO.申請人資料

姓氏（英文）
LAST NAME (In English) _____

名字（英文）
FIRST NAME (In English) _____

中間名（英文）
MI (In English) _____

香港身份證號碼（如適用）
HKID (If any) _____

出生日期
DOB ____/____/____
DD 日日 MM 月月 YYYY年年年年

年齡
AGE _____

電郵地址
E-MAIL _____

聯繫電話
CONTACT No. 21582198

性別
SEX 女 **F**

樣本採集日期
COLLECTION DATE _____

樣本採集時間
COLLECTION TIME _____

服務選項
SERVICE LEVEL
☐ 下一個工作日 Next working day
☐ 即日 Same day

樣本採集方法
SPECIMEN TYPE
☐ 深喉唾液 Deep Throat Saliva
☐ 咽喉拭子 Throat Swab
☐ 鼻腔拭子 Nasal Swab
☐ 鼻腔和咽喉合併拭子 Nasal & Throat Swab
☐ 鼻咽拭子 Nasopharyngeal Swab
☐ 口咽拭子（僅適用於6歲以下的兒童） Orophargyngeal swab (For Children under 6 only)

香港住址
RESIDENTIAL ADDRESS _____

Applicants taking the COVID-19 test for travel purpose must fill in the additional information stated below
本部分只適用於COVID-19測試用作旅遊的申請人

ADDITIONAL INFO.(FOR TRAVELERS) 附加資料（針對旅客）

中文姓名（如適用）
CHINESE NAME (If any) _____

港澳居民來往內地通行證（回鄉證）號碼
MAINLAND TRAVEL PERMIT No. _____

到訪國家
COUNTRY OF DESTINATION _____

護照號碼
PASSPORT No. _____

出發日期
DEPARTURE DATE ____/____/____
DD 日日 MM 月月 YYYY年年年年

其他旅行證件類型（如適用）
OTHER TRAVEL DOCUMENT TYPE (If applicable) _____

出發時間（24小時格式）
DEPARTURE TIME (24hr format) _____

其他旅行證件編號碼
OTHER TRAVEL DOCUMENT No. _____

PHYSICIAN AUTHORIZATION 醫生授權

I AUTHORIZE TO ORDER LABORATORY TESTS OF COVID-19 FOR THIS PATIENT.
我授權為該患者訂購 COVID-19 的實驗室檢查。

診所名稱
CLINIC NAME Young+ Wellness

診所聯絡號碼
CLINIC CONTACT No. 21582198

醫生蓋章和簽名
PHYSICIAN STAMP & SIGNATURE _____ Young+ Wellness

日期
DATE _____

醫生提供的參考資料
DOCTOR'S REMARKS _____

For Office Use Only (只供內部使用)

SPECIMEN 樣本:

RECEIVED DATE & TIME:
接收日期和時間

RECEIVED BY 收件人:

HEALTH AND CONSENT DECLARATION 健康申報及同意聲明

1. DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS: FEVER. COUGH, OR FLU-LIKE SYMPTOMS?
你有否以下的病徵：發燒、咳嗽、腹瀉、嘔吐或流感症狀？
☑ 沒有 NO ☐ 有 YES

2. HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE DIAGNOSED OR SUSPECTED OF ANY RESPIRATORY DISEASE? 你曾否與任何確診或疑似呼吸系統疫患者有過緊密接觸？
☐ 沒有 No ☐ 有 Yes

☐ I HEREBY DECLARE THAT THE DEEP THROAT SALIVA / NASAL SWAB / THROAT SWAB / NASOPHARYNGREAL SAMPLES FROM MYSELF OR AN AUTHORIZED PERSON. MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREE WITH MGS' TERMS AND CONDITIONS SHOWN ON PAGE 2 OF THIS TEST REQUEST FORM AND THAT I AGREE TO ALLOW THE MGS ACCREDITED LABORATORY TO CARRY OUT THE COVID-19 TEST FOR ME AND SHARE THE TEST RESULTS WITH THE HONG KONG DEPARTMENT OF HEALTH IF NECESSARY. 本人特此聲明深喉唾液/鼻腔拭子/咽喉拭子/鼻咽拭子樣本是根據MGS的指示採集。 我下面的簽名表明已經閱讀並同意此測試申請表第2頁上顯示的MGS的條款，並且同意允許MGS認可的實驗室進行COVID-19測試並分享測試結果。如有需要，請與香港衛生署聯絡。

申請人姓名及簽名
APPLICANT NAME & SIGNATURE _____

日期
DATE _____

TERMS & CONDITIONS 條款及細則

樣本以反轉聚合酶鏈式反應（RT-PCR）技術進行檢測。本公司所用試劑是以2019冠狀病毒(SARS-COV-2) 病毒的N基因/E基因及/或ORF1ab 基因為檢測目標。定性檢測的陽性結果並不一定代表活性病毒的存在。可考慮以其他檢測方法確認結果。本次檢測僅對新型冠狀病毒2019冠狀病毒（前稱2019-nCoV）進行分類及辨認。患者的臨床診斷及治療應視乎其症狀 / 病徵、病史、其他檢測結果及所考慮的治療反應而定。儘管本次檢測旨在選擇相對保 守的片段作擴增及檢測，但理論上，在保守區域中出現罕見基因突變的冠狀病毒類型仍可能會導致漏檢。

The specimen has been tested by Reverse Transcription PCR (RT-PCR) technology. Our detection kit detects the N gene/E gene and/or ORF1ab gene in the COVID -19 (SARS-CoV-2) virus. Qualitative detection of positive results does not indicate the presence of the live virus. Other detection methods can be used for confirmation at the same time. This test only classifies and identifies the new coronavirus COVID-19 (formerly known as 2019-nCoV). The clinical diagnosis and treatment of patients should be combined with their symptoms/signs, medical history, other laboratory tests and treatment responses. Although this test was designed to select relatively conservative fragments for amplification and detection, in theory, the missed detection of coronavirus types with rare mutations in the conserved regions is still possible.

陰性結果不能絕對排除閣下曾感染2019冠狀病毒的可能性，故不應以此作為治療或健康管理決策的唯一依據。樣本收集、運送或處理不當，均有機會令檢測結果呈假陰性。如果樣本在感染期最初期收集，則閣下體內的病毒顆粒可能未達到實驗室測試的可檢測水平。閣下亦可能在收集樣本後接觸到2019冠狀病毒。如果患者最近的行踪或臨床表現顯示有可能感染2019冠狀病毒，則應特別注意假陰性結果的可能性。申請人或需 要收集多個樣本進行病毒檢測。如仍懷疑受2019冠狀病毒感染，應向公共衛生當局諮商以決定是否需要再作檢測。本次檢測不能排除由其他細菌或病毒 病原體引起的疾病。在任何時候，陰性結果均不會排除感染2019冠狀病毒的可能性。

A negative result does not eliminate the possibility that you have been exposed to the COVID-19 virus and should not be used as the sole basis for treatment or applicant management decisions. A false negative may occur if a specimen is improperly collected, transported or handled. If the sample was collected too early in the infection period, the viral particles in your body may not have reached levels that are detectable from the laboratory test. It is also a possibility that you may have been exposed to the COVID-19 virus after your sample was collected. The possibility of a false negative result should especially be considered if the patient’s recent exposures or clinical presentation suggest that COVID-19 infection is possible. Collection of multiple specimens from the same applicant may be necessary to detect the Virus. If COVID-19 infection is still suspected, re-testing should be considered in consultation with public health authorities. This test cannot rule out diseases caused by other bacterial or viral pathogens. A negative result does not at any time preclude the possibility of COVID-19 infection.

檢測結果會加密並經由電郵發出，倘若申請人的檢測結果以電子郵件傳送，則申請人明白有關傳送不被加密且並非保密。申請人進一步確認，有關傳送 可能會被第三方截取並在無意中進行修改。MGS概不承擔因利用電子郵件傳送檢測結果而產生或與之相關的任何及所有責任。

The test result will be encrypted and sent out by email. If the test results are transmitted through email, the applicant acknowledges that such transmissions will not be encrypted and will no longer be confidential. The applicant further acknowledges that such transmissions may be intercepted by third parties and modified inadvertently. MGS disclaims any and all liability arising out of or in connection with email transmissions of the test results.

本報告不構成法律、健康、安全或醫學意見，亦非對採取或不採取任何行動的建議。MGS對樣本收集過程中所造成的任何人身傷害概不負責。在任何情況下，本報告引起或與之相關的任何間接、相應而生、特殊或附帶的損害，MGS概不負責。在任何情況下，款項及檢測申請表一經提 交，將不獲退款。

This report does not constitute legal, health, safety, or medical advice and is not a recommendation of any action or non-action. MGS is not responsible or liable for any injuries caused during the sample collection procedure. In no circumstances whatsoever shall MGS be liable for any indirect, consequential, special or incidental damages arising out of or in connection with this report. Once payment has been submitted with the test request form, there shall be no refunds in any circumstances.