Name: XXX D.O.B: XXX Address: XXX

Lab Number: xxx CC Drs: XXX

Doctors name: XXX Name of Lab: XXX Your code: XXX Must be on the Collected Date: XXX report Tested Date: XXX

Description of the test

Approved COVID-19 tests

Acceptable tests for COVID-19 are quantitative RT-PCR or Cepheid GeneXpert (Xpert® Xpress SARS-CoV-2). Note that other rapid point of care RT PCR, or antigen/ antibody tests are not accepted. A nasopharyngeal sample must be the sample tested.

Format of test result

The negative test result must be in the form of an official result from the laboratory that conducted the test. This result should include the following information:

- Laboratory letter head and laboratory contact details
- Date of sample collection
- Lab sample number

- Patient details
- Type of sample collected
- Date test was conducted
 Type of test conducted
- Name of lab supervisor/staff signing off on the result

This test was performed by xxx



Must be on the report

Lab Details

