

[Covering of lab report]

To whom it may concern:

This laboratory/health institution,* _____ (*name of laboratory or health institution*), as a laboratory/health institution* recognised or approved by the Government of _____ (*name of the country*) hereby certifies that the following named person has a **negative** SARS-CoV-2 nucleic acid PCR test. Details are as follows:

Name of person tested :

Passport / HKID No.: :

Date and time of specimen collection :

Test conducted : SARS-CoV-2 nucleic acid PCR test

Results : Negative

Signature _____

Name of person-in-charge _____

Position of person-in-charge _____

Organisation chop _____

* Delete as appropriate