

[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 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 test

Results : Negative

Signature \_\_\_\_\_

Name of person-in-charge \_\_\_\_\_

Position of person-in-charge \_\_\_\_\_

Organisation chop \_\_\_\_\_

\* Delete as appropriate