

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 Lam Chi Kei

Address & Phone Number:

電話及地址:

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:	