



關島公共健康檢驗所(GUAM PUBLIC HEALTH LABORATORY)
 公共衛生與社會服務處(DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES)
 761 South Marine Corps Drive, Tamuning, Guam 96913
 電話: (671) 300-9085/9096/9097/9098
 傳真: (671) 300-7355/9989

GPHL LABORATORY NUMBER:

GPHL 檢驗所號碼:

DATE RECEIVED: 日期:

COVID-19 VISITOR TRAVEL TESTING PROGRAM

旅客 COVID-19 檢測計畫

PLEASE TYPE INFORMATION OR PRINT LEGIBLY 請填寫或清晰列印

NAME OF TESTING CENTER 檢測地點 Department of Public Health and Social Services (DPHSS) 關島公共衛生福利部		Test Type 檢測種類	Country of Return 返國之國家	Flight Information 航班資訊
Nikko (日航酒店)	Antigen 抗原快篩	South Korea 韓國	Departure Date 出發日期:	
The Plaza (廣場飯店)			Departure Time 出發時間:	
Hyatt (凱悅飯店)	PCR	Taiwan R.O.C 台灣	Flight No 航班號碼:	
PIC Guam (關島 PIC)		Other 其他		

TRAVELER IDENTIFICATION 旅客資訊

LAST NAME 姓		FIRST NAME 名	
DATE OF BIRTH MM/DD/YYYY 出生日期		ETHNICITY/RACE/NATIONALITY 國籍	GENDER (MALE OR FEMALE) 性別(男性/女性)
ACCOMMODATIONS 住處資訊			
HOTEL NAME OR RENTAL LOCATION 飯店或住處地址		ROOM NUMBER - IF APPLICABLE 房號 (若有的話)	
CONTACT INFORMATION 聯絡資訊			
MOBILE NUMBER 手機號碼		EMAIL 電子信箱	

ORDERING PHYSICIAN 負責醫生

SPECIMEN INFORMATION 樣本資訊

Name 姓名:	Dr. Robert Leon Guerrero or designee			Source of Specimen 樣本來源:	Human 人		
Clinic 診所:	DPHSS NRCHC			Specimen Source 樣本類型:	Nasal 鼻腔	Nasopharyngeal 鼻咽部	
Street 地址:	520 West Santa Monica Avenue			Collection Type 樣品搜集方法:	Swab 棉棒		
City 城市:	Dededo	州:	Guam	Transport Medium 運輸介質	VTM/UTM	None	
Country 國家:	USA	郵遞區號:	96929	Date and Time of Collection 樣本搜集日期與時間:			
Phone No. 電話:	+1 671 635 7492			Collected by 蒐集:	MD / RN / CNA / LPN / EMT / CPA		

LABORATORY ANALYSIS INFORMATION (GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES USE ONLY)

實驗室檢測結果 (僅供公共衛生與社會服務處使用)

Laboratory Name 實驗室:	GUAM PUBLIC HEALTH LABORATORY		
Assay Performed 化驗:	Nucleic Acid Amplification Test (Select method below) 核酸擴增檢測 (請選擇以下方法):		
	CDC Flu A & B Sars-CoV-2 Multiplex rRT-PCR	Abbott ID Now COVID-19 INAA	
	Xpert Xpress Sars-CoV-2 rRT-PCR	기타 (명시)	
	Antigen Test Performed (Select method below) 抗原檢測 (請選擇以下方法):		
	FlowFlex COVID-19 Antigen		
	BD Veritor Sars-CoV-2 and Flu A + B		
Result 檢測結果			Cycle Threshold (CT) Value (if available) 循環數閾值 (如果有):
Reference Value 參考值:	Negative or Not Detected 陰性或未檢測到		
Issuance Date 結果發布日期:		Staff Initial 員工姓名縮寫:	

The instrumentation used to conduct the test has significant sensitivity. Nevertheless, few negative results should be treated with caution. Patient follow up and repeat testing, if clinically indicated, are recommended.

用於進行測試的儀器具有顯著的靈敏度。儘管是負面結果仍應該謹慎對待。如果有症狀，建議患者重複檢測。



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GPPL LABORATORY NUMBER:

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DATE RECEIVED: 日期:

COVID-19 VISITOR TRAVEL TESTING CONSENT FORM

旅客 COVID-19 檢測計畫

By signing below, I agree to participate in this free COVID-19 Visitor Testing Program:

我簽名以同意參加本次旅客免費 COVID-19 檢測計畫：

- I confirm the information that I have provided is true and correct.
 我確認我提供的資訊正確無誤。
- I understand it is my responsibility to verify the legal spelling of my name ensuring it matches my government-issued identification.
 我了解我該確認我的姓名拼音需符合政府所頒發的證件。
- I understand that it is my responsibility to get tested within my designated travel window as depicted by my airline and my travel ticket.
 我了解我有責任在我的航空公司和我的機票所描述的指定旅行窗口內接受檢測。
- I understand that the turnaround test results time for this program is within 48-hours for a PCR test or 24-hours for an antigen test but may be subject to delays depending on the laboratory.
 我了解該計劃的檢測結果出爐時間對於 PCR 檢測在 48 小時內；抗原檢測在 24 小時內，但可能會因實驗室狀況而有所延遲。
- I understand that the Guam Visitors Bureau and the Department of Public Health and Social Services are not liable for any reactions, injuries, bodily harm, or distress that may result from testing late or indeterminate test results.
 我了解關島觀光局和公共衛生與社會服務處對因檢測延遲或檢測結果不確定而可能導致的任何反應、傷害、身體傷害或痛苦概不負責。
- I understand that the Guam Visitors Bureau and the Department of Public Health and Social Services will not be financially responsible for airline change fees, rebooking fees, cancellation fees, and/or any other trip-associated costs affected, such as flight arrangements, room accommodations, optional tours, reservations, or lost wages.
 我了解關島觀光局和公共衛生與社會服務處不會對航空公司變更費、重新預訂費、取消費和/或任何其他受影響的旅行相關費用（例如航班安排、房間住宿、可選旅行、預訂或工資損失）負責。

Signature of Patient / Parent or Legal Guardian

病人簽名/法定代理人簽名

Date

日期