



GUAM PUBLIC HEALTH LABORATORY
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
761 South Marine Corps Drive, Tamuning, Guam 96913
Telephone: (671) 300-9085 / 9096 / 9097 / 9098
Fax: (671) 300-9989

GPLH LABORATORY NUMBER:

DATE RECEIVED:

COVID-19 VISITOR TRAVEL TESTING PROGRAM

(PLEASE TYPE INFORMATION OR PRINT LEGIBLY)

NAME OF TESTING CENTER: Department of Public Health and Social Services (DPHSS)		TEST TYPE	COUNTRY OF RETURN (final travel destination)		FLIGHT INFORMATION	
Hotel Nikko Guam	Antigen		South Korea		Departure Date:	
The Plaza Shopping Center			Japan		Departure Time:	
Hyatt Regency Guam	NAAT/PCR		Taiwan (R.O.C.)		Flight No:	
Pacific Islands Club Guam			Other:			

TRAVELER IDENTIFICATION

LAST NAME		FIRST NAME			
DATE OF BIRTH (MM/DD/YYYY)		ETHNICITY/RACE/NATIONALITY		GENDER (MALE OR FEMALE)	
ACCOMMODATIONS					
HOTEL NAME OR RENTAL LOCATION			ROOM NUMBER (IF APPLICABLE)		
CONTACT INFORMATION					
MOBILE NUMBER			EMAIL		

ORDERING PHYSICIAN

SPECIMEN INFORMATION

Name:	Dr. Robert Leon Guerrero or designee			Source of Specimen:	Human	
Clinic:	DPHSS NRCHC			Specimen Source:	Nasal	Nasopharyngeal
Street:	520 West Santa Monica Avenue			Collection Type:	Swab	
City:	Dededo	State:	Guam	Transport Medium:	VTM/UTM	None
Country:	USA	Zip Code:	96929	Date and Time of Collection:		
Phone No.:	+1 671 635 7492			Collected by:	MD / RN / CNA / LPN / EMT / CPA	

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

Laboratory Name	GUAM PUBLIC HEALTH LABORATORY					
Assay Performed:	Nucleic Acid Amplification Test (Select method below):					
	CDC Flu A & B Sars-CoV-2 Multiplex rRT-PCR			Abbott ID Now COVID-19 INAA		
	Xpert Xpress Sars-CoV-2 rRT-PCR			Other (specify)		
	Antigen Test Performed (Select method below):					
	FlowFlex COVID-19 Antigen					
	BD Veritor Sars-CoV-2 and Flu A + B					
Result:						Cycle Threshold (CT) Value (if available):
Reference Value:	Negative or Not Detected					
Issuance Date:				Staff Initial:		

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.



GUAM PUBLIC HEALTH LABORATORY
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
761 South Marine Corps Drive, Tamuning, Guam 96913
Telephone: (671) 300-9085 / 9096 / 9097 / 9098
Fax: (671) 300-9989

GPHL LABORATORY NUMBER:

DATE RECEIVED:

COVID-19 VISITOR TRAVEL TESTING CONSENT FORM

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

- I confirm the information that I have provided is true and correct.
- I understand it is my responsibility to verify the legal spelling of my name ensuring it matches my government-issued identification.
- I understand that it is my responsibility to get tested within my designated travel window as depicted by my airline and my travel ticket.
- 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.
- 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.
- 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.

Signature of Patient / Parent or Legal Guardian

Date