**COVID-19 渡航者用トラベルテストプログラム**

**情報記入欄（PLEASE TYPE INFORMATION OR PRINT LEGIBLY）**

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| **NAME OF TESTING CENTER検査会場:**  **Department of Public Health and Social Services (DPHSS)** | | **Test Type**  **検査方法** | | **Country of Return**  **帰国する国** | | **Flight Information**  **フライト情報** | |
|  | **Nikko (ニッコーホテル)** |  | **Antigen**  **抗原検査** |  | **South Korea 韓国** | **Departure Date 出発日:** |  |
|  | **The Plaza (ザ・プラザホテル)** |  | **Japan 日本** | **Departure Time 出発時間:** |  |
|  | **Hyatt (ハイアット・リージェンシー)** |  | **PCR**  **PCR検査** |  | **Taiwan R.O.C 台湾** | **Flight No フライト番号:** |  |
|  | **PIC Guam (PIC グアム)** |  | **Other その他** |

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| **TRAVELER IDENTIFICATION　渡航者情報** | | |
| **LAST NAME 名字** | **FIRST NAME 名前** | |
| **DATE OF BIRTH MM/DD/YYYY, 生年月日(月/日/年)** | **ETHNICITY/RACE/NATIONALITY**  **民族性（出身）/人種/国籍** | **GENDER (MALE OR FEMALE)**  **性別 (男性/女性)** |
| **ACCOMMODATIONS 宿泊先** | | |
| **HOTEL NAME OR RENTAL LOCATION ホテル名または宿泊先** | **ROOM NUMBER - IF APPLICABLE 部屋番号** | |
| **CONTACT INFORMATION 連絡先** | | |
| **MOBILE NUMBER 携帯電話番号** | **EMAIL メールアドレス** | |

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| **ORDERING PHYSICIAN 主治医情報** | | | | **SPECIMEN INFORMATION検体情報** | | | | | |
| Name名前: | **Dr. Robert Leon Guerrero or designee** | | | Source of Specimen検体の出所: | Human 人間 | | | | |
| Clinic 病院: | **DPHSS NRCHC** | | | Specimen Source 検体の種類: |  | Nasal鼻腔 | |  | Nasopharyngeal  鼻咽頭 |
| Street 住所: | 520 West Santa Monica Avenue | | | Collection Type 検体採取方法: | Swab ぬぐい液 | | | | |
| City 都市名: | Dededo | 州名: | Guam | Transport Medium 輸送方法 |  | VTM/UTM | |  | None |
| Country国名: | USA | 郵便番号: | 96929 | Date and Time of Collection  採取日時: |  | | | | |
| Phone No.  電話番号: | +1 671 635 7492 | | | Collected by採取者: |  | | MD / RN / CNA / LPN / EMT / CPA | | |

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| **LABORATORY ANALYSIS INFORMATION (GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES USE ONLY)**  **研究所分析情報 (DPHSSのみ使用)** | | | | | | | | |
| **Laboratory Name 研究所名:** | **GUAM PUBLIC HEALTH LABORATORY** | | | | | | | |
| **Assay Performed**  **分析方法:** |  | **Nucleic Acid Amplification Test (Select method below) 核酸増幅検査（下記より選択）:** | | | | | | |
|  |  | CDC Flu A & B Sars-CoV-2 Multiplex rRT-PCR | | |  | Abbott ID Now COVID-19 INAA | |
|  | Xpert Xpress Sars-CoV-2 rRT-PCR | | |  | その他 (記載) | |
|  | **Antigen Test Performed (Select method below) 抗原検査（下記より選択）:** | | | | | | |
|  |  | FlowFlex COVID-19 Antigen | | | | | |
|  | BD Veritor Sars-CoV-2 and Flu A + B | | | | | |
| **Result 結果:** |  | | | | | | | Cycle Threshold (CT) Value (if available)  閾値のサイクル(Ct値): |
| **Reference Value**  **基準値:** | Negative or Not Detected陰性または非検出 | | | | | | | |
| **Issuance Date**  **発行日:** |  | | | **Staff Initial**  **検査者イニシャル:** |  | | | |
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| 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.  この検査に使用される計測機器はかなりの感度を有しています。しかしながら、いくつかの陰性結果は注意深く扱わなければなりません。臨床的に必要とされた場合には、患者のフォローアップと再検査が推奨されます。 | | | | | | | | |