**COVID-19 VISITOR TRAVEL TESTING PROGRAM**

**(PLEASE TYPE INFORMATION OR PRINT LEGIBLY)**

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| **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:** |

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| **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** | |

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| **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 | | | |

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| **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:** |  | | | |
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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. | | | | | | | | |