**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**

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| **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)** |  | **Japan 日本** | **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** |

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| **TRAVELER IDENTIFICATION 旅客資訊** | | |
| **LAST NAME 姓** | **FIRST NAME 名** | |
| **DATE OF BIRTH MM/DD/YYY 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** | |

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| **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 | | |

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| **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 實驗所:** | **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)  循環數閥值（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:** |  | | | |
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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.  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。 | | | | | | | | |