



## CHENNAI INTERNATIONAL AIRPORT



### TEST REQUISITION FORM FOR PASSENGERS COVID-19 RT-PCR TESTING

**Instructions:**

- Please fill the form in **BLOCK** letters and ensure that correct information is filled in.
- Please carry a **PRINT** of this form.

**Date Of Journey :** 28-10-2021**Token Number :** 580755**Paste Barcode Here****A2. Personal Details :****Name:** AFAROSE BAGAM FAAZIL**Age:** 26**Gender:** Female**D.O.B. :** 28-06-1995**Mobile No.:** 8123761019**Aadhar No.:****Nationality :** INDIAN**Email ID :** AFROZE.95@GMAIL.COM**Address :** 32 ANBALAGAN STREET, USMAN ALI NAGAR, KK NAGAR, STATE :TAMIL NADU, DISTRICT :  
TIRUCHIRAPPALLI, TALUKA :TIRUCHIRAPPALLI**Pincode :** 620021**Passport No :** T9348444**Flight No.:** ek2822**From (City & Country) :** DAMMAM, SAUDI ARABIA**To (City & Country) :** CHENNAI, INDIA**VACCINATION STATUS:** 1st Dose Date: 02-06-2021

2nd Dose Date: 16-08-2021

**Connecting Flight :** YES**Connecting Flight No.:** EK0544**Departure Date :** 28-10-2021**Departure Time :** 02:45 AM**A3. Specimen Type :** Throat Swab :

Nasal Swab :

**Collection Date :****Collection Time :****A4. Patient Category - 16** (As Per ICMR form).

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GST No.:33AAACH5598K1Z8