**COVID-19 TEST RESULT**

|  |  |
| --- | --- |
| **CLIENT’S DATA** | |
| Name: |  |
| Age: |  |
| Sex: |  |
| Nationality: |  |
| Phone Number: |  |
| Address: |  |
| **SAMPLING METHOD AND DATE** | |
| Date of Sampling: |  |
| Time of Sampling: |  |
| Sampling Type: |  |
| Sampling Location: |  |
| **COVID-19 TEST RESULT** | |
| Date of Result |  |
| Generated By: |  |
| SARS-CoV-2-AG-FIA Result |  |

Signed by:

……………………….

1st March 2021

Validated by:

**COMMENTS:** If Your test is Negative, continue to take steps to protect you and others from getting COVID-19. If Your test is Positive, stay home, isolate yourself from others (Self-isolation) for 14days and contact your healthcare provider**.**