**NATIONAL INSTITUTES OF HEALTH**

**MOLECULAR LABORATORY**

University of the Philippines Manila

R E S U L T F O R M

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sample Run Date: | | ${dateAnalyzed} | | Released on: | | ${dateReleased} | |
|  | | |  |  | |  | |
| Patient Name: | ${fullName} | | | | | | |
| Age/Sex: | ${age} / ${sex} | | | | Date of Birth: | | ${birthday} |
| Sending Hospital: | ${hospitalName} | | | | Sample Type: | | ${sampleType} |
|  | | |  |  | |  | |
| Molecular Diagnostic Test | | | | | | | |
| SARS-CoV-2 (Causative agent of COVID-19)  Polymerase Chain Reaction | | | | | | | |
| Sample ID | | | Date of Sample Collection | Findings | | | |
| ${specimenID} | | | ${dateCollected} | ${result} | | | |
| Sample Receipt Date |
| ${dateCreated} |
|  | | |  |  | |  | |
|  | | |  |  | |  | |
| **INTERPRETATION:** ${interpretation} | | | | | | | |
|  | | |  |  | |  | |
| NOTE: *Correlation with pertinent patient history, clinical data and epidemiological information by a healthcare professional is recommended.*  ADDITIONAL COMMENTS: ${remarks} | | | | | | | |
| PERFORMED BY: | | | | VERIFIED BY: | | | |
|  | | | |  | | | |
| ${mt1Name}  ${mt1PRC}  Medical Technologist (Pre-Analytical) | | | | ${supName}  ${supPRC}  Supervising Medical Technologist | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| ${mt2Name}  ${mt2PRC} | | | | ${qaName}  Quality Assurance Officer | | | |
| Medical Technologist (PCR) | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| ${mbName}  Molecular Biologist | | | | KAREN CYBELLE J. SOTALBO, MD, DPSP  PRC Lic. No. 121483  Pathologist | | | |
|  | | | |  | | | |