



**PRESIDENT ROXAS PROVINCIAL COMMUNITY HOSPITAL**

**New Cebu . Pres. Roxas . Cotabato**

**LABORATORY DEPARTMENT**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
                    **LASTNAME**                    **FIRSTNAME**                    **MIDDLENAME**

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Req. Physician:** \_\_\_\_\_ **Room No:** \_\_\_\_\_

**Sample Type:** \_\_\_\_\_ **Time of Collection:** \_\_\_\_\_ **Date of Collection:** \_\_\_\_\_

**SARS COV-2 ANTIGEN DETECTION**

TEST	RESULT
SARS CoV-2 Antigen Detection (Wondfo™ COVID-19 Ag Rapid Test)	

\_\_\_\_\_  
**Lic no.** \_\_\_\_\_

**Pathologist**

\_\_\_\_\_  
**Lic no.** \_\_\_\_\_

**Medical Technologist**