**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| PATIENT NAME | [NAME] | IDNO/PASSPORT | [IDNO] |
| SEX | [GENDER] | D.O.B | [DOB] |
| LAB NUMBER | [LABNO] | DATE RECEIVED | [DATE] |
| DOCTOR/REF | [DOC] | HOSPITAL/CLINIC | [HOSP] |

**LABORATORY INVESTIGATIONS REPORT**

|  |  |  |
| --- | --- | --- |
| **PARAMETER** | **RESULT** | **REFERENCE INTERVAL** |
| SARS-COV 2 PCR | [RES] | [INT] |
|  |  |  |
|  |  |  |
|  |  |  |

QRCODE

**Interpretation:**

Negative results must be correlated and combined with clinical presentation and case history. Repeat test were indicated.

COMMENT: [COM]

|  |  |  |  |
| --- | --- | --- | --- |
| **Entered By:** | [USER] | **At:** | [TIME] |
| **Authorized By:** | [USER] | **At:** | [TIME] |

* **Health Professions Authority of Zimbabwe No.LAB6699. Authorized COVID-19 Testing Laboratory**