

SAMPLE

Certificate of PCR test for SARS-CoV-2

Client name:

male female

Address

Date of birth: DD MMM YYYY

Laboratory result (examined on DD MMM YYYY)

PCR test for SARS-CoV-2 ()

Result : **Negative** (Not detected)

Comments :

It is herewith certified that the above result is confirmed.

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_____ M.D.

Signature: _____