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Health Certificate.

Created date / date of issue

Client name ; _____
Gender ; M . F
Date of birth ; _____
Nationality ; _____
Passport number ; _____

● Inspection results
Inspection date and time ; _____
Test method ; R T-PCR (reverse transcription polymerase chain reaction)
Sampling site ; (Nasal . Salivary)
The reagent for the test ; TaKaRa SARS-CoV-2 Direct Detection RT-qPCR Kit
The equipment for the test ; CronoSTARTM96 Real-Time PCR System (4ch)
(Takara Bio Inc.)
The name of the laboratory ; Tokyo PCR Registered Clinical Laboratory
SARS-CoV-2 (Covid-19) ; Negative (Not detected)

● Medical examination
Not applicable · applicable
()

It is herewith certified that the above result is confirmed.

Signature ; _____

Medical Clinic Shibuya
JR-EAST HOTEL METS SHIBUYA 2F,
3-29-17, Shibuya, Shibuya-ku, Tokyo, 150-0002, Japan
TEL : +81-3-6418-0024