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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 ; CronoSTAR™96 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 ; _____

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