[Covering of lab report]

To whom it may concern:

This laboratory/health institution,* _____ *(name of laboratory or health institution)*, as a laboratory/health institution* recognised or approved by the Government of _____ *(name of the country)* hereby certifies that the following named person has a **negative** SARS-CoV-2 nucleic acid test. Details are as follows:

Name of person tested	:	
Passport / HKID No.:	:	
Date and time of specimen collection	:	
Test conducted	:	SARS-CoV-2 nucleic acid test
Results	:	Negative

Signature _____

Name of person-in-change _____

Position of person-in-charge _____

Organisation chop _____

* Delete as appropriate