

## General COVID-19 Travel Test Result Reporting Form

|                                  |   |
|----------------------------------|---|
| Testing Partner                  | <b>Carbon Health</b>                          |
| Name of Lab/Site Performing Test | <b>San Leandro, CA - San Leandro Plaza</b>    |
| Address of Lab                   | 1353 Washington Ave #D2 San Leandro, CA 94577 |
| Lab Telephone                    | <b>15106084836</b>                            |
| CLIA Number/Waiver               | <b>05D2192513</b>                             |

### Traveler Information:

|                            |                   |
|----------------------------|-------------------|
| Last Name                  | <b>Chung</b>      |
| First Name                 | <b>Aileen</b>     |
| Date of Birth (mm/dd/yyyy) | <b>04/09/1956</b> |
| Sex                        | <b>Female</b>     |
| Nationality (optional)     |                   |
| Passport Number (optional) |                   |

### Test Information:

|  |   |
|--|---|
| Test Performed                                       | <b>CEPHEID Rapid COVID-19 Test (RT-PCR)</b>   |
| Collection Method                                    | <b>Anterior Nasal</b>                         |
| Provider   | <b>Sujal Mandavia MD</b>                      |
| Specimen Collection Time                             | <b>01/07/2022 10:30 (America/Los_Angeles)</b> |
| Result Time  | <b>01/07/2022 11:36 (America/Los_Angeles)</b> |
| Sample Reference ID#<br>Or<br>Unique Test Result ID# | <b>7398932-0</b>                              |

### Test Result:

**Negative**