



# Sun Clinical Laboratories

9349 Telstar Avenue, STE. A & B, El Monte, CA 91731

TEL : (626) 234-2355

FAX : (626) 234-2381

## PRE-FLIGHT COVID-19 TEST ( BY RT-PCR )

### 新冠病毒核酸檢驗

Last NAME

姓: \_\_\_\_\_

TRAVELER'S DOB

旅客出生日期: \_\_\_\_\_

PASSPORT #

護照號碼: \_\_\_\_\_

COUNTRY OF DESTINATION:

目的地國家: \_\_\_\_\_

Sex 性別:

Female 女

Male 男

Other 其他

Ethnicity 种族:

Hispanic

Not Hispanic

Unknown / Other

Race:

American Indian / Alaskan Native

Asian

Black / African American

White

Native Hawaiian / Pacific Islander

Decline to State  Other

Payment: \$150

CASH 現金

CARD 信用卡

Signature 签名: \_\_\_\_\_

Date 日期: \_\_\_\_\_ TIME 时间: \_\_\_\_\_

FIRST NAME

名: \_\_\_\_\_

CELL PHONE #

行動電話號碼: \_\_\_\_\_

ADDRESS:

住址: \_\_\_\_\_

Is the patient pregnant? 有怀孕吗?

Yes 是  No 否  Unknown 不知道

TO CHINA: FLIGHT NUMBER 航班号

CA988

CA770

CZ328

MF830

Other

#### Results Option:

\*\*\*\*\*MUST SELECT ONE 必选其一\*\*\*\*\*

Pick up at the same location

(Recommended)

Email Delivery

邮箱发送报告--扫

码填写邮件地址



# NO REFUNDS

# 不能退款

SUN LAB IS NOT RESPONSIBLE FOR ANY FLIGHT CANCELLATIONS



# Sun Clinical Laboratories

## Authorization for Disclosure of Health Information to Third Parties 披露授权向第三方提供受保护的健康信息

### Patient Information 基本信息

Patient's Name 姓名: \_\_\_\_\_

### Purpose of Information 发布信息

By completing this form you are authorizing Sun Clinical Laboratories to release your SARS-CoV-2/COVID-19 RT-PCR and Antigen test results to a third party(ies) such as the Department of Public Health, Airline companies, your employer and/or the ordering physician.

填写此表格即表示您授权 Sun Clinical Laboratories 可以将您的 SARS-CoV-2 / COVID-19 RT-PCR 及 Antigen 测试结果给到第三方, 例如公共卫生部, 航空公司, 您的雇主和/或医生。

### Purpose of Release 发布目的

This authorization will allow Sun Clinical Laboratories to disclose my SARS-CoV-2/COVID-19 test results with select third parties. I understand this consent is voluntary and that I may refuse to sign. I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have questions or concerns regarding my test results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider.

此授权将使 Sun Clinical Laboratories 能够与选定的第三方共享 SARS-CoV-2 / COVID-19 测试结果。我本人了解此同意书是自愿的, 我也可以拒绝签署。对于测试结果, 我本人承诺填写完整并承担全部有关采取适当的措施的责任。如果我对自己的测试结果有疑问或疑虑, 或者我的病情恶化, 我将立即寻求适当的医疗服务人员的建议和治疗。

**I understand that if I complete this test and my results are not negative, I will not be permitted to travel.**

**本人理解并同意, 如果我完成检测并且结果非阴性, 我将不被允许登机**

To the fullest extent permitted by law, I hereby release, discharge and hold harmless Sun Clinical Laboratories— without limitation — and its respective officers, directors, employees, representatives and agents, from any and all claims, liability and damages of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results to a third party.

在法律允许的范围内, 我在此同意 Sun Clinical Laboratories 向第三方披露我的 COVID-19 测试结果。包括但不限于, 其高级管理人员、董事、员工、代表和代理人, 对任何有关 COVID-19 诊断测试结果的索赔, 责任和损害赔偿不承担任何责任, 或向第三方披露我的 COVID-19 测试结果而引起的或与之相关的问题。

Signature 签名:

Date signed 签署日期: