

検体：唾液

## Certificate of Testing for COVID-19

Date of issue    YYYY/MM/DD

Name : \_\_\_\_\_  
Passport No : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Sex :    Male / Female

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

Sample	Saliva
Testing Method for COVID-19	Nucleic acid amplification test (RT-PCR)
Result	Negative
①Specimen Collection Date and Time	①Date : YYYY/MM/DD    AM/PM    :
②Test Result Date	②Date : YYYY/MM/DD

Name of Medical institution : Medical Bit Valley Corporation Aile Home Clinic  
Address of the institution : 1-10-13 Shimoyanagi, Nagaoka City, Niigata, 940-2013 Japan  
Phone: +81-0258-86-8722    FAX: +81-0258-76-0860  
Signature by doctor : ITO TOMOYUKI

検体：鼻咽頭ぬぐい液

## Certificate of Testing for COVID-19

Date of issue    YYYY/MM/DD

Name : \_\_\_\_\_  
Passport No : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Sex :    Male / Female

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

Sample	Nasopharyngeal Swab
Testing Method for COVID-19	Nucleic acid amplification test (RT-PCR)
Result	Negative
①Specimen Collection Date and Time	①Date : YYYY/MM/DD    AM/PM    :
②Test Result Date	②Date : YYYY/MM/DD

Name of Medical institution : Medical Bit Valley Corporation Aile Home Clinic  
Address of the institution : 1-10-13 Shimoyanagi, Nagaoka City, Niigata, 940-2013 Japan  
Phone: +81-0258-86-8722    FAX: +81-0258-76-0860  
Signature by doctor : ITO TOMOYUKI