

## Test Application and Consent Form

I have received an explanation about the Test Name: SARS-CoV-2 Test (Saliva, not covered by health insurance) through a document and understood the contents. I hereby apply for the test.

I also consent to the reporting of my test results and personal information from the Japanese Red Cross Medical Center to the public health center in the event of a positive test result.

- About the test
  - About expenses
  - On the day of the test
  - About the test result
  - If the test result is positive (including false positive)
  - Other considerations
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- My passport number is required / not required to be stated on the Certificate of Test Result.

Application Date: \_\_\_\_\_ (Month) (Day), (Year)

Signature: \_\_\_\_\_

Signature by proxy: \_\_\_\_\_ (Relation)

Contact: \_\_\_\_\_ TEL \_\_\_\_\_

Letter pack/addition of a storage sticker for applicant