



Government of Nepal  
Ministry of Health and Population  
Department of Health Services

# National Public Health Laboratory

Pat. ID	: .....	Requisition Date
Patient Name	: .....	
Age/Gender	: ...Y/M	Time:
Address	: .....	
Phone No.	: .....	

## COVID-19 LAB

**Test Name:** SARS-CoV-2 (2019-nCoV) Antigen Test

**Method:** .....

**Kit name:** .....

**Reported Date:** .....

Result	Remarks
Positive/Presumptive Negative	

Name and Signature:

NMC/NHPC no.