

外遊報告申請流程

一、 向實驗室預約

以電話(3400 8807)/電郵(covid.survey@polyu.edu.hk)向實驗室查詢該測試服務。實驗室會要求申請者以其理大電郵賬號向實驗室電郵發送書面測試申請，以作(理大)身份核實。電郵需註明以下測試申請事項:

- ✧ 外遊(出境)日期/時間
- ✧ 要求進行測試之日期
- ✧ 該外遊是否代表理大或因工作/課程需要(如是,請附上相關證明)

註:

- 各國/地對入境之新冠病毒測試要求各異並會因應疫情嚴重性適時作相應調整。在申請外遊測試前申請者需於/向政府網站、領事館、航空公司、旅行社等查核對外遊測試之以下要求:
 - ✧ 測試結果之有效期 或 於登機/出境/入境前幾小時/日內作測試;
 - ✧ 所接受之樣本種類;
 - ✧ 報告上需顯示之個人身份證明類別;及
 - ✧ 報告上是否需要標明特定字眼/句。請僅記確認以上資訊之責任完全由申請者承擔，實驗室之責任僅在於提供測試服務。
- 本實驗室於公眾假期及週末(星期六、日)休息。如測試計劃因休息日而未能滿足目的地之測試時限要求，實驗室將拒絕該申請。

二、 向實驗室確認及跟進

實驗室審核及確認電郵申請後會以電郵回覆並要求申請者作以下事項:

a) 填寫檢測申請表

實驗室將提供測試申請表之連結/電郵附件。申請人需依據以下指示填寫該文件:

檢測申請表

1) 填妥申請人資料:

- 填上外遊報告所需之個人身份證明文件號碼;
- 填上姓名(須和個人身份證明文件上之姓名一致)。

2) 申請人聯絡資料:

- 填上香港手提電話號碼;
- 電郵賬號必需為理大之賬號。

3) 樣本採集資料:

- 選填樣本種類;
- 樣本採集日期及時間暫無須填寫(於採樣時由申請人/採樣人員即場填寫)。

4) 轉介醫生資料

無須填寫。

(請參照附件一以填寫上述資料)

填妥之檢測申請表應盡快以掃描方法(請勿拍照或用螢幕截圖)轉為 pdf 檔並

電郵至實驗室。實驗室於未收到檢測申請表前將不會處理任何申請個案。

三、 實驗室審核確認及繳費要求

收到檢測申請表作正式申請後，實驗室將審核是否接納該申請，審核時間為一至兩個工作天。確認接受測試申請後實驗室將以電郵通知申請人前往大學財務處櫃檯繳交外遊測試費用(港幣\$240)。如申請人之外遊為代表理大或因工作/課程需要而其提供之相關證明文件得到實驗室接納，則外遊測試費用可獲豁免。

四、 預約採樣及測試

實驗室確認測試申請後將依據目的地要求向申請者安排:

- ◇ 作自行採集深喉唾液(DTS); 或
- ◇ 由實驗室安排作鼻腔和咽喉合併拭子(CNTS)採樣

無論樣本為深喉唾液或鼻腔和咽喉合併拭子，均應於測試當日早上作採集。如樣本為深喉唾液，申請者應於測試當日於早晨起床後，及在飲食、刷牙、漱口前採集。採集之唾液樣本需於早上 10:30 於樣本採集亭作交收。

如樣本為鼻腔和咽喉合併拭子，一般採樣時間為測試日早上 10:30。申請者需於指定時間內到達樣本採集亭採樣。(注:請準時,採樣人員只會由預約時間起計等候 15 分鐘，錯過該時段將無法於當日得到測試服務)。

樣本採集亭位置請見附件二。

五、 測試週期及結果發佈

測試結果將於測試週期內先以實體報告交予申請者(申請者需於交收時清楚核對報告上之資料並簽署確認)，並其後以加密之電子檔形式發送至申請者之電郵帳號。報告交收位置於樣本採集亭外。

Test Application Workflow for Outbound Travel

A. Make Appointment to the Laboratory

Contact the laboratory via phone (3400 8807) / email (covid.survey@polyu.edu.hk) for preliminary contact for service request. The laboratory would ask the requestor to email via his/her PolyU email account to the laboratory's email address to verify the requestor's PolyU identity. In the email, please specify:

- the pending date and time of outbound travel
- the requested test date
- if such outbound travel being on behalf of PolyU or due to work / study need (if so, please provide evidence for review)

Note:

Each country/region would have its own COVID-19 testing policy for border entrance and with such policy being regularly adjusted based on the severity of the pandemic that tends to be changed from time to time. The laboratory is only responsible to conduct testing that the travelers (test requestors) should notice that it remains their sole liability to figure out the latest valid requirements (as listed follow) of their intended destinations by consulting government website, consulate, airline, travel agents, etc.:

- ◇ the test result valid period, or the testing need of a particular time period (hours/days) before boarding / border entrance;
- ◇ the acceptable test specimen type(s);
- ◇ the type of identification document to be shown in the travel test report; and
- ◇ if there is any particular wording/sentence to be shown in the travel test report.

It should also be noticed that the laboratory is close on Saturday, Sunday and Public Holiday and it would reject applications that not being able to fulfill destination's testing timeline when with such closing days being taken into consideration.

B. Application to the Laboratory and Follow Up

Upon receiving the test request email, the laboratory would provide Test Request Form via hyperlink / email attachment. Requestor should complete the forms according to the below instructions:

- a) Test Request Form
 - 1) Fill in Requestor Information
 - fill in the required identification document number
 - fill in the name (must be exactly the same as the one listed on the identification document)
 - 2) Fill in Patient Contact Information
 - a Hong Kong cell phone number
 - email Address must be PolyU email account
 - 3) Sample Collection Information

- choose the pertinent specimen type for testing
- leave Specimen Collection Date and Time Blank (to be filled by test requestor or specimen collection personnel onsite upon sample collection)

4) Referral Doctor Information

Leave this section blank

(Refer to Annex 1 for the above Test Request Form filling instruction)

The completed Test Request Form should be scanned (photo or screenshot are unacceptable) and emailed to the laboratory as a pdf file. The laboratory would not process any test case before receiving the completed request form.

C. Laboratory Review, Approval and Payment

Upon the received of Test Request Form as the formal application, the laboratory would take 1-2 working day for review and approval on the request. Confirmed application would be informed by the laboratory to pay for the travel testing fee (HKD\$240) via the counter of the PolyU Finance Office. If in case the travel is on behalf of the PolyU or due to work / study need and with submitted evidence being approved by the laboratory, the travel testing fee would be exempted.

D. Appointment for Sample Collection and Testing

Upon confirmation, the laboratory would contact the requestor for:

- ◇ arrangement on self-collected Deep Throat Saliva (DTS) specimen; or
- ◇ appointment on Combined Nasal and Throat Swab (CNTS) collection by sample collection personnel,

based on the sample requirement needed by the destination.

For both DTS/CNTS sampling, collection is to be conducted on the morning of the anticipated test date.

For DTS collection, specimen collection should be the first thing in the morning after wake up, and before drinking any water, eating any food, brushing teeth or rinsing the mouth. The collected DTS sample should be returned to the sample collection booth by 10:30am of the sampling date.

For CNTS collection, collection time would normally be 10:30am of the requested test date (note: please be punctual as the collection personnel would only wait for a maximum of 15 minutes since the appointed timeslot. No test service would be provided on the day if one missed the collection).


The location of the sample collection booth should refer to Annex 2.

E. Test Turnaround Time and Result Issue

Test report would be first delivered to the test requestor in hardcopy format (requestor should check and confirm all information as listed in the report by signing). An encrypted e-copy of the test report would then be delivered to the requestor's email address thereafter. The collection site of the report hardcopy is outside the sample collection booth.

Annex 1 – Test Request Form Filling Instructions

附件一 – 檢測申請表填寫指示

| | | |
|--|---|--|
|  <p>THE HONG KONG POLYTECHNIC UNIVERSITY 香港理工大學</p> | <p>Lab Use Only 化驗所專用</p> | <p>Specimen Received Date & Time 樣本接收日期及時間</p> |
| <p>SARS-CoV-2 PCR Test Request Form 新型冠狀病毒核酸檢測申請表</p> | | |
| <p>Requestor Information 申請人資料 a) 1)</p> | | |
| Name 姓名: | Date of Birth 出生日期: | |
| HKID Number 香港身份證號碼: | Gender 性別: | |
| Other Travel Document Number 其他旅遊證件號碼: | | |
| <p>Patient Contact Information 申請人聯絡資料 a) 2)</p> | | |
| Contact No. 聯絡電話號碼: | Email Address 電郵地址: | |
| <p>Sample Collection Information 樣本採集資料 a) 3)</p> | | |
| Specimen type 樣本種類 | | |
| <input type="checkbox"/> Deep throat saliva 深喉唾液 <input type="checkbox"/> Combined Nasal and Throat Swab 鼻腔和咽喉合併拭子 <input type="checkbox"/> Nasopharyngeal swab 鼻咽拭子 <input type="checkbox"/> Others 其他 _____ | | |
| Specimen Collection Date (yyyy/mm/dd): 樣本採集日期:(年/月/日): | Specimen Collection Time (Hour : Minute : Second): 樣本採集時間:(時:分:秒): ____ : ____ : ____ | |
| <p>Referral Doctor Information 轉介醫生資料 a) 4)</p> | | |
| Name & Authorized Signature 姓名及簽署/蓋章: | Centre Name 機構名稱: | Reference No. 參考編號: |
| <p>Laboratory Use Only 化驗所專用</p> | | |
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Annex 2 – Sample Collection Booth Location

附件二 – 採集亭位置

