



DATE OF SAMPLING:

PATIENT BARCODE

PASSENGER INFORMATION :

*NAME (BLOCK LETTERS) _____

*AGE: _____ *MOBILE NUMBER

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*Gender : MALE FEMALE OTHERS

*PASSPORT NUMBER : _____

*EMAIL ID(BLOCK LETTERS) : _____

*LOCAL ADDRESS : _____

PIN CODE : _____

***FLIGHT DETAILS**

*FLIGHT NO : _____

*SEAT NO : _____

I hereby confirm that the aforementioned details are correct. I also hereby provide consent for sample collection and COVID-19 Testing.

Signature: _____