

【特别重要通知】

【咽拭子检测机构】St. Luke's Medical Center Global City [MAIN ENTRANCE -正门]

【地址】Rizal Drive corner 32nd Street. and 5th Avenue Taguig

(<https://goo.gl/maps/MxUunPF6bQxuYFzf8>)

【马尼拉联系人】Love1y

【联系电话】：09175477843

重要提示*检测时间

检测日期	工作时间	航班日期	航班
9月12 (周六)	0700-1300点	2020/9/16	RW368 马尼拉-无锡 09:30-13:00
9月19 (周六)	0700-1300点	2020/9/23	RW368 马尼拉-无锡 09:30-13:00
9月26 (周六)	0700-1300点	2020/9/30	RW368 马尼拉-无锡 09:30-13:00
10月3 (周六)	0700-1300点	2020/10/7	RW368 马尼拉-无锡 09:30-13:00
10月10 (周六)	0700-1300点	2020/10/14	RW368 马尼拉-无锡 09:30-13:00
10月17 (周六)	0700-1300点	2020/10/21	RW368 马尼拉-无锡 09:30-13:00

温馨提示: (必须检测登记的时候, 留下个人邮箱, 便于查收检测报告)

- 1、 检测报告: 检测72个小时后才出来。
- 2、 做检测按照上面日期/时间, 不用预约。
- 3、 **报告原件我们会送去机场给你们。**
- 4、 检测当天请带笔和一份**护照首页复印 (没有带照首页复印, 不可以做检测)**
- 5、 去医院之前填好2个表 (自己没有打印机, 可以当时到医院拿表格填)。
- 6、 由于支付宝和微信在菲律宾受限请提前1天支付鼻咽喉检测费**1100元 (人)**汇入以下账户:

《汇款时备注乘机人姓名和航班号, 方便付款流水核对, 感谢配合》

《没有备注名字, 付款不认。汇钱错, 退不了。》

《检测当天把汇款截图给我们人员查看, 以做证明》

银行账号: 6227 0012 1688 0039 098

开户银行: 建设银行上海江苏路支行。

收款人: 李惠梅

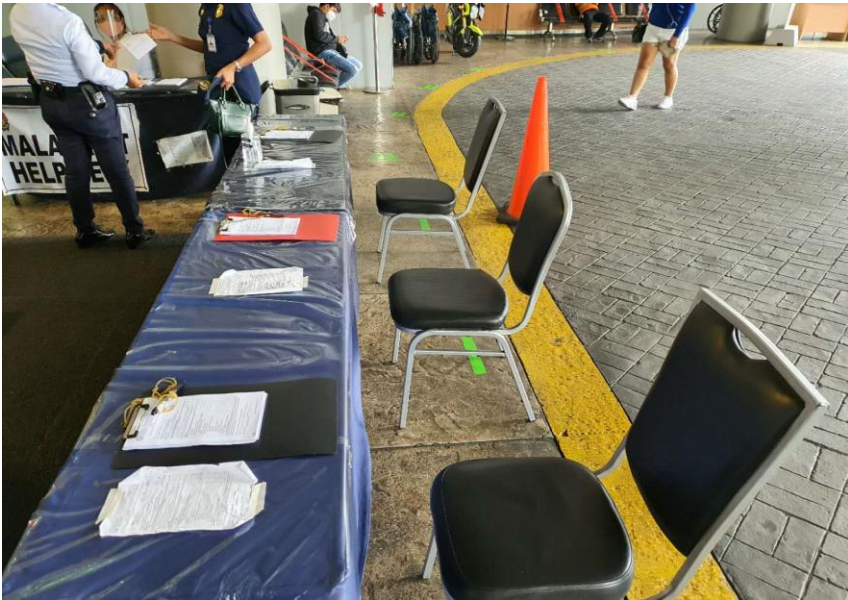
银行账号: 6226 0902 1564 7963

开户银行: 招商银行上海曹家渡支

行收款人: 李惠梅



必须在医院大门口进去开始检测操作。
不允许自己去急诊室做核酸测，
必须按照我们给出的预约方式做，如有自己跑去急诊室做的不予登机！



正门入口处，在保安那边拿第一张表（健康申明），填完给保安查看。

如果大堂里有很多人，请在外面排队，大堂里的人少一些保安会让你进去的时候。

HEALTH DECLARATION 健康声明

Due to the recent worldwide outbreak of COVID-19, St. Luke's Medical Center would like to ensure that our patients/customers and employees are safe from exposure to the disease. In line with this, we are requesting all patients, including companions and visitors, to complete this form. 由于近期全球新型冠状病毒疫情，本中心为确保患者、访客及员工的安全，要求所有患者及同伴和访客认真完成以下表格。 The data that you provide is strictly confidential and used for hospital reference only.

Name: **ZHANG, SAN** Age: **28** Sex: **M** Contact #: **09179930111**
 姓名: 张山 性别: 男 联系电话: 09179930111
 I am a () Patient () Visitor () Companion () Others: **SWAB**
 我是 () 患者 () 访客 () 同伴 () 其他: **SWAB**

Please tick an answer for every question item. 以下问题请回答是否: YES NO

Have you been recently tested for COVID-19? 近期是否做过核酸检测: YES NO

Date swabbed: 如有, 取样时间: Result (if available): 检测结果 (如有):

Have you been evaluated as Probable or Suspected for COVID-19? 是否被诊断为疑似病例:

If YES, when did your quarantine start? 如是, 隔离期开始日期是:

Do you have any travel history in the past 14 days? 近14天是否有旅行记录?

If YES, when and where? 如有, 请提供外出日期和到访地点:

Did you come in close contact or staying in the same close environment with someone who is a confirmed COVID-19 case? 是否曾与确诊患者有密切接触或同住(非同环境):

Did you come in close contact with a Probable or Suspected person with COVID-19? 是否与疑似病例有过密切接触?

Have you experienced the following symptoms recently? 您近期是否有以下症状?

Fever (>38°C) 发烧 (高于38度)	<input checked="" type="checkbox"/>
Diarrhea, Nausea, or Vomiting 腹泻, 恶心或呕吐	<input checked="" type="checkbox"/>
Shortness of breath or other respiratory symptoms 呼吸急促或其他呼吸道症状	<input checked="" type="checkbox"/>
Headache 头痛	<input checked="" type="checkbox"/>
Joint Pain or Muscle Pain 关节痛或肌肉痛	<input checked="" type="checkbox"/>
Flu-like symptoms such as: 类似流感的症状, 例如: Chills or repeated shaking with chills 畏寒或反复打寒战	<input checked="" type="checkbox"/>
Body aches 浑身酸痛	<input checked="" type="checkbox"/>
Sore throat 咽喉痛	<input checked="" type="checkbox"/>
Runny Nose or Sneezing 流鼻涕或打喷嚏	<input checked="" type="checkbox"/>
Cough and colds 咳嗽和感冒	<input checked="" type="checkbox"/>
New loss of smell and/or taste 近期丧失嗅觉和味觉	<input checked="" type="checkbox"/>
Eye discharge 眼睛流分泌物	<input checked="" type="checkbox"/>
Skin rash or discoloration of toes/fingers 皮疹或手脚变色	<input checked="" type="checkbox"/>
Loss of speech or movement 丧失语言和行动功能	<input checked="" type="checkbox"/>

I agree that the information provided in this document is true and correct to the best of my knowledge and understand that any dishonest answers may have serious legal and public health implications under RA 11332. 我保证以上申报内容正确属实, 如有隐瞒或虚报填报, 将会被依法追究相关法律责任。

I declare that all information disclosed above is TRUE and CORRECT.
 我保证以上申报内容正确属实。
 Signature: **ZHANG, SAN** Date & Time: **07/19/2020**
 签名: 张山 日期: 2020年7月19日
 Approved entry by: 批准人: 转至: _____
 (Name & signature of associate) (医护人员姓名和签字)

SLMC-IPC-5-56 REV01 (May 14, 2020)

正门进去后，右手边再拿第2张表格，填写清楚后交给负责人。请稍安勿燥，等候叫名字面试。

(如果您想收到电子核酸报告，请填写您的电子邮件地址)

Philippine Integrated Disease Surveillance and Response Case Investigation Form Coronavirus Disease (COVID-19) 模板

Disease Reporting Unit/Hospital: St. Luke's Medical Center - Global City Name of Investigator: 调查人员 Date of Interview: 日期

1. Patient Profile 出生日期 (月-日-年)

Last Name 姓	FIRST NAME 名	Middle Name	Birthdate (mm/dd/yyyy)	Age 年龄	Sex 性别
ZHANG	SAN	N/A	01/19/1992	28	Male 男

Occupation 职业 Civil Status 婚姻状况 Nationality 国籍 Passport No./E-Stamp No./Gov ID 证件号 E123456

2. Philippine Residence 在菲住址

2.1. Permanent Address

House No./Lot/Bldg. 门牌/地/楼	Street/Borough 街名	Municipality/City 城市	Province 省
US10 VICTORIA DE MAKA	WASHINGTON AVE	MAKATI CITY	NCR

Region 区 家庭电话号码 7218-1733 手机号码 09171234567 电子邮箱 ABCD@YAHOO.COM

2.2. Current Address 现在住址

House No./Lot/Bldg. 门牌/地/楼	Street/Borough 街名	Municipality/City 城市/县	Province 省
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3. Address Outside the Philippines (For Overseas Filipino Workers and Individuals with Residence Outside the Philippines) 海外住址

Employer's Name 雇主名称	Occupation 职业	Place of Work 工作地点
N/A	N/A	N/A

House No./Bldg. Name 门牌/楼名 Street 街名 City/Municipality 城市/县 Province 省

NO. 2	QIYI ROAD	GUANGZHOU CITY	GUANGDONG
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Country: 国家 China Office Phone No.: 工作电话 +86 13340789 Cellphone No.: 手机号码 +86 87654321

4. Travel History

Airline/Sea vessel: N/A	Flight/Vessel Number: N/A	Date of Departure (mm/dd/yyyy): N/A	Date of Arrival in Philippines: N/A
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History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms: Yes No Port (Country) of exit: N/A

5. Exposure History 密切接触史

History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms: 是否跟确诊患者有过密切接触: Yes No Unknown 如是, Date of Contact with Known COVID-19 Case (mm/dd/yyyy): 如有日期 (月-日-年)

Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms: 是否到过出现过确诊病例的地方: Yes No Unknown 如是, Place: 地点: Work place 公司 Social gathering 聚会 Religious gathering 宗教集会 Others: specify type 其他: 请注明类型

Date when you have been in that place: 到访日期: Name of the place: 到访地点:

List the names of persons who were with you during this (these) occasion(s) and their contact numbers: 请提供密切接触者姓名, 电话	Name 名字	Contact number 电话
Use the bottom part of this sheet when needed 如有需要, 可写背面	1.	
	2.	
	3.	

6. Clinical Information

Disposition at Time of Report: Inpatient Outpatient Discharged Died Unknown

Date of Onset of illness (mm/dd/yyyy): Date of Admission/Consultation (mm/dd/yyyy):

Asymptomatic Fever °C Cough Sore throat Colds Shortness/difficulty of breathing

面试后，请等候叫名字进行核酸检测。

做完检测，可以回家了！

(你们要飞当天会有人把报告原件送去机场给你们)



去医院检测不可以戴以下类型的口罩



网站下载检测报告

网站: <https://ehub.stlukesmedicalcenter.com.ph/login>



网站下载检测报告



Account Registration Form

Please complete the following with patient's information. Fields marked with (*) are mandatory.

PERSONAL INFORMATION OF THE ACCOUNT HOLDER

- I am not the Patient, I'm signing up for my child/relative.
- I don't have a PIN (Patient Identification Number)

如果你没有编号 (PIN), 请选中“我没有 PIN”框

First Name:* 名字

Middle Name:

Last Name:* 姓名

Suffix:

Gender:* MALE-男 / FEMALE-女

Birth Date: 出生日期-月/月/日日/年年年年

PIN:*

You can see the Patient Identification Number (PIN) on any of your official receipts or previous results from St. Luke's Medical Center

检测当天会给编号 (PIN), 拍下检测编号, 可上网查询

Account Information

Mobile Number:* 手机号码

You will receive a message to confirm your registration

您将收到一个短信, 以确认您的注册

Email:* 电子邮箱

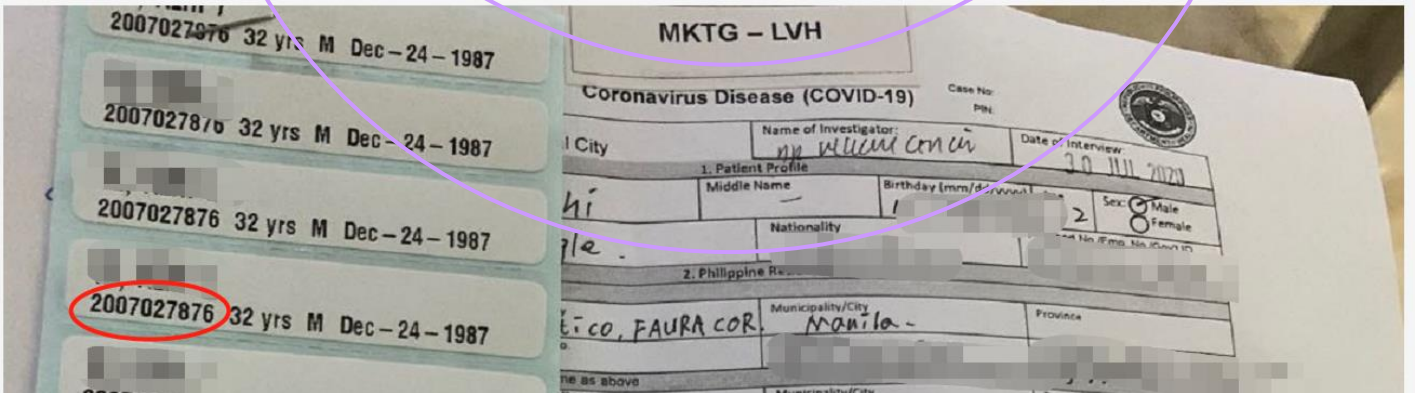
ykxm4

Captcha: Please Input exactly the Text Above. Text is Case Sensitive.

请准确输入上面的文字。文本区分大小写。

提交

Submit Cancel



网站下载检测报告

您将收到一条确认您注册的短信。一封包含您激活帐户的临时密码的电子邮件将发送到您的注册电子邮件地址。

The image shows two screenshots of the St. Luke's eHealth HUB website. The left screenshot displays a login page with a green message box stating: "Successfully registered account, please check your email account for activation instructions." Below the message are fields for Username and Password, a Log In button, and links for "Forgot Password?" and "Register Now and Create an Account". The right screenshot shows a "患者结果" (Patient Results) page. It includes a patient's name (partially obscured), birth date (三月-25-1998), and gender (MALE). There are search filters for "表演" (Performance) set to 10 and "参赛作品" (Participating Works). A table lists results with columns for "考试日期" (Exam Date) and "程序名称" (Program Name). One result is shown: "七月-30-2020" for "COVID-19 PCR (C19T1)". Below the table are options to "显示1到1的1项" (Show 1 to 1 of 1 item) and "以前 下一个" (Previous Next). There are radio buttons for "以一种 (PDF) 格式文件显示选定/检查的结果" (Show selected/examined results in PDF format) and "通过电子邮件将选择/检查的结果发送到1227670012@qq.com" (Send selected/examined results to 1227670012@qq.com via email). A red "走" (Go) button is at the bottom.

网站下载检测报告

查看检查报告



Choose an eHealth Application you want to access



Test Results
Access your Test Results



Online Payment
Pay your hospital bill online now!



Order and Pay
Order and Pay your medical procedure



Online Pre-Admission Registration
Pre-register your planned admission



Executive Check-up Reservation
Reserve your planned Executive Check-up

Patient Results

*Results are accessible for 2 years from date of exam.
*Diagnostic results while currently admitted are not retrievable.
*Surgical Pathology results may be available after 30 days from released date

Show 10 entries

Search:

EXAM DATE	PROCEDURE NAME	PERFORMING UNIT	ACTION	
<input checked="" type="checkbox"/>	Jul-30-2020	COVID-19 PCR (C19T1)	CELLULAR IMMUNOLOGY AND IMMUNOGENETICS	Show

Showing 1 to 1 of 1 entries

- Show selected/checked results in one (PDF) format file
- Email selected/checked results to 1227670012@qq.com

GO

下载报告

也可以选择这个，报告会发送到你的邮箱。收到邮箱，
打开报告需要密码：姓+出生年月（liu199812）



Test Information:

Methodology:
RNA extraction is followed by rPCR amplification and detection of SARS-CoV-2 viral gene targets, with positive and negative controls included in each run to confirm validity and accuracy. The details of the available test kits ut

Significance:
This test is intended for the extracted from nasopharynx lower respiratory tract spe

Limitation/s:
The detection of a viral RNA is dependent on the viral load retrieved from the specimen. The sensitivity varies in the disease course. Preanalytic variables (ie. specimen collection and quality, handling/shipping) may also affect the results.

The performance characteristics of this laboratory developed test have been validated at the Institute of Pathology and is continuously being monitored by the Institute as part of its quality assurance

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