

Information about Saliva PCR Test for Overseas Travelers

We conduct the COVID-19 PCR test using saliva for overseas travelers and provide a certificate of negative test results.

Our clinic is registered by the COVID-19 Testing Center for Overseas Travelers (TeCOT).

Eligible person to take the test

- Healthy (those who can collect saliva sample yourself about 1.0ml to 1.5ml)
- People who need to take the COVID-19 PCR test result to go overseas
- People with valid passport
- Request to those who have returned to Japan, are in transit and are in 14 days waiting period. If you are returning from other countries or temporarily entering Japan by connection, and you are in the 14 days waiting period, please refrain from making the PCR test reservation or visiting us. It is desirable to have separate routes to control the spread of infection, however our clinic cannot secure the routes, regardless of time zone. We ask for your understanding and cooperation for a safe and secure operation.

Method of COVID-19 testing

Real time RT(reverse transcription)PCR

Only saliva sample.

Test fees

38,500 JPY (including tax, examination fees, and one certificate).

- ※ We accept payment by credit card only. (VISA or Master Card. Cash is not acceptable.)
- ※ If you would like more than one certificate, please ask the clinic staff.(+ 5,500 JPY, including tax).
- ※ In case if your test result is positive, test fees are not refundable.
- ※ Receipts are issued in Japanese only.
- ※ Not covered by public health insurance.

Opening Hours

Only week day (excluding weekends and holidays)
9:00 am to 11:00 am, and 1:00 pm to 2:00 pm.

How to make an appointment

Reservations can be made by phone only. ([TEL:072-456-6220](tel:072-456-6220))

Every day 09:00 am to 5:00 pm.

- ※ Please make a reservation by phone in advance..
- ※ Please check the travel requirements of each country at your own responsibility. By registering your travel destination, etc. at TeCOT (the COVID-19 Testing Center for Overseas Travelers <https://www.tecot.go.jp/>) before making reservation, TeCOT can provide you with a desired entry conditions for your destination country.

Testing Flow

- ① Please come to the reception counter near the clinic on 2nd floor at terminal 1.
 - ② Verify your identity with your passport, take your temperature, fill in the questionnaires, and make payments.
 - ③ Proceed to the clinic on 2nd floor for doctor's interviews and specimen collection (saliva/self-collection).
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- ※ Please refer to the attachment for the location of the reception counter and the clinic.
 - ※ Do not eat, drink, chewing gum, brush your teeth, mouthwash and smoke, 30 minutes prior to the test.
 - ※ Please refrain from lipstick otherwise it may affect the test result and require re-testing.

Pick-up Test result

It takes minimum of 3 hours to get the result. We will immediately give you a phone call with the result.

- ※ Depending on the test process, it may take some time to notify the result. If you do not receive the negative certificate by the reserved flight, you will have to contact the airline or travel agency yourself to change or cancel your reservation.

Please ensure adequate time for your flight. Please note that we cannot accept any damages and compensate for your boarding delays, change flight or cancellation. (We cannot be liable for any consequential loss due to this delay.)

【Negative】

Please come to the reception counter on the 2nd floor of terminal 1. We will hand over you with a certificate of negative result.

【Positive】

In case if your result is positive, use of public transportation is prohibited. You must isolate yourself at home until the public health center call you to provide you with additional instructions. In that case, you will be responsible by your own cost.

【Re-examination】

If re-testing is required, it will take more time. The result and certificate may be given after 09:00 am of the next day.

(Although the same sample is used, you may be asked to come to the clinic to collect the saliva sample again.)

Notes:

- ※ Require to wear a mask all the time.
- ※ Bring your passport on the day of the test and when you receive your negative certificate.
- ※ If you are a minor, please come with a guardian on the day of the test, or prepare a guardian-signed consent form of PCR test downloaded from the website in advance.

Negative certificate

Please refer to the next page for a format of the certificate of negative test results that can be issued at our clinic.

We will not be able to accept if the required items differ depending on the destination, or if it is necessary to describe in a special format.

If you need to fill out a specific format, we cannot accept it because the required information varies depending on the destinations.

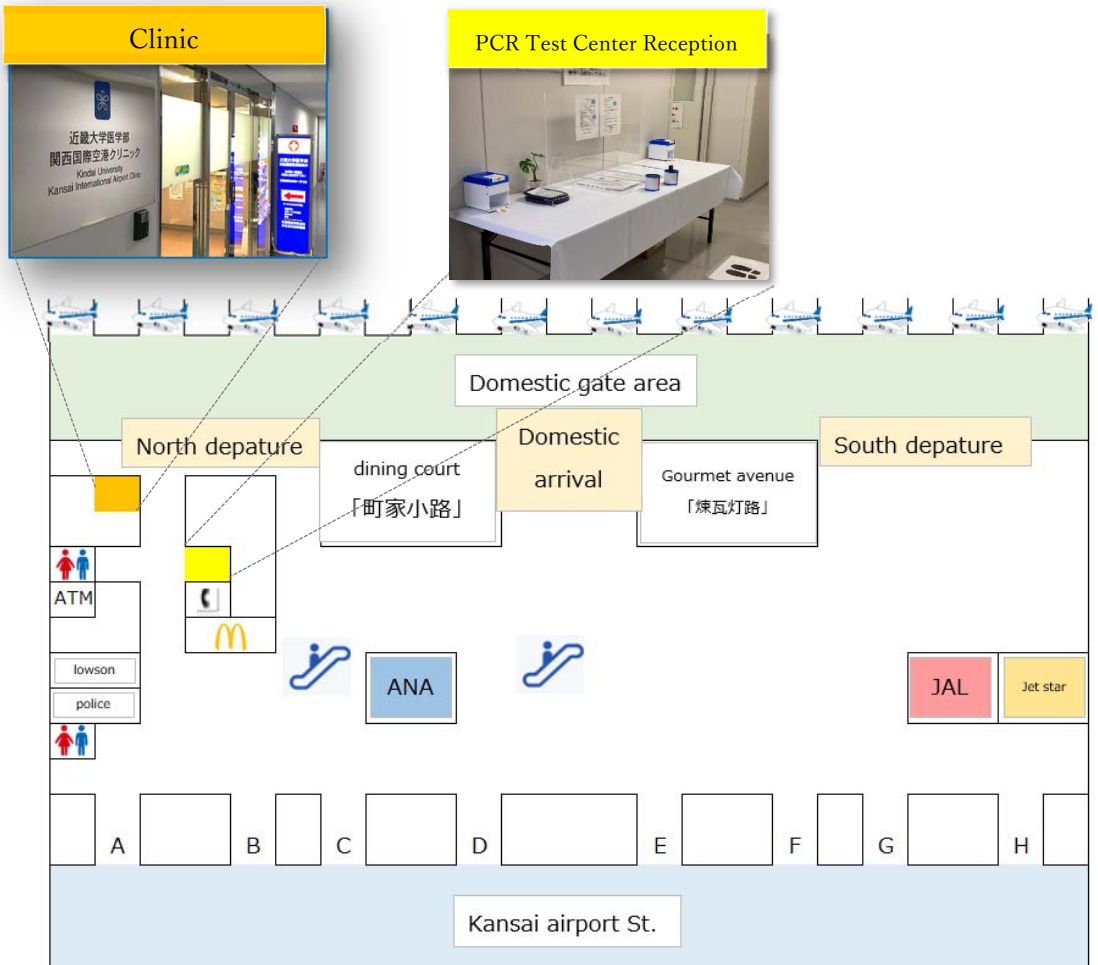
Please see the website of Ministry of Foreign Affairs of Japan and embassy of your destination country in advance and check the latest information about the requirement of the certificate such as the entries of the certificate, the valid duration, additional required documents, etc. Please note that we will not compensate for any costs that you are unable to travel due to incomplete information on the negative certificate,

Please ensure you check the test requirements carefully.

https://www.anzen.mofa.go.jp/covid19/pdfhistory_world.html

https://www.mofa.go.jp/mofaj/ca/cp/page22_003380.html

Attachment① Map of the PCR Test Center Reception and Clinic



COVID-19 に関する検査証明書

Certificate of Testing for COVID-19

氏名 Name _____ 交付年月日 Date of issue _____
 パスポート番号 Passport No. _____
 国籍 Nationality _____ 生年月日 Date of Birth _____ 性別 Sex _____

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。
 よって、この証明を交付する。

This is to certify the following results which have been confirmed by testing for
 COVID-19 conducted with the sample taken from the above-mentioned person.

採取検体 Sample	検査法 Testing for COVID-19 (Sysmex TO-10, Sysmex Detection SARS-CoV-2 RT-PCR Kit)	結果 Result	① 決定年月日 Result Date ② 検体採取日時 Sampling Date and Time	備考 Remarks
唾液 Saliva	核酸増幅検査 (real time RT-PCR法) nucleic acid amplification test (real time RT-PCR)	陰性 Negative	① 2021 ② 2021 AM :	

医療機関名 Medical institution Kansai International Airport Clinic
Kindai University Faculty of Medicine
 住所 Address of the institution 1, Senshu-Kuko Kita, Izumisano, Osaka
549-8681, Japan
 電話 Telephone Number +81-72-456-7185

医師名 Signature by doctor _____

健康証明書

Health Certificate

交付年月日
Date of issue _____ 2020

氏名 _____ パスポート番号 _____
Name _____ Passport No. _____ T _____

国籍 _____ 生年月日 _____ 性別 _____
Nationality _____ Date of Birth _____ Sex _____

医師 (_____)、月 _____ 日現在、(対象者)には以下の症状がなく、
航空機利用を含む旅行に適し、健康状態であることを証明する。

I, Dr. _____ hereby certify that

Mr./Mrs./Ms. _____ is/are not showing the following symptoms
and fit to travel/fly as of DD/MM:

- ✓ 熱 fever (_____ °C)
- ✓ 咳 cough
- ✓ のどの痛み sore throat
- ✓ くしゃみ sneeze
- ✓ 呼吸困難 shortness of breath

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549-8681, Japan
医師名 Signature by doctor _____

Consent Form on Saliva PCR Test for Oversea Travelers

In case your test result is positive, only those who can back home without using public transportation can proceed to the PCR test.

If you disagree with some items below, we will not accept you for the PCR test.

1. I understand that this test is not 100% certain and that the results are at the time the sample was taken and do not prove the presence or absence of infection at the time of travel.
2. I understand that the test fees are not refundable after taking the test regardless of test result. I will not claim for any compensation for any costs caused by the delay of the test result (including re-inspection).
3. I agree that I will not be reimbursed and compensated for any costs or damages incurred for flight rebooking or cancellation due to delay in test result (including retesting).
4. I acknowledge that regarding the judgement on immigration and movement restrictions after arrival at my destination, the policy of the destination country should be given priority, and a negative certificate issued by this PCR test is not necessarily exempt me from such restrictions.
5. If the result is positive, I agree to return to my home without public transportation and follow the instructions of the public health center. In that case, I will not charge the cost.

I meet the all requirements above, thus I give my consent to take a saliva-based COVID-19 (SARS-CoV-2) PCR test.

Date : Year: Month: Date:

Address :

Phone Number : _____

(Please put your own phone number which we can reach you in transit.)

Printed Name : _____

Signature :

If you are a minor, a parent or guardian should fill in the above and sign below.

Proxy signature (Parents or relatives) :

Relationship:

Questionnaire on the day of consultation

Please fill in the following items

Date Year : Month: Date: Time:

Name	Most recent temperature
Birth of date Year : Month: Date: Age:	Time: Temperature:

Fever with in 4 days	Year:	Month:	Date:	Time:	°C
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Symptoms within 4 days	No	Yes
Feverish or chills		
symptoms of a illness (cough,sputum,runny nose,sore throat,headache)		
Taking traditional Chinese medicine, antipyretic, etc. for the last 6 hours		
Shortness of breath,breathlessness,chest pain		
Fatigue		
Diarrhea		
Symptoms as odor or taste being difficult to understand		

Within 2 weeks	No	Yes
Traveled overseas		
Contact with people traveling abroad (within 1 month)		
Participation in gatherings, live performances, karaoke, etc.		
contact with people infected Covid-19		

Depending on the judgment of the doctor, you may not be able to receive an consultation
Please understanding and corporation.

In consideration of personal information, we will dispose of it immediately after the consult: