Information about Saliva PCR Test for Overseas Travelers

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

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
- People who are able to return to their home without using public transportation in case of the positive test result,
- Depending on the result of your temperature and doctor's interview, there is a possibility that you may not take PCR test.

Thank you for your understanding in advance.

Method of COVID-19 testing

Real time RT(reverse transcription)PCR

Only saliva sample.

Test fees

30,000 JPY (including tax, examination fees, and one certificate).

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

Opening Hours

Every day 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. (<u>TEL:072-456-6220</u>)

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. For your information, latest travel requirement for each country can be found on the website of Ministry of Foreign Affairs of Japan, "Overseas Travel Safety Information" (<u>https://www.anzen.mofa.go.jp/covid19/pdfhistory_world.html</u>) or you can ask each Embassy, and each airline.

Testing Flow

- (1) Please come to the reception counter near the clinic on 2^{nd} 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).
- ※ Please refer to the attachment for the location of the reception counter and the clinic.
- ※ Please refrain from eating, drinking, chewing gum, brushing your teeth, using mouthwash and smoking before 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 2^{nd} floor of terminal 1. We will hand over you with a certificate of negative result.

[Positive]

In case 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.

From September 26th 2022, following administrative regulations, clinics need to notify to the public health center, if any of the following conditions below apply.

- ① Those who are 65 years of age or older
- 2 Those who have a risk of severity
- ③ Those who are pregnant

Except for the above, you are required to register yourself to the positive registration center. If you need more information, please go on to the web site below. https://www.pref.osaka.lg.jp/iryo/osakakansensho/youseisyataiou.html

[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.

(Basically the same sample is used, however, you may be asked to come to the clinic to collect the saliva sample again if needed.)

Notes:

- ※ Required to wear a mask all the time for preventing infection.
- * Bring your passport on the day of the test and when you receive your negative certificate.
- X In case of 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.

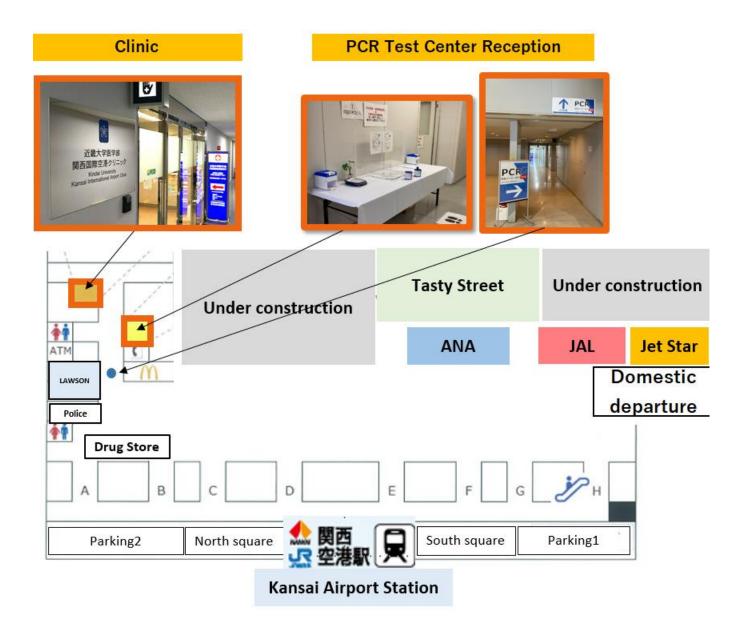
We will not be able to accept if the required items differ depending on the destination, or if it is necessary to describe in a special format.

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 Attachment (1) Map of the PCR Test Center Reception and Clinic as of 10/26/2022



Kindai University Kansai International Airport Clinic



COVID-19 に関する検査証明書

Certificate of Testing for COVID-19

| | | | - | で付年月日 | | |
|--------------------|---|--------------------------|--|--|-----------------------------------|---------|
| 氏名 | | | | ate of issue ペスポート番号 | | |
| | | | | assport No. | | |
| | | | | | | |
| 国 籍 | | 生年月 | 日 | | 性 別 | |
| Nationality | J | Date of | Birth | | Sex | |
| よって、 This is to | しい ∀D-19 に関する検査を の証 」を交付する。 ortify the following res ucted with the sample f | sults whi | ch have be | een confirmed b | by testing | for |
| | | | | ① 決定年月日 | 3 | |
| 採取検体 | Testing r COVID-1 | | 結果 | Result Date | | 備考 |
| Sample | (Sysmex 0-10, ysr c De | tectAmp | Result | ② 検体採取目 | | Remarks |
| | SARS-CoV-2 Pr -PCR 1t) | | | Sampling Dat | e and Time | |
| 唾液 Saliva | 核酸増幅検査(real time nucleic acid amplific ti (real time RT-PCR) | | 陰性 Nega+ e | 2021 2021 2021 | AM : | |
| | 幾関名 Medical institution Address of the institution | <u>Kindai</u> 1, Sens | <u>In nati</u> <u>Univer</u> it <u>hu-Kuko Ki</u> 31, Japan | y <u>Facul' of M</u> | l <u>inic</u> ec vine Osaka | |
| 電話 | Telephone Number | | -456-7185 | | | |

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.

- □ 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.
- □ 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).
- □ 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).
- □ 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.
- □ 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 agree that the clinic will handle personal information (including the test result) within the scope of the purpose of use for the test. If the result is positive, I also agree that the clinic will submit the test result to the public health center.

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 N | lumber : | | | |
| (Please | e put your ow | n phone number w | hich we can reach you ir | n transit.) |
| Printed | Name : | | | |
| Signatur | re : | | | |
| If you ar | re a minor, a | parent or guardian | should fill in the above a | nd sign below. |
| Proxy si | gnature (Par | ents 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 within 4 days Year: Month: | Date: | Time: | °C |
|----------------------------------|-------|-------|----|
|----------------------------------|-------|-------|----|

| Symptoms within 4 days | No | Yes |
|--|----|-----|
| Feverish or chills | | |
| Symptoms of a illness (cough,sputum,runny nose,sore throat,headache) | | |
| Shortness of breath,breathlessness,chest pain | | |
| Fatigue | | |
| Diarrhea | | |
| Dysgeusia, Dysosmia | | |

| Within 5 days | No | Yes |
|---------------------------------------|----|-----|
| Contact with people infected Covid-19 | | |

| In the pas | st | | | No | Yes |
|-------------------------------------|----------------------|-----------------|-------------------|-----------------|-----|
| Have you been infected by COVID-19? | | | | | |
| lf "yes", pl | ease fill in the rec | ent date you te | sted possitive. | | |
| Year: | Month: | Date: | | | |
| Have you | been vaccinated? | | | | |
| lf "yes", pl | ease write when a | nd how many t | ime(s) you have b | been inoculated | |
| The date | of final inoculatio | n : Year: | Month: | Date: | |
| Times :(|) | | | | |

Depending on the judgment of the doctor, you may not be able to receive an consultation. Thank you for your understanding and cooperation.

In consideration of personal information, we will dispose of it immediately after the consultation.