

⑭

Blood Test Schedule

Name : Mr / Ms _____

- Test date : Year / Year / Month / Date (Day)

- Time : AM / PM ____ : ____

- Place :

- Charge : Free

- Document to bring : Medical questionnaire

- Result to be informed : Month / Day

《Attentions》

- ◎ Please contact the following phone number as soon as possible
In case you are unable to come on the day of the test.

- ◎ In case the result notice seems to be delayed.

TEL: _____