



Panel Registration

**Scan/Email to: tracvirusmalaysia@gmail.com
or WhatsApp to +60162076722**

Clinic / Hospital / Co Name *

- New Application Information Update
 Attach photo copy: Name Card, SSM forms, PIC NRIC, licenses (if any)

Premise Specialties

[General Surgery, Dental, etc]

Attached to any preferred Lab?

COVID-19 Screening Services *

Do you conduct Swab for COVID-19 patients?

- Yes No

(If No) Are you interested to conduct Swab services?

- Yes No

Do you have Nasal Swab CKAPS certificate?

- Yes No

Estimated walk-in COVID-19 Swab patient enquiries monthly.

- below 20 21 - 50
 51 - 100 more than 100

Type of Panel **Alliance** [Optional]

- Premier Standard Lab Services
 Not Sure

Express Result (SMS Patient Direct) [Optional]

- YES NO

Address *

City *

State *

Owner Full Name [contact person 1] *

Email *

Mobile *

Full Name [contact person 2]

Email

Mobile

By click on this terms and conditions box, you agree that your information is accurate, and accept to our terms and conditions including best available international standard in the protection of your user privacy and personal data, except medical data which is within your own control and access in your user account without limitation and qualification. You allow us to access standard data for better services dedicate to serve your needs only. All services are subject to changes due to authority and market conditions, at our discretion, best effort and subject to availability only.

I agree and accept *

Sign & Chop *

Date [DD/MM/YYYY] *

Sales Rep ID / Mobile [if any]