

What?

COVID-19 testing (RT-PCR Method) for elective cases

Elective swabbing is only for those without symptoms or those requiring testing as part of routine clearance.

Who?

People with no symptoms who require testing for clearance reasons, including but not limited to:

- + Company screening for safe-to-work
- + Travel clearance
- + Medical clearance prior to procedure (i.e. dental, surgical, etc.)

IMPORTANT NOTICE

Experiencing symptoms?

If you have symptoms or are suspected to have been exposed to someone who tested positive, **please contact your local health care institution for thorough evaluation by a physician prior to having your test done.** This will also ensure that you are covered for mandatory testing for suspected and probable cases of COVID-19.



LOCATION

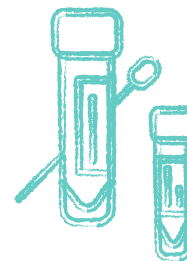
Institute of Mathematics

University of the Philippines Diliman
Quezon City, 1101

SCHEDULE

Monday to Friday

9:00AM to 12:00NN



Contact Us

Clinical Genomics Laboratory Philippine Genome Center

LANDLINE	+63 • 2 • 8981 • 8500 local 4713
MOBILE NO.	+63 • 998 • 996 • 7207
EMAIL	clinicalgenomicslaboratory@up.edu.ph swabschedule@up.edu.ph
WEBSITE	https://pgc.up.edu.ph

UNIVERSITY OF THE PHILIPPINES
PHILIPPINE GENOME CENTER

COVID-19

ELECTIVE SWABBING

TESTING PRIMER



COVID-19
ELECTIVE SWABBING
TESTING PRIMER

When?

Monday to Friday, 9:00AM to 12:00NN

May come either in person or via drive thru (subject to availability of time slot). Only persons with confirmed appointments will be accommodated.

Where?

Institute of Mathematics

University of the Philippines Diliman
Quezon City, 1101

How?

Schedule an appointment

Please book an appointment **at least 24 hours prior** to your preferred schedule.

To schedule or inquire, contact the following:

Mobile No.: +63 • 998 • 996 • 7207

Email: swabschedule@up.edu.ph



Please take care!



Clinical Genomics Laboratory
Philippine Genome Center

PAYMENT METHOD

1. Coordinate details of testing with PGC's COVID-19 Lab*

Ask for a quote and provide required Client/Company information for issuance of **Billing Invoice** and **Order of Payment**.

For Companies/Corporate:

- + Name of Company
- + TIN (optional)
- + Address
- + Name of Authorized Representative
- + Contact No. of Representative
- + Email Address of Representative
- + Duly accomplished Sample Summary Form (line list) detailing all employees to be tested
- + Duly accomplished CIF

For Individuals:

- + Full Name (incl. Middle Name)
- + TIN (optional)
- + Address
- + Contact No.
- + Email Address (if applicable)
- + Duly accomplished CIF

2. Pre-payment — Clients must settle payment prior to testing

Payments may be done via over-the-counter bank deposits and/or online banking/fund transfer through government accredited banks indicated in the Billing Invoice.

3. Email proof of payment to

pgc@up.edu.ph

Email with **SUBJECT: PAYMENT_CGL_(Invoice Number)_Name of Payee/Company** (scanned copy/photo/screenshot of bank deposit slip/payment confirmation or transfer).

4. Schedule of testing to be confirmed by the COVID-19 Lab*

*Check the **HOW?** section for the COVID-19 Lab contact details.

WHAT TO PREPARE

- + Completely filled Case Investigation Form (CIF)
Link: bit.ly/PGC-CIF-Fillable-template
- + Contact information and complete street address

PRICE LIST

CATEGORIES

Private Individual

P 4,910.71 + 12% VAT

P 5,500.00

Government Individual

P 4,500 + 12% VAT

P 5,040.00

Senior Citizen /PWD

P 4,910.71 LESS 20% DISCOUNT

P 3,928.57

