



Republic of Palau

Ministry of Health

P. O. Box 6027 Koror, Republic of Palau 96940

Phone: +680 488-2552 or +680 775-1310 Fax: (680) 488-1211

email: administration@palauhealth.org website: www.palauhealth.org

COVID-19 TESTING REQUIREMENTS FOR INTERNATIONAL TRAVEL INTO THE REPUBLIC OF PALAU

21 May 2021

Pursuant to Ministry of Health (MOH) Rules and Regulations for Isolation and Quarantine of Contagious Diseases, MOH COVID-19 Response Plan and relevant MOH directives authorizing COVID-19 isolation, quarantine, and testing measures, and in line with current U.S. CDC Interim Guidelines for Collecting and Handling of Clinical Specimens for COVID-19 Testing (02/26/2021), the following viral diagnostic test(s) and specimen type(s) are accepted for international travel into the Republic of Palau.

Test type:

Reverse transcription polymerase chain reaction (RT-PCR) Nucleic Acid Amplification Test (NAAT) for SARS-CoV-2 detection.

Specimen Type:

Upper respiratory specimen collected through either Nasopharyngeal (NP) or Oropharyngeal (OP) swab. Tests conducted with nasal mid-turbinate (NMT), anterior nasal, sputum, and saliva specimens are not accepted.

All international travelers into the Republic of Palau must submit valid negative COVID-19 PCR test results to the Ministry of Health within seventy-two (72) hours of departure from point of origin for entry into the Republic. Test results submitted must clearly indicate test and specimen type and medical provider conducting or certifying test (see attached samples). No exemptions to these requirements may be made except by the Director of Public Health and in writing. These requirements are subject to change as deemed necessary by the Ministry of Health.

Ritter B. Udui

Incident Commander
Emergency Operations Center
COVID-19 Response
Ministry of Health



Ministry of Health

P. O. Box 6027 Koror, Republic of Palau 96940
Phone: +680 488-2552 or +680-488-2553 Fax: (680) 488-1211
email: administration@palauhealth.org website: www.palauhealth.org

BELAU NATIONAL HOSPITAL LABORATORY COVID-19 MOLECULAR DIAGNOSTICS REPORT

PATIENT INFORMATION

Name (LAST, First): _____ **Hospital/ Passport No.** _____
Date of Birth: _____ **Age:** _____
Sex: _____

TEST METHOD AND RESULTS

Requesting Practitioner: N. Cheryl Ongalibang **Collection Date & Time:** 1/20/2021
Specimen Type: Nasopharyngeal Swab **Test Method:** RT-PCR(GeneXpert Dx)
Test Result: SARS-CoV-2 NOT **Test Run Date:** 1/20/2021
DETECTED
Test conducted by: Mere Cama **Test Result Date:** 1/20/2021
Remarks: *A nasal swab from this patient was also obtained and tested for SARS-CoV-2 Antigen using BinaxNOW™ COVID-19 Ag and was found to be NEGATIVE*

Results certified by: Dr. Ngirachisau Mekoll

Signature: _____

MINISTRY OF HEALTH
(MOH STAMP HERE)
REPUBLIC OF PALAU

MOH SAMPLE COPY

LABORATORY NUMBER

DATE RECEIVED

05/11/2021

ORDERING/PRIMARY PHYSICIAN:

ADDRESS:

Street:

City:

State:

Country:

Zip Code:

Phone No.:

SUBMITTING LABORATORY:

ADDRESS:

Street:

City:

State:

Country:

Zip Code:

Phone No.:

I. PATIENT IDENTIFICATION

LAST NAME

FIRST NAME AND MIDDLE INITIAL

RESIDENT ADDRESS (Physical place of residence - Street, City, Zip Code)

Street

City:

PHONE NO.:

Cell/Mobile

Home:

Work:

OCCUPATION

ETHNICITY

DATE OF BIRTH

SEX

CLINICAL DIAGNOSIS

DATE OF ONSET

LABORATORY EXAMINATION REQUESTED

COVID-19/SARS-COV-2

CATEGORY OF AGENT SUSPECTED

SPECIFIC AGENT SUSPECTED

II. SPECIMEN INFORMATION

1. SOURCE OF SPECIMEN

HUMAN

OTHER (Specify):

2. ORIGINAL MATERIAL

TYPE OF SPECIMEN (SPECIFY SITE OF COLLECTION):

NASOPHARYNGEAL

DATE AND TIME OF COLLECTION:

05/11/2021

TRANSPORT MEDIUM:

VIRAL TRANSPORT MEDIA

COLLECTED BY (PRINT NAME):

3. SEROLOGY OF SPECIMEN

COLLECTION DATE:

ACUTE (S1):

CONVALESCENT (S2):

S3:

S4:

OTHER (Specify):

4. SEROLOGY OF SPECIMEN

PURE ISOLATE

MIXED CULTURE

OTHER (Specify):

DATE OF ORIGINAL CULTURE:

PRIMARY ISOLATION MEDIA:

COLLECTION SITE OF ORIGINAL SPECIMEN:

DATE OF CULTURE SUBMITTED AND TRANSPORT MEDIUM USED:

SUSPECTED IDENTIFICATION:

OTHER ORGANISMS FOUND:

OTHER INFORMATION:

III. CLINIC HISTORY

1. CLINICAL SIGNS AND SYMPTOMS

FEVER

RASH (Specify Type):

RESPIRATORY SIGNS:

CENTRAL NERVOUS SYSTEM INVOLVEMENT:

GASTROINTESTINAL INVOLVEMENT:

2. ADDITIONAL INFORMATION

TRAVEL HISTORY: Yes No

IMMUNIZATIONS:

ANTIBIOTIC THERAPY:

3. PREVIOUS LABORATORY RESULTS/OTHER INFORMATION

PCR FOR TRAVEL

Assay: ABI 7500 CDC FLU/SARS-CoV-2 MULTIPLEX rRT-PCR

Result: 2019-nCoV NOT DETECTED

DATE OF REPORT: 05/11/2021 TECH INITIALS:

The instrumentation used to conduct the test has significant sensitivity. Nevertheless few negative results should be treated with caution. Patient follow up and repeat testing, if clinically indicated, are recommended.