



State of Hawaii Safe Travels Program
Trusted Testing Partner COVID-19 Test Result Reporting Form

Trusted Testing Partner	XpresCheck
Name of Lab/Site Performing Test	
Address of Lab	
Lab Telephone	
CLIA Number/Waiver	

Traveler Information:

Last Name	
First Name	
Date of Birth (mm/dd/yyyy)	

Test Information:

Test Performed	
Sample Collection Date	
Sample Reference ID# Or Unique Test Result ID#	

Test Result:	Negative/Not Detected, Positive/Detected, Indeterminate/Invalid
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