

Enter PCR test application information

Inspection type

PCR test + Negative certificate for Japan

Payment Method

Please choose a payment method.

credit card



 Ticket + credit card

Ticket code

Please enter the "ticket code" on the ticket (no hyphen) * It is not a purchase number

AAAABBBBCCCC

Shipping method

Yamato Takkyubin: Additional 660 yen (tax included)
Applications made by 16:00 (Saturdays, Sundays, and holidays 15:30) will be shipped the next day (some areas are the day after next). Saturdays, Sundays, and holidays are also delivered.

Applicant information

Please enter the applicant's information.

※Required Applicant's first name (last name)

Applicant's surname

※Required Applicant's name (name)

Applicant name

※Required Frigana (last name)

Surname **Enter in katakana**

※Required Frigana (name)

Mei **Enter in katakana**

※Required Applicant's name Romaji (last name)

Example) Nishitan

※Required Applicant's name Romaji (first name)

Example) Hanako

※Required sex

※Required Birthday

Year Month Day

※Required mail address

Example) sample@nishitanclinic.jp

※Required For email address confirmation

Example) sample@nishitanclinic.jp

※Required phone number

Example) 09012345678 (without hyphen)

※Required Postal code

Example) 0001234 (without hyphen)

※Required Prefectures

It will be entered automatically after entering the zip code

※Required Municipality

Applicant's address (city)

※Required Chome / street address

Applicant's address (chome / address)

Building name / corporate name

Please check if the applicant and the applicant for inspection are the same.

Inspection applicant information

Please enter the information of the person who will actually be inspected.

Kits and test result notifications will be sent to the address and email address you entered here.

※Required First name (last name)

Last name of the person who wants to be inspected

※Required Name (first name)

Name of applicant for inspection

※Required Frigana (last name)

Surname **Enter in katakana**

※Required Frigana (name)

Mei **Enter in katakana**

※Required Name Romaji (last name)

Example) Nishitan

※Required Name Romaji (first name)

Example) Hanako

※Required sex

※Required Birthday

Year Month Day

※Required mail address

* This is the email address to notify you of the test results.

Example) sample@nishitanclinic.jp

※Required For email address confirmation

Example) sample@nishitanclinic.jp

※Required cell phone number

Example) 09012345678 (without hyphen)

※Required Postal code

Example) 0001234 (without hyphen)

※Required Prefectures

It will be entered automatically after entering the zip code

※Required Municipality

Address of applicant for inspection (city)

※Required Chome / street address

Address of applicant for inspection (chome / address)

Building name / corporate name

Delivery information (delivered by Yamato Takkyubin)

We will ship in the shortest arrival date.

You cannot specify the desired arrival date. Please note.

※Required Desired pick-up time zone

unspecified

in the morning

14:00 to 16:00

16:00 to 18:00

18:00 to 20:00

19:00 to 21:00

To select the date and time of medical treatment



PCR test negative certificate / online medical appointment

* Google Duo is used for online medical treatment. Please install it in advance.

Online Medical Care is done only in Japanese.

Reservation for medical treatment

Please select the desired reservation time from the available time zones below. (Examination time: about 10 minutes)

○There is a vacancy ✕No space

	02/18 (Thursday)	02/19 (Friday)	02/20 (Sat)	>
10:00	✕	✕	✕	
10:30	✕	✕	✕	
11:00	✕	○	○	
11:30	✕	○	○	
12:00	✕	○	✕	
12:30	✕	○	✕	
13:00	✕	✕	○	
13:30	✕	○	✕	
14:00	✕	✕	○	
14:30	✕	✕	○	
15:00	✕	○	○	
15:30	✕	○	○	
16:00	✕	○	○	
16:30	○	○	○	
17:00	○	○	○	
17:30	○	○	○	
18:00	○	○	○	
18:30	○	○	○	
	02/18 (Thursday)	02/19 (Friday)	02/20 (Sat)	>



Confirmation of PCR test application information

Payment Method

credit card

Shipping method

Yamato courier service

Delivery information

Desired pick-up time zone
unspecified

Billing amount

PCR test costs	15,000 yen	1point	15,000 yen
Negative certificate issuance / medical expenses	5,000 yen	1point	5,000 yen
Shipping fee	600 yen	1point	600 yen
subtotal			20,600 yen
consumption tax			2,060 yen
total			22,660 yen

Desired date and time for medical treatment reservation

[Redacted]

Medical treatment place

[Redacted]

Applicant information

Applicant's first name (last name)

[Redacted]

Applicant's name (name)

[Redacted]

Frigana (last name)

[Redacted]

Frigana (name)

[Redacted]

Name Romaji (last name)

[Redacted]

Name Romaji (first name)

[Redacted]

sex

[Redacted]

Birthday

[Redacted]

mail address

[Redacted]

phone number

[Redacted]

Postal code

[Redacted]

Prefectures

[Redacted]

Municipality

[Redacted]

Chome / street address

[Redacted]

Building name / corporate name

Please be sure to check the following before applying and apply after agreeing.

■ Notes

- General PCR tests: Cancellations and refunds are not possible after application.
- Quick PCR inspection: Cancellation and refund are not possible if delivery / collection is not possible.
- Negative certificate issuance: We will contact you by email on the day. Cancellations and refunds are not possible if medical treatment is not possible.
- Please confirm that you are not aware of the symptoms of the new coronavirus.

■ Important notice • Privacy policy

[Redacted]

[View our Important notice](#)



the disease, please contact the nearest returnee / contact counseling

[View our Privacy Policy](#)



the new coronavirus is detected by the real-time PCR method.

- Although the accuracy of this test meets our standards, we do not

Precautions • Important notice • I agree to the privacy policy

[Agree and go to credit card payment](#)

[Return](#)