

Dengue Fever Test

Patient Information:

Name:
Date of Birth:
Gender:
Address:
Contact Number:
Date of Test:

Test Overview:

- **Test Requested:** Dengue Fever Diagnostic Test
- **Reason for Test:**
- **Referring Physician:** _____
- **Test Conducted By:** _____

Clinical Evaluation:

- **Clinical Symptoms:**

- **Medical History:**

Findings:

1. **Complete Blood Count (CBC):**
 - White Blood Cell Count (WBC): _____
 - Platelet Count: _____

2. Dengue Serology Tests:

- NS1 Antigen Test: _____
 - Date of NS1 Test: _____
 - Interpretation: _____
- Dengue IgM Antibody Test: _____
 - Date of IgM Test: _____
 - Interpretation: _____
- Dengue IgG Antibody Test: _____
 - Date of IgG Test: _____
 - Interpretation: _____

3. Polymerase Chain Reaction (PCR) Test:

- Dengue RNA PCR: _____
 - Date of PCR Test: _____
 - Interpretation: _____

4. Virus Isolation (if performed):

- Result, if applicable: _____

Interpretation:

Follow-up:

Remarks: