



Dengue Specimen Referral Form MolQ Laboratory

28-29, Electronic City, Sector 18(P), Gurgaon, Haryana-

122015 Landline: 0124-4278595, Mobile: +91

9810469120

S. No. Patient Details

- 1 Name of the patient: Navya
- 2 Date of Birth (Age in years): 18
- 3 Gender: Female M/ F
- 4 Contact Number: 9873181363
- 5 Address: H No 49, Sector-15 Part- I
- 6 District: Gurgaon
- 7 Father name: Mr Gaurav Gupta
- 8 Symptoms: Fever 4days
- 9 Date of Sample Collection:
17/06/2022 9:00 AM
- 10 Date of onset of symptoms:
14/06/2022
- 11 Date of Hospital Admission (If
any): No
- 12 Name of the Hospital where admitted: NA
- 13 Date of Discharge from Hospital: ^{NA}
- 14 Present Status of the Patient: Stable/ Critical

Patient Undertaking for Dengue NS1 ELISA/ IgM test at MolQ Laboratory Gurgaon

I, (Name)...Navya.....(Age).....18...hereby declare that I am solely responsible for the correctness of the above provided information and agree to bear any consequences thereof.

Navya

Patient Signature:

Date: 17/06/2022