



## Dengue Specimen Referral Form

### MolQ Laboratory

28-29, Electronic City, Sector 18(P), Gurgaon, Haryana-122015

Landline: 0124-4307906, Mobile: +91 9999778778

#### S. No. Patient Details

- 1 Name of the patient: Ms. Suman
- 2 Date of Birth (Age in years): 21yrs
- 3 Gender: Female M/ F
- 4 Contact Number: 8103099928
- 5 Address: B-91, The Crest, DLF Phase-5
- 6 District: Gurgaon
- 7 Father/ Husband/ Guardian name: Mr. Tilak
- 8 Symptoms: Fever
- 9 Date of Sample Collection: 23/04/2023
- 10 Date of onset of symptoms: Fever Since 1day
- 11 Date of Hospital Admission (If any): NA
- 12 Name of the Hospital where admitted: NA
- 13 Date of Discharge from Hospital: NA
- 14 Present Status of the Patient: Stable Stable/  
Critical

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

I, (Name)...Ms. Suman.....(Age)...21.....hereby declare that I am solely responsible for the correctness of the above provided information and agree to bear any consequences thereof.

Patient Signature: Suman

Date: 23/04/2023