

## 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: Vidhan Garg
- 2 Date of Birth (Age in years): 20
- 3 Gender: M M/ F
- 4 Contact Number: 9910258424
- 5 Address: W-159, Gretaer Kailash 2, Delhi
- 6 District: South Delhi
- 7 Father/ Husband/ Guardian name: Sarika Garg
- 8 Symptoms: High Fever since past few days
- 9 Date of Sample Collection: 31/08/2023
- 10 Date of onset of symptoms: From 28/08/2023
- 11 Date of Hospital Admission (If any): Name of the Hospital where admitted: Date
- 12 of Discharge from Hospital: Present Status of the Patient: NA

Stable/ Critical

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

I, (Name)Sarika Garg(Age)43hereby declare that I

am solely responsible for the correctness of the above provided information and agree to bear any consequences thereof.

Patient Signature:

A handwritten signature in red ink, appearing to be 'Sarika Garg', written over a horizontal line.

Date: 31/08/2023