



## 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: Deepak Verma
- 2 Date of Birth (Age in years): 39
- 3 Gender: Male
- 4 Contact Number: 8875264057
- 5 Address: G1-102, India Bulls, Sector-103,
- 6 District: Gurgaon
- 7 Father/ Husband/ Guardian name: N/A
- 8 Symptoms: Fever Last 3Days
- 9 Date of Sample Collection: 28/12/23
- 10 Date of onset of symptoms: 25/12/23
- 11 Date of Hospital Admission (If any):NO
- 12 Name of the Hospital where admitted: N/A
- 13 Date of Discharge from Hospital: N/A
- 14 Present Status of the Patient: Stable

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

I, (Name).....Deepak Verma.....(Age)..39yrs.....hereby declare that I am solely responsible for the correctness of the above provided information and agree to bear any consequences thereof.

Patient Signature: Deepak Verma

Date: 28/12/23