

Dengue Specimen Referral Form MolQ Laboratory

28-29, Electronic City, Sector 18(P), Gurgaon, Haryana-122015 Landline: 0124-4307906, Mobile: +91 9999778778

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| **S. No.** | **Patient Details** |  |
| 1 | Name of the patient: | Vineet Bajaj |
| 2 | Date of Birth (Age in years): | 16/04/1972 |
| 3 | Gender: | M |
| 4 | Contact Number: | 9871136346 |
| 5 | Address: | 319/4 Jawahar Nagar,Street no.4 Gurugram |
| 6 | District: | Gurugram |
| 7 | Father: | Lt. Sh. Gopal Krishan |
| 8 | Symptoms: | High fever, body pain, vomitting |
| 9 | Date of Sample Collection: |  |
| 10 | Date of onset of symptoms: | 21/08/2024 |
| 11 | Date of Hospital Admission (If any): |  |
| 12 | Name of the Hospital where admitted: | |
| 13 | Date of Discharge from Hospital: |  |
| 14 | Present Status of the Patient: | Stable/ Critical |

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

I, (Name)……………………………Harshita Bajaj…………………….…(Age)……20…………hereby declare that I am solely responsible for the correctness of the above provided information and agree to bear any consequences thereof.

Patient Signature: Date:23/08/2024