

# Dengue Fever Test

## Patient Information:

Name:

Date of Birth:

Gender:

Address:

Contact Number:

Date of Test:

## Test Overview:

- **Test Requested:** Dengue Fever Diagnostic Test
- **Reason for Test:**

• **Referring Physician:** \_\_\_\_\_

• **Test Conducted By:** \_\_\_\_\_

## Clinical Evaluation:

- **Clinical Symptoms:**

- **Medical History:**

## Findings:

### 1. Complete Blood Count (CBC):

• White Blood Cell Count (WBC): \_\_\_\_\_

• Platelet Count: \_\_\_\_\_

**2. Dengue Serology Tests:**

- NS1 Antigen Test: \_\_\_\_\_
  - Date of NS1 Test: \_\_\_\_\_
  - Interpretation: \_\_\_\_\_
- Dengue IgM Antibody Test: \_\_\_\_\_
  - Date of IgM Test: \_\_\_\_\_
  - Interpretation: \_\_\_\_\_
- Dengue IgG Antibody Test: \_\_\_\_\_
  - Date of IgG Test: \_\_\_\_\_
  - Interpretation: \_\_\_\_\_

**3. Polymerase Chain Reaction (PCR) Test:**

- Dengue RNA PCR: \_\_\_\_\_
  - Date of PCR Test: \_\_\_\_\_
  - Interpretation: \_\_\_\_\_

**4. Virus Isolation (if performed):**

- Result, if applicable: \_\_\_\_\_

**Interpretation:**

**Follow-up:**

**Remarks:**