

Dengue Test Report

Title Page

- **Report Title:** Dengue Test Report
- **Patient Name:** [Patient Name]
- **Age:** [Age]
- **Gender:** [Gender]
- **Report ID:** [Unique ID]
- **Date of Report:** [Date]
- **Test Conducted By:** [Lab Technician/Pathologist Name]
- **Approved By:** [Medical Officer Name]

Patient Information

- **Name:** [Patient Name]
- **Age:** [Age]
- **Gender:** [Gender]
- **Contact Details:** [Contact Information]
- **Doctor's Name:** [Referring Doctor]

Test Details

- **Test Name:** Dengue NS1 Antigen, IgM, and IgG Test
- **Test Date:** [Date of Test]
- **Test Method:** ELISA / Rapid Test / Other Method
- **Sample Type:** Blood / Serum

Test Results

Test Parameter	Result	Reference Range	Status (Positive/Negative)
Dengue NS1 Antigen	[Result]	Negative	[Positive/Negative]
Dengue IgM Antibody	[Result]	Negative	[Positive/Negative]
Dengue IgG Antibody	[Result]	Negative	[Positive/Negative]

Interpretation

- **Dengue NS1 Antigen:** [Interpretation and Explanation]
- **Dengue IgM Antibody:** [Interpretation and Explanation]
- **Dengue IgG Antibody:** [Interpretation and Explanation]

Remarks

- **Observations:** [Any key observations]
- **Additional Tests Recommended:** [Yes/No]
- **Precautions:** [Precautionary advice if applicable]
- **Medical Advice:** [Doctor’s Notes and Recommendations]

Approval and Sign-off

- **Lab Technician Name & Signature:** [Name, Signature]
- **Pathologist Name & Signature:** [Name, Signature]
- **Date of Approval:** [Date]