### **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]