Dengue Fever Test

Patient information			
Patient name:		Patient ID:	
Date of birth:		Gender:	
Contact information:			
Patient history			
Previous dengue infection: Ye	es No		
Travel history (recent travel to tropical areas):			
Duration of stay:			
Symptoms experienced:			
Test results			
Sample type:			
Tests	Results	Interpretation	
		•	
Dengue NS1 antigen test			
Dengue fever antibody, IgM			
Dengue fever antibody, IgG			

Test name: Result: Interpretation: Overall findings Additional notes Healthcare professional information Provider name: Signature: Data of lest:	Additional laboratory tests (if applicable)
Interpretation: Overall findings Additional notes Healthcare professional information Provider name: Signature:	Test name:
Overall findings Additional notes Healthcare professional information Provider name: Signature:	Result:
Additional notes Healthcare professional information Provider name: Signature:	Interpretation:
Additional notes Healthcare professional information Provider name: Signature:	
Additional notes Healthcare professional information Provider name: Signature:	
Additional notes Healthcare professional information Provider name: Signature:	
Additional notes Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	Overall findings
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	
Healthcare professional information Provider name: Signature:	Additional notes
Provider name: Signature:	
Provider name: Signature:	Healthcare professional information
Signature:	
Date of lest.	Date of test: