

# Dengue Fever Test

Patient information		
Patient name:	Patient ID:	
Date of birth:	Gender:	
Contact information:		
Patient history		
Previous dengue infection:	Yes	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		

**Additional laboratory tests (if applicable)**

Test name:

Result:

Interpretation:

**Overall findings****Additional notes****Healthcare professional information**

Provider name:

Signature:

Date of test: