**Pt.Name : Chi. Age : Y**

**Ref.Dr. By. : Gender :**

**Specimen : Blood Date : -24**

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***DENGUE TEST***

***IgM antibodies to Dengue Virus : NEGATIVE***

***IgG antibodies to Dengue Virus : NEGATIVE***

***NS1 antibodies to Dengue Virus : NEGATIVE***

***(Rapid Strip method)***

***Advised Elisa test For confirmantion***