



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2110644133	SID	: 177803369166	R
Name	: MR.DIPAK KUMAR ROUT	Registered	:22-Jan-2021 / 09:44	E
Age / Gender	: 41 Years / Male	Collected	: 22-Jan-2021 / 09:54	0
Dr.	:-	Reported	: 22-Jan-2021 / 17:30	R
Reg. Location	: Kandivali East (Main Centre)	Printed	: 22-Jan-2021 / 20:06	I

Real time Qualitative RT-PCR detection of 2019-nCOV RNA / COVID-19 RNA

PARAMETER

<u>RESULT</u>

SARS-CoV-2: Not Detected (Negative)

Result

Kit:Viral Detect II Multiplex(Genes2Me), Target gene(RdRP & N), Cutoff: <37

ICMR Registration No: Andheri-Mumbai- SUBUR001, Pune-SUDIIPLPMH

Specimen: Nasopharyngeal & Oropharyngeal swab in VTM Method: Real time RT-PCR

Note:

- Ct value indicates the infectivity and not severity of infection.
- ICMR recommended kits are used for reporting. All the positive cases will be notified to ICMR for further surveillance.
- Clinical correlation with patient history, radiology findings and co-infection with other virus infection is necessary to be determined especially in cases with Borderline positive Ct values.
- Borderline positive cases (Ct Value >30) may give variable results on repeat testing. The possible reasons could be the variations in kits and instruments used.

Limitations:

- Optimum specimen types and timing of peak viral levels during infections caused by 2019-nCOV have not been determined. Collection of multiple specimens (Types & Time points) may be necessary in view of suspected clinical history. The repeat specimen may be considered after a gap of 2-4 days after the collection of first specimen for additional testing if required. (other respiratory pathogens)
- Negative results do not preclude SARS CoV 2 infection and should not be used as the sole basis for patient
 management decisions.
- This test is a qualitative assay and does not quantify viral load. Various host factors, viral factors, variability in sample collection / site and techniques used by the laboratories can affect Ct values. Therefore, Ct values are not an absolute indication of viral load and should be interpreted with caution.

Factors leading to false negative RT-PCR report:

- Inadequate specimen collection, Poor quality of sample and non-representative sample.
- Sample collected too early or too late in the infection, Improper sample handling and shipment.
- Technical reasons- PCR Inhibitor, analytical sensitivity of kit used.
- Active recombination &/ mutations in target genes used for detection of SARS-CoV-2 virus.

References:

- 1. Diagnostic detection of 2019-nCoV by real-time RT-PCR, Berlin Jan 17th, 2020.
- 2. Labcorp COVID-19 RT-PCR test EUA Summary / COVID-19 RT-PCR test (laboratory corporation of America).
- * Sample processed at Molecular Diagnostics Laboratory, CPL, Andheri West *** End Of Report ***

Dr.Heena Satam Ph.D. MOLECULAR BIOLOGIST

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Disclaimer: 1) Please note that laboratory results serve as an aid to diagnosis and should be interpreted in relation to clinical findings. Please refer
back to the laboratory if there is any discrepancy between clinical and laboratory diagnosis. 2) (ii) Part of this test report can't be produced without written
approval of lab (ii) The test samples are submitted by the patient/picked up by the lab personnel. (iii) The report pertains to submitted samples only.