UDC DIAGNOSTICS
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Test Report

Name of Patient	: MRS. ANJALI SUDHAKAR PATHAK		
Pt. No	: 269350	**Collection center**	: PRASHANT PATHOLOGY LAB SERVICES UDC 532
Age	: 26 years		
Sex	: Female	**Date of Collection**	: Jan 13, 2022, 10:09 a.m.
Passport No	:	**Date of Receipt**	: Jan 13, 2022, 10:15 a.m.
Organization	: PRASHANT PATHOLOGY LAB SERVICES UDC 532	**Date of Reporting**	: Jan 14, 2022, 07:46 p.m.
Referred By	: SELF	**Accession No**	105011221

Name of Test	: SARS-CoV2 (COVID-19)Real Time PCR
Specimen	: Nasopharyngeal And Oropharyngeal Swab

Test Result

Test Description	Value(s)
SARS-CoV2 (COVID-19)Real Time PCR	Not Detected
KIT Specification	RdRp < Cut off Value 36

TEST METHOD Real Time RT-PCR

ICMR APPROVED COVID 19 TESTING REGISTRATION NO - UDCSLNVMH

INTERPRETATION

A. For result as "DETECTED":

- Detected result indicates presence of SARS-CoV-2..

- A repeat test of freshly collected specimen may give different result due to the following–

From appearance of symptoms, Viral load reduces day by day .As viral load reduces during recovery/resolution, the result of repeat testing, even within hours or day/s, can yield different results.Inherent variability due to improper sample collection and inadequate storage while due care is taken at UDC.

The new sample may have low viral load due to varied shedding of the virus.

Inherent variability due to improper sample collection and inadequate storage while due care is taken at UDC.

- 80% of patients with "Detected" result may be asymptomatic.

B. For result as "NOT DETECTED":

- "Not Detected" result indicates absence of SARS-CoV-2 in the given specimen. However, it does not rule out the infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management decisions.

- "Not detected" result may be seen due to -

Viral mutations, Improperly collected and stored specimen, Test done too early or too late where the virus load is below detection limit.

- If a subsequent test is tested positive (detected), it may indicate an infection acquired subsequently or increase in viral load to detectable level after the first test.

LIMITATION OF ASSAY

1. Presence of PCR inhibitors may interfere with PCR amplification.
2. Negative result does not rule out the possibility of infection and should not be used as the sole basis for patient management decisions. Presence of inhibitors, mutations and insufficient-organism RNA can influence the result.

NOTE

1. Negative result does not rule out the possibility of Covid-19 infection. Presence of inhibitors, mutations & insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings. A negative result in a single upper respiratory tract sample does not rule out SARS-CoV-2 infection. Hence in such cases a repeat sample should be sent. Lower respiratory tract samples like Sputum, BAL, ET aspirate are appropriate samples especially in

Scan to Validate

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severe and progressive lung disease.

2. Results with Ct value> 30 (Boderline positive) may give variable results on retesting. This may be on account of Kit variance, Instruments used etc.

COMMENTS

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identifiedin humans.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and kidney failure.

DISCLAIMER

1.This test is intended for use in conjunction with clinical presentation and other laboratory markers.

2.Improper specimen collection, handling, storage and transportation may result in false negative results.

3. The report represents only the specimen received in laboratory.

4. The result pertains only to the specimen tested and should be correlated with clinical findings.

5. Sample collection and testing will be done only on the basis of valid prescription provided by authorized registered medical practitioners or concerned state authority doctors only.

6. Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimen may be considered a gap of 2-4 days after the collection of the first specimen for additional testing if required

7. Please note that these results are not to be used for any thesis or presentations or for publication in any journal, print or electronic media without the prior written permission of the Director General, ICMR.

8. We will share all patient reports with defined Govt. bodies as per the guidelines of Govt of India/ICMR.

9. Test results are not valid for medico legal purposes.

END OF REPORT

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Scan to Validate