IMPACT DIAGNOSTICS
Adding Value to Lives

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PATIENT NAME	: **MR. PERARAPU SAI MANIKANTA**	REFFERAL DR.	: SELF
		COLLECTION DATE	: 30-Apr-2022 6:05 am
AGE	: 23 / YEARS SEX : MALE	RECEIVED DATE	: 30-Apr-2022 6:05 am
CLIENT NAME	: IMPKKD001	REPORTED DATE	: 30-Apr-2022 9:04 am
CLIENT CODE	: IMP001	Patient ID	: P22000021189
NATIONALITY	: INDIAN	ICMR No.	:
AADHAR NO	: 576670923641		

I D B 0 0 8 3 4 6

Molecular Biology

TEST	RESULT
COVID-19 (RT PCR)	
Sample type	**Nasopharyngeal / Oropharyngeal swab**
SARS-CoV-2 RT PCR QUALITATIVE	**NOT DETECTED**
Methodolgy : RT PCR RNA DETECTION	

Interpretation:

·SARS-CoV-2 is a positive sense, single stranded RNA virus belonging to the family Coronaviridae, causing the disease COVID-19

·It is highly contagious and transmitted via droplets and fomites. Clinical presentation ranges from asymptomatic cases to mild, moderate and severe illness and mortality and symptoms may develop 2 days to 2 weeks following exposure to the virus.

·Riskf actors for severe COVID-19 infection may include advanced age, Immunocompromised state, Diabetes,Cardiovascular disease, Hypertension, Chronic pulmonary disease, Liver disease, Malignancy, Severe obesity.

·This test is a real-time RT-PCR test intended for the qualitative detection of SARS-CoV-2 Nucleic Acid from respiratory samples of individuals suspected of COVID-19 by their health care provider. SARS-CoV-2 RNA is generally detectable in respiratory specimensd uring the acute phase of infection. This is a multiplex assay that contains three primers/probes - N gene, ORF1ab gene ,E gene- that are specific and confirmatory for SARS-CoV-2.

NOTE:

1.ICMR Regd No. For COVID-19 Testing : IMDIKAP

2.All results relate only to the specimen tested and should be correlated with other clinical and radiographical findings.

3.A negative result, particularly from an upper respiratory sample does not rule out the possibility of COVID-19 infection as presence of inhibitors, mutations and insuficient RNA and other factors can influence the results. Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease.

4.CT Values > 30 is suggestive of Borderline Positive and should be correlated clinically. Advised repeat test if clinically indicated.

5.Due to relatively fast molecular evolution of RNA viruses, there is an inherent risk that accumulation of mutations over time may lead to false negative results. Positive results do not rule out bacterial infection or co-infection with other viruses.

---------- End of Report ----------

IMPACT DIAGNOSTICS KAKINADA

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