# Mangalam Pathology Laboratory

MC-4821

## TEST REPORT

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|---|---|---|---|---|---|
| Name | : **Mr. Kirtan Savjibhai Moradiya** | | Reg. No | : | 202102608 |
| Gender/Age | : **Male / 26 Years** | Birthday : 24-Jul-1995 | Collected On | : | 17-March-2022 11:03 AM |
| Ref. By | : | | Report Date | : | 17-March-2022 05:11 PM |
| Client Name | : | | Passport No | : | P 3636633 |
| Aadhar No | : | | | | |

**Qualitative Detection of SARS-CoV-2 (Covid-19) by RT-PCR**
(ICMR Registration No.: **MPLAHBG**)

| | |
|---|---|
| Orf1ab | Negative |
| N gene | Negative |
| RNaseP ( Internal Control ) | PASS |

**Interpretation**

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|---|---|
| SARS CoV - 2 ( Covid -19 ) | Negative |

**Type of sample :** Nasopharyngeal swab and Oropharyngeal swab.

**Result Interpretation:** *Amplification in two or more targets excluding internal control indicates the presence of SARS-CoV-2 RNA Amplification only in internal control indicates that SARS-CoV-2 RNA is less than detectable limits of the assay or absent viral RNA Ct value and viral load indication: <24 = high viral load; 24 to 30 = moderate viral load; >30 = low viral load

**Clinical Significance:** SARS-CoV-2 (novel Coronavirus/Covid-19), highly contagious RNA virus, is a significant global health burden. Timely diagnosis is key in providing a better prognosis for patients with SARS-CoV-2, and also helps in disease control.

**Disclaimer:**

1. The result relates only to the specimen tested and should be correlated with clinical findings.
2. A "Positive/Detected" result indicates the presence and detection of nucleic acid from the relevant virus SARS-CoV-2 RNA. Nucleic acid may persist even after the virus is no longer viable; clinical correlation with patient history and other diagnostic information is necessary to determine infection status.
3. A "Negative/Not Detected" result indicates that SARS-CoV-2 RNA is less than detectable limits of the assay or absent viral RNA (till 40 cycles of RT-PCR).
4. Reliability of the results also depends on adequate specimen collection, storage and transport.
5. A single negative result, especially if it is from an upper respiratory specimen, does not exclude infection. Negative result should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.
6. Possible causes of false negative results includes inadequate specimen quality - specimen collected too early or too late, specimen improperly handled or transported, low viral copies, occurrence of viral genetic mutation, presence of PCR inhibitors, antiviral administration prior to testing.
7. False positive results may happen from cross- contamination between patient samples, specimen mix-up and RNA contamination during product handling.
8. Currently available data indicate that the technical error rate for all types of Real Time PCR based analysis is approximately 2%. Reference: VM Corman et al. "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR." Eurosurveillance 25.3 (2020): 2000045.

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This is an Electronically Authenticated Report.



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