



LABORATORY REPORT



Name : PARASKUMAR GOVINDBHAI PATEL	Sex/Age : Male / 33 Years	Case ID : 20110100972
Ref. By : Dr. Self	Dis. At : OPD	Pt. ID : 126466
Bill. Loc. :		Pt. Loc. :
Reg Date and Time : 16-Jan-2022 10:53	Sample Type : Nasopharyngeal + Oropharyngeal Swab	Mobile No. : 9662062307
Sample Date and Time : 16-Jan-2022 10:53	Sample Coll. By :	Ref Id1 :
Report Date and Time : 16-Jan-2022 19:52	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Genomics

COVID19 Qualitative by Real time PCR (ICMR No. SUPRA001f)

COVID19 Interpretation **POSITIVE**
Real time PCR

N gene (Ct) **22**

Orf gene (Ct) **22**

Test: Qualitative test of COVID19 RNA by standard procedure on rt Real-time PCR.

Methodology: Reverse transcriptase Real-time Polymerase chain reaction.

Interpretations:

Cycle threshold (Ct value) Value ranges from 15-40 cycle. Lower the Ct value higher is the viral load (Inversely proportional).

Kindly correlate with the clinical presentation and findings.

According to latest CDC guidelines, Ct cutoff of more than 33 is not considered as infective as it is extremely difficult to detect any live virus in a sample above the threshold of 33 cycles.

Clinical Significance:

a. Coronaviruses are a family of large RNA viruses with size ranging from 26 to 32 kb.

b. As the coronavirus is an RNA virus it has a relatively high mutation rate resulting in rapid evolution.

c. In December 2019, a new deadly coronavirus known as 2019-nCoV, which has a high sequence similarity to SARS-CoV, was identified and has caused a pneumonia outbreak in Wuhan, China and spread globally.

Limitations:

a. The results of this test are highly dependent on the sampling technique employed, sample type, cold-chain maintenance and clinical condition. There is poor standardization between commercially available PCR tests, and results from different institutions should not be directly compared. Results are best monitored using a single institution.

b. Presence of PCR inhibitors (cannot be traced by technologist), specimen collected very early/late in infection or viral load lesser than the assay lower limit of detection as well as presence of rare genotypes or mutations may result in false-negative report.

c. False-positive report may be obtained in cases where there is possibility of background RNA contamination from pre-analytical or in lab environment.

d. The assay performance characteristics for this test are determined by STMP which is used for clinical diagnosis. This test is not approved by FDA nor accredited by NABL or CAP.

e. RT-PCR kits used for this assay are approved by ICMR (Supratech Micropath Laboratory & Research Institute Pvt. Ltd. ICMR No. SUPRA001f). Test performed on Quantstudio 5 Real-time PCR machine.

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Krutarth Shah

M.D. Microbiologist

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist

Page 1 of 1

Printed On : 16-Jan-2022 20:03

