

DIAGNOSTIC REPORT



CLIENT CODE : C000104528

CLIENT'S NAME AND ADDRESS :

SRL PSC KPHB COLONY HOME COLLECTION
DR.MADAM MOHAN, MIG-316, ROAD NO. 4, DOCTOR'S LANE KPHB,
PHASE-1, KUKATPALLY,
HYDERABAD 500072
TELANGANA INDIA
9573114432

SRL Ltd
NO.LG-7 & LG-12,LOWER GROUND FLOOR,BHUVANA
TOWERS,COMMERCIAL COMPLEX,
SAROJINI DEVI ROAD,
SECUNDRABAD, 500061
TELANGANA, INDIA
Tel : 9111591115

ACCESSION NO : **0279UI001520** AGE : 41 Years SEX : Male

DRAWN : 13/09/2021 18:05

RECEIVED : 13/09/2021 20:45

REPORTED : 13/09/2021 23:00

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

CLINICAL INFORMATION :

ICMR Registration No: SRLIMISECT

Test Report Status	Final	Results	Biological Reference Interval	Units
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MOLECULAR BIOLOGY

SARS COV -2 REAL TIME PCR

SARS-COV-2 RNA

NEGATIVE

Comments

Sample type: Nasopharyngeal/Oropharyngeal swabs in VTM
Test CT Values of Orf1ab gene: Undetermined N gene: Undetermined

Positive: CT Value <= 35 Negative: CT Value > 35

The kit uses primers and probes for detection of Orf1ab gene and N gene.

Note: In lieu with ICMR recommendations, it is not recommended to rely on numerical CT value for determining infectiousness of COVID 19. Dated: 05/08/2020

Internal Control: RNase P gene - Detected

Note: Please correlate test results clinically

Interpretation(s)

SARS COV -2 REAL TIME PCR-SARS-CoV-2, formerly known as 2019-nCoV, is the causative agent of the coronavirus disease 2019 (COVID-19). Main symptoms of the disease include fever, cough and shortness of breath. The virus is spread via person-to-person contact through respiratory droplets produced when a person coughs or sneezes. The SARS-CoV-2 RNA is generally detectable in nasopharyngeal/oropharyngeal swabs during the acute phase of infection. Positive results are indicative of active infection. Real Time PCR assay targets specific genes and can be used for diagnosis of SARS-CoV-2 virus infection which contributes to severe upper respiratory distress and complications.

Positive result indicates that RNA from SARS-CoV-2 was detected in the specimen, and the patient is considered infected with the virus and presumed to be contagious.

Negative test result for this test means that SARS-CoV-2 RNA was not detected in the specimen above the limit of detection of the assay.

Limitations:

- Negative results do not preclude COVID-19 and 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.
- Positive results do not rule out bacterial infection or co-infection with other viruses.
- Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus.
- Follow-up testing may particularly be important if patient has a clinical picture of viral pneumonia, a potential exposure history, and/or radiographic findings (chest CT or MRI scan) consistent with COVID -19 pneumonia. However repeat testing in the near-term after clearance (within 90 days) should be avoided as prolonged shedding of non-viable virus is not uncommon
- Ct values generated from different assay systems within the same laboratory, or from different laboratories, are not directly comparable and do not necessarily reflect the same viral load due to inter-assay and inter-laboratory variability.
- Variation in timing of sample collection, fluctuations in virus shedding, and difference between detection limit of different testing methods within same or different labs could lead to variation in results particularly during initial phase of infection.
- If the virus mutates in the rRT-PCR target region, 2019-nCoV may not be detected or may be detected less predictably. Inhibitors or other types of interference may produce a false negative result.
- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.

Note: Test is performed using ICMR approved Kit.

References:

- Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Interim guidance. World Health Organization.
- Druce et al. JCM. 2011
- N. Engl. J. Med. 2020, 382, 929-936

****End Of Report****

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Dr. Mohd. Rasheeduddin, PHD
Consultant Microbiologist

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
 - a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
 - b. Incorrect specimen type
 - c. Request for testing is withdrawn by the ordering doctor or patient
 - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (91115 91115). Post proper investigation repeat analysis may be carried out.

SRL Limited

Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062



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