

A suspected case of COVID-19 infection is said to be confirmed if the respiratory tract aspirate or blood samples test positive for SARS-CoV-2 nucleic acid using RT-PCR or by the identification of SARS-CoV-2 genetic sequence in respiratory tract aspirate or blood samples (80). The patient will be confirmed as cured when two subsequent oral swab results are negative (153). Recently, the live virus was detected in the self-collected saliva of patients infected with COVID-19. These findings were confirmative of using saliva as a noninvasive specimen for the diagnosis of COVID-19 infection in suspected individuals (152). It has also been observed that the initial screening of COVID-19 patients infected with RT-PCR may give negative results even if they have chest CT findings that are suggestive of infection. Hence, for the accurate diagnosis of COVID-19, a combination of repeated swab tests using RT-PCR and CT scanning is required to prevent the possibility of false-negative results during disease screening (154). RT-PCR is the most widely used test for diagnosing COVID-19. However, it has some significant limitations from the clinical perspective, since it will not give any clarity regarding disease progression. Droplet digital PCR (ddPCR) can be used for the quantification of viral load in the samples obtained from lower respiratory tract.