Neuberg Supratech
REFERENCE LABORATORIES

LABORATORY REPORT

Name	: URVISH SUKHADIA	Sex/Age	: Male / 22 Years	Case ID	: 20200203135
Ref. By	: Dr. Self	Dis. At	: LAB	Pt. ID	: 1877302
Bil. Loc.	: Labcore spec lab baroda			Pt. Loc	: OPD Collection
Reg Date and Time	: 13-Feb-2022 13:53	Sample Type	: Nasopharyangeal + Oropharyngeal Swab	Mobile No.	:
Sample Date and Time	: 13-Feb-2022 13:53	Sample Coll. By	: non	Ref Id1	: TRAVEL
Report Date and Time	: 13-Feb-2022 20:46	Acc. Remarks		Ref Id2	: 7984297731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

Genomics

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

COVID19 Interpretation *Real time PCR*	**NEGATIVE**
N gene (Ct)	**Negative**
Orf gene (Ct)	**Negative**

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 anRNA 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 andclinical 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 wellas 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 analyticalor in lab environment.
d. The assay performance characteristics for this test are determined by STMPL which is used for clinical diagnosis. This test isnot 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 ----------

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

Printed On : 12-Feb-2022 20:46

CAP ACCREDITED

Neuberg Supratech Reference Laboratories Private Limited
"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | Phone : 079-40408181 / 61618181
Email : contact@supratechlabs.com | Website : www.supratechlabs.com | CIN : U85195GJ2013PTC077365,2013-14

SODANI DIAGNOSTIC CLINIC

H/O.: L.G.-1, Morya Centre, Opp. Basket Ball Club, 16/1, Race Course Road, Indore (M. P.)
Phone : 0731 - 4766222, 9617770150

Patient Name	:	**Ms. SOUMYA PALRIWALA**	Organization	:	DIRECT
Age/Sex	:	22 years/Female	Sample ID	:	4022007944
Mobile	:	9425052828	Registered	:	13th Feb,2022, 06:09 p.m.
Referred By	:	SELF	Collected On	:	13th Feb,2022, 06:09 p.m.
			Approved On	:	14th Feb,2022, 12:44 a.m.

MOLECULAR BIOLOGY

Investigation	Result	Unit(s)	Reference Range
COVID-19 QUALITATIVE REAL TIME PCR			
Sample Type	Nasopharyngeal And Oropharyngeal Swab		
Target Gene	N GENE, ORF1AB GENE		
RESULT:	Negative		

Test Method:

Real Time Reverse Transcription Polymerase Chain Reaction (Open System).

The test is performed using assays approved by ICMR/ FDA / WHO and following ICMR advisories.

Note:

1. ICMR Registration Number SSDCI001.

2. Positive amplification of two target genes shall be considered as positive of SARS-COV-2.

3. Presence of PCR inhibitors, viral load lesser than the assay lower limit of detection or presence of rare genotypes or mutations may result in false-negative report.

4. A single negative test result from an upper respiratory tract specimen does not exclude infection. Repeat sampling & testing of lower respiratory specimen is strongly recommended for severe or progressive disease.

5. For tests performed on specimens received or collected from hospitals, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/ test request form; and such verification has been carried out at the point generation of the said specimen by the sender.

6. ICMR has recommended not to rely on numerical Ct values for determining infectiousness of COVID-19 patients and deciding patient management protocols.

7.S Gene target failure (SGTF) due to deletion at Spike position 69-70 can be used as a surrogate screening test for Omicron variant, pending genome sequencing confirmation as recommended by WHO **(www.who.int).**

If S Gene is "Detected", possibility of Omicron variant is Unlikely.

If S Gene is "Not Detected", possibility of Omicron variant is Likely.

Note :- S.Gene will be tested only in Covid 19 RT PCR Positive Samples.

Reports relates to the sample submitted.

END OF REPORT

Reported By : Nandkishore Paras Printed On: 18 Jan, 2022, 02:50 p.m.

Address: Near Janjeerwala Square, Opp. B.B.C, Race Course Road, Indore, MP, India