DIAGNOSTIC REPORT

Patient Ref. No. 313000000102183

CLIENT CODE : C000130309

CLIENT'S NAME AND ADDRESS :
INZAMAMUL HAQUE
H.NO.125, GANDHI BASTI, NEAR KALI MANDIR
KAMRUP
GUWAHATI 781003
ASSAM INDIA
8876615368

SRL Ltd
SRL LIMITED G S ROAD, ULUBARI
GUWAHATI, 781007
ASSAM, INDIA
Tel : 9111591115

PATIENT NAME : ABINASH BORUAH PATIENT ID : **ABINM031201315**

ACCESSION NO : **0313UL000543** AGE : 21 Years SEX : Male

DRAWN : 17/01/2022 18:42 RECEIVED : 17/01/2022 19:20 REPORTED : 18/01/2022 10:30

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

CLINICAL INFORMATION :
SRF ID; 1861803572571

Test Report Status **Final**	Results	Biological Reference Interval	Units

MOLECULAR BIOLOGY

SARS COV -2 REAL TIME PCR

SARS-COV-2 RNA	NEGATIVE		

Comments

Specimen Type: Nasopharyngeal swab & Oropharyngeal swab
Reference: Laboratory testing for Corona Virus Disease 2019 (COVID-19) in suspected human cases, WHO interim guidelines 2nd March 2020.
Disclaimer: There are no reliable studies to definitively prove a direct correlation between disease severity / infectiousness and Ct values, therefore it is not recommended to rely on numerical Ct values for determining infectiousness of COVID-19 patients and deciding patient management protocols.

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. SARS-CoV-2 transmission occurs primarily via respiratory droplets. SARS-CoV-2 is likely to be at the highest concentrations in the nasopharynx during the first 3 to 5 days of symptomatic illness. Real Time PCR assay targets specific genes and can be used for diagnosis of SARS-CoV-2 virus infection.
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
Limitations:
• Negative results do not preclude COVID-19 and must be correlated with clinical observations, patient history, and epidemiological information.
• Positive results do not rule out bacterial infection or co-infection with other viruses.
• The sensitivity of the assay is dependent on the timing of the specimen collection (in relation to symptom onset/stage of infection), quality, and type of the specimen submitted for testing
• 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 targeting any of these genes – E/RDRP/N/ORF1AB
References:
1. Euro Surveill 2020 25, 2. Druce et al. JCM. 2011, 3. N. Engl. J. Med. 2020, 382, 929–936

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

Dr. Smeet Jyoti Kalita, MD
Consultant-Microbiologist
(Molecular Diagnostics)

Scan to view details