



TEST REPORT
NAME OF THE LABORATORY/ VRDL : RGMC & CSMH, THANE

DATE AND TIME OF REPORTING TO STATE AUTHORITY (DD/MM/YYYY) :12 HOUR FORMAT	04/10/2020 10:34 AM
REPORTING DETAILS	SARS- COV 2 RTPCR
REPORT ID	GOVT. MEDICAL COLLEGE

SR. NO	SAMPLE ID	PATIENT'S NAME	AGE	GENDER	ADDRESS OF PATIENT	PHONE NUMBER OF PATIENT	NAME OF REFERRING FACILITY/ HOSPITAL	SPECIMEN TYPE	DATE OF SAMPLE TESTING	SARS-COV 2
1	C34233	HEMANT CHAVAN / VI- 7964	35	M	1ST FLOOR SAI ANAND APT ROAD NO 22 KISANNAGAR THANE	09920747801	VARTAK NAGAR , AMBEDKARBHAWAN	NASOPHARYNGEAL SWAB	03-10-2020	NEGATIVE

*INFLUENZA A ,CINFLUENZA B, INFLUENZA A(H1N1)HUMAN RHINOVIRUS, HUMAN CORONA VIRUS (OC45,NL63,229E,HKU1), PARAINFLUENZA VIRUS(1,2,3,4), HUMAN BOCAVIRUS, HUMAN METAPNEUMO VIRUS A & B ,HUMAN RESPIRATORY SYNCYTIAL A & B, HUMAN ADENO VIRUS, ENTEROVIRUS, HUMAN PARECHOVIRUS & MYCOPLASMA PNEUMONIA



PREPARED BY

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NOTE: THE RESULTS RELATE ONLY TO THE SPECIMENS TESTED AND SHOULD BE CORRELATED WITH CLINICAL FINDINGS.

INTERPRETATION GUIDANCE:-

- TESTING OF REFERRED CLINICAL SPECIMENS WAS CONSIDERED ON THE BASIS OF REQUEST / REFERRAL RECEIVED FROM / THROUGH STATE SURVEILLANCE OFFICER (SSO) OF CONCERNED STATE INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)/ANY OTHER HEALTH CARE FACILITY AFFIRMING REQUIREMENTS OF THE CASE DEFINITION/S.
- A POSITIVE TEST RESULT IS ONLY TENTATIVE, AND WILL BE RECONFIRMED BY RETESTING.
- REPEAT SAMPLING AND TESTING OF LOWER RESPIRATORY SPECIMEN IS STRONGLY RECOMMENDED IN SEVERE OR PROGRESSIVE DISEASE.
- THE REPEAT SPECIMENS MAY BE CONSIDERED AFTER A GAP OF 2 – 4 DAYS AFTER THE COLLECTION OF THE FIRST SPECIMEN FOR ADDITIONAL TESTING IF REQUIRED.*
- A POSITIVE ALTERNATE PATHOGEN DOES NOT NECESSARILY RULE OUT EITHER, AS LITTLE IS YET KNOWN ABOUT THE ROLE OF COINFECTIONS.
- PLEASE NOTE THAT THESE RESULTS ARE NOT TO BE USED FOR ANY THESIS OR PRESENTATIONS OR FOR PUBLICATION IN ANY JOURNAL WITHOUT THE PRIOR PERMISSION OF THE DIRECTOR GENERAL, ICMR