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

DATE AND TIME OF REPORTING TO STATE AUTHORITY (DD/MM/YYYY) :12 HOUR FORMAT	17/07/2020 19:21 PM
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	C15751	DR SHALMALI DHARMA	54	F	501, SRUSHTI HEIGHTS,OPPO. FOREST OFFICE, NEAR TEEN HATH NAKA, NAUPADA, THANE WEST	09819147039	C.R.WADIA	NASOPHARYNGEAL SWAB	17-07-2020	**POSITIVE**

*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

DR. SHALMALI DHARMA PH. D

CHECKED AND APPROVED BY

DR. MILIND UBALE M.D. (MICROBIOLOGY)

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 A GAP OF 2 – 4 DAYS AFTER THE COLLECTION OF THE FIRST SPECIMEN FORADDITIONAL TESTING IF REQUIRED.*
- A POSITIVE ALTERNATE PATHOGEN DOES NOT NECESSARILY RULEOUT EITHER, AS LITTLE IS YET KNOWN ABOUT THE ROLE OFCOINFECTIONS.
- 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