COLLEGE of AMERICAN PATHOLOGISTS

LABORATORY REPORT

Fortis Escorts HEART INSTITUTE

SRL Diagnostics

PATIENT NAME : **MR. AMAN GULATI**

PATIENT ID : **FH.10275606** CLIENT PATIENT ID : UID:10275606

ACCESSION NO : **0057TJ011916** AGE : **25** Years SEX : **Male** DATE OF BIRTH : 06/12/1995

DRAWN : 22/08/2021 12:55 RECEIVED : 22/08/2021 13:02 REPORTED : 23/08/2021 02:55

CLIENT NAME : **EHIRC-OKHLA OPD(CASH) ESCORTS HEART INSTITUTE AND RESEARCH CENTRE** **REFERRING DOCTOR :** DR. Subrat Kumar Acharya

CLINICAL INFORMATION :

ICMR Registration No: SRLRL001
UID:10275606 REQNO-2121362
OPD-OPD
BILLNO-120120OPCS011040

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

MOLECULAR BIOLOGY

SARS COV -2 REAL TIME PCR

SARS-COV-2 RNA	NEGATIVE		

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. The virus is spread via person-to-person contact through respiratory droplets produced when a person coughs or sneezes. The SARS-CoV-2 RNA is generally detectable in nasopharyngeal/oropharyngeal swabs during the acute phase of infection. Positive results are indicative of active infection. Real Time PCR assay targets specific genes and can be used for diagnosis of SARS-CoV-2 virus infection which contributes to severe upper respiratory distress and complications.
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 above the limit of detection of the assay.

Limitations:
• Negative results do not preclude COVID-19 and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.
• Positive results do not rule out bacterial infection or co-infection with other viruses.
• Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus.
• 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.

References:
1. Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Interim guidance. World Health Organization.
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

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