krsnaa DIAGNOSTICS
LET'S DO GOOD...

Medical Laboratory Report

Patient Name	: Miss MANISHA PARMANI	Patient UID No	:KLY21100010738
Age and Gender	: 25 Years/ Female	PRN No	:2749701733643
Category	: OPD- RUKMINIBAI HOSPITAL (KALYAN)	Registered On	: 02.02.2022 02:55
Referring Doctor	: CHIKENGHAR HEALTH POST	Sample UID No.	21680879

Sample Processed at: MH SUTAR HOSPITAL KOTHRUD - PUNE

Test Done	Observed Value

COVID 19 RT PCR

SPECIMEN **NASOPHARYNGEAL / OROPHARYNGEAL SWAB**

COVID-19 QUALITATIVE PCR NEGATIVE

Taraet Genes	Detected I Not Detected	CT Value
ORF1 ab Gene	Not Detected	-
N Gene	Not Detected	-

Internal Control (IC)	Pass

Note:

Interpretation of the results:

Specific target gene considered for analysis of SARS COV-2 are ORF 1ab and N gene (covers N1 and N2 loci). Human RNaseP Gene serves as endogenous internal control gene. The Internal Control is amplified in parallel to assess the quality of sample collection and to indicate successful nucleic acid extraction. Test is considered positive if both the SARS COV-2 targets are detected.

a) Note:

· ICMR recommended kits are used for reporting. All the specimen testing are notifiable to ICMR New Delhi and IDSP, Maharashtra State for further surveillance.
· Invitrogen MagMAX RNA Isolation Kit along with automated RNA extractor is used.

b) CLINICAL SIGNIFICANCE:

· Clinical correlation with patient history, radiology findings and co-infection with other virus infection is necessary to determine patient infection status.
· Samples with low viral load (CT 26 to 35) may give variable results on repeat testing. The possible reasons could be the variations in kits and instruments used.
· Lower detection limit of the assay is 10 GCE/Reaction.
· Viral nucleic acid may persist in vivo independent of virus viability. Detection of analytic target does not indicate that the viruses are infectious or are the causative agents of symptoms.

c) LIMITATIONS:

· This test is a qualitative assay and does not quantify viral load. CT values are not an absolute indication of viral load and are affected by variation in specimen collection.
· Optimal specimen types and timing of peak viral levels during infections of nCoV-19 have not been determined. Collection of multiple specimens is necessary in view of suspected clinical history. The repeat specimen may be considered after a gap of 2-4 days afterthe collection of first specimen for additional testing if required.
· Negative results do not impede SARS - CoV - 2 infection and should not be used as the sole basis for patient management decisions. Presence of inhibitors, mutations and insufficient-viral RNA can influence the result.

d) METHODOLOGY:

COVID-19 detection by Polymerase Chain Reaction (PCR) is based on the amplification of 2 specific SARC-CoV-2 genes using Real Time PCR (Open System). In RT PCR, the amplified product is detected via fluorescent dyes using CoviPath COVID-19 RT-PCR Kit along with CT cutoff of kit recommendation.

NABL
Certificate No. MC-3129

Krsnaa Diagnostics Ltd.
(Formerly Krsnaa Diagnostics Pvt. Ltd.)
@ Lt. Jayabai Nanasaheb Sutar Maternity Home, Kothrud, Pune
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www.krsnaadiagnostics.com

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COVID 19 RT PCR

e) DISCLAIMER:

1. The Processing lab does not make any representation or warranty regarding the reliability, accuracy, completeness, correctness, or usefulness of third party content, and disclaims all liabilities arising from or related to third party content including but not limited to any information pertaining to the patients and other information as may be entered or given by any person.
2. The authenticity of the report shall be verified through QR Code as affixed on the report. However, any change/s or alteration/s in the report are strictly prohibited. The processing lab (including Krsnaa Diagnostics Pvt. Ltd.) will not be responsible in any manner for any kind of changes made by any person, but will extend all the documentary support for seeking rights and/or remedy as may be available to ClienVCustomer.
3. This test is intended for use in conjunction with clinical presentation and other laboratory markers.
4. Improper specimen collection, handling, storage and transportation may result in false negative result
5. As per ICMR guideline CT value indicated in reports is not mandatory as well as advisable to be published on report it is mentioned due to various enquiries received from Medical practitioners.
6. The report represents only the specimen received in the laboratory.
7. This test has been performed at Krsnaa Diagnostics Ltd, LT .Jayabai Nanasaheb Sutar Maternity Home ,Pune,Maharashtra,India which has been approved by ICMR for same .The ICMR approval code is **KDPLP.**

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--- END OF REPORT ---

Dr Tejas Shah, PhD (Science).
Head, Molecular Diagnostics and Flow Cytometry

Sample Collected On	:02.02.2022 09:29	Sample Accepted On	: 02.02.2022 11:27	E 12917	
Results Authenticated	: 02.02.2022 14:45	Results Reponed	: 02.02.2022 14:46	Printed On	: 02.02.2022 18:46