Dr. Bhavin Kapadiya, MD (Microbiology)

Speciality MICROTECH LAB
EXCLUSIVE MICROBIOLOGY LAB

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TEST REPORT

Name	: Mrs. HANSA RATHOD	**Reg. No**	: 105106322
Age/Sex	: 52 Years Female	**Reg. Date**	: 01-June-2021
Ref. By	:	**Collected On**	: 01-June-2021 12:58 PM
Client Name	: JUHAPURA PATHO CARE LAB	**Report Date**	: 01-June-2021 03:33 PM
PassportNo	:	**BirthDate**	:

Test	Result	Unit	Biological Ref. Interval

Molecular analysis for Qualitative detection of SARS-CoV-2 by RT PCR
(ICMR REGISTRATION NUMBER- SMLABA)
SPECIMEN:Nasopharyngeal swab and Oropharyngeal swab

Methodology	Real Time PCR
S gene (Ct)	Not Detected
N gene (Ct)	Not Detected
Orf gene (Ct)	Not Detected
COVID19 INTERPRETATION	Negative

*Interpretation of CT Value: High Viral Load: <17 - 24,Moderate Viral Load: 25 - 31,Low/Mild Viral Load: 32 - 37.

Test report should be correlated with the clinical presentation and findings.

A negative result does not rule out 2019-.CoV and should not be used as the sole basis for treatment or other patient management decisions.

Anumber of factors could lead to a negative result in an infected individual including:
- Poor quality of the specimen, contaiing inadequate patient material or non-representative specimen.
- The specimen was collected late or very early in the infection. Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple sampkles from the same patient may be necessary to detect the virus.
- The specimen was not handled and shipped appropriately.
- Technicial resons inherent in the test, e.g Virus mutation or PCR inhibition.
- Inadequate numbers of organisms are present in the specimen.

Reports will be provided to the treating physician, eho is requested to communicate the same to the patient and follow MOHFW policy for isolation, qurantine and treatment of all positive cases alongwith contact tracing as recommended.

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.

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This is an Electronically Authenticated Report.

DR. BHAVIN KAPADIYA
M.D. Micro

NABL
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