

## Dr. Bhavin Kapadiya, MD (Microbiology)



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### TEST REPORT

Name	: Mr. SURENDRA SINH RATHOD	Reg. No	: 105106323
Age/Sex	: 53 Years / Male	Reg. Date	: 01-June-2021
Ref. By	:	Collected On	: 01-June-2021 01:01 PM
Client Name	: JUHAPURA PATHO CARE LAB	Report Date	: 01-June-2021 03:46 PM
PassportNo	:	BirthDate	:

Test	Result	Unit	Biological Ref. Interval
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**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.

A number of factors could lead to a negative result in an infected individual including:

- Poor quality of the specimen, containing 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 samples from the same patient may be necessary to detect the virus.
- The specimen was not handled and shipped appropriately.
- Technical reasons 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, who is requested to communicate the same to the patient and follow MOHFW policy for isolation, quarantine and treatment of all positive cases along with 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.

----- End Of Report -----

This is an Electronically Authenticated Report.



*TSB*

**DR. BHAVIN KAPADIYA**

M.D. Micro



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