R-CELL Diagnostics & Research Centre

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Name	**: Mr. FARHAN FAYIS CHEELEN HOUSE**	**Patient No.**	**: CMP560071247**
Visit No	: 56537627	Reg On	: 08/Mar/2021 12:10 AM
Age/Gender/DOB	: 13 Y / Male	Collected On	: 08/Mar/2021 02:33 AM
Referred by	: CNC PAZHAYANGADI KANNUR	Reported On	: 08/Mar/2021 09:13 AM
		Passport No	: U2898461

MOLECULAR DIAGNOSTICS

SARS-CoV-2 (COVID-19) Detection by Qualitative RT-PCR

ASSAY NAME	RESULT
SARS CoV-2(Real Time RT-PCR)	**POSITIVE**

Specimen : Nasopharyngeal / Oropharyngeal swab

Indian Council of Medical Research (ICMR) ID: RCDRCKK

INTERPRETATION:

POSITIVE	RNA specific to SARS-CoV-2 DETECTED
NEGATIVE	RNA specific to SARS-CoV-2 NOT DETECTED

Method: Real Time RT-PCR [Open System]

This is a Real Time RT-PCR test intended for the qualitative detection of nucleic acid from the 2019- nCoV in upper and lower respiratory specimens (such as nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals who meet 2019-nCoV clinical and/or epidemiological criteria. The assay uses RNA extracted from clinical samples. It is designed for both the screening and specific detection of 2019-nCoV.

Pathogen Information:

Coronaviruses are non-segmented positive-stranded RNA viruses with a roughly 30 kb genome surrounded by a protein envelop. Most corona viruses cause disease in their particular host species; Those that can infect humans through cross-species transmission have become an important threat to public health. Since December 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been recognised as the causal factor in a series of severe cases of pneumonia originating in Wuhan in Hubei province,China. This disease has been named corona virus disease 2019(COVID-19) by WHO.
Severe acute respiratory syndrome related corona virus (SARS-CoV) is a species of corona that infects humans,bats and certain other mammals. It is a member of the genus Beta corona virus and subgenus sarbecorona virus. Two strains of the virus have caused outbreaks of severe respiratory disease in humans: SARS-CoV, which caused the 2002-2004 outbreak of severe acute respiratory syndrome(SARS) and SARS-CoV-2,which is causing the 2019-2020 pandemic of corona virus disease 2019 (COVID-19), Other strains of Sarbecovirus are only known to infect non-human species: bats are a major reservoir of many strains.

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MOLECULAR DIAGNOSTICS | CYTOGENETICS | CLINICAL GENOMICS
HISTOPATHOLOGY & CYTOPATHOLOGY MICROBIOLOGY & IMMUNOLOGY
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MOLECULAR DIAGNOSTICS

Clinical Correlation:

Positive results are indicative of the presence of SARS-CoV-2 RNA;clinical correlation with patient history and other diagnostics information is necessary to determine patient infection status. Positive result do not rule out bacterial infection or co-infection with other viruses.

Negative results do not preclude SARS-CoV-2 infection 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. A false negative result may occur, if inadequate number of organisms are present in the specimen due to improper collection, transport or handling. False negative results may also occur if amplification inhibotors are present in the specimen. A single negative test result, particularly if this is from an upper respiratory tract specimen,does not exclude infection. 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.

Remarks:

SRF ID : 751/KZD/20220847859

*** End of Report ***

ONLY FOR LAB REPORT

SREESHMA KP MSc Medical Microbiology
Microbiologist

Dr SHAILAJA T S MBBS,MD
Consultant Microbiologist

Dr.Somasundharan MD PATH
Medical Director

Note :
1.Test results released pertain to the specimen submitted. 2.All test results are dependent on the quality of the sample received by the laboratory.3.Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the referring Physician.4.Repeat samples are accepted on request of referring physicians within 7 days post reporting. 5.Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.6.Test result may show inter-laboratory variations.7.Test result cannot be considered for medico legal trials. NB: The gross specimen will be preserved for a period of 30day only. Slides and Block will be preserved for maximum period of three years. The diagnosis is reported on the basis of the slide studied and clinical data provided. Discrepancy, if any diagnosis may be mutually discussed."

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