Neuberg Supratech

REFERENCE LABORATORIES

LABORATORY REPORT

Name	: MAYURKUMAR PATEL.9909995141	Sex/Age	: Male / 25 Years	Case ID	: 10100302900
Ref. By	: Dr. Vimal Ranka.	Dis. At	:	Pt. ID	:
Bill. Loc.	: Rajasthan Hospital			Pt. Loc	:
Reg Date and Time	: 25-Jan-2021 11:56	Sample Type	: Nasopharyangeal + Oropharyngeal Swab	Mobile No.	:
Sample Date and Time	: 25-Jan-2021 11:56	Sample Coll. By	: non	Ref Id1	: CAT-6
Report Date and Time	: 25-Jan-2021 15:19	Acc. Remarks		Ref Id2	: RJ-2752

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Genomics				
COVID19 Qualitative by Real time PCR (ICMR No. SUPRA001f)				
COVID19 Interpretation *Real time PCR*	**NEGATIVE**			
N gene (Ct)	**Negative**			
Orf gene (Ct)	**Negative**			
S gene (Ct)	**Negative**			

Test: Qualitative test of COVID19 RNA by standard procedure on rt Real-time PCR.
Methodology: Reverse transcriptase Real-time Polymerase chain reaction.
Interpretations:
Cycle threshold (Ct value) Value ranges from 15-40 cycle.
Lower the Ct value higher is the viral load (Inversely proportional).
Kindly correlate with the clinical presentation and findings.
According to latest CDC guidelines, Ct cutoff of more than 33 is not considered as infective as it is extremely difficult to detect any live virus in a sample above the threshold of 33 cycles.
Clinical Significance:
a. Coronaviruses are a family of large RNA viruses with size ranging from 26 to 32 kb. These viruses are zoonotic and in human can cause respiratory infections.
b. As the coronavirus is anRNA virus it has a relatively high mutation rate resulting in rapid evolution.
c. In December 2019,a new deadly coronavirus known as 2019-nCoV, which has a high sequence similarity to SARS-CoV, was identified and has caused a pneumonia outbreak in Wuhan, China and spread globally.

Limitations:
a. The results of this test are highly dependent on the sampling technique employed, sample type, cold-chain maintenance andclinical condition.
b. Presence of PCR inhibitors (cannot be traced by technologist), specimen collected very early/late in infection or viral load lesser than the assay lower limit of detection as wellas presence of rare genotypes or mutations may result in false-negative report.
c. False-positive report may be obtained in cases where there is possibility of background RNA contamination from pre analyticalor in lab environment.
d. The assay performance characteristics for this test are determined by STMPL which is used for clinical diagnosis. This test isnot approved by FDA nor accredited by NABL or CAP.
e. RT-PCR kits used for this assay are approved by ICMR (Supratech Micropath Laboratory & Research Institute Pvt. Ltd. ICMR No. SUPRA001f).
f. There is poor standardization between commercially available PCR tests, and results from different institutions should not bedirectly compared. Results are best monitored using a single institution.

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Prabin Kumar.

Dr Prabin Kumar
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Dr. Sandip Shah
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Printed On : 26-Jan-2021 10:24

CAP ACCREDITED

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