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CIN: U85195GJ2009PLC057059



## TEST REPORT

<b>Reg. No.</b> : 201118764	<b>Reg. Date</b> : 15-Jan-2022 03:13	<b>Ref.No</b> :	<b>Approved On</b> : 15-Jan-2022 07:46
<b>Name</b> : JASBIR KAUR			<b>Collected On</b> : 15-Jan-2022 03:13
<b>Age</b> : 55 Years	<b>Gender</b> : Female	<b>Pass. No.</b> :	<b>Dispatch At</b> : SARASWATI HOSPITAL @BOPAL
<b>Ref. By</b> :			<b>Tele No.</b> : 9953072215
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
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### MOLECULAR ANALYSIS FOR QUALITATIVE DETECTION OF SARS-CoV-2.

Type of sample : Nasopharyngeal swab and Oropharyngeal swab.

Methodology : Real time PCR. ICMR NO :UNIPA001

ORF 1ab	Positive [CT Value: 20 ]
N Gene	Positive [CT Value: 21 ]
Internal Control	Pass

#### Interpretation

2019-nCoV POSITIVE

**Sample Type:** Nasopharyngeal Swab

#### **Note:-**


- 1 - Test report should be correlated with the clinical presentation and findings.
- 2 - The LOD for the three target genes is 10 copies/reaction.
- 3 - A negative result does not rule out 2019-nCoV and should not be used as the sole basis for treatment or other patient management decisions.
- 4 - A number of factors could lead to a negative result in an infected individual including 1) Poor quality of the specimen, containing inadequate patient material or non-representative specimen 2) 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 3) The specimen was not handled and shipped appropriately 4) Technical reasons inherent in the test (like Virus mutation or PCR inhibition) 5) Inadequate numbers of organisms are present in the specimen
- 5 - 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.
- 6 - Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease.
- 7 - 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.
- 8 - Categories of viral load is based on Cycle threshold (Ct) detected by RT PCR.
- 9 - High viral load: up to 23; Moderate viral load: 24 to 31; Low/Mild viral load: 32 to 35

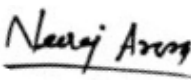
----- End Of Report -----

Test done from collected sample.

This is an electronically authenticated report.

\* Denotes Test not in NABL Scope.

  
**Approved by: Dr. Pandiyarajan**  
PhD

  
**Dr. Neeraj Arora**  
(M.D. Pathology), PDF  
(Haematopath), PDF (Mol  
Haematology)

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