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Victor Hospital

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TEST REPORT

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Patient Name : MR. PRANJAL KHANDELWAL

Age / Gender : 23 Yrs 3 M / Male

Mobile No. : 8740059327

Patient ID : 3887

Referral : DR.PANKA

Organization : HealthKey - Pathology Lab & Diagnostic Centre

Collection Time : Apr 03, 2021, 06:27 p.m

Receiving Time : Apr 03, 2021, 06:57 p.m.

Reporting Time : Apr 03, 2021, 10:22 p.m

Sample ID : 210860255

Test Description	Result	Units	Bio. Reference Range
SARS COV-2 RT-PCR			
SARS-COV-2 RNA	NEGATIVE		
Specimen Type:	Nasopharyngeal and oropharyngeal swab		
Method:	Real Time PCR Targeting E and RdRp Gene, ICMR approved kit.		
ICMR Registration ID:	RPVHMMG		

INTERPRETATION:

SARS-CoV-2 coronavirusis the causative agent of COVID-19 disease. Main symptoms of the disease include fever, cough and shortness of breath. The virus is spread via person-to-person contact through respiratory droplets or fomites. The SARS-CoV-2 RNA is generally detectable in nasopharyngeal/ oropharyngeal swabs during the acute phase of infection. Real Time PCR assay targets specific genes and can be used for diagnosis of SARS-CoV-2 virus infection which contributes to severe upper respiratory distress and complications. Positive result indicates that RNA from SARS-CoV-2 was detected in the specimen, and the patient is considered infected with the virus and presumed to be contagious. Negative test result for this test means that SARS-CoV-2 RNA was not detected in the specimen above the limit of detection of the assay.

LIMITATIONS:

Negative results do not preclude COVID-19 and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient historyand epidemiological information. Positive results do not rule out bacterial infection or co-infection with other viruses. Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus. Follow-up testing may particularly be important if patient has a clinical picture of viral pneumonia, a potential exposure history, and/or radiographic findings (chest CT scan) consistent with COVID-19 pneumonia. However repeat testing in the near-term after clearance (within 90 days) should be avoided as prolonged shedding of non-viable virus is not uncommon. Ct values generated from different assay systems within the same laboratory, or from different laboratories, are not directly comparable and do not necessarily reflect the same viral load due to inter-assay and inter-laboratory variability. Variation in timing of sample collection, fluctuations in virus shedding, and difference between detection limit of different testing methods within same or different labs could lead to variation in results particularly during initial phase of infection. If the virus mutates in the RT-PCR target region, 2019-nCoV may not be detected or may be detected less predictably. Inhibitors or other types of interference may produce a false negative result. The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.

REFERENCES:

1. Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Interim guidance. World Health Organization. 2. Druce et al. JCM. 2011 3. N. Engl. J. Med. 2020, 382, 929•936.

END OF REPORT

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