



CLIENT CODE: C000071373 CLIENT'S NAME AND ADDRESS:

VARDAAN HEALTH CARE GALI NO. 1, PUSHPRAJ COLONY, IN FRONT OF SBI BANK, BESIDES IDBI BANK,

SATNA 485001 MADHYA PRADESH INDIA 7999541022

SRL LIMITED GR FLR 48, NIMANI CHAMBERS BUILDING, NIMANI CHAMBERS BUILDING, NEAR CHHATTISGARH COLLEGE, OPP - DR. R.K.CHOUBEY, CIVIL LINE **RAIPUR, 492001** CHHATTISGARH, INDIA Tel: 9111591115

PATIENT NAME: ABHAY SINGH

PATIENT ID : ABHAM200487256

ACCESSION NO:

0256UD000914 AGE: 34 Years

SEX : Male

DATE OF BIRTH :

DRAWN

RECEIVED: 20/04/2021 09:13

REPORTED: 22/04/2021 18:41

REFERRING DOCTOR: DR. . CLINICAL INFORMATION:

SRF ID RT PCR 2342600116669

CLIENT PATIENT ID :

Test Report Status

Final

Results

Biological Reference Interval Units

MOLECULAR BIOLOGY

SARS COV -2 REAL TIME PCR

SARS-COV-2 RNA

POSITIVE

CT VALUE

24

Comments

NOTE: There are no reliable studies to definitively prove a direct correlation between disease severity/infectiousness and Ct values; therefore it is not recommended to rely on numerical Ct values for determining infectiousness of COVID-19 patients and deciding patient management protocols.

Interpretation(s) SARS COV -2 REAL TIME PCR-

SARS-CoV-2, formerly known as 2019-nCoV, is the causative agent of the coronavirus disease 2019 (COVID-19). Main symptoms of the disease include fever, cough and shortness of breath. The virus is spread via person-to-person contact through respiratory droplets produced when a person coughs or sneezes. The SARS-CoV-2 RNA is generally detectable in nasopharyngeal/oropharyngeal swabs during the acute phase of infection. Positive results are indicative of active 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.

- 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 history, and 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 or MRI 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
- mixed scan) consistent with COVID -19 pneumonia. However repeat testing in the hear-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 rRT-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.

Note: Test is performed using ICMR approved Kit.

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

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

Dr. Jaishriram Rathored Lab Head

Dr. Neha Jain **Consultant Microbiologist**





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ame of the Lab: S.S. Medical College, Rewa

ICMR ID: 252034191 SRF ID: 2342600112183

Test Report

Date and Time of Reporting	19-04-2021 16:05:02
Address of the Referring Facility/Hospital	
SPECIMEN DETAILS	
Date of onset of illness	
Date & Time of Sample Collection	13-04-2021 16:47:52
Date & Time of Receipt of Specimen at Lab	19-04-2021 16:02:34
Date of Sample Testing	19-04-2021 16:02:34
Condition of Specimen Received / Quality on Arrival	Good
REPORTING DETAILS	
Report ID	COV98992

Patient ID Pa	tient Name	Age	Sex	Specimen Type	Result of SARS-CoV2
COV98992 AE	BHAY SINGH	34 Years	M	Nasopharyngeal & Oropharyngeal	Positive

Prepared by:	Checked and Approved by	

Note: The results relate only to the specimens tested and should be correlated with clinical findings.

Interpretation guidance:-

• Testing of referred clinical specimens was considered on the basis of request / referral received from / through State Surveillance Officer (SSO) of concerned State Integrated Disease Surveillance Programme (IDSP)/ any other health care facility affirming requirements of the case definition/s.

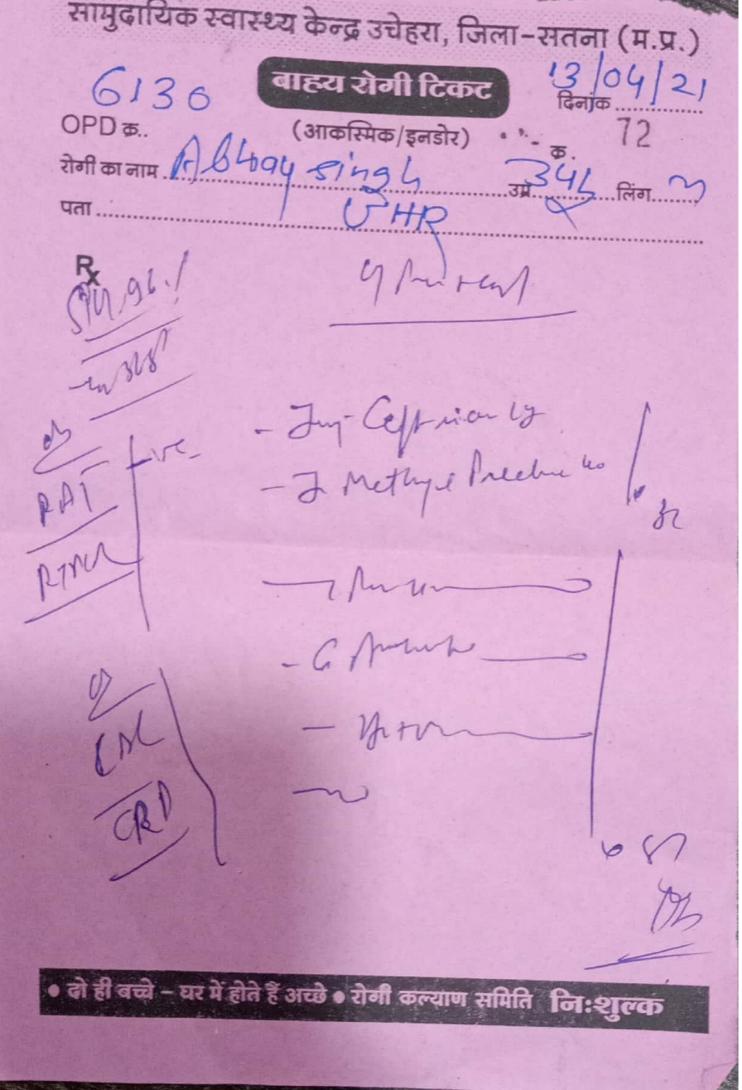
• A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection*

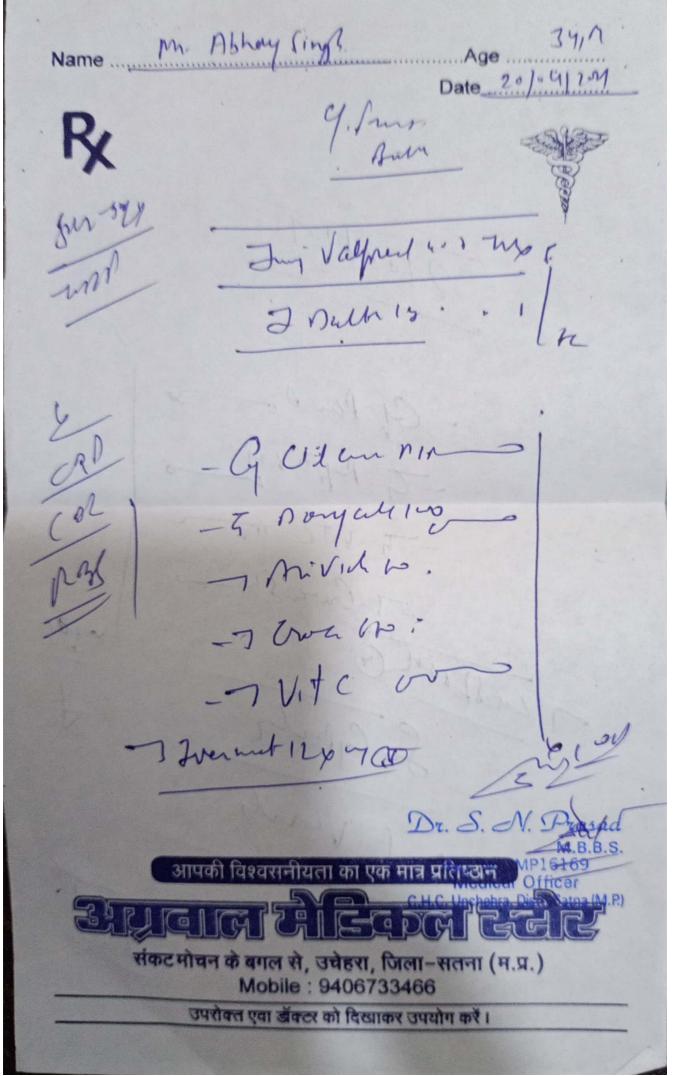
• A positive test result is only tentative, and will be reconfirmed by retesting.

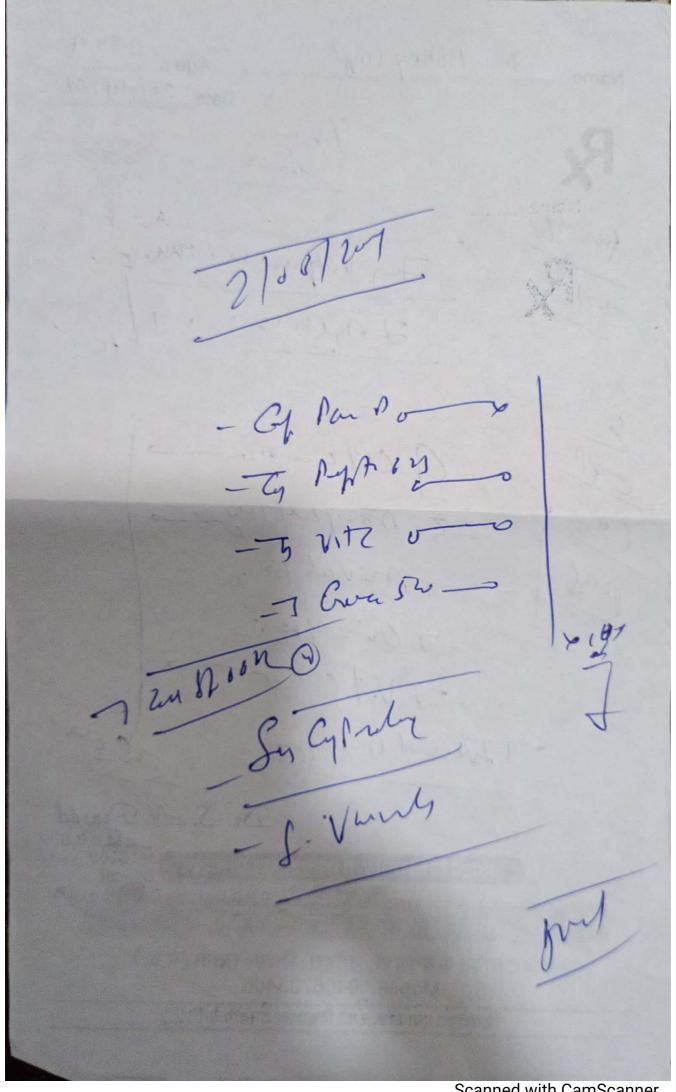
• Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimens may be considered after a gap of 2 – 4 days after the collection of the first specimen for additional testing if required. *

A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role
of coinfections.

• Please note that these results are not to be used for any thesis or presentations or for Publication in any Journal without the prior permission of the Director General, ICMR







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सिकनेस सर्टिफिकेट Form No. - 3

[See rule 28 (8) Sickness Certificate]

MEDICAL CERTIFICATE FOR GOVT. SERVANTS

Recommended leave or Extension of Leave or Communication of Leave

Signature of the Government Servant. Abhay	Singh Ald-
after careful Personal examination of the case he	reby Certify that Shri/Shrimati/
kumari Abhay (ingh whose strom Covid + Port Covid i Unus and I consider the	
11 1. Mellis	20/04/2021
day with effect fron	SWM
is absolutely necessary for the resoration of his/her health.	Dr. S. N. Prasad M.B.B.S.
20/04/2021	Authorised Medical Attendant Hospital Dispensary of other
Dated	Registered Medical Practitioner

फिटनेस सर्टिफिकेट Form No. - 4 [See rule 23 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government Servant. Abhay Si	11 M.
1. Dr. SN hasad	Civil Surgeon/Staff Surgeon
Authorised Medical Attendant of CNC, uncheh	ora,
Do hereby certify that I have Care Kumari Mhhoy Singh. whose Signa	fully Examined Shri/Shrimati/ ture is given above and find that he/
she has recovered from his/her illness and is now fit for res	
I also certify. That before arriving at this decision I have exam	nined the medical certificate (s) and
statement (s) of the case (or certified copies there of) on wh	nich leave was granted or extended
and have-taken these into consideration in arriving at my de Ne in first for duty to 21/05/2021 Dated	Civil Surgeon/Staff/Surgeon Reg. NoMP16169 Authorised Medical Attendant Registered Medical Practitioner