



COVID-19 Outbreak Control and Prevention State Cell
Health and Family Welfare Department Govt. of Kerala

DM Wayanad Institute of Medical Sciences
DM WIMS Virology BSL – 2 Lab
ICMR Approved - VBSLDMWIMSK



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Laboratory is approved by Indian Council of Medical Research, Government of India through Department of Health and Family Welfare, Government of Kerala.

COVID-19 RT PCR TEST REPORT							
WIMS MRD No				141608			
Date and time of reporting				25.02.2022 06:30PM			
Referred by- Name of facility/self				DM WIMS			
Specimen Details							
Date & Time of Sample Collection				25.02.2022 03.00PM			
Date & Time of Testing				25.02.2022 03.30PM			
Date & Time of Reporting				25.02.2022 06:30PM			
Reporting Details							
Patient ID	SRF ID	Patient name & Address	Age	Sex	Specimen type	Type of test	COVID-19 Result
P- 2180/202 2021632	2180/WYD/ 2022021629	Joe Peter Sebastian Chakkalakal, Kakkavayal (PO), Kalpetta, Wayanad, Kerala	5	Male	Nasal Swab	RT PCR	Negative
Mob: 9003173069							
Prepared by Swapna K Raju Senior Microbiologist							
Checked & Approved by Dr. Deepthy B J Associate Professor, Dept. of Microbiology DM WIMS Virology BSL -2 Lab							

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

1. Negative Result-implies the absence of selective amplification for E gene and N gene in the moment of performing the process, therefore it is considered as Negative result
2. Positive Result-implies the selective amplification for E gene and N gene in the moment of performing the process, therefore it is considered as Positive result.
3. Test – Quantiplus_Version2 ; Negative – No Cq value detected in 40 amplification
4. 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/any other health care facility affirming requirements of the case definition/s or by self.
5. 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.
6. A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfections.
7. Please note that these results are not to be used for any thesis or presentations or publication in any journal without the prior permission of the Director General, ICMR.

