Patient ID	: 080222091	Sample Collected on	: 08-Feb-2022 1:39 PM
Patient Name	: **MR. VENUS DHARMIK**	Sample Received on	: 08-Feb-2022 1:39 PM
Age / Gender	: 19 YEARS / MALE	Report Released on	: 08-Feb-2022 5:28 PM
Ref. By	: UNICARE PATHOLOGY		
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER		

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COVID19 Qualitative by Real Time PCR

Investigation	Result
Specimen Type	Nasopharyngeal And Oropharyngeal Swab
COVID19 Interpretation	**Positive**
Real time PCR	
ICMR Registration Number- DAPLDIMP	
ORF Gene (CT value)	**19.02**
N Gene (CT value)	**20.05**

Qualitative test of COVID19 RNA by standard procedure on rt Real-time PCR.

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. RT-PCR kits used for this assay are approved by ICMR .
e. 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** ----------

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Utkarsha

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MD Pathology

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