

TATA MAIN HOSPITAL

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Department of Pathology

Run Date: 20/APR/21 18:43:44

MR No : MR/05/317367 Pat No : OP/27/305921

Name: RAJ. N. CHANDRA Age: 45 Years Sex: M Ward: Room: Bed:

Ref. Dr : DR MINAKSHI MISHRA Sample Receive Date : 17/APR/21 11:14:22

Report Date: 19/APR/21 10:25:13

Primary Sample-Ts/Nps

Microbiology

Test Name	Result	Biological Reference Range	UOM	Method
Test for COVID 19 Virus, RT PCR *				
Sample ID	COVPCR/27346	-		
Primary specimen type	Throat / Nasopharyngeal swab	-		
Condition of specimen received/Quality on arrival	Acceptable	-		
Date & Time of sample collection	17-APR-21	-		
Date of sample testing	19-APR-21	-		
SAR-CoV2 Viral RNA RT PCR *	Target Detected.	-		RT PCR
E Gene Ct value	16	-		
RDRP Gene Ct value	16	-		

Test Interpretation:*

- Target Detected- sample contains pathogen nucleic acid.
- Target Not Detected- sample does not contain pathogen nucleic acid

Disclaimers:

- 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 Head of the institute, Tata Main Hospital.
- The results relate only to the specimens tested and should be correlated with clinical findings.
- Ct Cycle Threshold, depends on the site and quality of collection and the time of collection since onset of symptoms. Samples from mild and asymptomatic cases may have similar Ct value as that of a severe case.
- ICMR does not recommend to rely on numerical Ct values for determining COVID 19 patient infectiousness and to decide patient management protocol.