CARE REFERENCE LABORATORIES
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LABORATORY REPORT

Name	**: Baby.KRIJPA S**	**Patient ID**	**: P190873**
Visit No	: V190924	Registered On	: 08/01/2022 11:00 AM
Age/Gender	: 5 Y / F	Collected On	: 08/01/2022 11.20 AM
Ref By	: Care and Cure Poly Clinic, Naduvannur	Reported On	: 08/01/2022 06.45 PM
Ref By Doctor	:	External Id	:
Aadhar Card	: 982910114796		

MOLECULAR BIOLOGY REPORT

Test Name : COVID 19 SARS CoV 2 Detection by Qualitative Real Time PCR
ICMR Registration Number: CARREFLABVKK
SRF Number : 1745/KZD/20220118404

SARS-CoV-2 Detection by Real Time Polymerase Chain Reaction

TEST	RESULT
SARS-COV2	NEGATIVE

Specimen Type : Nasopharyngeal/Oropharyngeal swab
Method : RTPCR

This Real Time Polymerase Chain Reaction test intended to use for the qualitative detection of a novel corona virus which was identified in 2019 at Wuhan City, Hubei province, China in upper respiratory tract specimens and lower respiratory tract specimens of infected people.

Pathogen information :
Corona viruses (CoV) are a large family of viruses that cause illness ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS -CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). SARS-CoV-2 (COVID-19) is a new strain that has not been previously identified in humans.

Interpretation :
A "POSITIVE" result indicates that Severe Acute Respiratory Syndrome CoronaVirus-2 (SARS-CoV-2) RNA is present in the given sample and suggests the diagnosis of coronavirus disease 2019 (COVID-19). Test result should always be considered in the context of patient's clinical history, physical examination, and epidemiologic exposures.
A "NEGATIVE" result indicates that SARS-CoV-2 is not present in the patient's given specimen. Result should be correlated with patient's history and clinical presentation. However it does not rule out the infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management decisions. A false negative may resulted due to inadequate number of organisms are present in the specimen due to improper collection, transport or handling
Note: The results relate only to the specimens tested and should be correlated with clinical findings

Interpretation guidance:
1. 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
2.A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection
3.A positive test result is only tentative, and will be reconfirmed by retesting.
4.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
5.A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfections

*** End of Report ***

CARE REFERENCE LABORATORIES PIN - 673008 CALICUT

Dr. Reshmi Gopalakrishnan
MD Microbiology
Consultant Microbiologist

Dr. Ronald A Roche
MD Microbiology
Consultant Microbiologist

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