

## LABORATORY REPORT

**Name** : Ms.AARYA S  
**Visit No** : V190919  
**Age/Gender** : 15 Y / F  
**Ref By** : Care and Cure Poly Clinic, Naduvannur  
**Ref By Doctor** :  
**Aadhar Card** : 334397120480



**Patient ID** : P190872  
**Registered On** : 08/01/2022 11:00 AM  
**Collected On** : 08/01/2022 11.20 AM  
**Reported On** : 08/01/2022 06.45 PM  
**External Id** :

## MOLECULAR BIOLOGY REPORT

**Test Name** : COVID 19 SARS CoV 2 Detection by Qualitative Real Time PCR  
**ICMR Registration Number**: CARREFLABVKK  
**SRF Number** : 1745/KZD/20220118492

### 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 \*\*\*



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