SIRO PROLEGO LABORATORY
53, 5th Floor, Lady Ratan Tata Medical & Research Centre,
31, M.K. Marg, Cooperage, Mumbai - 400 021.
Rivaara Careline: +91 93010 00083
Email: careline@rivaaralabs.com

Patient Name : Pooja Jain
Age / Gender : 27 years / Female
Bill ID : 45431
Patient ID : 41744
Source : Aspira Pathlab & Diagnostics Limited

Referral : SELF
Collection Time : May 23, 2021, 09:20 p.m.
Receiving Time : May 23, 2021, 01:20 p.m.
Reporting Time : May 24, 2021, 02:13 p.m.
Sample ID : MB1704210650

COVID-19 Detection By RT-PCR

Aim:

To screen the patient sample for the detection of SARS-CoV-2.

Sample Type:

Nasopharyngeal swab

ICMR Registration No: SIPRLELAMMH

Results:

Target	Results
SARS-CoV-2	Not Detected

Test methodology:

The test is intended to detect the presence of SARS-CoV-2 in the patient sample. This test utilises a qualitative multiplexed Taqman based real-time PCR for amplification of specific regions of the genome of the pathogen viz. ORFab1 and N gene while RNase P gene serves as an internal positive control. These genes were amplified & detected as per manufacturer's instructions.

Technical note:

Although all precautions are taken, the technical error rate of all types of DNA analysis is approximately 2%. It is important that all clinicians or persons requesting DNA diagnostic tests are aware of this before acting upon these results.

Clinical significance:

Coronavirus disease-2019 (COVID-19) is an infectious disease caused by a novel coronavirus, Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special treatment. Individuals with advanced age and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are at high risk to develop serious illness.

Disclaimers:

1. It is assumed that the sample received in the laboratory, belongs to the same patient as mentioned in the TRF.
2. This kit is IVD approved, and its performance characteristics have been assessed as per CAP and NABL guidelines.
3. Interpretation of the results have been performed to the best knowledge of the laboratory based on the information available at the time of reporting.
4. A negative result does not rule out the possibility of an infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.
5. The report shall be generated within stipulated turnaround time (TAT). However, in the view of complexity of the test the TAT may vary. The lab under no circumstances will be liable for any delay beyond the mentioned TAT.

Scan to Validate

Siro Prolego Laboratory

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6. We would like to state that the report(s) generated from the tests do not provide any diagnosis or opinion, neither do they recommend any cure in any manner. The laboratory hereby recommends that the patients should take assistance of the prescribing clinician or the certified physician/doctor to interpret the report(s) generated.
7. The test results should be carefully correlated considering the present clinical condition of the patient and other relevant findings if any related to the patient.
8. This report cannot be used for any medico-legal purpose.
9. A detected result does not distinguish between a viable/ replicating organism and a non-viable organism.
10. Conflicting results may arise due to inappropriate specimen and contamination during specimen collection.
11. Sensitivity of the test would be influenced by the quality of the sample submitted and the stage of the infection.

References:

1. Centers for Disease Control and Prevention. 2019 Novel coronavirus, Wuhan, China. Information for Healthcare Professionals. https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.
2. World Health Organization. Novel Coronavirus (2019-nCoV) technical guidance. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance.

Dr. Madhavi Pusalkar, Ph.D.

END OF REPORT

Scan to Validate

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