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Name	: HARRISON SOKO	**Lab ID**	: 563729
MRN	: UD0800000099283 **Reference No** : NS05210429304	**Sample No**	: 2104277696
Age / DOB	: 34 Y / 27-03-1987	**ID**	: 784-1987-1026530-1
Gender	: Male	**Reg Date**	: 30-04-2021 10:48:53
Location	: NMC SPECIALTY HOSPITAL - AL NAHDA	**Collection Date**	: 29-04-2021 22:30:00
Ref. By Dr.	:	**Reporting Date**	: 30-04-2021 14:16:50

Molecular Biology

Test	Result	Reference Range	Methodology
COVID-19 by RT-PCR	Not Detected (Negative)	Not Detected	Multiplex Real Time PCR

***Specimen type: Nasopharyngeal Swab on Viral Transport Media*

***Test Methodology:*
In vitro diagnostic assay intended for Real-timePCR based detection of new SARS-CoV-2 RNA virus for confirmation of COVID-19 disease in patients with suspect viral infection.
It is a real time PCR based technique based upon simultaneous examination of ORF1ab/RDrP and N-genes.
The test is performed on real-time PCR detection system and NX-Viral RNA extraction kit to provide high-yield and quality RNA from clinical samples.

***Results Interpretation:*
-Not Detected (Negative) : Not detected indicates that SARS-CoV-2 RNA is either not present in the specimen or is present at a concentration below the assay's lower limit of detection. This result may be influenced by the stage of the infection and the quality of the specimen collected for testing. Repeat test if deemed necessary after 72 hours
-Detected (Positive) : Detected indicates that SARS-CoV-2 RNA is present in this specimen. Results should be interpreted in the context of all available laboratory and clinical findings.
-Presumptive positive : Presumptive positive indicates that only one of multiple genes is detected. Low viral load possible. Please send a repeat sample after 72- 96 hours and correlate clinically.

***Limitations:*
1.As all diagnostic tests, a definitive clinical diagnosis should not be based on the result of a single test but should only be made after all clinical and laboratory findings have been evaluated. Collection of multiple specimens from the same patient may be necessary to detect the virus
2.A false negative result may occur if a specimen is improperly collected, transported or handled. False negative results may also occur if amplification inhibitors are present in the specimen or if inadequate numbers of organisms are present in the specimen.
3.If the virus mutates in the rRT-PCR target region, 2019-nCoV may not be detected or may be detectedless predictably. Inhibitors or other types of interference may produce a false negative result.
4.This test cannot rule out diseases caused by other bacterial or viral pathogens.

***Disclaimer: This assay has been validated and its performance characteristics have been determined by Eurofins Biomnis Middle East ; Molecular Biology Department*

***REFERENCES:*
1.Clinical Laboratory Standards Institute (CLSI), "Collection, Transport, Preparation and Storage of Specimens for Molecular Methods: Proposed Guideline," MM13-A
2.Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/lab/lab biosafety-guidelines.html

End of Report

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Sample Type : **Nasopharyngeal**

Printed By: **Automatic Printing** **Printed Date:** **30/04/2021 14:19**

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