



LABORATORY REPORT

Name :	File. No. :
DOB/Gender :	Referral Doctor :
Lab No. :	Referral Clinic :
Request Date :	Clinic File No :
Insurance :	

MOLECULAR BIOLOGY/GENETICS

Test Name	Result	Units	Ref. Range	Method
*COMPREHENSIVE RESPIRATORY PATHOGEN PANEL-25, RT PCR				
Influenza virus A (InfA)	Detected		Not Detected	RT-PCR
Influenza A virus H1N1	Detected		Not Detected	RT-PCR
Influenza A virus H3N2	Detected		Not Detected	RT-PCR
Respiratory syncytial virus (RSV A)	Detected		Not Detected	RT-PCR
Respiratory syncytial virus (RSV B)	Detected		Not Detected	RT-PCR
Pandemic H1N1/09 virus	Detected		Not Detected	RT-PCR
Influenza virus B (InfB)	Detected		Not Detected	RT-PCR
Parainfluenza-I (PIV-I)	Detected		Not Detected	RT-PCR
Parainfluenza-II (PIV-II)	Detected		Not Detected	RT-PCR
Parainfluenza-III (PIV-III)	Detected		Not Detected	RT-PCR
Parainfluenza-IV (PIV-IV)	Detected		Not Detected	RT-PCR
Metapneumovirus (MPV)	Detected		Not Detected	RT-PCR
Enterovirus (hEV)	Detected		Not Detected	RT-PCR
Coronavirus 229E	Detected		Not Detected	RT-PCR
Bocavirus (BoV)	Detected		Not Detected	RT-PCR
Coronavirus OC43	Detected		Not Detected	RT-PCR
Coronavirus NL63	Detected		Not Detected	RT-PCR
Adenovirus (AdV)	Detected		Not Detected	RT-PCR
Human rhinovirus (hRV)	Detected		Not Detected	RT-PCR
Streptococcus pneumoniae	Detected		Not Detected	RT-PCR
Chlamydia pneumoniae (CP)	Detected		Not Detected	RT-PCR
Legionella pneumophila (LP)	Detected		Not Detected	RT-PCR
Haemophilus Influenzae	Detected		Not Detected	RT-PCR
Mycoplasma pneumoniae (MP)	Detected		Not Detected	RT-PCR
Bordetella pertussis(BP)	Detected		Not Detected	RT-PCR

REAL TIME PCR STIs detects the presence of microorganisms causing Respiratory Tract infections in clinical samples (Nasopharyngeal swab in transport medium).Detection is carried out by the specific amplification of each type of organism in the sample, originating a variable fragment with limit of detection upto

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

H/L Collected On : 16-10-2023 11:49:00

Received On : 16-10-2023 11:49:00

Authenticated On :

Released On :



LABORATORY REPORT

Name :	File. No. :
DOB/Gender :	Referral Doctor :
Lab No. :	Referral Clinic :
Request Date :	Clinic File No :
Insurance :	

Test Name	Result	Units	Ref. Range	Method
-----------	--------	-------	------------	--------

50-100 genomic pairs (copies / uL) of the sample.

Sample Type : Nasopharyngeal swab in transport medium

----- End Of Report -----

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

H/L Collected On : 16-10-2023 11:49:00

Received On : 16-10-2023 11:49:00

Authenticated On :

Released On :