LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM.
Patient ID / UHID	: 8053066/RCL7249580	Report Date	: May 07, 2024,03:48 PM.
Referred By	: Dr. X	Barcode No	: MD071918
Sample Type	: EDTA Plasma$4	Report Status	: Final Report

Cytomegalovirus (CMV) Quantitative, PCR

Test Name	Result	Log Value	Unit
CYTOMEGALOVIRUS (CMV) PCR, QUANTITATIVE	Target Not Detected	N/A	Copies/ml

INTERPRETATION:

Result (Copies/ml)	Comment
Target Not Detected	CMV DNA Not Detected
Below Detection Limit	CMV DNA detected, but below the lower limit of linear range of the assay i.e. <122 copies/ml.
> 122 - 10^10	CMV DNA Detected within the linear range of the assay
Above 10^10	CMV DNA Detected above the linear range of the assay
Indeterminate	Presence of inhibitors in the sample

METHOD
Real-Time Polymerase Chain Reaction (RT-PCR)

USEFUL FOR
1. Detection and quantification of cytomegalovirus (CMV) viremia
2. Monitoring CMV disease progression and response to antiviral therapy

CLINICAL INFORMATION
Cytomegalovirus (CMV) is a common and major cause of opportunistic infection in organ transplant recipients, causing significant morbidity and mortality. CMV infection and disease typically occur during the first year after organ transplantation after cessation of antiviral prophylaxis. Such infection usually manifests as fever, leukopenia, hepatitis, colitis, or retinitis. Other manifestations of CMV infection in this population may be more subtle and include allograft injury and loss, increased susceptibility to infections with other organisms, and decreased patient survival (ie,indirect effects). The infection is transmitted via latent CMV present in the transplanted organ donor and the virus subsequently reactivates, causing a primary CMV infection in the recipient.

NOTE:
1. A negative result does not necessarily indicate the absence of viral infection. Potential mutations within the target regions of the target genome covered by the primers and/or probes used in the kit may result in failure to detect the presence of the pathogen.
2. PCR is a highly sensitive technique; common reasons for paradoxical results are contamination during specimen collection, selection of inappropriate specimen & inherent PCR inhibitors in the sample.
3. This test amplifies conserved nucleic acid sequence of live (active infection) as well as dead (on treatment) pathogens, test results to be correlated with all clinical and laboratory findings.

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

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Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

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