

RT-PCR detection of SARS-CoV-2 nucleic acids (RNA) in upper airway swabs

Examination description:

Detection of SARS-CoV-2 in upper airway swabs is based on reverse transcription of SARS-CoV-2 viral RNA and subsequent one-step analysis with the help of qPCR. Viral RNA analysis is the only recommended diagnostic test.

Limitations of SARS-CoV-2 nucleic acid (RNA) detection results:

A negative result does not rule out the occurrence of SARS-CoV-2 infection. The results of this test depend on the correct sampling and processing of the sample. The results are also dependent on the sufficient amount of SARS-CoV-2 RNA analyzed.

The presence of SARS-CoV-2 RNA in clinical specimens of infected individuals depends on the stage of the infection and may be intermittent. The final conclusion on the diagnosis and treatment of patients must be given by the attending physician.

Antibody Rapid test for the detection of IgG / IgM antibodies against COVID-19(SARS-CoV-2) from peripheral blood

Examination description:

The blood sample can be used to test the level of IgM and IgG antibodies, which arise in connection with the infection. This is not direct evidence of the presence of the virus. Due to the interval of several days from the first symptoms to the onset of the antibody response (the so-called immunological window), they have only a supporting diagnostic role, see the WHO recommendations: <https://www.who.int/publications-detail>.

The results of such tests should always be verified by direct detection of the virus to diagnose acute COVID-19 infection

Limitations of IgG / IgM antibody detection results against COVID-19 (SARS-CoV-2):

1. Test results are indicative only, NOT FOR DIAGNOSIS AND TREATMENT.
2. Results must be verified in combination with clinical symptoms or other testing methods.
3. A negative result may be due to a lower concentration of antibodies than the analytical sensitivity of the product.
4. A positive result with a high probability indicates a Covid-19 infection.