

DISCLAIMER:

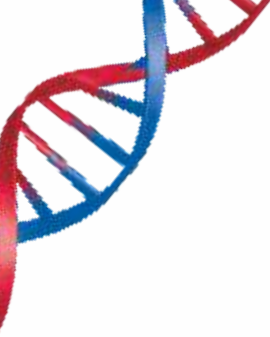
- Please consult your treating physician for requesting these tests
- These are general guidelines for patient's understanding and not for decision making

Q1: What are the tests for COVID -19 positive cases?

- Interleukin 6 (IL6)
- D-Dimer - Quantitative
- C-Reactive Protein (CRP) - Quantitative
- Complete Blood Count with Peripheral Smear Review
- Ferritin
- LDH
- Creatinine-Serum
- Erythrocyte Sedimentation Rate (ESR) -Westergren's Method
- LFT

Depending on the individual case other tests as:

Procalcitonin, NT proBNP, Troponin- I (Quant.) , Troponin - T (Quant.), Lactate, should also be requested



Q2: What is the significance of these tests?

TEST NAME	SIGNIFICANCE
CRP	A marker that positively correlates with lung lesions, reflects disease severity and used as a key indicator for disease monitoring.
IL6	Increased IL6 levels is associated with greater degree of respiratory distress due to rapid virus replication of highly pathogenic SARS-CoV2
LDH	Elevated LDH indicates tissue damage; if seen in the early phase, is suggestive of subclinical tissue damage seen prior to severe form of COVID-19
CBC	Lymphopenia predicts disease severity of COVID 19 patients, especially in younger populations
D Dimer	A biomarker if elevated, predicts micro-pulmonary embolism that results in acute respiratory distress in severe form of COVID19
Ferritin	Elevated ferritin seen in COVID19 patient due to the infection, there is immune dysfunction. It can be used to know the disease severity

Q3: Who should undergo these testing?

COVID-19 positive cases with symptoms and / or COVID specific CT scan changes need these tests to predict the disease outcomes

Q4: How often should one undergo these tests?

In asymptomatic cases with CT changes and mild symptomatic COVID – 19 Cases, the tests are recommended every 3 days till symptoms disappear provided there is no evidence of worsening.

In moderately and severely symptomatic patients depend on the clinical instruction