Real Time Reverse Transcription–Polymerase Chain Reaction (Real Time RT-PCR) Test.

Before commenting on the RT-PCR testing process, and its obvious limitations, it may be helpful to have a brief explanation of various terms including "virus" and "genetic material". A virus is a microscopic package of genetic material surrounded by a molecular envelope. The genetic material can be either DNA [Deoxyribonucleic Acid] or RNA [Ribonucleic Acid]. DNA is a two-strand molecule that is found in all organisms, animals plants and viruses, and it holds the genetic code, or blueprint, for how these organisms subsequently develop. RNA is generally a one-strand molecule that copies, transcribes and transmits parts of the genetic code to proteins so they can synthesise and carry out functions that keep organisms alive and developing. There are different variations of RNA that do the copying, transcribing and transmitting. Some viruses such as the coronavirus (SARS CoV-2) only contain RNA, which means they rely on infiltrating healthy cells to multiply and survive. Once inside the cell, the virus uses its own genetic code [RNA in the case of the coronavirus] to take control of and 'reprogramme' the cells so that they become virus-making factories.

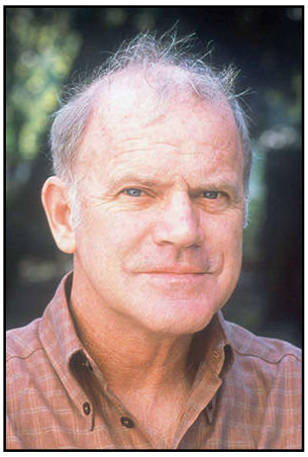
Polymerase chain reaction (PCR)
This is a widely used molecular biology technique to amplify and detect DNA and RNA sequences. Compared to traditional methods of DNA cloning and amplification, which can often take days, PCR requires only a few hours. PCR is highly sensitive and requires minimal template for detection and amplification of specific sequences.

Reverse transcription PCR, or RT-PCR.
This allows the use of RNA as a template. This allows the detection and amplification of RNA. The RNA is reverse transcribed into complementary DNA, using reverse transcriptase. The quality and purity of the RNA template is essential for the success of RT-PCR. Real time RT-PCR is a method for detecting the presence of specific genetic material from any pathogen. Originally, the method used radioactive isotope markers to detect targeted genetic materials, but subsequent refining has led to the replacement of the isotopic labelling with special markers, most frequently fluorescent dyes. With this technique, scientists can see the results almost immediately while the process is still ongoing; conventional RT-PCR only provides results at the end.

Quantitative PCR (qPCR)
This is used to detect, characterize and quantify nucleic acids for numerous applications. Commonly, in RT-qPCR, RNA transcripts are quantified by reverse transcribing them into DNA first, and then qPCR is subsequently carried out. DNA is amplified by 3 repeating steps: denaturation, annealing and elongation. However, in qPCR, fluorescent labelling enables the collection of data as PCR progresses.

Unclear Sience
Although the world relies on RT-PCR to "diagnose" SARS CoV-2 infection, the science is clear: the test is not fit for purpose. Economic lockdown, and other draconian measures, around the world are based on numbers of cases and mortality rates created by the SARS CoV-2 RT-PCR tests used to identify "positive" patients, whereby "positive" is interpreted by Governments as "infected." The facts suggest otherwise; the PCR tests are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS CoV-2.

What The Inventor of The Test Said



Kary Mullis, the inventor of the Polymerase Chain Reaction (PCR) technology, was awarded the Nobel prize in chemistry in 1993. There is no doubt that the biochemist regarded the PCR as inappropriate to detect a viral infection. The intended use of the PCR was, and still is, a technique to replicate DNA sequences billions of times, and NOT as a diagnostic tool to detect viruses. Moreover, the PCR tests used to identify so-called Covid-19 patients assumed to be infected by SARS CoV-2 do not have a valid Gold Standard to compare them with. This is a fundamental point. The other major factor in the testing process (even if the RT-PCR test was appropriate and reliable – which it is admitted it is not) the Coronavirus that is supposed to cause the Covid-19 disease has NOT been identified or isolated in a laboratory – so it begs the question – how can you test for a specific strain of virus that has not been isolated or identified and may share it's RNA profile with other Coronaviruses that may be present in the person tested. It is probable that anyone who has previously had a 'flu' vaccine, had the flu in the past or had a common cold caused by a Coronavirus strain may test positive, because the SARS-CoV-2 strain of a related virus may be present in the sample.

No 'Gold Standard'
Tests need to be evaluated to determine their preciseness [their "sensitivity" and "specificity"] by comparison with a "Gold Standard," meaning the most accurate method available. There is a lack of "Gold Standard" for Covid-19 testing." Only a virus, proven through isolation and purification, can be a solid Gold Standard. It is absurd to take the

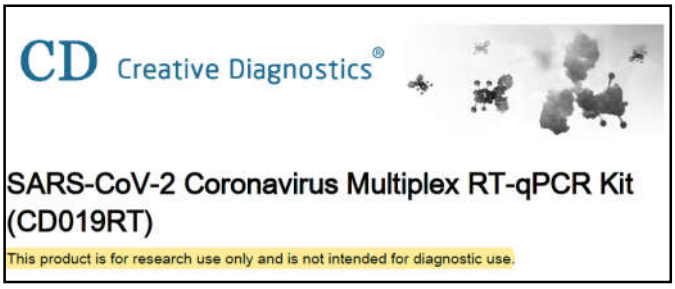
PCR test itself as part of the Gold Standard to evaluate the PCR test. What remains unclear is the origin of the RNA used to calibrate the PCR test. Particle purification [i.e. the separation of an object from everything else that is not that object] is an essential pre-requisite for proving the existence of a virus, and thus to prove that the RNA from the particle in question comes from a new virus. Although PCR is extremely sensitive and can detect even the smallest pieces of DNA or RNA it cannot determine where these particles came from. That has to be determined beforehand. Because the PCR tests are calibrated for gene sequences [in this case RNA sequences as SARS CoV-2 is alleged to be a RNA virus], it is imperative to know that these gene snippets are part of the looked-for virus. That requires correct isolation and purification of the presumed virus which has not, to date, been achieved. No electron-micrographs showing **purified** SARS CoV-2 virus currently exist. There are no reliable tests for a specific Covid-19 virus. There are no reliable agencies or media outlets for reporting numbers of actual Covid-19 virus cases. Every action and reaction to Covid-19 is based on totally flawed raw data thus making accurate assessments to inform political decisions impossible.

What Unique Symptoms Are People Experiencing and Testing 'Positive' For?
Most people with Covid-19 are showing nothing more than cold / influenza like symptoms. Both the common cold and seasonal influenza are coronaviruses. The few actual novel coronavirus cases do have some worse respiratory responses, but still have a very promising recovery rate, especially for those without prior medical issues. The test is known not to work. Additionally, it is only looking for partial viral sequences, not whole genomes, so identifying a single pathogen is next to impossible even if you ignore the other issues, including "viral load". The test kits being sent out to hospitals, at best, tell analysts that those tested have some viral DNA in their cells which most have – most of the time. The test may detect a viral sequence related to a specific type of virus: the huge family of coronavirus. The assertion that these kits can isolate a specific virus like Covid-19 is nonsense. The raw data from the testing process has generated totally misleading mortality statistics used to justify economic lockdown and other draconian measures by political leaders who have assumed that these tests should be used for diagnostic purpose. As the PCR test amplifies minute amounts of DNA it can not assess "viral load" required in diagnosing illness.

Conclusion:
For a virus to sicken a massive amount is required. PCR does not test viral load and therefore cannot determine if a virus is present in sufficient quantities to sicken. The test may identify any random virus DNA which leads to false diagnosis and totally misleading Covid-19 infection and mortality statistics. Coronavirus are incredibly common. A large percentage of the world human population will have coronavirus DNA in small quantities even if they are perfectly well or sick with some other pathogen. A very high percentage of people who have become sick by other means (influenza, bacterial pneumonia, or other illness) will have a positive PCR test for Covid-19 even if the tests are conducted properly ruling out contamination, simply because coronaviruses are so common. There are hundreds of thousands of influenza and pneumonia victims in hospitals throughout the world at any one time. It is not possible to "confirm" something for which there is no accurate test. Abstracts from test "Product Information Sheets" and "Safety Data Sheets", reproduced in Annex 01 below, clearly confirm that the test kits should only be used for research purpose and not clinical diagnosis.

Attempt To Find Answers
Concerns, and urgent enquiries, have been directed to the Secretary of State for Health and Social Care, the Rt Hon Matt Hancock MP, (May 31st 2020) and other stakeholders including the "Office for National Statistics". A response is awaited.

Annex 01


CD Creative Diagnostics®

SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CD019RT)

This product is for research use only and is not intended for diagnostic use.


Safety Data Sheet

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

Product Identifiers

Product Name:	SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit
Catalog Number:	CD019RT
Relevant Identified Uses: (Disclaimer)	For research and laboratory use only. Not for diagnostic, therapeutic, drug, household or other uses.

LabCorp COVID-19 RT-PCR test EUA Summary - 7/14/2020

ACCELERATED EMERGENCY USE AUTHORIZATION (EUA) SUMMARY COVID-19 RT-PCR TEST (LABORATORY CORPORATION OF AMERICA)

For In vitro Diagnostic Use

Rx Only

For use under Emergency Use Authorization (EUA) only

(The COVID-19 RT-PCR test (LabCorp Laboratory Test Number: 139900) will be performed at the Center for Esoteric Testing in Burlington, North Carolina, or other laboratories designated by LabCorp that are also certified under the Clinical Laboratory Improvement Amendments of 1988(CLIA), 42 U.S.C. §263a as per Laboratory Instructions for Use that was reviewed by the FDA under this EUA.)

INTENDED USE

The COVID-19 RT-PCR test is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens (such as nasal, nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals suspected of COVID-19 by their healthcare provider.

This test is also for use with the Pixel by LabCorp™ COVID-19 test home collection kit to self-collect nasal swab specimens at home by individuals when determined by a healthcare provider to be appropriate based on results of a COVID-19 questionnaire.

Testing is limited to the Center for Esoteric Testing, Burlington, NC, or other laboratories designated by LabCorp that are also certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high complexity tests.

Results are for the identification of SARS-CoV-2 RNA. The SARS-CoV-2 RNA is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the COVID-19 RT-PCR test is intended for use by trained clinical laboratory personnel specifically instructed and trained in the techniques of real-time . . .