Electronic Supplementary Material

Discrimination of False Negative Results in RT-PCR Detection of SARS-CoV-2 RNAs in Clinical Specimens by Using an Internal Reference

Yafei Zhang^{1,2} • Changtai Wang^{1,2} • Mingfeng Han³ • Jun Ye^{1,2} • Yong Gao³ • Zhongping Liu^{1,2} • Tengfei He^{1,2} • Tuantuan Li³ • Mengyuan Xu^{1,2} • Luping Zhou^{1,2} • Guizhou Zou^{1,2} • Mengji Lu⁴ ⊠ • Zhenhua Zhang^{1,2}⊠

- 1. Department of Infectious Diseases, the Second Hospital of Anhui Medical University, Hefei 230601, China
- 2. Institute of Clinical Virology, the Second Hospital of Anhui Medical University, Hefei 230601, China
- 3. Department of Internal medicine, the Second Hospital of Fuyang, Fuyang 236015, China
- 4. Institute for Virology, University Hospital of Essen, University of Duisburg-Essen, Essen 45147, Germany

Supporting information to DOI: 10.1007/s12250-020-00273-8

www.virosin.org

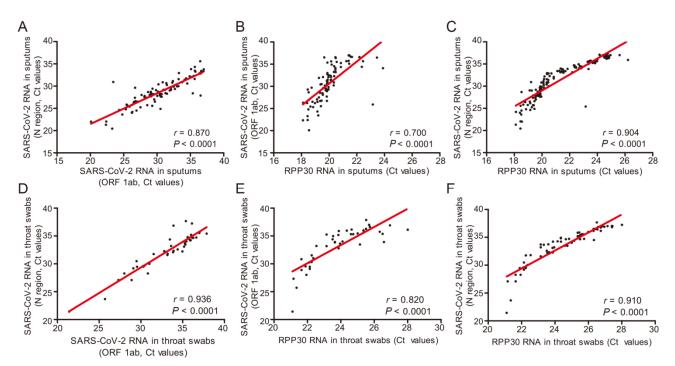


Fig. S1. The RT-PCR detection of SARS-CoV-2 RNAs positive in 254 paired sputum and throat swab specimens from patients with confirmed SARS-CoV-2 infection. Samples tested negative for SARS-CoV-2 RNAs (with a Ct value over 38 in *ORF1ab* and *N* specific RT-PCRs) were excluded for analysis. Pearson correlation coefficients for the levels of detected SARS-CoV-2 RNA levels (based on the assays for *ORF1ab* and *N* region) and *RPP30* RNAs in patient samples were calculated. For sputum specimens: (C) *ORF1ab* and *N* region; (D) *ORF1ab* and *RPP30*; (E) *N* region and *RPP30*. For throat swab specimens: (F) *ORF1ab* and *N* region; (G) *ORF1ab* and *RPP30*; (H) *N* region and *RPP30*. A *P*-value of < 0.05 is considered as significant.

www.virosin.org