RT-PCR Tests 90%+ false positives

Written by theburingplatform.com 17 May 2021

Published on May 15, 2021

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Reiner Fuellmich is about to instigate legal proceedings against the perpetrators of the Covid-19 scamdemic: covid-fraud-lawyers-medical-experts-start -legal-proceedings-against WHO

His case rests principally on the inappropriate use of the RT-PCR test. A colleague of mine has graciously agreed for me to reproduce his assessments of this test – he is not alone. Hat Tip Gerry @ http://boomfinanceandeconomics.com/#/

PCR is a difficult technology to grasp because there are so many subtle aspects. PCR technology has been around since 1987 when Kary Mullis invented it. He won the Nobel Prize for doing so. It is not a test that clinicians order lightly. In normal clinical medical practice, it is ordered only when dealing with very ill patients. Careful consideration and very careful interpretation are needed and the clinical situation is critical.

Everyone should watch the videos of Kary Mullis on YouTube and Bitchute. He was a genius and brilliant scientist; unfortunately, he died recently — just before the Covid outbreak. https://www.bitchute.com/video/8KsH34IGgqBw/

Quote From Kary Mullis, Nobel Prize Winner And Inventor Of PCR Tests:

"Guys like Fauci get up there and start talking, you know, he doesn't know anything really about anything and I'd say that to his face. Nothing. The man thinks you can take a blood sample and stick it in an electron microscope and if it's got a virus in there you'll know it. He doesn't understand electron microscopy and he doesn't understand medicine and he should not be in a position like he's in. Most of those guys up there on the top are just total administrative people and they don't know anything about what's going on in the body.

You know, those guys have got an agenda, which is not what we would like them to have being that we pay for them to take care of our health in some way. They've got a personal kind of agenda. They make up their own rules as they go. They change them when they want to. And they smugly, like Tony Fauci does not mind going on television in front of the people who pay his salary and lie directly into the camera."

The Number Of PCR Cycles Can Have Dramatic Consequence.

This is the kernel of the issue although there are many, many more factors. PCR tests cannot distinguish between live (viable) micro-organisms and dead ones. They both contain genetic material. This is why using PCR tests with high Ct numbers (Amplification Cycle Numbers) in a Screening situation is ridiculous. It must never be used in non-symptomatic people to "diagnose" illness.

Because of this problem, it can never be regarded as a purely "diagnostic test". No clinicians worth their salt will ever regard a stand-alone PCR test as diagnostic. We have over 20 years of clinical experience with this technology. If you do more than 30 Amplification Cycles, you are guaranteed to find non-viable (dead) viral remnants or contaminants. Many nations have been doing 40 – 45 cycles during the Covid phenomenon. The cycle number is guaranteed to produce a high rate of positive tests that are, in fact, false. We call them "False Positives" in the world of clinical medicine.

A positive test for SARS CoV2 (with less than 25 Amplification Cycles) combined with a sick patient who displays the symptoms of acute Viremia and a CT Scan that shows Ground Glass Opacities (especially bilaterally) plus haematological findings of acute viral attack can then be part of the evidence for a preliminary (provisional) diagnosis of Covid 19. If the clinical course of the illness progresses as one would expect, then that diagnosis can become firmer over time.

This is how clinical medicine is practiced. The "epidemiologists" and public servant "medical advisers" to our governments are almost ALL non-clinicians. They never see a sick patient. They never take responsibility for treatment of a single person who is dangerously sick with Covid 19. They may be shocked to learn that clinicians generally ignore them and treat their sick patients with zinc, steroids (both inhaled, orally and IV), Vitamin D, Ivermectin and Hydroxychloroquine before the PCR test result comes back.

Molecular diagnostics are revolutionising the clinical practice of infectious disease. Their effects can be significant in acute-care settings where timely and accurate diagnostic tools are critical for patient treatment decisions and outcomes. Acute Care settings are NOT general population screening of the non-symptomatic. And PCR is not the only test or observation a clinician will use in an acute care setting.

With the evolution of novel molecular biology diagnostics tools (PCR), difficult questions have arisen regarding the role of such testing in the assessment of clinical infectious diseases. As molecular diagnostics continue to flow from bench to bedside, clinicians must acquire a working knowledge of the principles, diagnostic value, and limitations of varied assays in hospital-based settings.

The method relies on knowing at least **partial sequences** of the target DNA a priori and using them to design oligonucleotide primers that hybridise specifically to the target sequence. A partial sequence is not a complete sequence; this is a potential problem for interpretation of the test results.

Through multiple cycles of heating and cooling in a thermocycler to produce rounds of target DNA denaturation, primer hybridisation, and primer extension, the target DNA is amplified exponentially".

Theoretically, this method has the potential to generate billions of copies of target DNA from a single copy in less than one hour. Thus, a tiny fragment of dead (non-viable) genetic material can be found by PCR amplification methodology. You therefore have to be very careful about the results. They do not represent "cases" except on the BBC, the ABC and on CNN et al.

Limitations Of PCR:

The principal shortcomings in applying PCR assays to the clinical setting include:

- False positive results from background DNA contamination
- The potential for false-negative test results
- Detection sensitivity exceeding clinical significance
- Limited detection space of the assay or platform for simultaneous identification of multiple species, virulence factors or drug resistance.

False Positives:

The widespread use of PCR in clinical settings can be hampered largely by background contamination from exogenous sources of DNA. In most pathogen-specific assays, the predominant source of contamination is derived from "carryover" products from earlier PCR reactions which can be harboured and transmitted through PCR reagents, tubes, pipettes, and laboratory surfaces. Coupled with the robust amplification power of PCR, even very minor amounts of carry-over contamination may serve as substrates for amplification and lead to false-positive results.

Meticulous control measures such as good laboratory practices and physical separation of pre-amplification and post-amplification areas can reduce contamination risks but are not fool-proof. The use of enzymatic inactivation of carry-over DNA (i.e., uracil N-glycosylase) can further reduce contamination risk.

For front-line acute care physicians, or physicians working in disaster settings, a quick universal PCR assay, or panels of PCR assays targeting categories of pathogens involved in specific syndromes such as meningitis, pneumonia, or sepsis, can allow for rapid triage and early aggressive targeted therapy.

Because of rightful concern regarding disease transmission from asymptomatic and pre-symptomatic cases, this advice is not being followed. As a result, the great abundance of testing is screening not diagnostic.

One way to reduce false positive results is to repeat the test using a test with a different format (different manufacturer). Due to limited testing facilities, confirmation is not routinely performed and only a few positives are confirmed by a second rRT-PCR assay. *It is likely that at current active disease prevalence the positive rRT-PCR results of many asymptomatic persons are false positives.* We already know that the number is 90% at the very least and may be as high as 99%, especially if the Ct number exceeds 40.

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