# The PCR Test - Important Update!

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Find this PDF here and lots more Global Coup related material on my Quasar website.

Check out my eBook, The Covid / Lockdown Crisis - Alternative Information & Sources.

## Important Update!

(January 1, 2024)

This PDF (meaning the original) has been one of my most downloaded PDFs and I'm happy that people recognized the importance of the fraud that was at the center of the whole totalitarian nightmare that was the rollout of the Covid psyop.

But since I wrote this, almost three years ago now, I have been exposed to information that has led me to change my beliefs about viruses in general. There are many learned and aware people, trained in medicine, who understand how the body functions (which most doctors don't), and who believe that there is no such thing as a contagious virus.

I, personally, have never feared viruses (didn't have any idea what they were supposed to be, before Covid) and though I believed in contagion I always viewed being "sick" as my body throwing something off in order to get better, as opposed to being under assault from a pathogen.

The concept that viruses don't exist might be challenging, as most of us have lived our whole lives with the idea, imparted culturally by osmosis, of "catching" things, but, at this point, I am quite convinced that contagious viruses don't exist and extremely convinced they have never been proven to exist.

As I said in my original preface, I have never studied epidemiology or virology, and will not now attempt to repeat or explain the very lucid ways in which virology is debunked by people who *are* educated in the field.

But the most important central thing is the exposing of the fact that never has a virus been isolated. This is incredibly important because, if true, everything that hinges on fearing contagious disease - social distancing, lockdowns, monitoring, surveillance, and digital passes, the push to get people to exchange a real social life for a "virtual" one, etc. - are all downstream from this. And along with that goes the learning of how the *bad guy bug* and the *good guy drug* concept was a seminal feature of the psyop that was at the heart of the creation of Western Medicine's stranglehold on everything health related.

I have added a section to the Relevant Links at the very end of this PDF, Virology Skepticism Links, with links to some sources for exploring the exposing of virology and for alternative explanations for "outbreaks" other than viruses.

The upshot of this as far as this PDF goes is that while I think much of it, especially the shenanigans around the creation of and the pushing of PCR as a test is very important, there are sections where the sources I used claimed "isolation", which I originally accepted but now don't.

In particular the first section, *What is a Virus?, How is a Virus Identified?*, is probably completely meaningless. Also, in the section, *How Many Cycles are Too Many?*, citing evidence for false positives they say, "We observed a strong relationship between Ct value and ability to recover infectious virus", something which I am now skeptical that they have done. In view of this the idea of a too high cycle count must be viewed in a new light. If a contagious virus doesn't exist, there's no point to the test at all. However, exposing the high cycle count is still relevant in light of what was presented in the section, *How the PCR Test Became the (Gold?) Standard*. What the PCR test was looking for was bogus but performing the test with a high cycle count made sure that they would get lots more positive results finding that bogus target sequence.

So, below is the original PDF. I would recommend researching the links in the last section of the Relevant Links and then get what one can from the information and sources presented in this paper.

Finally, as I always say, belief in information is nuanced. Very few things should be believed 100%. It's part of the learning process to mostly believe or sort of believe something. If it's a challenge to reject virology, consider the possibility and keep learning.

The original PDF's content below:

# The PCR Test

All bullet pointed excerpts and statements are noted with numbers corresponding to footnotes with linked sources at the bottom of the page. Indented entries preceded by a dash (-) are quoted from the noted source.

The reader is urged to use the footnote links to further explore the material and to get context to what is stated in this PDF and to make up their own mind as to what is really going on.

Unless otherwise noted, all dates are the year 2020.

## Preface

I am not a doctor and have never studied epidemiology or virology. I make no claim to be able to fully explain the subjects covered in this paper. I try to not read too much more into the information than is obvious. That is, of course, subjective. The curious reader can (and is urged to) click the links in the footnotes at the end of the PDF to see the quoted excerpts in context and to come to their own conclusions and decide for themselves what the implications are.

The intent of this paper is to present information that demonstrates the misdirection (fraud) that has been and is being used to manufacture a case epidemic (casedemic). The CDC and the media have engaged in mission creep; from 2 weeks of lockdown to flatten the curve in order to not overwhelm the hospitals, to finally in late summer increasing the fear factor because of cases while the death count indicated that the "pandemic" was long over.

And at the center of the fraud is the PCR test. The results of the PCR tests are driving the narrative and being used all over the United States and around the world to justify draconian lockdowns and the throwing out of innumerable basic human rights that the West used to boast about, calling themselves the "free world".

## Table of Contents

## What is a Virus?, How is a Virus Identified?

Before looking into what the PCR test is it is important to know what it is testing for. A virus is not like a bacteria which is a living organism. It is a piece of genetic material that cannot duplicate without a host cell.

- In the article, “What is a Virus” on the News Medical Life Sciences website viruses are described as “biochemical mechanisms”: [1]

    - A virus is the smallest type of parasite to exist, usually ranging from 0.02 to 0.3$\mu$m in size, although some viruses can be as large as 1$\mu$m. A viral particle or virion contains a single nucleic acid (RNA or DNA) core surrounded by a protein coat and sometimes enzymes that are required to initiate viral replication. Viruses can only replicate within the cells of animals, plants, and bacteria and, as such, are referred to as obligate intracellular parasites.

    - Are viruses alive?

    - When researchers first discovered viruses and realized they seemed to behave similarly to bacteria, they generally became considered as biologically "alive."

    - However, this changed in the 1930s when it was demonstrated that virions lacked the mechanisms that are required for metabolic function. Once scientists determined that viruses simply consist of DNA or RNA contained within a protein shell, they generally became thought of as biochemical mechanisms rather than living organisms.

## Virus Sequencing, Identifying a Virus

The genome is the entire set of genetic instructions found in a cell or organism. This is important to know, if not fully understand, because a virus’s unique genome is how it is identified. The sequencing of a virus’s genome is a process that can represent each virus by a unique code.

- From an article titled, “Influenza Virus Genome Sequencing and Genetic Characterization” on the CDC website: [2]

    - Genome Sequencing

    - Influenza viruses are constantly changing, in fact all influenza viruses undergo genetic changes over time. An influenza virus’ genome consists of all genes that make up the virus.

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1 News Medical Life Sciences website - What is a Virus?

2 CDC website - Influenza Virus Genome Sequencing and Genetic Characterization

- Genome sequencing reveals the sequence of the nucleotides in a gene, like alphabet letters in words. Nucleotides are organic molecules that form the structural unit building block of nucleic acids, such as RNA or DNA. All influenza viruses consist of single-stranded RNA as opposed to dual-stranded DNA. The RNA genes of influenza viruses are made up of chains of nucleotides that are bonded together and coded by the letters A, C, G and U, which stand for adenine, cytosine, guanine, and uracil, respectively. Comparing the composition of nucleotides in one virus gene with the order of nucleotides in a different virus gene can reveal variations between the two viruses.

- Genome sequencing is a process that determines the order, or sequence, of the nucleotides (i.e., A, C, G and U) in each of the genes present in the virus's genome. Full genome sequencing can reveal the approximately 13,500-letter sequence of all the genes of the virus' genome.

### How is a Virus's Existence Verified?

This is an important question, because the answer is the process that is used to find out more definitively if a virus is actually contained in a sample. This process can be used to verify if a positive result from a PCR test is really positive or is a false positive.

- The process is culturing and isolating the virus. It is explained in depth on the Lumen Learning website. Here is just the first paragraph: [3]

  - Isolation of Viruses: Unlike bacteria, many of which can be grown on an artificial nutrient medium, viruses require a living host cell for replication. Infected host cells (eukaryotic or prokaryotic) can be cultured and grown, and then the growth medium can be harvested as a source of virus. Virions in the liquid medium can be separated from the host cells by either centrifugation or filtration. Filters can physically remove anything present in the solution that is larger than the virions; the viruses can then be collected in the filtrate.

## What is PCR?

Note that in the title of this section the word "test" is not used. That's because PCR was not invented to be a test, rather to be a research tool. This section is about what PCR is and how it works. A later section will look at its use as a test.

PCR stands for polymerase chain reaction. Sometimes you'll see it called RT-PCR, which stands for reverse-transcription polymerase chain reaction. The difference is not

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3 Lumen Learning website - Isolation, Culture, and Identification of Viruses

important regarding what's covered in this PDF. If interested, you can find an explanation on the Pediaa site, footnote 5.

Following are several definitions of PCR.

- From Wikipedia: [4]

  - Polymerase chain reaction is a method widely used to rapidly make millions to billions of copies of a specific DNA sample, allowing scientists to take a very small sample of DNA and amplify it to a large enough amount to study in detail.

- From the Pediaa website: [5]

  - PCR (Polymerase Chain Reaction) is a relatively simple but revolutionary method. PCR uses the ability of the enzyme, DNA polymerase to synthesize new strands of DNA in a complementary manner to the offered template strand. PCR is an indispensable technique used in both clinical and research laboratories for functional analysis of genes, diagnosis, and monitoring of hereditary diseases, DNA cloning, sequencing, and ancient DNA amplification.

- From the National Human Genome Research Institute website: [6]

  - Polymerase chain reaction (PCR) is a technique used to "amplify" small segments of DNA.

  - Sometimes called "molecular photocopying," the polymerase chain reaction is a fast and inexpensive technique used to "amplify" - copy - small segments of DNA. Because significant amounts of a sample of DNA are necessary for molecular and genetic analyses, studies of isolated pieces of DNA are nearly impossible without PCR amplification.

  - Often heralded as one of the most important scientific advances in molecular biology, PCR revolutionized the study of DNA to such an extent that its creator, Kary B. Mullis, was awarded the Nobel Prize for Chemistry in 1993.

## How Does PCR Work?

Following is an explanation of how PCR works. For another more detailed explanation see "What is PCR?" in the Relevant Links section.

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4 Wikipedia - Polymerase chain reaction

5 Pediaa website - What is PCR, Difference Between PCR and RT-PCR

6 The National Human Genome Research Institute website - Polymerase Chain Reaction (PCR) Fact Sheet

- The entire cycling process of PCR is automated and can be completed in just a few hours. From the National Human Genome Research Institute website: [6] (above)

    - To amplify a segment of DNA using PCR, the sample is first heated so the DNA denatures, or separates into two pieces of single-stranded DNA. Next, an enzyme called "Taq polymerase" synthesizes - builds - two new strands of DNA, using the original strands as templates. This process results in the duplication of the original DNA, with each of the new molecules containing one old and one new strand of DNA. Then each of these strands can be used to create two new copies, and so on, and so on. The cycle of denaturing and synthesizing new DNA is repeated as many as 30 or 40 times, leading to more than one billion exact copies of the original DNA segment

## Some Issues with PCR Used as a Test

PCR was developed as a research tool. Used as a test there are issues.

This section will look at some of the practical issues and the next section will look into the important issue of cycle count. This PDF will not go into the more technical issues, but the reader is encouraged to do so if they are interested. A good starting point would be the video linked to in the Relevant Links section by Dr. Sam Bailey called, “The Truth About PCR Tests”.

This section will first see what Kary Mullis had to say about PCR, then what the WHO and a PCR test kit have to say, then look at the issue of using PCR at all for people who aren’t sick.

### Kary Mullis on PCR

- The inventor of PCR was a man named Kary Mullis, who won the Nobel Prize for Chemistry in 1993. And while that alone doesn’t mean he knows more about it than anyone else, it’s significant to hear what he has to say about it. In a video of Kary Mullis, answering a question in a casual setting he is asked, “How did they misuse PCR to estimate all the supposed free viral RNAs that may or may not be there?” His answer: [7]

    - Misuse PCR is not quite... I don’t think you can misuse PCR. The results, the interpretation of it... You could say.. If they could find this virus in you at all, and the PCR, if you do it well, you can find almost anything in anybody. It starts making you believe in the sort of Buddhist notion that everything is contained in everything else. If you can amplify one single

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7 BitChute video - PCR Used as a Test - From The Inventor Himself - Kary Mullis

molecule up to something that you can really measure, which PCR can do, there's very few molecules that you don't have at least one single one of in your body. So that could be thought of as a misuse of it; just to claim that it's meaningful.

- It doesn't tell you that you're sick and it doesn't tell that you the thing you ended up with really was going to hurt you…

World Health Organization Statement on PCR

- An article titled, "Transmission of SARS-CoV-2: implications for infection prevention precautions", was published on the WHO's website, July 9, 2020. While the topic of the article was transmission of the virus and not about the PCR test, they made the following comment: [8]

  - The detection of RNA using reverse transcription polymerase chain reaction (RT-PCR)-based assays is not necessarily indicative of replication- and infection-competent (viable) virus that could be transmissible and capable of causing infection.

PCR Test Product Information

- From the Product Information for the "SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit" from a PDF by the maker, Creative Diagnostics: [9]

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

  - This product is intended for the detection of 2019-Novel Coronavirus (2019-nCoV). The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment.

Testing People Who Aren't Sick

- From a really long, in depth article covering many aspects of PCR being used as a test and the implications, Dr. Pascal Sacré looks at the issue of putting the cart ahead of the horse; putting the test ahead of the patient: [10]

  - While it is true that in medicine we like to have high specificity and sensitivity of the tests to avoid false positives and false negatives, in the case of COVID-19 disease, this hypersensitivity of the RT-PCR test caused by the number of amplification cycles used has backfired.

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8 WHO website - Transmission of SARS-CoV-2: implications for infection prevention precautions

9 Creative Diagnostics, PDF - SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CD019RT)

10 Global Research website - The COVID-19 RT-PCR Test: How to Mislead All Humanity. Using a "Test" To Lock Down Society

- This over-sensitivity of the RT-PCR test is deleterious and misleading!

- It detaches us from the medical reality which must remain based on the real clinical state of the person: is the person ill, does he or she have symptoms?

- That is the most important thing!

- We constantly compare the test results with the patient's clinical condition (symptoms and signs), which takes precedence over everything else when it comes to our decisions and treatments.

- Today, our governments, supported by their scientific safety advice, are making us do the opposite and put the test first, followed by a clinical reflection necessarily influenced by this prior test, whose weaknesses we have just seen, particularly its hypersensitivity.

- From a report published on the medRxiv website: [11]

  - Abstract: Contrary to the practice during previous epidemics, with COVID-19 health authorities have treated a single positive result from a PCR-based test as confirmation of infection, irrespective of signs, symptoms and exposure. This is based on a widespread belief that positive results in these tests are highly reliable. However, evidence from external quality assessments and real-world data indicate enough a high enough false positive rate to make positive results highly unreliable over a broad range of scenarios.

  - This has clinical and case management implications, and affects an array of epidemiological statistics, including the asymptomatic ratio, prevalence, and hospitalization and death rates, as well as epidemiologic models. Steps should be taken to raise awareness of false positives and reduce their frequency. The most important immediate action is to check positive results with additional tests, at least when prevalence is low.

- Also from Dr. Pascal Sacré, as a perfect segue into looking into the cycles: [12]

  - No test measures the amount of virus in the sample!

  - RT-PCR is qualitative: positive (presence of the virus) or negative (absence of the virus).

  - This notion of quantity, therefore of viral load, can be estimated indirectly by the number of amplification cycles (Ct) used to highlight the virus sought.

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11 medRxiv website - Diagnosing SARS-CoV-2 infection: the danger of over-reliance on positive test results

12 Global Research website - The COVID-19 RT-PCR Test: How to Mislead All Humanity. Using a "Test" To Lock Down Society

## How Many Cycles are Too Many?

The issue with cycle count is an issue with the PCR test which casts doubt as to whether we should be basing dramatic changes to our lives on the results. The issue is that when PCR is run past a certain amount of cycles (the number of cycles used is referred to as the Ct value), a test may give evidence of the sought after genetic material but that does not represent infectious viral material. This section will offer commentary on the amount of cycles and the following section will look at how many cycles are actually being used with the Covid testing.

### MIT Medical Website Article

- In a November article from the MIT website titled, “Was my PCR test result a false positive?”, they describe false positive and say it is “very unlikely” that PCR results in false positives, seemingly implying that a test detecting any trace of the RNA should be considered positive: [13]

  > - We define a false positive as a test result that incorrectly indicates that a particular condition or attribute is present. By that definition, no, your test was almost certainly not a false positive. The PCR test used by MIT, like other PCR tests, is very unlikely to return a false positive. If the test comes back positive, we can be sure that it has correctly detected genetic material from the SARS-CoV-2 virus, the virus that causes COVID-19.

- However, in the same MIT article they clarify that the more cycles it takes to detect the virus, the less the “viral load” is in that person and that they have no way of knowing how many cycles yielded that positive result, or consequently the viral load: [13]

  > - But as we learn more, this binary way of viewing test results - positive/negative, infected/not infected - may change. After all, the amount of virus in a sample is directly correlated with the number of amplification cycles needed to detect it, a number known as its cycle threshold (Ct). A positive test that comes back positive in 20 cycles contains a greater amount of virus than one requiring 40 cycles. Right now, we just call both results “positive.” But it’s obvious that the first sample came from an individual with a higher viral load. And the greater the viral load, the more contagious the patient is likely to be.
  >
  > - At this point, Ct value is not included in the test results MIT Medical receives, and we have no way of obtaining that information.

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13 The Massachusetts Institute of Technology website - Was my PCR test result a false positive?

## University of Oxford

- An article was published August 5, 2020 on the University of Oxford, Centre for Evidence-Based Medicine website titled, “Are you infectious if you have a positive PCR test result for COVID-19?”. After discussing the issues about viral load and cycles, the pose the question, “What does this mean?: [14]

  - This detection problem is ubiquitous for RNA viruses detection. SARS-CoV, MERS, Influenza Ebola and Zika viral RNA can be detected long after the disappearance of the infectious virus.

  - The immune system works to neutralise the virus and prevent further infection. Whilst an infectious stage may last a week or so, because inactivated RNA degrades slowly over time it may still be detected many weeks after infectiousness has dissipated.

  - PCR detection of viruses is helpful so long as its limitations are understood; while it detects RNA in minute quantities, caution needs to be applied to the results as it often does not detect infectious virus.

- The University of Oxford article concludes that one must be cautious interpreting the results and that it could lead to exactly what has happened all over the world: [14]

  - What can we conclude?

  - These studies provided limited data of variable quality that PCR results per se are unlikely to predict viral culture from human samples. Insufficient attention may have been paid how PCR results relate to disease. The relation with infectiousness is unclear and more data are needed on this.

  - If this is not understood, PCR results may lead to restrictions for large groups of people who do not present an infection risk.

## Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be

- In an article on the New York Times website, “Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be”, they cite several people regarding cycle count: [15]

  - The test’s threshold is so high that it detects people with the live virus as well as those with a few genetic fragments left over from a past infection that no longer poses a risk. It’s like finding a hair in a room after a person left it, says Michael Mina, MD, an epidemiologist at the Harvard T.H. Chan School of Public Health.

  - Any test with a cycle threshold (CT) above 35 is too sensitive, says Juliet Morrison, PhD, a virologist at the University of California, Riverside.

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14 The Centre for Evidence-Based Medicine, University of Oxford website - Are you infectious if you have a positive PCR test result for COVID-19?

15 New York Times website - Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be

"I'm shocked that people would think that 40 [cycles] could represent a positive." A more reasonable cutoff would be 30 to 35, she added. Dr. Mina said he would set the figure at 30, or even less.

- Officials at the Wadsworth Center, New York's state lab, have access to CT values from tests they have processed, and analyzed their numbers at The Times's request. In July, the lab identified 872 positive tests, based on a threshold of 40 cycles. With a cutoff of 35 cycles, about 43 percent of those tests would no longer qualify as positive. About 63 percent would no longer be judged positive if the cycles were limited to 30.

- In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles, Dr. Mina said. "I would say that none of those people should be contact-traced, not one," he said.

## Anthony Fauci

- Directly from a horse's mouth, Anthony Fauci had something to say about PCR test cycles in a July 16th "This Week in Virology" interview with Vincent Racaniello and Rich Condit. Responding to a question, Anthony Fauci said this: [16]

  - What is now sort of evolving into a bit of a standard, that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule.... You almost never can culture virus from a 37 threshold cycle. So if somebody comes in with 37, 38, even 36, you gotta say, you know, it's just dead nucleotides, period.

- Rich Condit responds to that with a question as to whether the cycle count gets commonly reported. Fauci answers that it doesn't: [16]

  - Condit: So, is the threshold cycle... is reporting that a pretty standard practice in doing a diagnosis now rather than just positive or negative?

  - Fauci: When someone comes in and is positive, they don't give them the threshold until you go back in and you ask for it.

## Public Health England Study

In a paper by nine members of Public Health England, "Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020", they study viral load in samples of both asymptomatic and symptomatic people who tested positive. Their results and a chart give a good picture of the accuracy of the PCR test. Note that when they refer to propagating, they are referring to culturing

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16 BitChute video - Fauci - Above 35 Cycles, It's Just Dead Nucleotides

the virus as explained in the first section of this PDF; with this definitive method verifying PCR results.

- From the introduction of the study on the Eurosurveillance website (Europe's journal on infectious disease surveillance, epidemiology, prevention and control): [17]

  - Virus detection by reverse transcription-PCR (RT-PCR) from respiratory samples is widely used to diagnose and monitor SARS-CoV-2 infection and, increasingly, to infer infectivity of an individual. However, RT-PCR does not distinguish between infectious and non-infectious virus. Propagating virus from clinical samples confirms the presence of infectious virus but is not widely available, requires biosafety level 3 facilities, and the results are not timely to inform public health actions. The aim of this work was to understand how RT-PCR detection relates to cultivable virus, which can be used as a proxy for infectiousness and can inform and support decisions on infection control.

- Here in a section called “Isolation of infectious virus from respiratory samples” they explain how many samples they studied and where they came from: [17]

  - Virus culture was attempted from 324 URT [upper respiratory tract] samples (from 253 cases) that tested positive for SARS-CoV-2 by RT-PCR. Samples were obtained from a range of clinical scenarios including community and healthcare worker surveillance, symptomatic persons tested as part of the early epidemic response and samples acquired in outbreak investigations.

- In a section called “Relationship between Ct value and virus isolation” they give some numbers and refer to the graph below which shows from how many samples they could actually recover and culture the virus compared to Ct value: [17]

  - We observed a strong relationship between Ct value and ability to recover infectious virus. The estimated OR (odds ratio) of recovering infectious virus decreased by 0.67 for each unit increase in Ct value. (Figure shown below.)

  - Virus propagation was successful from five of 60 samples with Ct > 35; all five were from symptomatic cases and none had severe illness.

  - The estimated probability of recovery of virus from samples with Ct > 35 was 8.3%.

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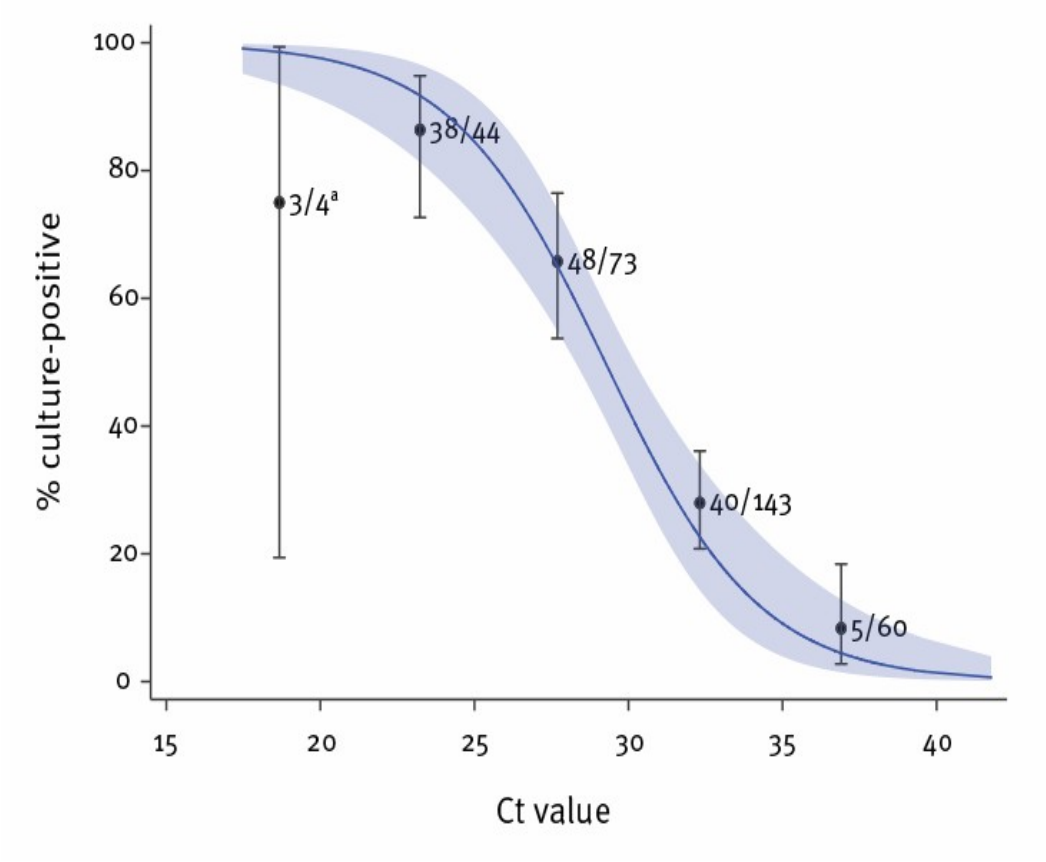
17 Eurosurveillance website - Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020




French Government Study

A group of eight French scientists published a study comparing PCR positive test results with results from culturing the virus. They took 3,790 nose or throat swab samples that had all tested positive for SARS-CoV-2, and cultured them. Of those samples they were able to isolate only 1,941, just over half, to confirm a positive.

- From the study published on September 28, 2020, funded by the French Government, on the Oxford Academic website: [18]

  - It can be observed that at Ct = 25, up to 70% of patients remain positive in culture and that at Ct = 30 this value drops to 20%. At Ct = 35, the value we used to report a positive result for PCR, <3% of cultures are positive.

This can be observed in the graph below. Remember, all of these samples were pronounced positive by the PCR test. The brown bars show the confirmed (by culturing) positives compared to cycle count, which can be see dropping dramatically after 25 cycles. The gray bars are the confirmed negatives. The plain line shows the percentage of positive viral cultures.

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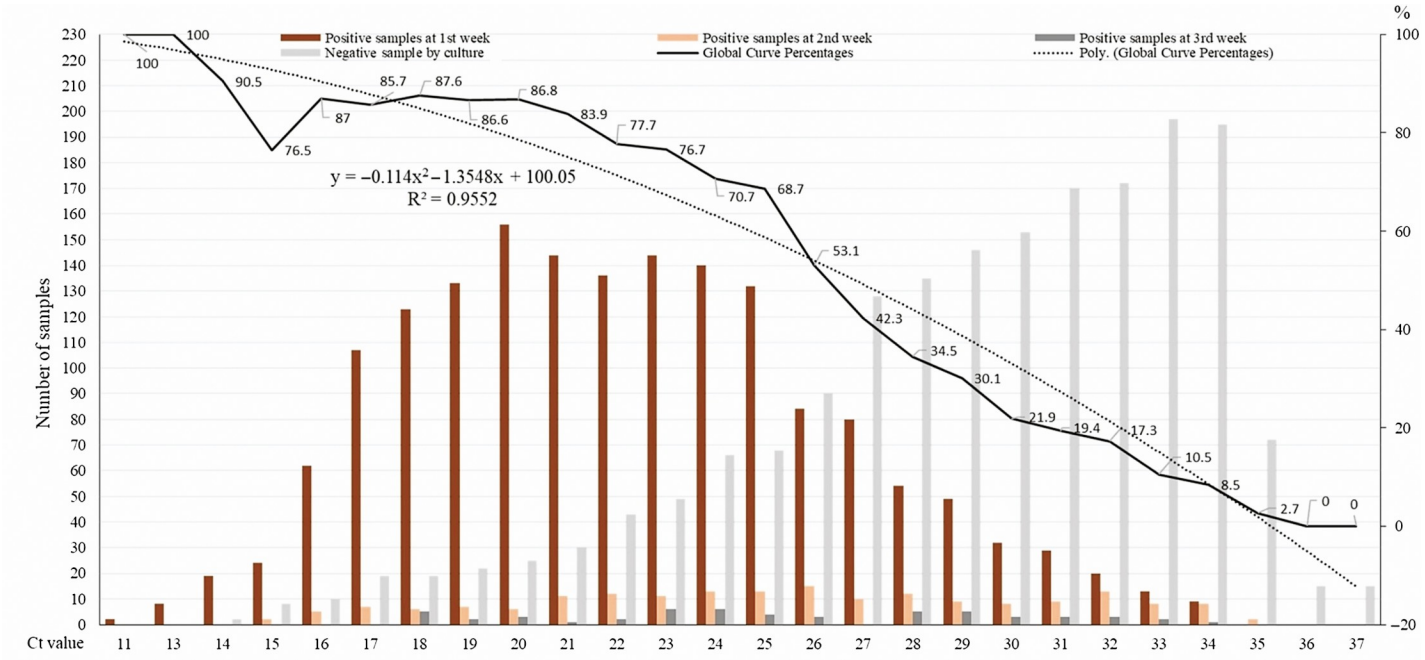
18 Oxford Academic website - Correlation Between 3790 Quantitative Polymerase Chain Reaction-Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates




## How Many Cycles Are Being Used to Test for Covid?

The previous section covered information from a number of sources about how cycle counts higher than a certain amount yield false positives. Remember that a count of 35 is just about the maximum to have any confidence in a positive result, with the verified positive results falling off dramatically with counts around 30 or even less.

So the question is, how many cycles are being or have been used that are giving the results that are being used to empower our authorities to dictate our behavior. This section will cover information from a number of sources about how many cycles have been being used.

- From the Swiss Policy Research website: [19]

  - A PCR test is amplifying samples through repetitive cycles. The lower the virus concentration in the sample, the more cycles are needed to achieve a positive result. Many US labs work with 35 to 45 cycles, while many European labs work with 30 to 40 cycles.

- From the New York Times: [20]

  - Most tests set the limit at 40, a few at 37. This means that you are positive for the coronavirus if the test process required up to 40 cycles, or 37, to detect the virus.

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19 Swiss Policy Research website - The Trouble With PCR Tests

20 New York Times website - Your Coronavirus Test Is Positive. Maybe It Shouldn't Be

Massachusetts Institute of Technology

- Most PCR testing uses 40 cycles according to a November 2nd article on the Massachusetts Institute of Technology website: [21]

> - The PCR test analyzes samples by amplifying viral RNA in cycles. Most tests, like the Broad Institute test used by MIT, use a 40-cycle protocol. If the virus isn't detected within 40 amplification cycles, the test result is negative. If viral RNA is detected in 40 cycles or less, the PCR machine stops running, and the test is positive.

The Tennessee Department Of Health

- The Tennessee Department Of Health, division Of Laboratory Services published a PDF (no date given) about the Ct value. It has some interesting information in it. After describing what Ct value is they state the amount of cycles most tests use: [22]

> - Most RT-PCR tests use Ct cutoffs of 35-40 cycles, so any sample with a Ct value below the cutoff, would be considered a true positive.

- They say that the Ct cutoff cannot be determined or altered by the laboratories. Also from the Tennessee PDF: [22]

> - Who determines the Ct cutoff? The Ct cutoff is determined by the manufacturer of the test, not the state or laboratory performing the test. The cutoffs are reviewed during the submission process for the FDA's Emergency Use Authorization (EUA). Once a test receives the EUA, the Ct cutoffs are set and cannot be changed by laboratories.

- Finally, they confirm what Fauci said in the interview mentioned above that they don't report cycles. Further, different test models may produce different results. Also from the Tennessee PDF: [22]

> - The FDA EUA limits molecular diagnostic tests to report qualitative (positive/negative) of SARS-CoV-2 results and not quantitative (Ct value) results.
>
> - Ct values and cutoffs differ by test and thus cannot be compared from one test to another. A specimen with a Ct=36 may be considered positive by one test but produce a different Ct value and be considered negative or indeterminate on another.

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21 The Massachusetts Institute of Technology website - Was my PCR test result a false positive?

22 Tennessee Department Of Health, Division Of Laboratory Services PDF - Information on Cycle threshold (Ct) values for SARS-CoV-2

## PCR Test Instructions

And now some information from the horse's mouth. From two documents, both PDFs from the FDA, both are "instruction for use" for specific PCR tests. They state that positive results after a count of up to 40 or more are within range to be considered valid, as well as cautioning about other issues.

- Like the vaccines, the PCR tests are not actually approved by the FDA, just authorized because of the "emergency". From the FDA PDF, "CareStart™ COVID-19 MDx RT-PCR - Package Insert (Instructions for Use)": [23]

  - This test has not been FDA cleared or approved; the test has been authorized by FDA under an Emergency Use Authorization (EUA) for use by laboratories certified under CLIA of 1988, 42 U.S.C. §263a, that meet requirements to perform high complexity tests.

- From the CareStart™ instructions in a section titled, "Examination and Interpretation of Patient Specimen Results": [23]

  - A positive signal is defined as a Ct value of less than or equal to 43 cycles (Ct ≤ 43 cycles).
  - A negative signal is defined as a Ct value of greater than 43 cycles (Ct > 43 cycles)

- Also from the CareStart™ instructions, under the "Limitations" section, two of the limitations: [23]

  - 13. This test cannot rule out diseases caused by other bacterial or viral pathogens.
  - 14. Cross-reactivity with respiratory tract organisms other than those listed in the Analytical Specificity Study may lead to erroneous results.

- In a very similar PDF published by the FDA but with the CDC letterhead, they are a little more conservative but still consider positive results up to 40 cycles as valid. From the FDA PDF, "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, Instructions for Use": [24]

  - When all controls exhibit the expected performance, a specimen is considered positive for 2019-nCoV if all 2019-nCoV marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles (< 40.00 Ct).

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23 FDA PDF - CareStartTM COVID-19 MDx RT-PCR - Package Insert (Instructions for Use)

24 FDA PDF - CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, Instructions for Use

## Common Sense

- Regarding the fact as stated by Anthony Fauci and by the Tennessee Department Of Health above that Ct Values are not reported, an article on the Rational Ground website explains in a common sense way the dysfunction of the how PCR is being used and not used: [25]

> - The number of cycles required for the machine to flag the sample positive, known as the Cycle Threshold or Ct, is proportional to the original viral load in the sample. Higher viral load = more infection. Fewer cycles required to detect the virus (Lower Ct) = more infection. Once you get to ~30+ cycles, the likelihood that the subject is infectious becomes very small. This Ct number is a crucial part of the PCR test result!
>
> - Except that officials don't seem to think so. If you get a positive PCR test result, good luck getting your Ct value. It is simply not reported. This is akin to taking a cholesterol test and getting a yes/no answer. You are "positive" for high cholesterol, but no information is given on LDL and HDL levels and how far out of normal range they are. That would be ridiculous, yet this is what the world is doing with PCR tests for COVID-19.
>
> - If you get a positive result, you have no idea "how positive" you are. Are you infectious? Likely to become ill? There's no way to know without the Ct score – but go and quarantine anyway! Not only does this result in huge amounts of needless quarantines, it also serves to drive fear and panic. Overly sensitive tests with no Ct "score" are used to inflate "case" counts.

## How the PCR Test Became the (Gold?) Standard

In an article by Celia Farber she explains how a paper giving the instructions for how to test for SARS-CoV-2 using PCR were written up, then published on Eurosurveillance, on January 23, 2020, just 24 hours after it was submitted, with no peer review. Further they relied on sequencing code from China, having no actual samples themselves. Eurosurveillance is the medical journal published by the European Centre for Disease Prevention and Control (ECDC).

- From an article by Celia Farber titled, "Ten Fatal Errors: Scientists Attack Paper That Established Global PCR Driven Lockdown": [26]

> - War has broken out in the scientific literature that strikes at the existential core of Covid-19 and its proposed causative virus.

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25 Rational Ground website - COVID-19 PCR Testing: Cycle threshold values are the missing piece of the pandemic puzzle - until now

26 Uncover DC website - Ten Fatal Errors: Scientists Attack Paper That Established Global PCR Driven Lockdown

- At the heart of the controversy lies the fact that the creators of the most commonly used test, the RT-PCR, published instructions for how to test for SARS-CoV-2 “without having virus material available,” in their own words, relying instead on the Chinese scientists’ genetic sequence published on the internet.

- The paper “Detection of 2019 novel coronavirus (2019-nCoV) by real-time PCR” was published 24 hours after it was submitted to Eurosurveillance, clearly evading peer review. Its lead authors were Christian Drosten and Victor Corman, which is how it took on the title “Corman-Drosten paper.” It provided the “recipe,” or work flow for the Covid-19 diagnostic test, quickly applied all over the world, after it was accepted as the standard of testing by the WHO.

- From the introduction of the “Detection of 2019 novel coronavirus (2019-nCoV) by real-time PCR”, mentioned in the previous entry, published on the Eurosurveillance website January 23, 2020 and in a WHO PDF (report is dated January 17): [27] [28]

  - A novel coronavirus currently termed 2019-nCoV was officially announced as the causative agent by Chinese authorities on 7 January. A viral genome sequence was released for immediate public health support via the community online resource virological.org on 10 January, followed by four other genomes deposited on 12 January in the viral sequence database curated by the Global Initiative on Sharing All Influenza Data (GISAID).

  - In the present case of 2019-nCoV, virus isolates or samples from infected patients have so far not become available to the international public health community. We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, designed in absence of available virus isolates or original patient specimens. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology.

- 10 days later the WHO’s first shipment of PCR test kits was sent off. Image from the WHO website’s Covid-19 response timeline: [29]

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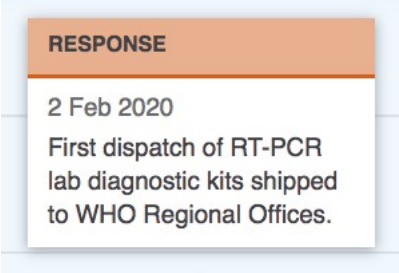
27 Eurosurveillance website - Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

28 WHO PDF of the Corman-Drosten paper - Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

29 WHO website - Timeline: WHO's COVID-19 response




- 22 International scientists, who call themselves “International Consortium Of Scientists In Life Sciences (ICSLS)” challenged the Corman-Drosten paper, citing 10 reasons why it was flawed and called for it to be retracted. From their paper, one of the reasons cites cycles: [30] [31]

  - In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture; if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97%.

- Reason number 10 in the “Summary Catalogue Of Errors Found In The Paper” is the conflicts of interest of the authors of the Corman-Drosten paper. The conflicts of interest: [30]

  - We find severe conflicts of interest for at least four authors, in addition to the fact that two of the authors of the Corman-Drosten paper (Christian Drosten and Chantal Reusken) are members of the editorial board of Eurosurveillance. A conflict of interest was added on July 29 2020 (Olfert Landt is CEO of TIB-Molbiol; Marco Kaiser is senior researcher at GenExpress and serves as scientific advisor for TIB-Molbiol), that was not declared in the original version (and still is missing in the PubMed version); TIB-Molbiol is the company which was “the first” to produce PCR kits (Light Mix) based on the protocol published in the Corman-Drosten manuscript, and according to their own words, they distributed these PCR-test kits before the publication was even submitted; further, Victor Corman & Christian Drosten failed to mention their second affiliation: the commercial test laboratory “Labor Berlin”. Both are responsible for the virus diagnostics there and the company operates in the realm of real time PCR-testing.

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30 Corman-Drosten Review website - Corman-Drosten Review Report

31 ResearchGate website - External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results

- An article on the Bloomberg website cheers the enterprise that Olfert Landt exhibited by having his company introducing the production of PCR tests by January 10th, even before the paper he helped produce was published: [32]

    - Shortly after New Year's, Olfert Landt started seeing news reports of a strange disease spreading in China. The German scientist, who's developed tests for ailments ranging from swine flu to SARS, sensed an opportunity—and a new mission. He spent the next few days quizzing virologists at Berlin's Charité hospital and scouring the internet for more information on what soon became known as the novel coronavirus, and by Jan. 10 he'd introduced a viable test kit.

## The FDA Admits They Faked it - Using "Contrived" Samples for the Tests (July 9, 2024 Update)

- The CDC published an article on thier website, *07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing*, where they announce they will soon withdraw their request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization of the PCR test they originally used, and in the article they refer the reader to an FDA website page: [33]

    - For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, visit this page.

- The link given in the line above is to a September 15, 2020 article on the FDA website, *SARS-CoV-2 Reference Panel Comparative Data*, where they discuss testing for SARS-CoV-2. In a section titled, *Background*, they explain how, lacking viable samples, they winged it and "contrived" samples for the making of the tests: [34]

    - During the early months of the Coronavirus Disease 2019 (COVID-19) pandemic, clinical specimens were not readily available to developers of IVDs (in vitro diagnostic assays) to detect SARS-CoV-2. Therefore, the FDA authorized IVDs based on available data from contrived samples generated from a range of SARS-CoV-2 material sources (for example, gene specific RNA, synthetic RNA, or whole genome viral RNA) for analytical and clinical performance evaluation. While validation using these contrived specimens provided a measure of confidence in test performance at the beginning of the pandemic, it is not feasible to precisely compare the performance of various tests that used contrived specimens because each test validated

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32 Bloomberg website - A Berlin Biotech Company Got a Head Start on Coronavirus Tests

33 CDC website - 07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing

34 FDA website - SARS-CoV-2 Reference Panel Comparative Data

performance using samples derived from different gene specific, synthetic, or genomic nucleic acid sources.

- Read more about this in Jon Rappoport's article, *CDC/FDA smoking gun of smoking guns*. [35]

## The PCR Test's Historic Failures

### Faith in Quick Test Leads to Epidemic That Wasn't

In mid-April, 2006, at the Dartmouth-Hitchcock Medical Center, first an internist, then more health care workers at the hospital came down with intractable coughing. A doctor there was concerned it could be whooping cough. As said in the New York Times article, "It was the start of a bizarre episode at the medical center: the story of the epidemic that wasn't."

- The doctors made their final diagnosis as pertussis because they trusted the results of PCR tests. This resulted in thousands of health care workers getting vaccinated for something they didn't have. From the January 22, 2007 article, "Faith in Quick Test Leads to Epidemic That Wasn't", on the New York Times website: [36]

  - At Dartmouth the decision was to use a test, P.C.R., for polymerase chain reaction. It is a molecular test that, until recently, was confined to molecular biology laboratories.

  - At Dartmouth, when the first suspect pertussis cases emerged and the P.C.R. test showed pertussis, doctors believed it. The results seem completely consistent with the patients' symptoms.

  - "That's how the whole thing got started," Dr. Kirkland said. Then the doctors decided to test people who did not have severe coughing.

  - "That's how we ended up with 134 suspect cases," Dr. Kirkland said. And that, she added, was why 1,445 health care workers ended up taking antibiotics and 4,524 health care workers at the hospital, or 72 percent of all the health care workers there, were immunized against whooping cough in a matter of days.

- Ultimately the doctors decided that they should take the extra steps to confirm their diagnosis of pertussis: [36 (above)]

  - The Dartmouth doctors sent samples from 27 patients they thought had pertussis to the state health departments and the Centers for Disease Control. There, scientists tried to grow the bacteria, a process that can take

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35 Jon Rappoport's website - CDC/FDA smoking gun of smoking guns

36 New York Times website - Faith in Quick Test Leads to Epidemic That Wasn't

weeks. Finally, they had their answer: There was no pertussis in any of the samples.

- “It was going on for months,” Dr. Kirkland said. But in the end, the conclusion was clear: There was no pertussis epidemic.

- “The big message is that every lab is vulnerable to having false positives,” Dr. Petti said. “No single test result is absolute and that is even more important with a test result based on P.C.R.”

### NBC Reports on 400 False Positives

- In a September 9 article on the NBC website they report that a lab in Boston, that had been allowed to begin COVID-19 testing in April, suspended coronavirus testing after an investigation uncovered nearly 400 false positive COVID-19 results. From the article: [37]

  - Orig3n, a biotechnology company which counts dozens of nursing homes as its clients, ceased testing on Aug. 8 at the request of the Massachusetts Department of Public Health. The suspension came days after state health officials became aware of an unusually high number of positive coronavirus tests. An investigation found that there were at least 383 inaccurate positive results from the lab that, upon re-testing, came back as negative.

  - The scale of Orig3n's erroneous testing remains unclear, according to The Boston Globe, since state health officials did not re-test every sample the facility processed. The lab's chief executive, Robin Smith, told the outlet that Orig3n processed "tens of thousands" of coronavirus tests over the past 90 days for clients across the country.

## Final Thoughts

If PCR were used differently it could be an important tool during an epidemic. If the cycle count were always reported along with the any positive result. If those reported results were tabulated separately. If those records were used to appraise the situation in an open honest discussion about the implications with the recognition of lots of nuance.

That’s a lot of ifs, but the biggest if of all is if the results were only used to enhance scientific understanding and were not used as a reason/excuse to initiate all the impositions on people’s lives that we have seen in the last year.

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37 NBC website - Coronavirus testing at Boston lab suspended after nearly 400 false positives

There has been no nuance. If “cases” go up, dictates are issued or extended. The cure has been and is worse than the disease. An open honest appraisal of PCR used as a test needs to happen. And people need an apology from all those who have participated in the ruse.

## Relevant Links

### Videos

The PCR Deception - Derrick Broze

The Truth About PCR Tests - Dr. Sam Bailey

Covid-19: Behind the PCR Curtain - Dr. Sam Bailey

We Are Being Lied To! Here Is How…

### Articles

What is PCR?

The PCR Testing Debacle

COVID19 PCR Tests are Scientifically Meaningless

Portuguese Court Rules PCR Tests “Unreliable” & Quarantines “Unlawful”

Coronavirus Scandal Breaking in Merkel’s Germany

False Positives: Evidence Based Fact, What is the Reliability of the PCR Test?

A global team of experts has found 10 FATAL FLAWS in the main test for Covid and is demanding it’s urgently axed. As they should

## Virology Skepticism Links

### Videos

Sam Bailey Videos’ Show Notes

The End of Germ Theory

Toxicology vs Virology – Rockefeller Institute and the Criminal Polio Fraud

Will I Be Struck Off?

Dr. Sam Bailey - The Truth About Virus Isolation / Bioweapon BS

Reiner Fuellmich's Coronaviruses - Sam Bailey

PDFs

- Virology Debunked

The End of Germ Theory - PDFs of Sources for the Video (video linked to above)

Covid-19 Fraud and War on Humanity, November 11, 2021 - Dr Mark Bailey and Dr John Bevan-Smith

Settling The Virus Debate - Tom Cowan, Andrew Kaufman, et al

Dismantling the Virus Theory - Dr. Stefan Lanka, 2015

COVID-19 - The virus does not exist - it is confirmed! - Saeed A. Qureshi, Ph.D, January, 2021

FOIs Reveal That Health/Science Institutions Around the World (220 and Counting!) Have No Record of Sars-Cov-2 Isolation/Purification, Anywhere, Ever - Christine Massey

Explore No-Virus Articles, PDFs, Videos, Websites – Extensive Sources

- Poisons not Viruses

20 Things You Don't Know About Polio, The History of Polio - Jason Christoff

Pesticides and Polio: A Critique of Scientific Literature

The Poison Cause of Poliomyelitis and Obstructions to its Investigation

The SARS Epidemic- Are Viruses Taking the Rap for Industrial Poisons?

Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic, August, 2008 - John F. Brundage, G. Dennis Shanks