

# The PCR test is not validated

[Corona Facts](#) June 25, 2020

Most people already know that the PCR test cannot detect a virus, this was [confirmed by the inventor Kary B. Mullis himself](#), he even called this practice an "oxymoron", which is a contradiction in terms. To request scientific evidence, he even met with Prof. Luc Montagnier, the one who, according to the official story, is said to have discovered the HI virus. But he could not produce a single document. ( [see Dr. Kary Mullis](#) ). In this article we will deal with the validation of the PCR test. This does not exist. Basically, it must be understood as long as there is no purified isolation of the alleged virus [see e.g. ( [here](#) ) | ( [here](#) ) | ( [here](#) )] and Koch's postulates are not adhered to, no test in this world can give a statement as to whether someone is infected! I will not go into what exactly the PCR test does in this article, I will explain this in the next article. You will see after the following points, a validation can be 100% excluded. The PCR test is not a gold standard, as some strangely claim without any logic.



1. Drosten's PCR test cannot be validated at all, just the fact that Drosten and his team presented the test **before the very**

**first publication by the Chinese took place** (no sequences were published at the time). **The WHO also promoted this test 3 days before** the first publication. ([The scientific fraud by Prof. Christian Drosten](#))

2. The Charité test protocol from January 2020, developed by Prof. Drosten and his colleagues, **was not validated when it appeared**, but was [accepted and disseminated](#) by the World Health Organization WHO and the Robert Koch Institute (RKI) .
3. Not only did Drosten create the test before the first publications by the Chinese, hence of course no gene sequences were available, so he used old sequences from 2003! On the basis of which assumption, experiments and control tests, can Prof. Drosten claim that with his test method, with which he only detects partial areas of 2 (two) genes from the genome of a total of 10 (ten) genes of the corona virus, a whole, active and morbidiferous virus is detected? And not just fragments of a virus, after an assumedly successful struggle of the immune system or the presence of "defective" or "incomplete" or "harmless" viruses in our genetic material, which are typical and make up 50% of the genetic mass of our chromosomes? See [Dr. Stefan Lanka - misinterpretation virus part 2](#)
4. **On January 23rd, 2020: [Publication of the development of the test procedure by Prof. Drosten](#) On page 3 of this article, left column, 8 lines from the bottom, he describes the first and decisive step of his approach:** *“Before public virus sequences from cases with 2019-nCoV are made public, we relied on reports from social media announcing evidence of a SARS-like virus. We therefore assumed that a SARS-related CoV was involved in the outbreak. ”* **At that time, no clinical data were available that could have been the basis for such a presumption. It also says:** *"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 the 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.*

5. [In a manual \(p. 38\) of](#) the US epidemic protection agency CDC for the PCR test it says: *"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms. The performance of this test has not been established for monitoring treatment of 2019-nCoV infection "*  
  
*" Detection of viral RNA may not indicate the presence of an infectious virus or that 2019-nCoV is the trigger for clinical symptoms. "*  
**Translated it means:** A positive test does not guarantee that the COVID virus will cause an infection at all. And, um, if you read between the lines, the COVID virus may not even be in the patient's body.
6. A Singapore paper from doctors and public health officials offers an insightful look inside the coronavirus testing. Hidden in the supplementary reference material [Young BE et al. Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore. JAMA .](#), where few people will see it, it reveals some important questions about tests (the important graphic is ["EFigure 3A", page 6](#) ): *"It turned out that the test randomly alternated positive and negative tests. Interestingly, the patients who exhibited the most symptoms were not the patients who took fewer cycles of the PCR test to get a positive result. "*
7. The Instructions for Use for the [SARS-CoV-2 Assay \(Panther Fusion® System\) test from Hologic, Inc.](#) , as of 2002-03, states: *that you can test positive (become infected) and still be symptom-free and healthy. "*  
*"Some people become infected but don't develop any symptoms and don't feel unwell." (Page 2)*
8. Creative Diagnostics Product Information for the test kit "SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CDO19RT)"  
*"This product is for research use only and is not intended*

*for diagnostic use.” Such “intended use” is stated: “This product is intended for the detection of the 2019-Novel Coronavirus (2019-nCoV). The result of the detection of this product is for clinical reference only and should not be used as the sole evidence in clinical diagnosis and treatment.*

**" Source of the [test kit](#) and the [general source](#) for it below.**

9. A study in the Journal of Medical Virology comes to the conclusion that the **internationally used coronavirus test is unstable**: False positive rates as well as false negative rates ( [Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID- 19.](#) )
10. To the **PCR tests** [*nucleic acid tests* ] and those of **Dr. Drosten's** much-lauded diagnostics one should refer to the following 2 sources, both of which show how error-prone detection of SARS-CoV2 is using the PCR method, reference: [Dr. Wodarg - what does the test actually measure?](#)
11. [Virologist Drosten basically says it himself](#): I quote: "*Sure: Towards the end of the course the PCR is sometimes positive and sometimes negative. Coincidence plays a role. If you test patients twice negatively and discharge them as cured, they can definitely get positive test results again at home. That's by no means a reinfection.*"
12. [A Chinese Corn Stream \(SCMP\) article said](#) :  
*"However, since the test involves multiple steps, failure at a certain stage could affect the result," Li Yan, director of the diagnostic center at Wuhan University People's Hospital, said in an interview with the state CCTV transmitter on Sunday.*  
....  
*"The test's accuracy rate is only 30 to 50 percent, said Wang Chen, president of the Chinese Academy of Medical Sciences, during a CCTV interview on Wednesday."*
13. **Professionals from England and Canada say they are extremely concerned** about the way epidemics are identified and managed. Jerome Burne reports on [healthinsightuk.org](#) : "*Coronavirus: a reliable test is badly needed. We don't have one*"
14. The [New York Times](#) says, "*Coronavirus test kits sent to states are flawed, CDC says some tests distributed by the*

*agency give "inconclusive" readings. The CDC has to send out new ingredients, which further delays results."*

15. [The BBC](#) reports that people were tested more than 6 times **before they finally became positive the 7th time** and some other crazy stuff
16. As if that wasn't all crazy enough, the players of the teams 1. FC Köln and Borussia Mönchengladbach **showed that they were alternately tested positive and negative**, see the article on [Rubikon - The test fraud](#) .
17. How can a test that detects the different SARS viruses from **bats, dogs, tigers, lions, domestic cats and humans, which have been changing and spreading worldwide for many years**, be named specifically for the detection of an allegedly only four month old SARS-CoV-2? Source: [Wodarg](#) and [NBC News](#)
18. The President of Tanzania has tested the test - our Chancellor has not yet got that far, it transpired that the test tested also goats, rabbits, domestic cats, **(papaya) a fruit!** positive.  
Several sources: [Video of the President](#) | [Reuters also reported](#) | [Also RT-German](#) | [Also n-tv](#) and also [Sputniknews](#)
19. The PCR test cannot detect a virus, this was [confirmed by the inventor Kary B. Mullis himself](#), he even called this practice an "oxymoron", (i.e. a contradiction in terms). To request scientific evidence, he even met with Prof. Luc Montagnier, the one who, according to the official story, is said to have discovered the HI virus. But he could not produce a single document. ( [see Dr. Kary Mullis](#) ).  
[Kary B. Mullis - Why they cannot be used to prove HIV infection](#) or [Kary Mullis: The HIV-AIDS thesis is wrong](#).
20. **Doubts about the Corona outbreak in the senior citizen center are raised in light of the anomaly:** none of the positive had symptoms! Sleiers initiated a second test, which gave a completely different picture: suddenly only 2 of the 56 people tested positive! 11 slightly positive ... The test is not binary!  
The LAB says they did everything according to the instructions, so it wasn't the lab !!!! This test belongs in the garbage can.  
**Source:** <https://www.schwaebische.de/landkreis/landkreis>

[-tuttlingen/trossingen artikel,-zweifel-an-corona-ausbruch-in-seniorenzentrum-haben-laut-arid,11217952.html](#)

21. [Wrong results in corona tests in the Vogelsbergkreis](#) | ( [Screenshot secured](#) ) Fourteen times in a row, the tests for the coronavirus in people from the Vogelsberg district were positive - fourteen times this result was found to be false in a second examination by another laboratory.

22. A false positive rate currently of 85% rips the bottom out of the whole madness, this means that even if a test could really detect a virus, which it cannot, then 100 people who tested positive would be (with the current data of the RKI's status calendar week 24 ), **85 false positive results!** Among other things, [Samuel Eckert has provided](#) a fantastic analysis including an [Excel list](#), which includes the search rate. Even [Dr. med. Steffen Rabe](#) presented an analysis of the calculation and also made a calculator available ( [download](#) ).

23. One of the first interesting studies from the [Department of Epidemiology and Biostatistics, School of Public Health, Xi'an Jiaotong University Health Science Center, Xi'an 710061, China](#) showed that a **false-positive rate of up to 80.33% can occur**. After a few weeks the pressure became so high that it was withdrawn. The lead author spoke of a "[sensitive matter](#)" which could indicate political pressure, as one NPR journalist suspected.

24. Independent of this study, the susceptibility of so-called PCR virus tests to errors has long been known: in 2006, for example, a mass infection with SARS coronaviruses was "detected" in a Canadian nursing home, which later turned out to be common cold coronaviruses ( [An Outbreak of Human Coronavirus OC43 Infection and Serological Cross-reactivity with SARS Coronavirus](#) ).

25. The [Express newspaper Issue 32](#), which were provided for free, I can recommend with regard to many issues, there you will find further information about the PCR test.

26. March 26, 2020: [Radio Munich: Covid 19 test is unspecific - Dr. Wolfgang Wodarg](#)

27. [March 22nd, 2022: Lothar Hirneise : Question about the PCR test](#) "Can someone explain to me why you need a PCR

*test to determine Corona? PCR tests multiply the virus BEFORE testing. According to virologists like Drosten, the virus has to multiply millions of times before symptoms appear. Then you no longer need a PCR test, but can determine it directly in the blood! Weird, is it not?"*

28. [It was Drosten himself who said in his podcast](#) that his test also works on RNA sequences (corona) from cattle and bats. Drosten also said that his test fails (false positive) if another coronavirus (cold virus) RNA sequence is present in humans. (Vaccinations).

29. **Lack of a valid gold standard**

This is a fundamental point. Tests need to be assessed to determine their accuracy - in fact their "[sensitivity](#)" and "[specificity](#)" - by comparing them to a "gold standard" which is the most accurate method available.

As an example of a pregnancy test, the gold standard would be pregnancy itself. But like the Australian specialist in infectious diseases, Sanjaya Senanayake, for example in an [ABC TV interview](#) in an answer to the question "*How accurate is the [COVID-19] test? Explained: "If we had a new test to pick up [the bacterium] staphylococci in the blood, we would already have blood cultures, this is our gold standard that we have been using for decades and we could compare this new test with it. But have for COVID-19 we don't have a gold standard test."* ----- Bristol University's Jessica C. Watson affirms this. In her recent [article](#) in the *British Medical Journal* , "[Interpreting a COVID-19 Test Result,](#)" she writes that "*there is no clear "gold standard" for COVID-19 tests.*" But instead of *classifying* the tests as unsuitable for SARS-CoV-2 detection and the COVID-19 diagnosis or indicating that only a virus proven by isolation and purification (Koch's postulates) can be a solid gold standard, Watson claims in all seriousness: The "pragmatic" COVID-19 diagnosis itself, particularly the PCR tests themselves, "*is possibly the best available "gold standard".* **However, this is not scientifically founded.** Aside from the fact that it is downright absurd to use the PCR test itself as part of the gold standard for evaluating the PCR test, there are no particular symptoms for COVID-19, that even people like Thomas Löscher, former head of The Department for Infection and Tropical Medicine at the University of Munich and a member of the Federal Association of German Internists has granted [ [Off-Guardian](#) ]. And if there are no specific symptoms for

COVID-19, then contrary to Watson's statement, the COVID-19 diagnosis cannot serve as a valid gold standard. In addition, "experts" like Watson overlook the fact that virus isolation only, ie. clear virus detection, can be the gold standard.

30. **[After 35 days of isolation at sea, 57 Argentine fishermen tested positive.](#)**

57 Argentine fishermen tested positive for the coronavirus despite having spent 35 days at sea and tested negative before leaving. "We see the nonsense of the PCR testing here again.

This list is not exhaustive, but it does indicate to what extent the PCR test is a tool for manipulation. Through this manipulation it is possible that we are being robbed of our basic rights and terrifying people. The phrase "*we have a test epidemic*" is absolutely correct.

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