

CDC, FDA Faked “COVID” Testing Protocol by Using Human Cells Mixed with Common Cold Virus Fragments

Description

USA: In a shocking revelation first reported by Dan Dicks of Press for Truth (Canada), an FDA document admits that the CDC and FDA conspired to fabricate a covid-19 testing protocol using human cells combined with common cold virus fragments because ***they had no physical samples of the SARS-CoV-2 “covid” virus*** *available.*

Without physical reference material to use for calibration and confirmation, the test has zero scientific basis in physical reality. And all the PCR analysis based on this protocol is utterly fraudulent, flagging people as “positive” for covid when they merely possess tiny quantities of RNA fragments from other coronavirus strains circulating in their blood.

The FDA document, available from the FDA.gov website, is entitled, “CDC 2019-Novel Coronavirus (2019-nCoV)
Real-Time RT-PCR Diagnostic Panel .” The document astonishingly admits: (emphasis ours)

Since ***no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed*** *and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells andviral transport medium (VTM) to mimic clinical specimen.*

In other words, they had no covid virus from which to develop and calibrate the test, so they mixed up a cocktail of human cells and RNA fragments from a common cold virus, then called it “covid.” The GenBank sequence referred to in this paragraph is simply **a digital library definition that’s labeled “covid”** but has no supporting reference materials in physical reality either.

That’s because **no doctor or researcher has isolated “covid” from any infected, symptomatic patient**. As a result, no laboratory instruments can be calibrated against *actual* covid, and the tests simply rely on digital libraries pushed out by the CDC and WHO, using “covid” as the label.

The PCR tests are then instructed to look for these genetic sequences obtained from the fabricated

digital libraries, meaning the entire scheme is junk science circular logic with no basis in physical reality.

Why are there seemingly no certified reference materials for covid available to laboratories for instrument calibration?

I am the founder and owner of an analytical laboratory that routinely conducts quantitative analysis of food contaminants, producing high-precision analysis results for pesticides, herbicides and heavy metals. In every case where we conduct lab analysis, **we calibrate the instruments against known physical samples called "external standards" or "certified reference materials." (CRM)**

Any lab can purchase CRMs for mercury, arsenic, glyphosate and even salmonella. For example, this link at Biosisto lists CRMs for various salmonella strains. Labs can purchase those reference materials and use them to calibrate their instruments, making sure their analysis is traced back to physical, real-world samples of a purified material. These CRMs, in turn, must be NIST-traceable in order to confirm their origin and authenticity. All CRMs are therefore labeled with lot numbers and expiration dates.

While labs can purchase reference materials for microbes, heavy metals, pesticides, etc. — all *physical* materials — I have searched far and wide and have not been able to locate any certified reference materials for SARS-CoV-2 or even a weakened, non-viable version of it. As far as I can tell, **there appear to be no physical specimens of isolated covid viruses available for instrument calibrations and testing protocol quality control**.

To be clear, I'm not saying that viruses don't exist, and it's quite clear that the Wuhan Institute of Virology colluded with Fauci, Daszak, the NIH, Baric and others to develop a weaponized spike protein. But **the spike protein is not a virus by itself**. It's simply a toxic nanoparticle that can be synthesized in quantity and then either dumped on cities or added to vaccines and injected into people via immunization protocols.

I ask the big question about all this in my science lab whistleblower video here, which presents more details about all this that will have your head spinning. In essence, **if "covid-19" is a real virus that can be isolated, why are there apparently no physical reference materials to calibrate laboratory instruments for covid detection?** And why were no such materials used in the development of the FDA-approved, CDC-endorsed PCR testing protocols?

CDC pulls its own fraudulent covid PCR testing protocol, implying it cannot differentiate between covid and influenza

What adds to the mystery in all this is the fact that the CDC just issued a "laboratory alert," announcing their intention to withdraw the faulty PCR testing protocol by the end of this year. As part of their announcement, they implied that the current PCR test — the same one the FDA mentioned above, which was developed without any physical covid samples for calibration — **cannot tell the difference between influenza and covid**.

From the CDC document:

In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can ***facilitate detection and differentiation of SARS-CoV-2 and influenza viruses****.*

Why might it be important to differentiate covid from influenza?

Because, as it seems, **influenza cases nearly disappeared in 2020** as influenza was re-labeled "covid" due to the faulty testing.

"Percentage influenza positivity decreased by 64% (p = 0.001) and estimated daily number of influenza cases decreased by 76% (p = 0.002) in epidemiologic weeks 5–9 of 2020 compared with the preceding years," reported the CDC in 2020.

In essence, the medical establishment simply took all the people who would normally be diagnosed with colds and the flu, and shifted them into the "covid" category in order to push a covid mass hysteria narrative that would drive people into vaccines. The vaccines, then, were formulated with spike protein toxic nanoparticles to cause the "delta" panic wave, which is largely occurring among vaccinated individuals.

From here, the plandemic scam proceeds like clockwork: People get sick from the vaccines, so more vaccine boosters are demanded, which perpetuates the illness. Rinse and repeat. It never ends until the perpetrators are arrested and people wise up to the scam.

The CDC has just published a science document that confirms the entire scam. Click here to view the PDF on our servers.

It's entitled, "Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021" and it shockingly admits that **74% of infections occurred in fully vaccinated (double dose) people**:

During July 2021, 469 cases of COVID-19 associated with multiple summer events and large public gatherings in a town in Barnstable County, Massachusetts, were identified among Massachusetts residents; vaccination coverage among eligible Massachusetts residents was 69%. Approximately three quarters (346; ***74%****) of cases occurred in fully vaccinated persons (those who had completed a 2-dose course of mRNA vaccine [Pfizer-BioNTech or Moderna] or had received a single dose of Janssen [Johnson & Johnson] vac- cine ?14 days before exposure).*

See, the vaccine is the pandemic. The vaccine is spreading the spike protein, and the fake PCR tests provide the fuel to keep the mass hysteria going.

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