

COVID-19 Antigen Rapid Test

Rapid chromatographic immunoassay
for the qualitative detection of SARS-CoV-2 antigens in human nasopharynx

For professional in vitro diagnostic use only

Cat. No. 1-364-K020

cassettes: 20 pcs.



INTENDED USE

The COVID-19 Antigen Rapid Test is a rapid chromatographic immunoassay for the qualitative detection of SARS-CoV-2 antigens in nasopharyngeal swab specimens from individuals with suspected SARS-CoV-2 infection in conjunction with clinical presentation and the results of other laboratory tests.

An antigen is generally detectable in upper respiratory specimens during the acute phase of infection. Positive results indicate the presence of viral antigens, but clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions. Negative results should be treated as presumptive and confirmed with a molecular assay, if necessary for patient management. Negative results should be considered in the context of a patient's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19.

The COVID-19 Antigen Rapid Test is intended for use by trained clinical laboratory personnel.

SUMMARY

The novel coronaviruses belong to the β genus. COVID-19 is an acute respiratory infectious disease. Currently, the patients infected by the novel coronavirus are the main source of infection; asymptomatic infected people can also be an infectious source. The main manifestations include fever, fatigue and dry cough. Nasal congestion, runny nose, sore throat, myalgia and diarrhea are found in a few cases.

PRINCIPLE

The COVID-19 Antigen Rapid Test is a qualitative membrane-based immunoassay for the detection of SARS-CoV-2 antigens in human nasopharyngeal swab specimen. SARS-CoV-2 antibody is coated in the test line region. During testing, the specimen reacts with SARS-CoV-2 antibody-coated particles in the test. The mixture then migrates upward on the membrane by capillary action and reacts with the SARS-CoV-2 antibody in test line region. If the specimen contains SARS-CoV-2 antigens, a colored line will appear in test line region as a result of this. If the specimen does not contain SARS-CoV-2 antigens, no colored line will appear in the test line region, indicating a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

REAGENTS

The test contains anti-SARS-CoV-2 antibody as the capture reagent and anti-SARS-CoV-2 antibody as the detection reagent.

PRECAUTIONS

1. This package insert must be read completely before performing the test. Failure to follow directions in package insert may yield inaccurate test results.
2. For professional *in vitro* diagnostic use only. Do not use after expiration date.
3. Do not eat, drink or smoke in the area where the specimens or kits are handled.
4. Do not use test if pouch is damaged.
5. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout in the collection, handling, storage, and disposal of patient samples and used kit contents.
6. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
7. Wash hands thoroughly after handling.
8. Please ensure that an appropriate amount of samples are used for testing. Too much or too little sample size may lead to deviation of results.
9. Viral Transport Media (VTM) may affect the test result; extracted specimens for PCR tests cannot be used for the test.
10. The used test should be discarded according to local regulations.
11. Humidity and temperature can adversely affect results.

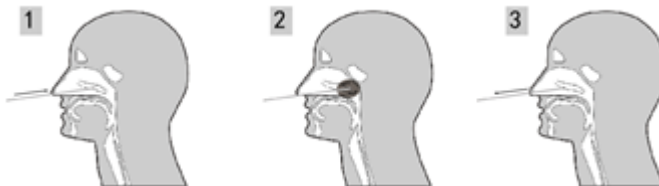
STORAGE AND STABILITY

Store as packaged in the sealed pouch at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. **DO NOT FREEZE.** Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

Specimen Collection

1. Insert a sterile swab into the nostril of the patient, reaching the surface of the posterior nasopharynx.
2. Swab over the surface of the posterior nasopharynx.
3. Withdraw the sterile swab from the nasal cavity.



Specimen transport and storage

Specimens should be tested as soon as possible after collection.

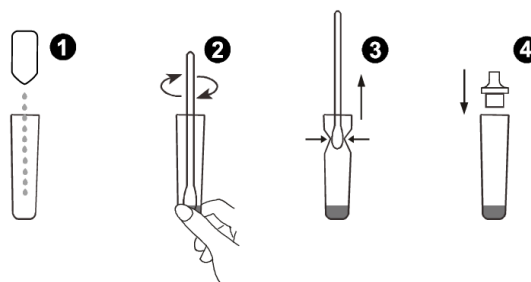
If swabs are not been processed immediately, it is highly recommended the swab sample is placed into a dry, sterile, and tightly sealed plastic tube for storage. The swab specimen in dry and sterile condition is stable for up to 8 hours at room temperature and 24 hours at 2-8°C.

If transport of samples with viral transport media (VTM) is required, the **VTM should not contain guanidinium** (for example Guanidine Hydrochloride and Guanidine isothiocyanate) and minimal dilution of the sample is recommended, as dilution may result in decreased test sensitivity. Whenever possible, 1 milliliter or less is best to avoid excessive dilution of the patient sample. Nasopharyngeal swabs in VTM are stable for up to 8 hours at room temperature and 24 hours at 2-8°C.

SPECIMEN PREPARATION

Only the extraction buffer and tubes provided in the kit is to be used for swab specimen preparation.

1. Place the Extraction tube in the workstation. Add approximately **350 μ l (= 10 drops) of Extraction Buffer** to the Extraction tube. See illustration(1).
2. Place the swab specimen in the Extraction tube. Rotate the swab for approximately 10 seconds while pressing the head against the inside of the tube to release the antigen in the swab. See illustration (2).
3. Remove the swab while squeezing the swab head against the inside of the Extraction Tube as you remove it to expel as much liquid as possible from the swab. Discard the swab in accordance with your biohazard waste disposal protocol. See illustration (3).
4. Fit the dropper tip on top of the extraction tube.



Preparation for VTM specimen

When using viral transport media (VTM), it is important to ensure that the VTM containing the sample has balanced to room temperature (15-30°C).

Using a pipette, transfer 350 μ l of specimen solution from the VTM to the Specimen Extraction Tubes with Extraction Buffer, mix well by shaking.

NOTE: The storage of the specimen after extraction is stable for 2 hours at room temperature or 24 hours at 2-8°C.

MATERIALS PROVIDED

- Test cassettes
- Package insert
- Extraction tubes and tips
- Sterile swabs
- Extraction Buffer
- Workstation

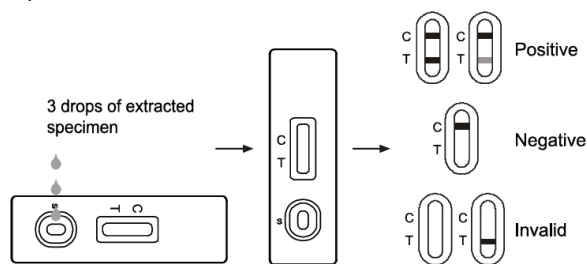
MATERIALS REQUIRED BUT NOT PROVIDED

- Timer

TEST PROCEDURE

Allow the test, extracted specimen and/or controls to equilibrate to room temperature (15-30°C) prior to testing.

1. Remove the test cassette from the sealed foil pouch and use it within one hour. Best results will be obtained if the test is performed immediately after opening the foil pouch.
2. Invert the specimen extraction tube and add **3 drops of extracted specimen** (approx. 100 µl) to the specimen well (S) and then start the timer.
3. Wait for the colored line(s) to appear. Read the result at **15 minutes**. Do not interpret the result after 20 minutes.



INTERPRETATION OF RESULTS

POSITIVE: Two distinct colored lines appear. One colored line should be in the control region (C) and another colored line should be in the Test region (T). Positive result in the Test region indicates detection of SARS-CoV-2 antigens in the sample.

***NOTE:** The intensity of the color in the test line region (T) will vary based on the amount of SARS-CoV-2 antigen present in the sample. So any shade of color in the test region (T) should be considered positive.

NEGATIVE: One colored line appears in the test line region (T). No apparent colored line appears in the test line region (T).

INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

QUALITY CONTROL

Internal procedural controls are included in the test. A colored line appearing in the control region (C) is an internal positive procedural control. It confirms sufficient specimen volume and correct procedural technique. A clear background is an internal negative procedural control. If the test is working properly, the background in the result area should be white to light pink and not interfere with the ability to read the test result.

External positive/negative controls are not included in this kit. However, in compliance with Good Laboratory Practice (GLP), these controls are recommended.

LIMITATIONS

1. The test Procedure and the Interpretation of test Result must be followed closely when testing for the presence of SARS-CoV-2 antigens in the human nasopharyngeal specimens from suspected individuals. For optimal test performance, proper sample collection is critical. Failure to follow the procedure may give inaccurate results.
2. The performance of the COVID-19 Antigen Rapid Test was evaluated using the procedures provided in this product insert only. Modifications to these procedures may alter the performance of the test. Viral Transport Media (VTM) may affect the test result; extracted specimens for PCR tests cannot be used for the test.
3. The COVID-19 Antigen Rapid Test is for *in vitro* diagnostic use only. This test should be used for detection of SARS-CoV-2 antigens in human nasopharyngeal specimens as an aid in the diagnosis of patients with suspected SARS-CoV-2 infection in conjunction with clinical presentation and the results of other laboratory tests. Neither the quantitative value nor the rate of increase in the concentration of SARS-CoV-2 antigens can be determined by this qualitative test.
4. The COVID-19 Antigen Rapid Test will only indicate the presence of SARS-CoV-2 antigens in the specimen and should not be used as the sole criteria for the diagnosis of SARS-CoV-2 infections.
5. The results obtained with the test should be considered with other clinical findings from other laboratory tests and evaluations.
6. If the test result is negative or non-reactive and clinical symptoms persist, it is recommended to re-sample the patient a few days later and test again or test with a molecular diagnostic test to rule out infection in these individuals.
7. The test will show negative results if the concentration of the novel coronavirus antigens in the sample is lower than the minimum detection limit of the test.
8. Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
9. Excess blood or mucin on the swab specimen may interfere with test performance and may yield a false positive result.
10. The accuracy of the test depends on the quality of the swab sample. False negatives may result from improper sample collection or storage.
11. Positive results of COVID-19 may be due to infection with non-SARS-CoV-2 coronavirus strains or other interference factors.

PERFORMANCE CHARACTERISTICS

Sensitivity, Specificity and Accuracy

The COVID-19 Antigen Rapid Test has been evaluated with specimens

obtained from the patients. RT-PCR is used as the reference method for the COVID-19 Antigen Rapid Test. Specimens were considered positive if RT-PCR indicated a positive result.

Method	RT-PCR		Total Results
	Results	Positive	Negative
COVID-19 Antigen Rapid Test	Positive	80	1
	Negative	3	120
Total Result		83	121
Relative Sensitivity		96.4% (95%CI*: 89.8%~99.2%)	
Relative Specificity		99.2% (95%CI*: 95.5%~99.9%)	
Accuracy		98.0% (95%CI*: 95.1%~99.5%)	

*Confidence Intervals

Detection Level

A recombinant SARS-CoV-2 protein was spiked into extraction buffer at the concentration of 0pg/ml (negative control), 50pg/ml, 100pg/ml, 200pg/ml, 500pg/ml, 1ng/ml, 10ng/ml and 100ng/ml to determine detection level. Study demonstrated minimal detection limits of COVID-19 Antigen Rapid Test is 100 pg/ml.

Interfering Substances

The following potentially interfering substances were added to negative and SARS-CoV-2 antigen weak positive specimens:

Whole Blood: 20 µl/ml, Mucin: 50 µg/ml, Budesonide Nasal Spray: 200 µl/ml, Dexamethasone: 0.8 mg/ml, Flunisolide: 6.8 ng/ml, Mupirocin: 12 mg/ml, Oxymetazoline: 0.6 mg/ml, Phenylephrine: 12 mg/ml, Rebeto: 4.5 µg/ml, Relenza: 282 ng/ml, Tamiflu: 1.1 µg/ml, Tobramycin: 2.43 mg/ml
None of the substances at the concentration tested interfered in the assay.

Specificity Testing with Various Viral Strains

The COVID-19 Antigen Rapid Test was tested with the following viral strains. No discernible line at either of the test-line regions was observed at these concentrations:

Description	Test Level
Adenovirus type 3	3.16 x 10 ⁴ TCID50/ml
Adenovirus type 7	1.58 x 10 ⁵ TCID50/ml
Human coronavirus OC43	2.45 x 10 ⁶ LD50/ml
Influenza A H1N1	3.16 x 10 ⁵ TCID50/ml
Influenza A H3N2	1 x 10 ⁵ TCID50/ml
Influenza B	3.16 x 10 ⁶ TCID50/ml
Human Rhinovirus 2	2.81 x 10 ⁴ TCID50/ml
Human Rhinovirus 14	1.58 x 10 ⁶ TCID50/ml
Human Rhinovirus 16	8.89 x 10 ⁶ TCID50/ml
Measles	1.58 x 10 ⁴ TCID50/ml
Mumps	1.58 x 10 ⁴ TCID50/ml
Parainfluenza virus 2	1.58 x 10 ⁷ TCID50/ml
Parainfluenza virus 3	1.58 x 10 ⁸ TCID50/ml
Respiratory syncytial virus	8.89 x 10 ⁴ TCID50/ml

TCID50 = Tissue Culture Infectious Dose is the dilution of virus that under the conditions of the assay can be expected to infect 50% of the culture vessels inoculated.

LD50 = Lethal Dose is the dilution of virus that under the conditions of the assay can be expected to kill 50% of the suckling mice inoculated.

Precision (Intra-Assay&Inter-Assay)

Within-run and Between-run precision has been determined by using three specimens of COVID-19 standard control. Three different lots of COVID-19 Antigen Rapid Test have been tested using negative sample, SARS-CoV-2 antigen weak and SARS-CoV-2 antigen Strong. Ten replicates of each level were tested each day for 3 consecutive days. The specimens were correctly identified >99% of the time.

Cross-reactivity

The following organisms were tested at 1.0x10⁸ org/ml and all found to be negative when tested with the COVID-19 Antigen Rapid Test:

<i>Arcanobacterium</i>	<i>Pseudomonas aeruginosa</i>
<i>Candida albicans</i>	<i>Staphylococcus aureus subsp. aureus</i>
<i>Corynebacterium</i>	<i>Staphylococcus epidermidis</i>
<i>Escherichia coli</i>	<i>Streptococcus pneumoniae</i>
<i>Moraxella catarrhalis</i>	<i>Streptococcus pyogenes</i>
<i>Neisseria lactamica</i>	<i>Streptococcus salivarius</i>
<i>Nisseria subflava</i>	<i>Streptococcus sp. group F</i>

REFERENCES

1. Westgard JO, Barry PL, Hunt MR, Groth T. A multi-rule Shewhart for quality control in clinical chemistry, *Clinical Chemistry* 1981;27:493-501

GRAPHICAL SYMBOLS USED:

REF	- catalogue number	LOT	- lot number
IVD	- in vitro diagnostic medical device		- expiry date
	- consult instructions for use		- contains sufficient for <n> tests
	- temperature limitation		- do not reuse
	- manufacturer		- do not use if package is damaged

