Quick PROFILE[™] COVID-19 Antigen Test

FOR THE QUALITATIVE ASSESSMENT OF SARS-COV-2 VIRUS IN THE NASAL SECRETIONS



Note: The kit components featured in the procedural illustrations may differ from those provided in the kit. Refer to the Materials Provided section of this document for details.

INTENDED USE

QuickProfile[™] COVID-19 Antigen Test is a rapid in vitro immunochromatographic assay for the qualitative detection of SARS-CoV-2 virus antigen present in human nasopharynx. The test is intended for professional and laboratory use as an aid in the rapid diagnosis of SARS-CoV-2 virus infections. According to CDC's guidance, COVID-19 antigen test has the best sensitivity from day 1 to day 5 after the onset of symptoms. Antigen levels in specimens collected beyond 5-7 days of the onset of symptoms may drop below the limit of detection of the test.

SUMMARY

SARS-CoV-2 is single-stranded RNA virus with envelope, the virion is approximately 50–200 nanometers in diameter. It has four structural proteins, known as the spike (S), envelope (E), membrane (M), and nucleocapsid (N) proteins; the N protein holds the RNA genome, and the S, E, and M proteins together create the viral envelope. The incubation period for COVID-19 typically ranges from 2 to 14 days. Those infected with the virus may be asymptomatic or develop common respiratory symptoms, including fever, cough and fatigue (other symptoms may include muscle pain, diarrhea, sore throat, loss of taste and smell, and abdominal pain). Severe patients may progress to acute respiratory distress syndrome (ARDS), septic shock, diffuse alveolar damage (DAD) and even death.

QuickProfile[™] COVID-19 Antigen Test provides a quick and easy to use test to help in the diagnosis of SARS-CoV-2 infection to humans.

PRINCIPLE

QuickProfile[™] COVID-19 Antigen Test is a rapid immunochromatographic assay that utilizes specific monoclonal antibodies to detect Nucleocapsid protein of SARS-CoV-2 virus in nasopharyngeal swab specimens. Anti-SARS-CoV-2 antibodies are coated on nitrocellulose

membrane as the capture zone and conjugated to colloidal gold as the detection probe. When the test strip is dipped into the sample extracts from the nasopharyngeal swab, if the extracted specimen contains SARS-CoV-2 viral antigens, the antigens will form the antigen-antibody complex with anti-SARS-CoV-2-colloidal gold conjugate. The complex will continue to move on the membrane and can be captured by anti-SARS-CoV-2 antibodies coated on the test zone to form a colored band indicating a positive result. Absence of the color band on the test zone indicates a negative result. A built-in control band will always appear when the test is performed properly regardless of the presence or absence of SARS-CoV-2 antigen in the specimen.

PRECAUTIONS

Read the package insert carefully prior to testing the kit and follow the instructions to obtain accurate results.

- 1. For in vitro diagnostic use.
- 2. Do not use the kit contents beyond the expiration date printed on the outside of the box.
- Do not interchange or mix different lots of components of QuickProfile[™] COVID-19 Antigen Test.
- 4. Do not insert the test strip directly into the sampling area (mouth, nostrils).
- 5. Disregard test results beyond the specified time (10 minutes).
- 6. Use appropriate precautions in the collection, handling, storage, and disposal of patient samples and used kit contents.
- 7. Use of protective tools are recommended when handling patient samples.
- 8. Dispose of containers and used contents in accordance with Federal, State and Local requirements.
- 9. Do not reuse kit components.
- 10. The test strip must remain sealed in the protective foil pouch until use.
- 11. Inadequate or inappropriate specimen collection, storage, and transport may yield inaccurate test results.
- 12. Seek specific training or guidance if you are not experienced with specimen collection and handling procedures.
- 13. If infection with a novel SARS-CoV-2 virus is suspected based on current clinical and epidemiological screening criteria recommended by public health authorities, specimens should be collected with appropriate infection control precautions for novel virulent SARS-CoV-2 viruses and sent to state or local health departments for testing. Viral culture should not be attempted in these cases unless a BSL 3+ facility is available to receive and culture specimens.

STORAGE AND STABILITY

- 1. Store the test device at 4-30°C in the original pouch. Do Not Freeze.
- 2. Kit contents are stable until the expiration date printed on the outer box based on the proper storage conditions.
- 3. The test strips must be kept in the sealed pouch until use.

MATERIALS PROVIDED

1. Test Strip (20 strips):

Each test houses a strip incorporated with a pair of anti-SARS-CoV-2 specific mouse monoclonal antibodies and packed in individual foil pouch.

- 2. Extraction Buffer (2 bottles): Solution contains salt and detergent
- 3. Sample extraction tube (20 tubes)
- 4. Nasopharyngeal Swab (20 pieces)
- 5. Instructions for Use (1 copy)

MATERIALS REQUIRED BUT NOT SUPPLIED

- 1. Specimen collection container
- 2. Timer
- 3. Personal Protective Equipment

SAMPLE COLLECTION



Proper specimen collection, storage, and transport are critical to the performance of this test. Specimens should be tested as soon as possible after collection. The training in specimen collection is highly recommended because of the importance of specimen quality. For optimal test performance, use the swabs supplied in the kit.

It is important to obtain as much secretion as possible. Therefore, to collect a nasopharyngeal swab sample, carefully insert the sterile swab into the nostril that presents the most secretions under visual inspection. Keep the swab near the septum floor of the nose while gently pushing the swab into the posterior nasopharynx. Rotate the swab several times then remove it from the nasopharvnx.

QUALITY CONTROL

- 1. The control band is an internal reagent and procedural control. It will appear if the test has been performed correctly and the reagents are reactive.
- 2. Good laboratory practice recommends the daily use of control materials to validate the reliability of the device. Control materials, which are not provided with this test kit, may be commercially available.

PROCEDURE

All specimens and assay procedures must be handled at room temperature.





the arrows on the test strip pointing down.

LIMITATIONS

- 1. The contents of this kit are to be used for the qualitative detection of SARS-CoV-2 viral antigen from the nasopharyngeal swab.
- 2.A negative test result may occur if the level of antigen in a sample is below the detection limit of the test.
- 3. Failure to follow the Test Procedure and interpretations of Test Results may adversely affect test performance and/or invalidate the Test Results.
- 4. Test Results must be evaluated in conjunction with other clinical data available to the physician.
- 5.Negative test results do not rule out other potential non-SARS-CoV-2 viral infections. Negative results should be confirmed by molecular diagnosis if COVID-19 disease is suspected.
- 6. Positive test results do not rule out co-infections with other pathogens.
- 7. Monoclonal antibodies may fail to detect, or detect with less sensitivity, SARS-CoV-2 viruses that have undergone minor amino acid changes in the target epitope region.

INTERPRETATION OF RESULTS

VID-19 Åg COVID-19 Åg COVID-19 Å

Positive result

At 10 minutes, the appearance of any shade of a red color band below the red-purple control band, indicates a positive result for the presence of SARS-CoV-2 viral antigen. Report positive test results as 'Positive for SARS-CoV-2 viral antigen'. A positive result does not rule out co-infections with other pathogens.

Negative result

At 10 minutes, the appearance of ONLY the red- purple control band indicates SARS-CoV-2 viral antigen was not detected. A negative result indicates that the sample is negative for antigen or the antigen level is below the detection limit.

A negative result does not exclude SARS-CoV-2 viral infection and should be confirmed by molecular diagnostic method if COVID-19 disease is suspected.

Invalid result

If at 10 minutes, the red-purple control band does not appear, regardless if a test band appears, the result is considered invalid. If the test is invalid, a new test should be performed with a new patient sample and a new test strip.

PERFORMANCE CHARACTERISTICS

Clinical Evaluation

The clinical evaluation was conducted in different countries. The nasopharyngeal swab samples were confirmed by RT-PCR. One hundred and twenty-seven (127) positive samples and eighty-six (86) negative samples were tested. The results are summarized below.

		RT-PCR Positive	RT-PCR Negative
	Number of Samples	127	86
QuickProfile [™] COVID-19 Ag Test	Positive	119	1
	Negative	8	85

Clinical Sensitivity = 119 / 127 = 93.7% (CI 95%: 89.5% - 97.9%) Positive Predictive Value = 119 / (119 +1) = 99.2% Clinical Specificity = 85 / 86 = 98.8% (CI 95%: 96.5% - 99.99%)

Negative Predictive Value = 85 / (85 + 8) = 91.4%

Analytical Sensitivity

The limit of detection (LoD) for the QuickProfile™ COVID-19 Antigen Test was established in an analytical sensitivity study performed with one virus strain and three recombinant nucleocapsid proteins. The LoD was determined as the analytical concentration corresponding to 95% positive rate. A total of 10 replicates at the target concentration of each analyte listed in the table showed 100% positive results.

No.	ltem	Limit of Detection
1	SARS-CoV-2, USA-WA 1/2020	3.80 x10 ² TCID ₅₀ /mL
2	SARS-CoV-2, HK/VM20001061/2020	3.16 x10 ² TCID ₅₀ /mL

3	SARS-CoV-2, Italy-INMI1	9.55 x10 ² TCID₅₀/mL
4	Recombinant N Protein 1	< 1 ng/mL
5	Recombinant N Protein 2	< 1 ng/mL
6	Recombinant N Protein 3	< 1 ng/mL

Cross Reactivity

The cross reactivity of the QuickProfile™ COVID-19 Antigen Test was evaluated with a total of 6 bacteria and 17 viruses. None of the microorganisms tested in the following table gave a positive result at the defined concentration. The specificity of non-cross reactivity is 100%.

Bacteria panel	Test concentration CFU/mL	
Escherichia coli, Clinical Isolate	7.92 x 10 ⁸	
Haemophilus influenzae, Type B Egypt	5.43 x 10 ⁷	
Pseudomonas aeruginosa, Clinical Isolate	8.44 x 10 ⁸	
Staphylococcus aureus, MRSA;COL	1.84 x 10 ⁸	
Staphylococcus epidermidis, MRSE, RP62A	9.27 x 10 ⁸	
Streptococcus pneumoniae, Z022 19F	4.16 x 10⁵	
Viral panel	Test concentration TCID ₅₀ /mL	
Corona virus (HCoV-OC43)	1.65 x 10⁵	
Corona virus (HCoV-NL63)	1.41 x 10 ⁴	
Corona virus (HCoV-229E)	4.17 x 10 ⁴	
Rhinovirus A2	3.89 x 10 ³	
Influenza A virus H1N1 Brisbane/59/07	7.24 x 10 ⁴	
Influenza A virus H3N2 Brisbane/10/07	4.17 x 10 ⁴	
Influenza B virus Florida/02/06	1.26 x 10⁵	
Parainfluenza virus Type 1	5.01 x 10 ⁴	
Parainfluenza virus Type 2	1.05 x 10⁵	
Parainfluenza virus Type 3	8.51 x 10 ⁷	
Parainfluenza virus Type 4A	1.51 x 10⁵	
Human Metapneumovirus 16 Type A1	1.26 x 10⁵	
Adeno virus type 4	5.01 x 10 ⁴	
Respiratory syncytial virus Type A	1.26 x 10 ⁵	
Respiratory syncytial virus Type B	1.26 x 10⁵	
Enterovirus Type 68	3.80 x 10⁵	
Enterovirus Type 71	1.65 x 10⁵	

Interference

Exogenous (Nasal spray product, common chemicals) and endogenous substances listed in the table below were evaluated by spiking into extraction buffer with or without 1 x LOD SARS-CoV-2 virus and tested by six replicates. The results showed 100% positive on samples spiked with 1 x LOD and 100% negative without virus. These substances did not interfere with the QuickProfile™ COVID-19 Antigen Test at the levels tested below.

Interference substances	Testing Concentration	Interference substances	Testing Concentration
Aspirin	20 mg/ml	Oxymetazoline HCI	10 mg/ml
Dextromethorphan	10 mg/ml	Phenylephrine HCI	10 mg/ml
Diphenhydramine HCI	5 mg/ml	Saline nasal sprays	10%
Hemoglobin	20 mg/ml	Whole blood	5%
Mucin	0.04%	Ibuprofen	20 mg/ml



REFERENCES

- Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. (15 February 2020). "Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study". The Lancet. 395 (10223): 507–513.
- Wu C, Liu Y, Yang Y, Zhang P, Zhong W, Wang Y, et al. (February 2020). "Analysis of therapeutic targets for SARS-CoV-2 and discovery of potential drugs by computational methods". Acta Pharmaceutica Sinica B. doi:10.1016.
- "How to Protect Yourself & Others". Centers for Disease Control and Prevention (CDC). 8 April 2020. Archived from the original on 26 February 2020. Retrieved 9 April 2020.
- Biosafety in Microbiological and Biomedical Laboratories, 5th Edition. U.S. Department of Health and Human Services, CDC, NIH, Washington, DC (2007).
- Henretig F.M. MD, King C. MD, Textbook of Pediatric Procedures, Chapter 123 Obtaining Biologic Specimens Williams and Williams (April 1997).
- The Clinical Virology Laboratory, Department of Laboratory Medicine at Yale: <u>http://info.med.yale.edu/labmed/virology/booklet.html</u>.





LumiQuick Diagnostics, Inc. 2946 Scott Blvd. Santa Clara, CA 95054, USA

Tel : (408) 855.0061 Fax: (408) 855.0063 Email: <u>info@lumiquick.com</u> www.lumiquick.com



Lotus NL B.V. Koningin Julianaplein 10, 1e Verd, 2595AA, The Hague, Netherlands

CR 20-036 71110B 71110B-IFU E1R5 10-09-2020