

SARS-CoV-2 Antigen Rapid Test (COVID-19 Antigen Rapid Test) (Swab)

Package Insert

REF INCP-502-N English

SARS-CoV-2 Antigen Rapid Test (Swab) is a rapid chromatographic immunoassay for the qualitative detection of SARS-CoV-2 Nucleocapsid Protein antigens present in swab specimen.

For professional in vitro diagnostic use only.

【INTENDED USE】

The SARS-CoV-2 Antigen Rapid Test (Swab) is a rapid chromatographic immunoassay for the qualitative detection of SARS-CoV-2 Nucleocapsid protein antigens in swab specimen from individuals with suspected SARS-CoV-2 infection in conjunction with clinical presentation and the results of other laboratory tests.

Results are for the detection of SARS-CoV-2 Nucleocapsid protein Antigens. 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.

【SUMMARY】

The novel coronaviruses belong to the β genus, COVID-19 is an acute respiratory infectious disease. People are generally susceptible. Currently, the patients infected by the novel coronavirus are the main source of infection; asymptomatic infected people can also be an infectious source. Based on the current epidemiological investigation, the incubation period is 1 to 14 days, mostly 3 to 7 days. 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 SARS-CoV-2 Antigen Rapid Test (Swab) is a qualitative membrane-based immunoassay for the detection of SARS-CoV-2 Nucleocapsid protein Antigens in swab specimen. SARS-CoV-2 Nucleocapsid protein antibody is coated in the test line region. During testing, the specimen reacts with SARS-CoV-2 Nucleocapsid protein antibody-coated particles in the test. The mixture then migrates upward on the membrane by capillary action and reacts with the SARS-CoV-2 Nucleocapsid protein 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 antigens to SARS-CoV-2, 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 Nucleocapsid protein antibody as the capture reagent and anti-SARS-CoV-2 Nucleocapsid protein antibody as the detection reagent.

【PRECAUTIONS】

- This package insert must be read completely before performing the test. Failure to follow directions in package insert may yield inaccurate test results.
- For professional *in vitro* diagnostic use only. Do not use after expiration date.
- Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Do not use test if pouch is damaged.
- 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.
- Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- Wash hands thoroughly after handling.
- Please ensure that appropriate amounts of samples are used for testing. Too much or too little sample size may lead to deviation of results.
- Sterile Swabs for the collection of Nasopharyngeal specimen and Nasal specimen

are different. Do not mix the using of the two types of sampling swabs.

- Viral Transport Media (VTM) may affect the test result; extracted specimens for PCR tests cannot be used for the test.
- The used test should be discarded according to local regulations.
- Humidity and temperature can adversely affect results.

【MATERIALS】

• Test cassettes
• Extraction buffer
• Procedure card

Material Provided

• Sterile swabs
• Extraction tubes and tips (Optional)

• Package insert
• Workstation

Materials required but not provided

• Timer

【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, TRANSPORT AND STORAGE】

- Insert a sterilized swab less than one inch (about 2 cm) into a nostril (until resistance is met at the turbinates).
- Rotate the swab 5-10 times against the nasal wall. Using the same swab repeat the collection procedure with the second nostril.
- Withdraw the sterile swab; avoid excess volume and high-viscous nasal discharge.

Nasal Swab Specimen Collection

- Insert a sterile swab into the nostril of the patient, reaching the surface of the posterior nasopharynx.
- Swab over the surface of the posterior nasopharynx 5-10 times.
- Withdraw the sterile swab from the nasal cavity and avoid excess volume and highly-viscous nasopharyngeal discharge.

Nasopharyngeal Swab Specimen Collection

- Insert a sterile swab into the nostril of the patient, reaching the surface of the posterior nasopharynx.
- Swab over the surface of the posterior nasopharynx 5-10 times.
- Withdraw the sterile swab from the nasal cavity and avoid excess volume and highly-viscous nasopharyngeal discharge.

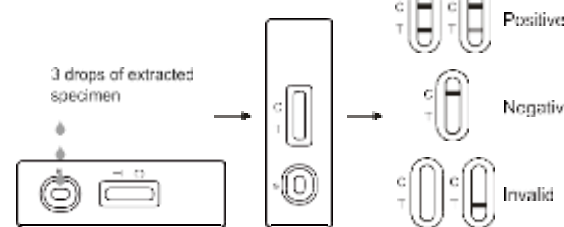


***NOTE:** The storage of the specimen after extraction is stable for 2 hours at room temperature and 24 hours at 2-8 °C.

【DIRECTIONS FOR USE】

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

- 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.
- Invert the specimen extraction tube and add **3 drops of extracted specimen** (approx.75-100 μ l) to the sample well(S) and then start the timer.
- 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】

(Please refer to the illustration above)

POSITIVE: *** Two 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 control region (C).** 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】

External Quality Control

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

Internal Quality Control

Internal procedural controls are included in the test. A colored line appearing in the control region (C) is an internal procedural control. It confirms sufficient specimen volume and correct procedural technique.

【EXPECTED VALUES】

The SARS-CoV-2 Antigen Rapid Test (Swab) has been compared with a leading commercial RT-PCR test. The correlation between these two systems is no less than 97%.

【LIMITATIONS】

- The performance of the SARS-CoV-2 Antigen Rapid Test (Swab) 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.
- The test Procedure and the interpretation of test Result must be followed closely when testing for the presence of SARS-CoV-2 Nucleocapsid protein antigens in the human nasopharynx from suspected individuals. For optimal test performance, proper sample collection is critical. Failure to follow the procedure may give inaccurate results.
- The SARS-CoV-2 Antigen Rapid Test (Swab) is for *in vitro* diagnostic use only. This test should be used for detection of SARS-CoV-2 Nucleocapsid protein Antigens in swab 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.

- The SARS-CoV-2 Antigen Rapid Test (Swab) 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.
- The results obtained with the test should be considered with other clinical findings from other laboratory tests and evaluations.
- If the test result is negative or non-reactive and clinical symptoms persist. It is recommended to re-sample the patient and test again or test with a molecular diagnostic device to rule out infection in these individuals.
- The test will show negative results under the following conditions:
 - The concentration of the novel coronavirus antigens in the sample is lower than the minimum detection limit of the test.
 - The optimal sampling time (peak virus concentration) after infection has not been verified, so collecting samples at different times for the same patient may avoid false negatives.
- 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.
- The accuracy of the test depends on the quality of the swab sample. False negatives may result from improper sample collection or storage.
- Positive results of SARS-CoV-2 may be due to infection with non-SARS-CoV-2 coronavirus strains or other interference factors.

【PERFORMANCE CHARACTERISTICS】

Sensitivity Specificity and Accuracy

The SARS-CoV-2 Antigen Rapid Test (Swab) has been evaluated with swab specimens obtained from the patients. RT-PCR (Nasopharyngeal Swab) is used as the reference method for the SARS-CoV-2 Antigen Rapid Test (Swab). Specimens were considered positive if RT-PCR (Nasopharyngeal Swab) indicated a positive result. Specimens were considered negative if RT-PCR (Nasopharyngeal Swab) indicated a negative result.

Nasopharyngeal Swab Specimen

SARS-CoV-2 Antigen Rapid Test (Swab)	RT-PCR (Nasopharyngeal Swab)		Total
	Positive	Negative	
SARS-CoV-2 Antigen	99	2	101
	7	2016	2023
Total	106	2018	2124
Relative Sensitivity	93.4% (95%CI*: 86.9%~97.3%)		
Relative Specificity	99.0% (95%CI*: 99.6%~> 99.0%)		
Accuracy	99.6% (95%CI*: 99.2%~99.8%)		

*Confidence Intervals

Nasal Swab Specimen

SARS-CoV-2 Antigen Rapid Test (Swab)	RT-PCR (Nasopharyngeal Swab)		Total
	Positive	Negative	
SARS-CoV-2 Antigen	115	2	117
	8	298	306
Total	123	300	423
Relative Sensitivity	93.5% (95%CI*: 87.6%~97.2%)		
Relative Specificity	99.3% (95%CI*: 97.6%~99.9%)		
Accuracy	97.6% (95%CI*: 95.7%~98.9%)		

*Confidence Intervals

Limitation of Detection

The SARS-CoV-2 Antigen Rapid Test (Swab) can detect out SARS-CoV-2 heat-inactivated virus strain as low as 1×10^4 TCID₅₀/ml.

Specificity Testing with Various Viral Strains

The SARS-CoV-2 Antigen Rapid Test (Swab) was tested with the following viral strains. No dissemble line at either of the test-line regions was observed at these concentrations:

Description	Test Level
Human coronavirus 229E	5×10^4 TCID ₅₀ /ml
Human coronavirus NL63	1×10^4 TCID ₅₀ /ml
Human coronavirus OC43	1×10^4 TCID ₅₀ /ml
MERS coronavirus Florida	1.17×10^4 TCID ₅₀ /ml
Human coronavirus HKU1	1×10^4 TCID ₅₀ /ml
Influenza A/H1N1	3.16×10^4 TCID ₅₀ /ml
Influenza A/H3N2	1×10^4 TCID ₅₀ /ml
Influenza B	3.16×10^4 TCID ₅₀ /ml

Parainfluenza virus 2	1.58×10^4 TCID ₅₀ /ml
Parainfluenza virus 3	1.58×10^4 TCID ₅₀ /ml
Respiratory syncytial virus	8.89×10^4 TCID ₅₀ /ml
Adenovirus type 3	3.16×10^4 TCID ₅₀ /ml
Adenovirus type 7	1.58×10^4 TCID ₅₀ /ml
Human Rhinovirus 2	2.81×10^4 TCID ₅₀ /ml
Human Rhinovirus 14	1.58×10^4 TCID ₅₀ /ml
Human Rhinovirus 16	8.89×10^4 TCID ₅₀ /ml
Measles	1.58×10^4 TCID ₅₀ /ml
Mumps	1.58×10^4 TCID ₅₀ /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.

Specificity Testing with Various Organisms

The following organisms were tested at 1.0×10^4 org/ml and all found to be negative when tested with the SARS-CoV-2 Antigen Rapid Test (Swab):

<i>Acinetobacterium</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>Nisseria lactamica</i>	<i>Streptococcus salivarius</i>
<i>Nisseria subflava</i>	<i>Streptococcus sp group F</i>

Interfering Substances

The interfering substances below were spiked with negative, SARS-CoV-2 Antigen weak positive. No substances showed any interference with the SARS-CoV-2 Antigen Rapid Test (Swab).

Substance	Concentration
Whole Blood	20 μ l/ml
Mucin	50 μ g/ml
Budesonide Nasal Spray	200 μ l/ml
Dexamethasone	0.6mg/ml
Furosemide	6.8mg/ml
Mupirocin	12mg/ml
Oxymetazoline	0.6mg/ml
Phenylephrine	12mg/ml
Ribetolol	4.5 μ g/ml
Roloxacin	282mg/ml
Tamiflu	1.1 μ g/ml
Tobramycin	2.43mg/ml

Precision

Intra-Assay & Inter-Assay

Within-run and Between-run precision has been determined by using three specimens of SARS-CoV-2 standard control. Three different lots of SARS-CoV-2 Antigen Rapid Test (Swab) have been tested using negative, P1 and P5 specimens. Ten replicates of each level were tested each day for 3 consecutive days. The specimens were correctly identified>99% of the time.

【BIBLIOGRAPHY】

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

Index of Symbols			
IVD	For <i>in vitro</i> diagnostic use only	Tests per kit	Authorized Representative
Store between 2-30°C		Use by	Do not reuse
Do not use if package is damaged		LOT	Catalog #
Manufacturer		Consult Instructions For Use	

Hangzhou AllTest Biotech Co., Ltd.

4300 Xingye Street
Hangzhou Economic & Technological Development Zone
Hangzhou 311121 P.R. China
Web: www.alltest.com E-mail: info@alltest.com

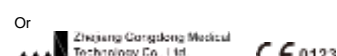


ISO 13485
Medical Device
Manufacturer

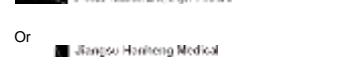
Sterile swabs:



Or



Or



Or



Or



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