

RAPID SARS-COV-2 ANTIGEN TEST CARD

FOR THE QUALITATIVE ASSESSMENT OF SARS-COV-2 VIRUS ANTIGEN
IN NASAL SWAB, NASOPHARYNGEAL SWAB OR OROPHARYNGEAL SWAB SPECIMENS

REF 1N40C5-25

REF 1N40C5-27

For In Vitro Diagnostic Use Only

INTENDED USE

Rapid SARS-CoV-2 Antigen Test Card is an immunochromatography based one step in vitro test. It is designed for the rapid qualitative determination of SARS-CoV-2 virus antigen in nasal swabs, nasopharyngeal swabs or oropharyngeal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven days of symptom onset. Rapid SARS-CoV-2 Antigen Test Card can not be used as the basis to diagnose or exclude SARS-CoV-2 infection. Rapid SARS-CoV-2 Antigen Test Card detects the SARS-CoV-2 nucleocapsid protein (N protein). Theoretically, genetic SARS-CoV-2 variants with non-nucleocapsid protein mutations do not affect the product performance.

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

Rapid SARS-CoV-2 Antigen Test Card is an immunochromatographic lateral flow device that employs the principle of double antibody sandwich method. Colloidal gold conjugated anti-SARS-CoV-2 antibodies are dry-immobilized on the test device. When the specimen is added, it migrates by capillary diffusion through the strip to re-hydrate the gold conjugate complexes. If present at or above the limit of detection, SARS-CoV-2 viral antigens will react with the gold conjugate complexes to form particles, which will continue to migrate along the strip until the Test Zone (T) where they are captured by the immobilized anti-SARS-CoV-2 antibodies to form a visible red line. If there are no SARS-CoV-2 viral antigens in the specimen, no red line will appear in the Test Zone (T). The gold conjugate complexes will continue to migrate alone until being captured by immobilized antibody in the Control Zone (C) to form a red line, which indicates the validity of the test.

MATERIALS PROVIDED

1. Rapid SARS-CoV-2 Antigen Test Card
2. Sterilized swab
3. Extraction buffer tube
4. Tube Stand
5. Instructions for use

MATERIALS REQUIRED BUT NOT SUPPLIED

Clock or timer, specimen collection container, biohazard waste container, personal protection equipment.

STORAGE

1. Store the test device at 4 to 30°C in the original sealed 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 device should remain in its original sealed pouch until ready for use. After opening, the test device should be used immediately. Do not reuse the device.

PRECAUTIONS

1. For **professional in vitro** diagnostic use only.
2. The product is strictly for medical professional use only and not intended for personal use.
3. Do not use the product beyond the expiration date.
4. Do not use the product if the pouch is damaged or the seal is broken.
5. Handle all specimens as potentially infectious.
6. Follow standard Lab procedure and biosafety guidelines for handling and disposal of potentially infectious material.
7. Inadequate or inappropriate specimen collection, storage, and transport may yield inaccurate test results.
8. Specific training or guidance is recommended if operators are not experienced with specimen collection and handling procedures. Wear protective clothing such as laboratory coats, disposable gloves, and eye protection when specimens are collected and evaluated. Pathogenic microorganisms, including hepatitis viruses and Human Immunodeficiency Virus, may be present in clinical specimens. Standard precautions and institutional guidelines should always be followed in handling, storing, and disposing of all specimens and all items contaminated with blood or other body fluids.

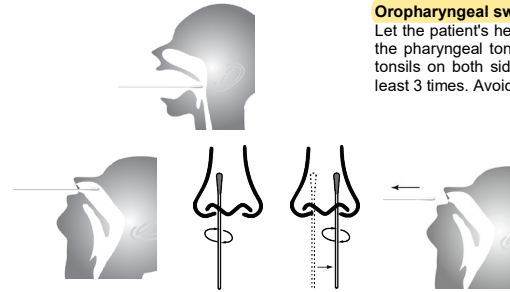
SPECIMEN COLLECTION

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.



Nasopharyngeal swab specimens:

1. Carefully insert the swab into the nostril of the patient, reaching the surface of posterior nasopharynx that presents the most secretion.
2. Swab over the surface of the posterior nasopharynx. Rotate the swab several times.
3. Withdraw the swab from the nasal cavity.



Oropharyngeal swab specimens:

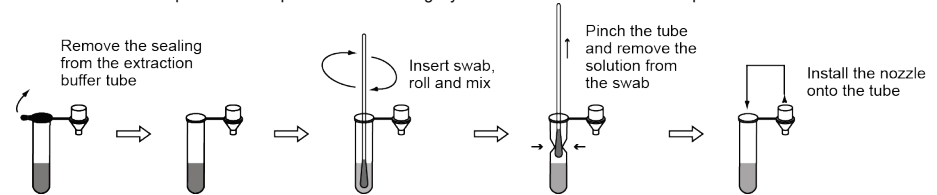
Let the patient's head tilt slightly, mouth open, and make "ah" sounds, exposing the pharyngeal tonsils on both sides. Hold the swab and wipe the pharyngeal tonsils on both sides of the patient with moderate force back and forth for at least 3 times. Avoid touching the tongue, teeth and gums.

Nasal swab specimens:

1. Carefully insert the swab into one nostril of the patient. The swab tip should be inserted no less than 2.5 cm (1 inch) from the edge of the nostril.
2. Roll the swab 3-4 times along the mucosa inside the nostril to ensure that both mucus and cells are collected. Leave the swab in the nostril for several seconds.
3. Using the same swab, repeat this process for the other nostril to ensure that an adequate sample is collected from both nasal cavities.
4. Withdraw the swab from the nasal cavity.

SPECIMEN PREPARATION

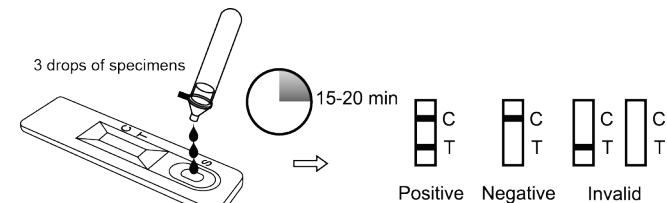
1. Remove the sealing from the extraction buffer tube.
2. Place the swab with specimen into the extraction tube. Roll the swab three to five (3-5) times. **Leave the swab in the extraction buffer for 1 minute.**
3. Pinch the extraction tube with fingers and remove the solution from the swab as much as possible. Dispose of the used swab in accordance with your biohazard waste disposal protocol.
4. Install the nozzle cap onto the sample extraction tube tightly. Use extraction solution as test specimen.



PROCEDURE

1. Bring the kit components to room temperature before testing.
2. Open the pouch and remove the card. Once opened, the test card must be used immediately. Label the test card with patient identity.
3. Invert the extraction tube and add **3 drops (about 75 µL)** of test specimen into the specimen well (S) by gently squeezing the extraction tube. The formation of air bubbles in the specimen well (S) must be avoided.
4. **Read the results at 15-20 minutes.**

Note: Results after 20 minutes may not be accurate.



INTERPRETATION OF RESULTS

Positive:

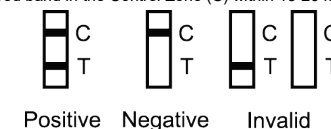
If two colored bands appear within 15-20 minutes with one colored band in the Control Zone (C) and another in the Test Zone (T), the test result is positive and valid. No matter how faint the colored band is in the Test Zone (T), the result should be considered as positive. A positive result does not rule out co-infections with other pathogens.

Negative:

If one colored band appears in the Control Zone (C) and no colored band appears in the Test Zone (T) within 15-20 minutes, the test result is negative and valid. 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:

The test result is invalid if there is no colored band in the Control Zone (C) within 15-20 minutes. Repeat the test with a new test device.



QUALITY CONTROL

- 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.
- 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 are commercially available.

PERFORMANCE CHARACTERISTICS

Analytical Sensitivity

The limit of detection (LoD) for the Rapid SARS-CoV-2 Antigen Test Card was established in an analytical sensitivity study performed with one virus strain and one recombinant nucleocapsid protein. The LoD was confirmed in the following table.

No.	Item	Limit of Detection
1	SARS-CoV-2, Virus	1.3 x 10 ⁵ TCID ₅₀ /mL
2	SARS-CoV-2, Recombinant nucleocapsid protein	1 ng/mL

Cross Reactivity

The cross reactivity of the Rapid SARS-CoV-2 Antigen Test Card was evaluated with a total of 34 viruses and other microorganisms. The following viruses and other microorganisms except the Human SARS-coronavirus have no effect on the test results of the Test Device:

Microorganisms	Concentrations	Microorganisms	Concentrations
Human coronavirus 229E	2.0 x 10 ⁵ TCID ₅₀ /mL	MERS-coronavirus	1.0 x 10 ⁵ TCID ₅₀ /mL
Human coronavirus OC43	2.0 x 10 ⁵ TCID ₅₀ /mL	Chlamydia pneumoniae	2.0 x 10 ⁵ IFU/mL
Human coronavirus NL63	2.0 x 10 ⁵ TCID ₅₀ /mL	Streptococcus pneumoniae	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 1	2.0 x 10 ⁵ TCID ₅₀ /mL	Streptococcus pyogenes	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 2	2.0 x 10 ⁵ TCID ₅₀ /mL	Bordetella pertussis	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 3	2.0 x 10 ⁵ TCID ₅₀ /mL	Mycobacterium tuberculosis	2.0 x 10 ⁶ CFU/mL
Enterovirus EV71	2.0 x 10 ⁵ TCID ₅₀ /mL	Legionella pneumophila	2.0 x 10 ⁶ CFU/mL
Respiratory syncytial virus	2.0 x 10 ⁵ TCID ₅₀ /mL	Mycoplasma pneumoniae	2.0 x 10 ⁶ CFU/mL
Rhinovirus	2.0 x 10 ⁵ TCID ₅₀ /mL	Haemophilus influenzae	2.0 x 10 ⁶ CFU/mL
Influenza A virus (H1N1)	2.0 x 10 ⁵ TCID ₅₀ /mL	Candida albicans	2.0 x 10 ⁶ CFU/mL
Influenza A virus (H3N2)	2.0 x 10 ⁵ TCID ₅₀ /mL	Staphylococcus aureus	2.0 x 10 ⁶ CFU/mL
Influenza B virus (Yamagata)	2.0 x 10 ⁵ TCID ₅₀ /mL	Pseudomonas aeruginosa	2.0 x 10 ⁶ CFU/mL
Influenza B virus (Victoria)	2.0 x 10 ⁵ TCID ₅₀ /mL	Escherichia coli	2.0 x 10 ⁶ CFU/mL
Adeno virus	2.0 x 10 ⁵ TCID ₅₀ /mL	Pneumocystis jirovecii (PJP)	2.0x10 ⁶ Copies/mL
Human Metapneumovirus (hMPV)	2.0 x 10 ⁵ TCID ₅₀ /mL	Human coronavirus HKU1	2.0 x 10 ⁵ TCID ₅₀ /mL
SARS-coronavirus	2.0 x 10 ⁵ TCID ₅₀ /mL	Parainfluenza virus 4	2.0 x 10 ⁵ TCID ₅₀ /mL
Staphylococcus epidermidis	2.0 x 10 ⁶ CFU/mL	Pooled human nasal wash	N/A

Interference

1. Microorganism

Rapid SARS-CoV-2 Antigen Test Card has tested samples with common microorganism. The results showed that these microorganism had no effect on the specificity of the assay up to the listed concentration.

Microorganisms	Concentrations	Microorganisms	Concentrations
Human coronavirus 229E	2.0 x 10 ⁵ TCID ₅₀ /mL	MERS-coronavirus	1.0 x 10 ⁵ TCID ₅₀ /mL
Human coronavirus OC43	2.0 x 10 ⁵ TCID ₅₀ /mL	Chlamydia pneumoniae	2.0 x 10 ⁵ IFU/mL
Human coronavirus NL63	2.0 x 10 ⁵ TCID ₅₀ /mL	Streptococcus pneumoniae	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 1	2.0 x 10 ⁵ TCID ₅₀ /mL	Streptococcus pyogenes	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 2	2.0 x 10 ⁵ TCID ₅₀ /mL	Bordetella pertussis	2.0 x 10 ⁶ CFU/mL
Parainfluenza virus 3	2.0 x 10 ⁵ TCID ₅₀ /mL	Mycobacterium tuberculosis	2.0 x 10 ⁶ CFU/mL
Enterovirus EV71	2.0 x 10 ⁵ TCID ₅₀ /mL	Legionella pneumophila	2.0 x 10 ⁶ CFU/mL
Respiratory syncytial virus	2.0 x 10 ⁵ TCID ₅₀ /mL	Mycoplasma pneumoniae	2.0 x 10 ⁶ U/mL
Rhinovirus	2.0 x 10 ⁵ TCID ₅₀ /mL	Haemophilus influenzae	2.0 x 10 ⁶ CFU/mL
Influenza A virus (H1N1)	2.0 x 10 ⁵ TCID ₅₀ /mL	Candida albicans	2.0 x 10 ⁶ CFU/mL
Influenza A virus (H3N2)	2.0 x 10 ⁵ TCID ₅₀ /mL	Staphylococcus aureus	2.0 x 10 ⁶ CFU/mL
Influenza B virus (Yamagata)	2.0 x 10 ⁵ TCID ₅₀ /mL	Pseudomonas aeruginosa	2.0 x 10 ⁶ CFU/mL
Influenza B virus (Victoria)	2.0 x 10 ⁵ TCID ₅₀ /mL	Escherichia coli	2.0 x 10 ⁶ CFU/mL
Adeno virus	2.0 x 10 ⁵ TCID ₅₀ /mL		

2. Endogenous Substances

Rapid SARS-CoV-2 Antigen Test Card has tested samples with common endogenous substances. The results showed that these substances had no effect on the specificity of the assay up to the listed concentration.

Substances	Concentrations	Substances	Concentrations
Whole Blood	1% v/v	Homeopathic (Alkalol)	10% v/v
Mucin	2% w/v	CVS Nasal Drops (Phenylephrine)	15% v/v
Tobramycin	0.0004% w/v	Afrin (Oxymetazoline)	15% v/v
Ricola (Menthol)	0.15% w/v	CVS Nasal Spray (Cromolyn)	15% v/v
Chloraseptic (Benzocaine)	0.15% w/v	Fluticasone Propionate	5% v/v
Mupirocin	0.25% w/v	Zicam	5% w/v
Tamiflu (Oseltamivir Phosphate)	0.5% w/v		

Accuracy

The accuracy of Rapid SARS-CoV-2 Antigen Test Card was established with 1215 specimens collected from individual symptomatic patients (within 7 days of onset) who were suspected of COVID-19. The following table summarizes the accuracy of the Rapid SARS-CoV-2 Antigen Test Card compared to RT-PCR.

		RT-PCR		
		Positive	Negative	Total
Rapid SARS-CoV-2 Antigen Test Card	Positive	489	6	495
	Negative	12	708	720
	Total	501	714	1215

The sensitivity was 97.60% (95%CI: 96.27%~98.94%). The specificity was 99.16% (95%CI: 98.49%~99.83%). The accuracy was 98.52% (95%CI: 97.84%~99.20%).

LIMITATIONS

- The test is limited to the qualitative detection of SARS-CoV-2 viral antigen in nasal swab, nasopharyngeal swab or oropharyngeal swab specimens. The exact concentration of SARS-CoV-2 viral antigen cannot be determined by this assay.
- Proper specimen collection is critical, and failure to follow the procedure may give inaccurate results. Improper specimen collection, storage or repeated freezing and thawing of specimens can lead to inaccurate results.
- A negative test result may occur if the level of antigen in a specimen is below the limit of detection of the test.
- As with all diagnostic tests, a definitive clinical diagnosis should not be based on the result of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.
- 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.
- Positive test results do not rule out co-infections with other pathogens.
- 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.
- The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after day 5-7 of illness are more likely to be tested negative compared to a RT-PCR assay.
- The Rapid SARS-CoV-2 Antigen Test Card can detect both viable and non-viable SARS-CoV-2 material. The Rapid SARS-CoV-2 Antigen Test Card for rapid detection of SARS-CoV-2 performance depends on antigen load and may not correlate with other diagnostic methods performed on the same specimen.
- The performance of this test has not been evaluated for use in patients without signs and symptoms of respiratory infection and performance may differ in asymptomatic individuals.
- The kit was validated with the assorted swabs. Use of alternative swabs may result in false negative results.
- Specimen stability recommendations are based upon stability data from influenza testing and performance may be different with SARS-CoV-2. Users should test specimens as quickly as possible after specimen collection, and within two hours after specimen collection.
- The validity of Rapid SARS-CoV-2 Antigen Test Card has not been proven for identification/confirmation of tissue culture isolates and should not be used in this capacity.
- The sensitivity of nasal swab specimens and oropharyngeal swab specimens might be lower than nasopharyngeal swab specimens. It is recommended to use the nasopharyngeal swab specimens.

REFERENCES

- 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.

EXPLANATION FOR SYMBOLS

	In Vitro Diagnostics Use		See Instruction for Use		Expiry Date
	Tests per Kit		Keep Dry		Batch Number
	Authorized Representative		Keep away from Sunlight		Manufacturer
	Do not reuse		Do not use if package is damaged		Store between 4 ~ 30°C
	CE Mark		Catalogue Number		Warning, please refer to the instruction

Manufacturer:

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