



Benannt durch/Designated by
Zentralstelle der Länder
für Gesundheitsschutz
bei Arzneimitteln und
Medizinprodukten
www.zlg.de
ZLG-BS-245.10.07



Product Service

EC Certificate

Full Quality Assurance System
Directive 98/79/EC on In Vitro Diagnostic Medical Devices (IVDD), Annex IV excluding (4, 6)
(List A and B and devices for self-testing)

No. V1 104507 0003 Rev. 01

Manufacturer: **ACON Laboratories, Inc.**
5850 Oberlin Drive, #340
San Diego CA 92121
USA

Product Category(ies): **In Vitro diagnostics for the detection of human infections and tumor markers, blood glucose measuring self-testing systems, self-testing devices for clinical chemistry, hematology and pregnancy and ovulation**

The Certification Body of TÜV SÜD Product Service GmbH declares that the aforementioned manufacturer has implemented a quality assurance system for design, manufacture and final inspection of the respective devices / device families in accordance with IVDD Annex IV. This quality assurance system conforms to the requirements of this Directive and is subject to periodical surveillance. For marketing of List A devices an additional Annex IV (4) certificate is mandatory. See also notes overleaf.

Report no.: SH1974310

Valid from: 2019-10-24
Valid until: 2022-09-12

Date, 2019-10-24

Stefan Preiß
Head of Certification/Notified Body

TÜV SÜD
 ZERTIFIKAT ◆ CERTIFICATE ◆ 認證書 ◆ CERTIFICADO ◆ CERTIFICAT



Benannt durch/Designated by
 Zentralstelle der Länder
 für Gesundheitsschutz
 bei Arzneimitteln und
 Medizinprodukten
 www.zlg.de
 ZLG-BS-245.10.07



Product Service

EC Certificate

Full Quality Assurance System
 Directive 98/79/EC on In Vitro Diagnostic Medical Devices (IVDD), Annex IV excluding (4, 6)
 (List A and B and devices for self-testing)

No. V1 104507 0003 Rev. 01

Model(s): For Detail Models see attachment

Facility(ies):

- ACON Laboratories, Inc.
5850 Oberlin Drive, #340, San Diego CA 92121, USA
- ACON Laboratories, Inc.
10125 Mesa Rim Road, San Diego CA 92121, USA
- AZURE Institute, Inc.
10125 Mesa Rim Road, San Diego CA 92121, USA

TÜV SÜD
 ZERTIFIKAT ◆ CERTIFICATE ◆ 認證書 ◆ CERTIFICADO ◆ CERTIFIKAT ◆ CERTIFICATE ◆





Benannt durch/Designated by
Zentralstelle der Länder
für Gesundheitsschutz
bei Arzneimitteln und
Medizinprodukten
www.zlg.de
ZLG-BS-245.10.07



Product Service

EC Certificate

Full Quality Assurance System
Directive 98/79/EC on In Vitro Diagnostic Medical Devices (IVDD), Annex IV excluding (4, 6)
(List A and B and devices for self-testing)

No. V1 104507 0003 Rev. 01

For the product(s)/product category (ies):

On Call Plus Blood Glucose Monitoring System,
On Call Plus Blood Glucose Test Strips,
On Call EZ II Blood Glucose Monitoring System,
On Call Redi Blood Glucose Monitoring System,
On Call Redi II Blood Glucose Test Strips,
On Call Advanced Blood Glucose Monitoring System,
On Call Advanced Blood Glucose Test Strips,
On Call Platinum Blood Glucose Monitoring System,
On Call Platinum Blood Glucose Test Strips,
On Call Chosen Blood Glucose Monitoring System,
On Call Chosen Blood Glucose Test Strips,
On Call Vivid Blood Glucose Monitoring System (OGM-101),
On Call Vivid Blood Glucose Test Strips (OGS-101),
On Call Vivid Pal Blood Glucose Monitoring System (OGM-102),
On Call Sharp Blood Glucose Monitoring System (OGM-121),
On Call Sharp Blood Glucose Test Strips (OGS-121)
On Call Plus II Blood Glucose Monitoring System (OGM-171),
On Call Plus II Blood Glucose Test Strips (OGS-171),
On Call Extra Blood Glucose Monitoring System (OGM-191),
On Call Extra Blood Glucose Test Strips (OGS-191),
On Call GK Dual Blood Glucose & Ketone Monitoring System (OGM-161),
On Call Blood Ketone Test Strips (OGS-161),
D-ONE Blood Glucose Monitoring System,
D-ONE Blood Glucose Test Strips,
Urinalysis Reagent Strips (Urine),
UTI Urinary Tract Infection Test Strips,
Toxoplasma IgG EIA Test Kit,
Toxoplasma IgM EIA Test Kit,
Rubella IgG EIA Test Kit,
Rubella IgM EIA Test Kit,
CMV IgG EIA Test Kit,

Page 3 of 4

TÜV SÜD Product Service GmbH is Notified Body with identification no. 0123

TÜV SÜD Product Service GmbH • Certification Body • Ridlerstraße 65 • 80339 Munich • Germany

TÜV®



ACON Laboratories, Inc.

10125 Mesa Rim Road. · San Diego, CA 92121 · USA
Tel: (858) 875-8000 · Fax: (858) 875-8099 · E-mail: info@aconlabs.com

November 11th 2016

CERTIFICATION LETTER

This letter is to certify that, Vitalie Goreacii, employed by Sanmedico SRL located at: Republic of Moldova, city Chisinau, str. Petricani 88/1 of. 10, MD-2059, have received all required training and is enabled and authorized to provide services with installation, commissioning, and maintenance to the products listed below:

Mission® U120 Urine Analyzer
Mission® U120 Ultra Urine Analyzer
Mission® U500 Urine Analyzer
Mission® PT/INR Coagulation Monitoring System
Mission® Cholesterol Monitoring System
Mission® Ultra Cholesterol Monitoring System
Mission® HB Hemoglobin Testing System
Mission® Plus HB Hemoglobin Testing System
OnCall® Glucose Meter

For further questions or inquiries regarding this matter, please refer to the contact information below.

Sincerely

A handwritten signature in black ink, appearing to read "Jassy Alvarenga", is written over a red circular stamp.



Jassy Alvarenga
International Account Manager
ACON Laboratories, Inc. S.A.

jalvarenga@aconlabs.com

+1 858 875 8085

Declaration of Conformity

ACON Laboratories, Incorporated
5850 Oberlin Drive #340
San Diego, CA 92121, USA

**We, the manufacturer, declare under our sole responsibility that the
in vitro diagnostic device:**

Mission ® Liquid Urine Control (U021-011, U021-021, U021-031)

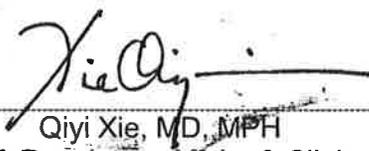
classified as Others in the directive 98/79/EC,

**meets all the provisions of the directive 98/79/EC on *in vitro* diagnostic
medical devices which apply to it**

**The self-declaration is according to Annex III
(excluding Section 6) of the Directive.**

Authorized Representative:
Medical Device Safety Service GmbH
Schiffgraben 41
30175 Hannover, Germany

Signed this 11th day of December, 2019
in San Diego, CA, USA



Qiyi Xie, MD, MPH
Senior Staff, Regulatory Affairs & Clinical Affairs
Acon Laboratories, Inc.



Declaration of Conformity

ACON Laboratories, Incorporated
5850 Oberlin Drive, #340
San Diego, CA 92121, USA

**We, the manufacturer, declare under our sole responsibility that
the *in vitro* diagnostic device:**

Flowflex® SARS-CoV-2 Antigen Rapid Test (L031-11815)

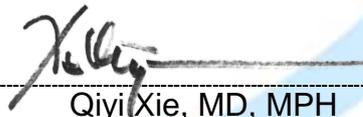
classified as Others in the directive 98/79/EC,

**meets all the provisions of the directive 98/79/EC on *in vitro* diagnostic
medical devices which apply to it**

**The self-declaration is according to Annex III
(excluding Section 6) of the Directive.**

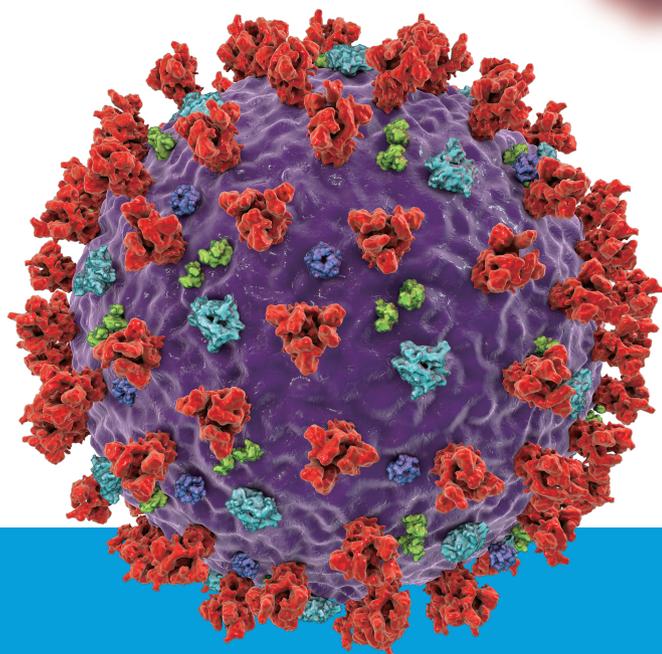
Authorized Representative:
Medical Device Safety Service GmbH
Schiffgraben 41
30175 Hannover, Germany

Signed this 13 day of October, 2020
in San Diego, CA, USA



Qiyi Xie, MD, MPH
Senior Staff, Regulatory Affairs & Clinical Affairs
Acon Laboratories, Inc.





Flowflex™ SARS-CoV-2 Antigen Rapid Test

Provides an aid in identifying individuals suspected of an active COVID-19 infection by their healthcare provider within the first seven (7) days of the onset of symptoms



Fast



Easy to Use



Accurate

Flowflex SARS-CoV-2 Antigen Rapid Test

The Flowflex SARS-CoV-2 Antigen Rapid Test is a lateral flow chromatographic immunoassay for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasal swab specimens directly from individuals who are suspected of an active COVID-19 infection by their healthcare provider within the first seven days of the onset of symptoms.

- Nasal swab specimens
- Results in 15 minutes
- Excellent performance compared to molecular methods
- Room temperature storage

Clinical Performance

The performance of Flowflex SARS-CoV-2 Antigen Rapid Test was established with 304 nasal swabs collected from individual symptomatic patients (within 7 days of onset) who were suspected of COVID-19. The performance of the Flowflex SARS-CoV-2 Antigen Rapid Test was compared to a RT-PCR method.

Clinical Performance of SARS-CoV-2 Antigen Rapid Test

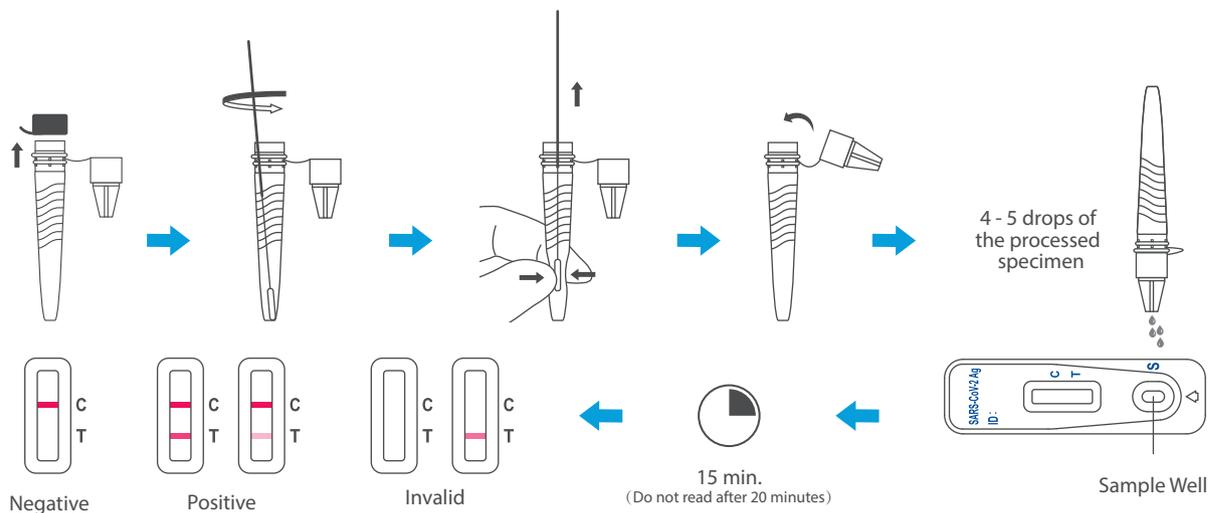
Method	Results	RT-PCR		Total Results	
		Negative	Positive		
SARS-CoV-2 Antigen Rapid Test	Negative	269	1	270	
	Positive	1	33	34	
Total Results		270	34	304	
PPA: 97.1% (83.8% - 99.9%)*		NPA: 99.6% (97.7% - 99.9%)*		OPA: 99.3% (97.5% - 99.9%)*	

PPA- Positive Percent Agreement; NPA – Negative Percent Agreement; OPA – Overall Percent Agreement, *95% Confidence Intervals

Materials Provided

- Test Cassettes
- Quick Reference Instructions
- Extraction Buffer
- Extraction Buffer Tubes
- Negative Control Swab
- Positive Control Swab
- Nasal Swabs
- Package Insert

Test Procedure and Interpretation



Ordering Information

Product Name	Catalog No.	Format	Specimen	Package
Flowflex SARS-CoV-2 Antigen Rapid Test	L031-11815	Cassette	Nasal swabs	25 Tests/Kit



aconlabs.com

ACON Laboratories, Inc.
Oberlin Drive, # 340
San Diego, CA 92121, USA
Tel: 1.858.875.8000
Fax: 1.858.200.0729
Email: info@aconlabs.com



SARS-CoV-2 Antigen Rapid Test

Package Insert

REF L031-11815 English

A rapid test for the qualitative detection of SARS-CoV-2 nucleocapsid antigens in nasal and nasopharyngeal swab specimens. For professional *in vitro* diagnostic use only.

INTENDED USE

The SARS-CoV-2 Antigen Rapid Test is a lateral flow chromatographic immunoassay for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasal and nasopharyngeal swab specimens directly from individuals who are suspected of COVID-19 by their healthcare provider within the first seven days of the onset of symptoms. The SARS-CoV-2 Antigen Rapid Test can also test specimens from asymptomatic individuals. The SARS-CoV-2 Antigen Rapid Test does not differentiate between SARS-CoV and SARS-CoV-2.

Results are for the identification of SARS-CoV-2 nucleocapsid antigen. This antigen is generally detectable in upper respiratory samples 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, from patients with symptom beyond seven days, should be treated as presumptive and confirmed with a molecular assay, if necessary, for patient management. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. 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 SARS-CoV-2 Antigen Rapid Test is intended for use by trained clinical laboratory personnel and individuals trained in point of care settings. SARS-CoV-2 Antigen Rapid Test is intended to be used as an aid in the diagnosis of SARS-CoV-2 infection.

SUMMARY

The novel coronaviruses belong to the β genus.¹ 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 is a qualitative membrane based chromatographic immunoassay for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in human nasal and nasopharyngeal swab specimens.

When specimens are processed and added to the test cassette, SARS-CoV-2 antigens, if present in the specimen, will react with the anti-SARS-CoV-2 antibody-coated particles, which have been pre-coated on the test strip. The mixture then migrates upward on the membrane by capillary action. The antigen-conjugate complexes migrate across the test strip to the reaction area and are captured by a line of antibody bound on the membrane. Test results are interpreted visually at 15-30 minutes based on the presence or absence of visually colored lines.

To serve as a procedure control, a colored line will always appear in the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

REAGENTS

The test cassette contains anti-SARS-CoV-2 antibodies. The positive control swab contains SARS-CoV-2 recombinant antigen pre-coated on the swab.

PRECAUTIONS

- For professional *in vitro* diagnostic use only. Do not use after the expiration date.
- Do not eat, drink, or smoke in the area where the specimens or kits are handled.
- Do not use the test if the pouch is damaged.
- Handle all specimens as if they contain infectious agents. Observe established precautions against biological hazards throughout testing and follow the standard procedures for proper disposal of specimens.
- Wear protective clothing such as laboratory coats, disposable gloves, mask and eye protection when specimens are being tested.
- The used test should be discarded according to local regulations. The used test should be considered potentially infectious and be discarded according to local regulations.
- Humidity and temperature can adversely affect results.
- This package insert must be read completely before performing the test. Failure to follow directions in insert may yield inaccurate test results.
- The test line for a high viral load sample may become visible within 15 minutes, or as soon as the sample passes the test line region.
- The test line for a low viral load sample may become visible within 30 minutes.

STORAGE AND STABILITY

- The kit can be stored at temperatures between 2 - 30 °C.
- The test is stable until the expiration date printed on the sealed pouch.
- The test must remain in the sealed pouch until use.
- DO NOT FREEZE.
- Do not use after the expiration date.

MATERIALS

Materials Provided

- Test Cassettes
- Positive Control Swab
- Disposable Swabs*
- Specimen Collection Guide
- Extraction Buffer Tubes
- Negative Control Swab
- Package Insert

* The Disposable Swabs are produced by another manufacturer. Either Nasal swabs or nasopharyngeal swabs are supplied in the kit depending on the package you ordered.

Materials Required But Not Provided

- Personal Protective Equipment
- Timer

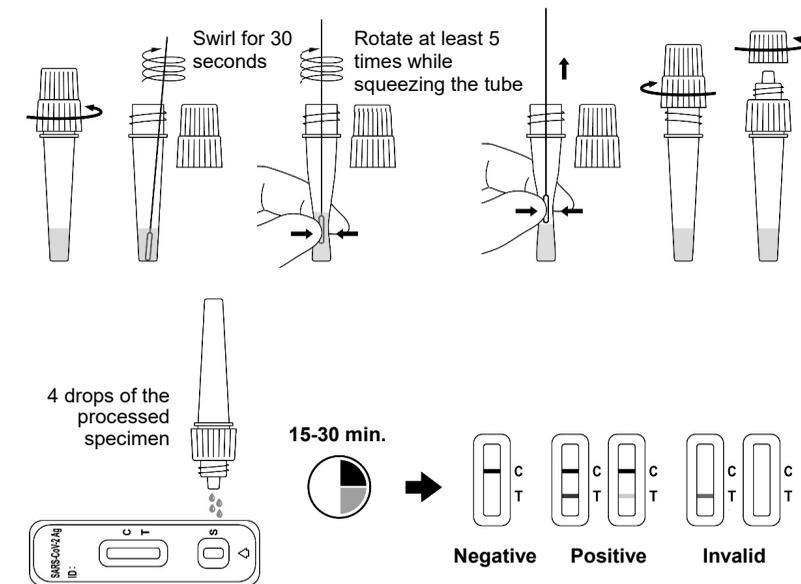
SPECIMEN COLLECTION AND PREPARATION

- The SARS-CoV-2 Antigen Rapid Test can be performed using nasal and nasopharyngeal swab specimens.
- Testing should be performed immediately after specimen collection, or at most within one (1) hour after specimen collection, if stored at room temperature (15-30°C).
- Please refer to the Specimen Collection Guide provided with the kit for specimen collection details.

DIRECTIONS FOR USE

Allow the test and extraction buffer to reach room temperature (15-30 °C) prior to testing.

- Use an extraction buffer tube for each specimen to be tested and label each tube appropriately.
- Unscrew the dropper cap from the extraction buffer tube without squeezing.
- Insert the swab into the tube and swirl it for 30 seconds. Then rotate the swab at least 5 times while squeezing the sides of the tube. Take care to avoid splashing contents out of the tube.
- Remove the swab while squeezing the sides of the tube to extract the liquid from the swab.
- Screw the dropper cap firmly onto the extraction buffer tube containing the sample. Mix thoroughly by swirling or flicking the bottom of the tube.
- Remove the test cassette from the foil pouch and use it as soon as possible.
- Place the test cassette on a flat and clean surface.
- Add the processed specimen to the sample well of the test cassette.
 - Unscrew the small cap from the dropper tip.
 - Invert the extraction buffer tube with the dropper tip pointing downwards and hold it vertically.
 - Gently squeeze the tube, dispensing 4 drops of the processed specimen into the sample well.
- Wait for the colored line(s) to appear. The result should be read at 15-30 minutes. **Do not read the result after 30 minutes.**



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE: Only one colored control line appears in the control region (C). No apparent colored line appears in the test line region (T). This means that no SARS-CoV-2 antigen was detected.

POSITIVE:* Two distinct colored lines appear. One line in the control line region (C) and the other line in the test line region (T). This means that the presence of SARS-CoV-2 antigen was detected.

***NOTE:** The intensity of the color in the test line (T) may vary depending on the level of the SARS-CoV-2 antigen present in the specimen. Therefore, any shade of color in the test line region (T) should be considered positive.

INVALID: Control line fails to appear. Insufficient specimen volume or incorrect operation are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test cassette. 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 line region (C) is an internal procedural control. It confirms sufficient specimen volume and correct procedural technique.

Positive and Negative control swabs are supplied with each kit. These control swabs should be used to ensure that the test cassette and that the test procedure is performed correctly. Follow the "DIRECTIONS FOR USE" section to perform the control test.

The control swabs can be tested under any of the following circumstances:

- When new lot of tests are used and/or when a new operator performs the test.
- At periodic intervals as dictated by local requirements, and/or by the user's Quality Control procedures.

LIMITATIONS

- The SARS-CoV-2 Antigen Rapid Test is for *in vitro* diagnostic use only. The test should be used for the detection of SARS-CoV-2 antigens in nasal and nasopharyngeal swab specimens only. The intensity of the test line does not necessarily correlate to SARS-CoV-2 viral titer in the specimen.
- Specimens should be tested as quickly as possible after specimen collection and at most within the hour following collection.
- Use of viral transport media may result in decreased test sensitivity.
- A false-negative test may result if the level of antigen in a sample is below the detection limit of the test or if the sample was collected incorrectly.
- Test results should be correlated with other clinical data available to the physician.
- A positive test result does not rule out co-infections with other pathogens.
- A positive test result does not differentiate between SARS-CoV and SARS-CoV-2.
- A negative test result is not intended to rule out other viral or bacterial infections.
- A negative result, from a patient with symptom onset beyond seven days, should be treated as presumptive and confirmed with a molecular assay, if necessary, for clinical management. (If the differentiation of specific SARS viruses and strains is needed, additional testing is required.)

PERFORMANCE CHARACTERISTICS

Clinical Sensitivity, Specificity and Accuracy

Nasal Swab Specimens

The performance of SARS-CoV-2 Antigen Rapid Test was established with 605 nasal swabs collected from individual symptomatic patients who were suspected of COVID-19. The results show that the relative sensitivity and the relative specificity are as follows:

SARS-CoV-2 Antigen Rapid Test	Method	RT-PCR		Total Results
	Results	Negative	Positive	
	Negative	433	5	
Positive	2	165	167	
Total Results		435	170	605

Relative Sensitivity: 97.1% (93.1%-98.9%)* Relative Specificity: 99.5% (98.2%-99.9%)*

Accuracy: 98.8% (97.6%-99.5%)* *95% Confidence Intervals

Stratification of the positive samples post onset of symptoms between 0-3 days has a positive percent agreement (PPA) of 98.8% (n=81) and 4-7 days has a PPA of 96.8% (n=62).

Positive samples with Ct value ≤ 33 has a higher positive percent agreement (PPA) of 98.7% (n=153).

Nasopharyngeal Swab Specimens

The performance of SARS-CoV-2 Antigen Rapid Test was established with 299 nasopharyngeal swabs collected from individual symptomatic patients who were suspected of COVID-19. The results show that the relative sensitivity and the relative specificity are as follows:

Method		RT-PCR		Total Results
SARS-CoV-2 Antigen Rapid Test	Results	Negative	Positive	
	Negative	175	3	178
	Positive	1	120	121
Total Results		176	123	299

Relative Sensitivity: 97.6% (92.8% - 99.5%)* Relative Specificity: 99.4% (96.5% - 99.9%)*
Accuracy: 98.7% (96.5% - 99.6%)* *95% Confidence Intervals

Limit of Detection (LOD)

The LOD of SARS-CoV-2 Antigen Rapid Test was established using limiting dilutions of an inactivated viral sample. The viral sample was spiked with negative human nasal and nasopharyngeal sample pool into a series of concentrations. Each level was tested for 30 replicates. The results show that the LOD is 1.6*10² TCID₅₀/mL.

Cross-Reactivity (Analytical Specificity) and Microbial Interference

Cross-reactivity was evaluated by testing a panel of related pathogens and microorganisms that are likely to be present in the nasal cavity. Each organism and virus were tested in the absence or presence of heat-inactivated SARS-CoV-2 virus at low positive level.

No cross-reactivity or interference was observed with the following microorganisms when tested at the concentration presented in the table below. The SARS-CoV-2 Antigen Rapid Test does not differentiate between SARS-CoV and SARS-CoV-2.

Potential Cross-Reactant	Test Concentration	Cross-Reactivity (in the absence of SARS-CoV-2 virus)	Interference (in the presence of SARS-CoV-2 virus)	
Virus	Adenovirus	1.14 x 10 ⁶ TCID ₅₀ /mL	No 3/3 positive	
	Enterovirus	9.50 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Human coronavirus 229E	1.04 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Human coronavirus OC43	2.63 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Human coronavirus NL63	1.0 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Human Metapneumovirus	1.25 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	MERS-coronavirus	7.90 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Influenza A	1.04 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Influenza B	1.04 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Parainfluenza virus 1	1.25 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Parainfluenza virus 2	3.78 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Parainfluenza virus 3	1.0 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Parainfluenza virus 4	2.88 x 10 ⁶ TCID ₅₀ /mL	No 3/3 positive	
	Respiratory syncytial virus	3.15 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Rhinovirus	3.15 x 10 ⁵ TCID ₅₀ /mL	No 3/3 positive	
	Human coronavirus-HKU1	1 x 10 ⁵ copies/mL	No 3/3 positive	
	Bacteria	Bordetella pertussis	2.83 x 10 ⁹ CFU/mL	No 3/3 positive
		Chlamydia trachomatis	3.13 x 10 ⁸ CFU/mL	No 3/3 positive
Haemophilus influenzae		1.36 x 10 ⁸ CFU/mL	No 3/3 positive	
Legionella pneumophila		4.08 x 10 ⁹ CFU/mL	No 3/3 positive	
Mycobacterium tuberculosis		1.72 x 10 ⁷ CFU/mL	No 3/3 positive	
Mycoplasma pneumoniae		7.90 x 10 ⁷ CFU/mL	No 3/3 positive	
Staphylococcus aureus		1.38 x 10 ⁷ CFU/mL	No 3/3 positive	

Staphylococcus epidermidis	2.32 x 10 ⁹ CFU/mL	No 3/3 negative	No 3/3 positive	
Streptococcus pneumoniae	1.04 x 10 ⁸ CFU/mL	No 3/3 negative	No 3/3 positive	
Streptococcus pyogenes	4.10 x 10 ⁶ CFU/mL	No 3/3 negative	No 3/3 positive	
Pneumocystis jirovecii-S. cerevisiae	8.63 x 10 ⁷ CFU/mL	No 3/3 negative	No 3/3 positive	
Pseudomonas aeruginosa	1.87 x 10 ⁸ CFU/mL	No 3/3 negative	No 3/3 positive	
Chlamydia pneumoniae	1 x 10 ⁶ IFU/ml	No 3/3 negative	No 3/3 positive	
Yeast	Candida albicans	1.57 x 10 ⁸ CFU/mL	No 3/3 negative	No 3/3 positive
Pooled human nasal wash		No 3/3 negative	No 3/3 positive	

Interfering Substances

The following substances, naturally present in respiratory specimens or that may be artificially introduced into the nasal cavity or nasopharynx, were evaluated. Each substance was tested in the absence or presence of SARS-CoV-2 virus at low positive level. The final concentration of the substances tested are listed below and were found not to affect test performance.

Interfering Substance	Active Ingredient	Concentration	Results (in the absence of SARS-CoV-2 virus)	Results (in the presence of SARS-CoV-2 virus)
Endogenous	Biotin	2.4 mg/mL	3/3 negative	3/3 positive
	Mucin	0.5% w/v	3/3 negative	3/3 positive
	Whole Blood	4% v/v	3/3 negative	3/3 positive
Afrin Original Nasal Spray	Oxymetazoline	15% v/v	3/3 negative	3/3 positive
ALKALOL Allergy Relief Nasal Spray	Homeopathic	1:10 Dilution	3/3 negative	3/3 positive
Chloraseptic Max Sore Throat Lozenges	Menthol, Benzocaine	1.5 mg/mL	3/3 negative	3/3 positive
CVS Health Fluticasone Propionate Nasal Spray	Fluticasone propionate	5% v/v	3/3 negative	3/3 positive
Equate Fast-Acting Nasal Spray	Phenylephrine	15% v/v	3/3 negative	3/3 positive
Equate Sore Throat Phenol Oral Anesthetic Spray	Phenol	15% v/v	3/3 negative	3/3 positive
Original Extra Strong Menthol Cough Lozenges	Menthol	1.5 mg/mL	3/3 negative	3/3 positive
NasalCrom Nasal Spray	Cromolyn	15% v/v	3/3 negative	3/3 positive
NeilMed NasoGel for Dry Noses	Sodium Hyaluronate	5% v/v	3/3 negative	3/3 positive
Throat Lozenge	Dyclonine Hydrochloride	1.5mg/mL	3/3 negative	3/3 positive
Zicam Cold Remedy	Galphimia glauca, Luffa operculata, Sabadilla	5% v/v	3/3 negative	3/3 positive
Antibiotic	Mupirocin	10 mg/mL	3/3 negative	3/3 positive
Tamiflu	Oseltamivir Phosphate	5 mg/mL	3/3 negative	3/3 positive
Antibiotic	Tobramycin	4 µg/mL	3/3 negative	3/3 positive
Mometasone Furoate Nasal Spray	Mometasone Furoate	5%v/v	3/3 negative	3/3 positive
Physiological Seawater Nasal Cleaner	NaCl	15%v/v	3/3 negative	3/3 positive

PRECISION

Intra-Assay

Within-run precision was determined using 60 replicates of specimens: negative control and SARS-CoV-2 antigen positive controls. The specimens were correctly identified >99% of the time.

Inter-Assay

Between-run precision was determined using 60 independent assays on the same specimen: negative specimen and SARS-CoV-2 antigen positive specimen. Three different lots of the SARS-CoV-2 Antigen Rapid Test were tested using these specimens. The specimens were correctly identified >99% of the time.

BIBLIOGRAPHY

- Shuo Su, Gary Wong, Weifeng Shi, et al. Epidemiology, Genetic recombination, and pathogenesis of coronaviruses. Trends in Microbiology, June 2016, vol. 24, No. 6: 490-502
- Susan R. Weiss, Julian L. Leibowitz, Coronavirus Pathogenesis, Advances in Virus Research, Volume 81: 85-164

Index of Symbols

	Manufacturer		Contains sufficient for <n> tests		Temperature limit
	In vitro diagnostic medical device		Use-by date		Do not reuse
	Consult instructions for use		Batch code		Catalogue number
	Authorized representative in the European Community		Date of manufacture		

Index of Contents

SARS-CoV-2 Antigen	SARS-CoV-2 Antigen
Negative Control Swab	Negative Control Swab
Positive Control Swab	Positive Control Swab
Extraction Buffer Tubes	Extraction Buffer Tubes
Disposable Swabs	Disposable Swabs
Nasal Swabs	Nasal swabs
Nasopharyngeal Swabs	Nasopharyngeal Swabs
SARS-CoV-2 Antigen Rapid Test	SARS-CoV-2 Antigen Rapid Test

ACON Biotech (Hangzhou) Co., Ltd.
No.210 Zhenzhong Road, West Lake District, Hangzhou, P.R.China, 310030



MedNet GmbH
Borkstrasse 10
48163 Muenster, Germany

Number: 1151301701
Effective Date: 2021-03-05

Specification



Feature	Specification
Technology	Biosensor/Electrochemical, Glucose oxidase (GOD)
Result Calibration	Plasma-equivalent
Test Time	10 seconds
Sample Size	0.5 µL
Sample Type	Fresh capillary whole blood
Hematocrit Range	25 - 60%
Glucose Test Range	20 - 600 mg/dL (1.1 - 33.3 mmol/L)
Memory Storage	300 results with date and time
Test Averaging	7, 14, 30-day averages
Data Transfer	USB
Control Solution	3 levels
Audio Feature	Optional beep for sample detection, error messages
Automatic Shutoff	2 minutes after last action
Battery	One (1) CR 2032 3.0V coin cell battery
Battery Life	1,000 measurements
Operating Conditions	41 - 113 °F (5 - 45°C) and 10 - 90% relative humidity
Strip Storage Temperature	2-35°C
Expiration Date	24 months (6 months after first opening)

Catalog

Product Name	Catalog No.	Contents			
On-Call [®] Plus Blood Glucose Monitoring System	G113-111 v †	1 Meter 1 Manual 10 Lancets	10 Test Strips 1 Carrying Case 1 Code Chip	1 Control Solution 1 1 Quick Reference Guide 1 Clear Cap (for testing on forearm and palm)	1 Lancing Device 1 Warranty Card
On-Call [®] Plus Blood Glucose Meter	G113-211 v †	1 Meter 1 Manual	1 Control Solution 1 1 Warranty Card	1 Carrying Case 1 Quick Reference Guide	
	G113-214 v	1 Meter 1 Manual 10 Lancets	1 Lancing Device 1 Carrying Case 1 Warranty Card	1 Control Solution 1 1 Quick Reference Guide 1 Clear Cap (for testing on forearm and palm)	
On-Call [®] Plus Blood Glucose Test Strips	G133-111 v †	50 Test Strips (25/vial)		1 Code Chip	1 Package Insert
		50 Test Strips (50/vial)		1 Code Chip	1 Package Insert
	G133-112 v	100 Test Strips (25/vial)		1 Code Chip	1 Package Insert
	G133-114 v	10 Test Strips (10/vial)		1 Code Chip	1 Package Insert
	G133-115 v	25 Test Strips (Individually Foil Wrapped)		1 Code Chip	1 Package Insert
	G133-117 v	50 Test Strips (Individually Foil Wrapped)		1 Code Chip	1 Package Insert
G133-118 v	25 Test Strips (25/vial)		1 Code Chip	1 Package Insert	
On-Call [®] Plus Blood Glucose Test Strips and Lancets	G133-211 v	50 Test Strips (25/vial)	50 Lancets (25/bag)	1 Code Chip	1 Package Insert
On-Call [®] Plus Blood Glucose Control Solution	G123-311 v †	1 Control Solution 0	1 Control Solution 1	1 Control Solution 2	1 Package Insert
On-Call [®] Lancets	G124-10A v †	100 Lancets (25/bag)			
On-Call [®] Lancing Device	G124-11AV	1 Lancing Device		1 Package Insert	
On-Call [®] Diabetes Management Software Kit	G124-13A †	1 USB Data Transfer Cable		1 Installation Disk	

v CE Marked for sale in the European Community 0123 † US 510(k) Cleared and CLIA Waived



On-Call[®] Plus
Blood Glucose Monitoring System



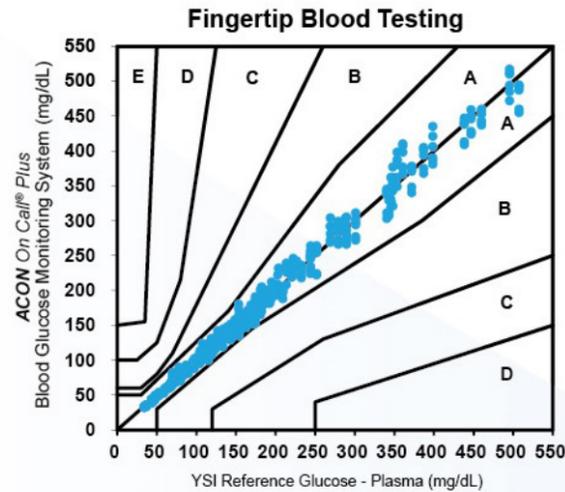
Delivers Value and Quality

- 0.5 µL Blood Sample
- Accurate & Reliable Results
- 25 - 60% HCT Range
- US 510(k) & CE

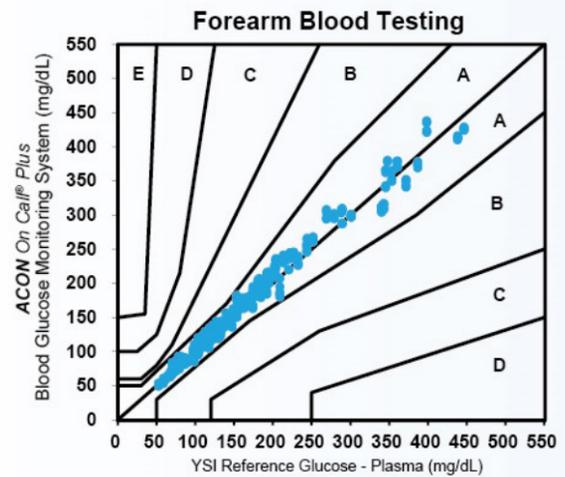


Accurate and Reliable

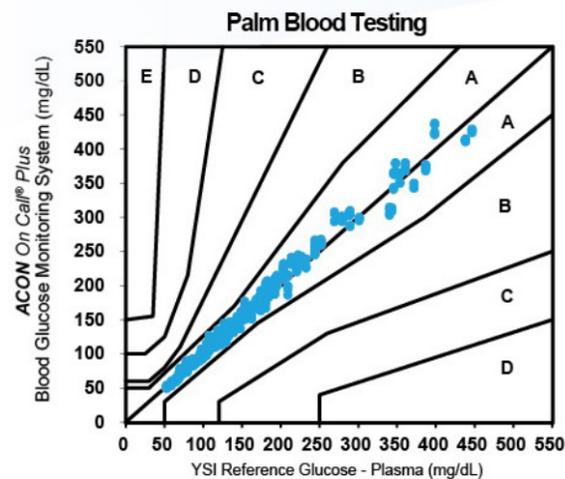
Extensive clinical studies proved the accuracy of *On-Call Plus* Blood Glucose Monitoring System with fresh capillary blood samples, which can comply with EN ISO 15197: 2015.



Consensus Error Grid Analysis Clinical Trial - Fingertip Capillary Blood, by Technican ACON On-Call Plus Blood Glucose Monitoring System vs. YSI		
System Accuracy Results for Glucose Concentration ≥ 100 mg/dL		
Within $\pm 5\%$	Within $\pm 10\%$	Within $\pm 15\%$
290 / 462 (62.8%)	432 / 462 (93.5%)	462 / 462 (100.0%)
System Accuracy Results for Glucose Concentration < 100 mg/dL		
Within ± 5 mg/dL	Within ± 10 mg/dL	Within ± 15 mg/dL
145 / 198 (73.2%)	193 / 198 (97.5%)	198 / 198 (100.0%)
System Accuracy Results for both Glucose Concentration ≥ 100 mg/dL and < 100 mg/dL		
Within $\pm 15\%$ or ± 15 mg/dL		
658 / 660 (99.7%)		



Consensus Error Grid Analysis Clinical Trial - Forearm Capillary Blood, by Technican ACON On-Call Plus Blood Glucose Monitoring System vs. YSI		
System Accuracy Results for Glucose Concentration ≥ 100 mg/dL		
Within $\pm 5\%$	Within $\pm 10\%$	Within $\pm 15\%$
202 / 444 (45.5%)	375 / 444 (84.5%)	440 / 444 (99.1%)
System Accuracy Results for Glucose Concentration < 100 mg/dL		
Within ± 5 mg/dL	Within ± 10 mg/dL	Within ± 15 mg/dL
110 / 168 (65.5%)	154 / 168 (91.7%)	168 / 168 (100.0%)
System Accuracy Results for both Glucose Concentration ≥ 100 mg/dL and < 100 mg/dL		
Within $\pm 15\%$ or ± 15 mg/dL		
608 / 612 (99.3%)		



Consensus Error Grid Analysis Clinical Trial - Palm Capillary Blood, by Technican ACON On-Call Plus Blood Glucose Monitoring System vs. YSI		
System Accuracy Results for Glucose Concentration ≥ 100 mg/dL		
Within $\pm 5\%$	Within $\pm 10\%$	Within $\pm 15\%$
219 / 444 (49.3%)	395 / 444 (89.0%)	441 / 444 (99.3%)
System Accuracy Results for Glucose Concentration < 100 mg/dL		
Within ± 5 mg/dL	Within ± 10 mg/dL	Within ± 15 mg/dL
130 / 168 (77.4%)	166 / 168 (98.8%)	168 / 168 (100.0%)
System Accuracy Results for both Glucose Concentration ≥ 100 mg/dL and < 100 mg/dL		
Within $\pm 15\%$ or ± 15 mg/dL		
609 / 612 (99.5%)		

Key Features

0.5 μ L blood sample

HCT 25 - 60% HCT range

2 - 35°C strip storage temperature

Optional individually packaged test strips available

Alternative testing sites including fingertip, forearm and palm

Automatic detection of insufficient sample

300 test memory with date and time

7, 14, 30 - day averages calculation

Easy PC data transfer and smart App data analysis

Authority Certificate

