



## Rapid SARS-CoV-2 Antigen Test Card

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

**Catalog Number: 07AG6020B**

***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 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 cannot be used as the sole basis to diagnose or exclude SARS-CoV-2 infection.

### SUMMARY

The novel coronaviruses belong to the  $\beta$  genus. COVID-19 is an acute respiratory infectious disease. People are generally susceptible. Currently, 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 the 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 tube
4. Sample extraction buffer
5. Instructions for use

### MATERIALS REQUIRED BUT NOT SUPPLIED

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

### STORAGE

1. Store the test device at 2 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 laboratory 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.

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- 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:

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

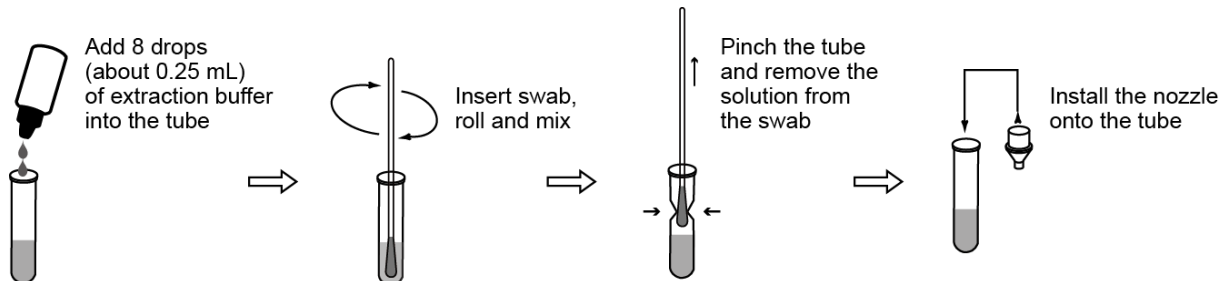


#### Oropharyngeal swab specimens:

- The patient's head should be tilted slightly, with mouth open, and the patient should make an "ah" sound, exposing the pharyngeal tonsils on both sides.
- Holding the swab, wipe the pharyngeal tonsils on both sides with moderate force back and forth at least 3 times. Avoid touching the tongue, teeth and gums.

### SPECIMEN PREPARATION

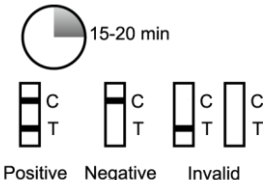
- Add **8 drops (about 0.25 mL)** of extraction buffer into the extraction tube.
- Place the swab with specimen into the extraction tube. Roll the swab three to five (3-5) times. **Leave the swab in the extraction buffer for 1 minute.**
- Pinch the extraction tube with fingers and remove the solution from the swab as much as possible. Dispose of the used swab in accordance with your biohazard waste disposal protocol.
- Install the nozzle cap onto the sample extraction tube tightly. Use extraction solution as test specimen.





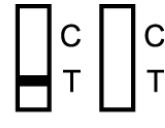
### PROCEDURE

1	Bring the kit components to room temperature before testing.	
2	Open the pouch and remove the test card. Once opened, the test card must be used immediately. Label the test card with the patient identity.	
3	<p>2-3 drops of specimen</p>	Invert the extraction tube and add 2-3 drops (50-75 $\mu$ L) of test specimen into the specimen well (S) by gently squeezing the extraction tube.

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4	 <p>15-20 min</p> <p>Positive Negative Invalid</p>	<p>Read the results at <b>15-20 minutes</b>.</p> <p><i>Note: Results after 20 minutes may not be accurate.</i></p>
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### INTERPRETATION OF RESULTS

POSITIVE	
	<p>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.</p>
NEGATIVE	
	<p>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 a molecular diagnostic method if COVID-19 disease is suspected.</p>
INVALID	
	<p>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.</p>

### 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 <sup>2</sup> TCID <sub>50</sub> /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 27 microorganisms. None of the microorganisms tested in the following table gave a positive result.

Microorganisms	Concentrations	Microorganisms	Concentrations
Human coronavirus 229E	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	MERS-coronavirus	1.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL
Human coronavirus OC43	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Chlamydia pneumoniae	2.0 x 10 <sup>6</sup> IFU/mL
Human coronavirus NL63	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Streptococcus pneumoniae	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 1	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Streptococcus pyogenes	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 2	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Bordetella pertussis	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 3	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Mycobacterium tuberculosis	2.0 x 10 <sup>6</sup> CFU/mL

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Enterovirus EV71	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Legionella pneumophila	2.0 x 10 <sup>6</sup> CFU/mL
Respiratory syncytial virus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Mycoplasma pneumoniae	2.0 x 10 <sup>6</sup> U/mL
Rhinovirus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Haemophilus influenzae	2.0 x 10 <sup>6</sup> CFU/mL
Influenza A virus (H1N1)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Candida albicans	2.0 x 10 <sup>6</sup> CFU/mL
Influenza A virus (H3N2)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Staphylococcus aureus	2.0 x 10 <sup>6</sup> CFU/mL
Influenza B virus (Yamagata)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Pseudomonas aeruginosa	2.0 x 10 <sup>6</sup> CFU/mL
Influenza B virus (Victoria)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Escherichia coli	2.0 x 10 <sup>6</sup> CFU/mL
Adeno virus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL		

### Interference

#### 1. Microorganism

The interference of common microorganisms on the performance of the Rapid SARS-CoV-2 Antigen Test Card was evaluated. The results showed that the microorganisms listed in the table below 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 <sup>6</sup> TCID <sub>50</sub> /mL	MERS-coronavirus	1.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL
Human coronavirus OC43	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Chlamydia pneumoniae	2.0 x 10 <sup>6</sup> IFU/mL
Human coronavirus NL63	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Streptococcus pneumoniae	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 1	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Streptococcus pyogenes	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 2	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Bordetella pertussis	2.0 x 10 <sup>6</sup> CFU/mL
Parainfluenza virus 3	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Mycobacterium tuberculosis	2.0 x 10 <sup>6</sup> CFU/mL
Enterovirus EV71	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Legionella pneumophila	2.0 x 10 <sup>6</sup> CFU/mL
Respiratory syncytial virus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Mycoplasma pneumoniae	2.0 x 10 <sup>6</sup> U/mL
Rhinovirus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Haemophilus influenzae	2.0 x 10 <sup>6</sup> CFU/mL
Influenza A virus (H1N1)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Candida albicans	2.0 x 10 <sup>6</sup> CFU/mL
Influenza A virus (H3N2)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Staphylococcus aureus	2.0 x 10 <sup>6</sup> CFU/mL
Influenza B virus (Yamagata)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Pseudomonas aeruginosa	2.0 x 10 <sup>6</sup> CFU/mL
Influenza B virus (Victoria)	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	Escherichia coli	2.0 x 10 <sup>6</sup> CFU/mL
Adeno virus	2.0 x 10 <sup>6</sup> TCID <sub>50</sub> /mL		

#### 2. Endogenous Substances

The interference of common endogenous substances on the performance of the Rapid SARS-CoV-2 Antigen Test Card was evaluated. The results showed that the endogenous substances listed in the table below 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	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)	0.5% w/v		

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### Accuracy

The accuracy of the Rapid SARS-CoV-2 Antigen Test Card was established with 497 swab 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	80	4	84
	Negative	3	410	413
	Total	83	414	497
Sensitivity		96.39% (95%CI: 92.37%~99.99%)		
Specificity		99.03% (95%CI: 98.09%~99.98%)		
Accuracy		98.59% (95%CI: 97.56%~99.63%)		















### LIMITATIONS

1. The test is limited to the qualitative detection of SARS-CoV-2 viral antigen in nasopharyngeal swab or oropharyngeal swab specimens. The exact concentration of SARS-CoV-2 viral antigen cannot be determined by this assay.
2. 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.
3. A negative test result may occur if the level of antigen in a specimen is below the limit of detection of the test.
4. 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.
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.
8. 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.
9. 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.
10. 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.
11. The kit was validated with the assorted swabs. Use of alternative swabs may result in false negative results.
12. 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.
13. 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.

### REFERENCES

1. 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 of Symbols

SYMBOL	DEFINITION	SYMBOL	DEFINITION
	European Conformity		Catalogue Number
	In Vitro Diagnostics Medical Device		Manufacturer
	Consult Instruction for Use		Authorized Representative in the European Community
	Temperature Limitation		Caution, consult accompanying documents
	Lot Number		Contains sufficient for <n> tests
	Use by		Do not reuse
	Sterilized using ethylene oxide		Sterilized using irradiation



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