

PRODUCT NAME
ClearEpi™ SARS-CoV-2 Antigen Rapid Test

PACKING SPECIFICATIONS
10 Tests / Box

INTENDED USE

For in vitro qualitative detection of SARS-CoV-2 nucleocapsid antigen in nasal (NS) swab specimens directly from individuals who are suspected of COVID-19 by their healthcare provider within the first 5 days after onset of symptoms. This test is only provided for use by clinical laboratories or to healthcare workers for point-of-care testing, not for at-home testing. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped non-segmented positive-sense RNA virus. It is the cause of coronavirus disease (COVID-19), which is contagious in humans. SARS-CoV-2 has several structural proteins including spike (S), envelope (E), membrane (M), and nucleocapsid (N). The antigen is generally detectable in upper respiratory samples during the acute phase of infection. Positive results indicate the presence of viral antigens, but the clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out a bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Negative results should be treated as presumptive, which 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, and confirmed with a molecular assay, if necessary, for patient management.

TEST PRINCIPLE

Biolidics Limited's ClearEpi™ SARS-CoV-2 Antigen Rapid Test uses an immunocapture method, it is designed to detect the presence or absence of SARS-CoV-2 nucleocapsid proteins in respiratory samples from patients with signs and symptoms of infection who are suspected of COVID-19. Key components: the anti-nucleocapsid protein antibody and chicken IgY labeled with colloidal gold, the nitrocellulose membrane coated with anti-nucleocapsid protein antibody, and goat anti-chicken IgY antibody. When specimens are processed and added to the test device, SARS-CoV-2 antigens present in the specimen bind to antibodies conjugated to colloidal gold in the test strip. The antigen-conjugate complexes migrate across the test strip to the reaction area and are captured by a line of antibodies bound on the membrane. A color band will show up when antigen-conjugate is deposited at the Test "T" position and the Control "C" position on the device.

COMPONENTS

Component Name	Composition
Test Device	10 Test Cartridges per box. The anti-nucleocapsid protein antibody and chicken IgY is labeled with colloidal-gold, the nitrocellulose membrane is coated with anti-nucleocapsid protein antibody and goat anti-chicken IgY antibody.
Desiccant	10 Packs of Silica Gel
Buffer	10 single-use bottles, each with 350 uL extraction buffer (Detergent Solution)
Extraction Tube	10 single-use reaction tubes, each with 1 x nozzle cap
Specimen Sampling Swabs	10 sterile, single-use specimen sampling swabs

Materials required but not provided with the kit:

SARS-CoV-2 (+) Control Swab	1 each – individually wrapped for single-use	Non-infectious, recombinant viral protein antigen with less than 0.1% sodium azide.
SARS-CoV-2 (-) Control Swab	1 each – individually wrapped for single-use	Buffer with less than 0.1% sodium azide.

STORAGE AND STABILITY

1. Store at 2–30°C in the sealed pouch up to the expiration date, as labelled on the box. Do not freeze.
2. The test cassette should be used within 1 hour after taking out from the aluminum foil bag.
3. Keep away from sunlight, moisture, and heat.

SPECIMEN COLLECTION AND HANDLING

1. Specimen Collection and Preparation

Acceptable specimens for testing with this kit include nasal swab specimens obtained by the dual nares collection method. Correct specimen collection and preparation methods must be followed. Specimens obtained early during symptom onset will contain the highest viral titers; specimens obtained after five days of symptoms are more likely to produce negative results when compared to an RT-PCR assay. Inadequate specimen collection, improper specimen handling and/or transport may yield a falsely negative result; therefore, training in specimen collection is highly recommended due to the importance of specimen quality for generating accurate test results.

2. Specimen Transport and Storage

Freshly collected specimens should be processed as soon as possible, but no later than one hour after specimen collection. Correct specimen collection and preparation methods must be followed.

3. Nasal Swab Specimen Collection

- a. Insert the swab into one nostril of the patient. The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril. Roll the swab 5 times along the mucosa inside the nostril to ensure that both mucus and cells are collected.
- b. Using the same swab, repeat this process for the other nostril to ensure that an adequate sample is collected from both nasal cavities.
- c. Withdraw the swab from the nasal cavity. The sample is now ready for processing using the kit.



4. DOs and DON'Ts of Sample Collection

Do collect samples as soon as possible after the onset of symptoms. Do test samples immediately. Use only swabs provided with the kit. Do not place the swab back into the swab packaging sleeve after specimen collection.

PRECAUTIONS

For in vitro diagnostic use. This test has been authorized only for the detection of SARS-CoV-2 antigen, not for any other viruses or pathogens. Treat all specimens as potentially infectious. Follow universal precautions when handling samples, this kit and its contents. Proper sample collections, storage and transport are essential for correct results. Leave test card sealed in its foil pouch until just before use. Do not use if pouch is damaged or open. Do not use kit past its expiration date. Do not mix components from different kit lots. Do not reuse the used test card. Inadequate or inappropriate sample collection, storage and transport may yield false test results. Do not store specimens in viral transport media for specimen storage. All components of this kit should be discarded as Biohazard waste according to Federal, State and local regulatory requirements. Solutions used to make the positive control swab are non-infectious. However, patient samples, controls and test cards should be handled as though they could transmit disease. Observe established precautions against microbial hazards during use and disposal. Wear appropriate personal protection equipment and gloves when running each test and handling patient specimens. Change gloves between handling of specimens suspected of COVID-19. INVALID RESULTS can occur when an insufficient volume of extraction reagent is added to the test card. To ensure delivery of adequate volume, hold vial vertically, 1/4 inch above the swab well, and add drops slowly. False Negative results can occur if the sample swab is not rotated (twirled) prior to closing the card. Swabs in the kit are approved for use with ClearEpi™ SARS-CoV-2 Antigen Rapid Test. Do not use other swabs. The Extraction Reagents packaged in this kit contains saline, detergents and preservatives that will inactivate cells and virus particles. Samples eluted in this solution are not suitable for culture. Do not store swab after specimen collection in the original paper packaging, if storage is needed use a plastic tube with cap.

TEST PROCEDURE

1. The test kit, the specimen must be at room temperature (15–30°C) for before testing. The kit is only intended for nasal swab specimens that are collected and tested directly (i.e. swabs that have NOT been placed in transport media). The kit includes a pre-diluted processing reagent in a ready to use buffer bottle. This kit IS NOT INTENDED for testing liquid samples such as a wash or aspirate samples or swabs placed in transport media as results can be compromised by over dilution.

2. Freshly collected specimens should be processed within 1 hour.

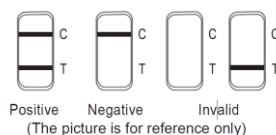
Step 1: Twist off the top of the buffer bottle, slowly dispense all of the buffer into the extraction Tube.	<p>Step 1</p> <p>Step 2, 3 & 4</p> <p>Step 5 & 6</p> <p>Step 7</p>
Step 2: After collection of nasal swab specimen following procedures outline in Specimen Collection and Handling section, insert the swab into the tube and plunge the swab up and down in the fluid for a minimum of 20 seconds, then hold the swab against the bottom of the tube and roll 5 turns, taking care not to splash contents out of the tube.	
Step 3: Remove the swab while squeezing the sides of the tube to extract the liquid from the swab.	
Step 4: Press the nozzle cap firmly onto the extraction tube containing the processed sample (threading or twisting is not required). Mix thoroughly by swirling or flicking the bottom of the tube. Place the extraction tube(s) in a rack in the designated area of the workspace.	
Step 5: Tear off the foil pouch, take out the test strip/cassette and place the test kit on a clean and level surface. Label the test device and one extraction tube for each specimen or control to be tested.	
Step 6: Gently squeeze the ridged body of the tube, dispensing three (3) drops of the processed specimen into the sample well.	
Step 7: Read the test results between 15 - 20 minutes following addition of the sample. Do not read the results after 20 minutes.	

NOTE: Do not use tubes or tips from any other product, or from other manufacturers.

INTERPRETATION OF TEST RESULTS

The result should be interpreted within 15-20 minutes after the sample is added into the sample well. Result displayed after 20 minutes are invalid and should not be interpreted.

1. **POSITIVE:** Two lines appear. A colored line should be in the control line region (C), a colored line appears in the test line (T) region. Positive results indicate the presence of viral antigens, but the clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out a bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.
2. **NEGATIVE:** Only one coloured control line appears. The control line (C) is present (red) and the test line is not red. Negative results are presumptive. Negative test results do not preclude infection and should not be used as the sole basis for treatment or other patient management decisions, including infection control decisions, particularly in the presence of clinical signs and symptoms consistent with COVID-19, or in those who have been in contact with the virus. It is recommended that these results be confirmed by a molecular testing method, if necessary, for patient management.
3. **INVALID:** Control line fails to appear. Insufficient buffer volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the procedure with a new test cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor.



LIMITATIONS OF TEST METHOD

1. This product is only suitable for a qualitative test and auxiliary diagnosis.

- The test results are only for clinical reference and should not be the only basis for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms, physical signs, medical history, other laboratory tests, therapeutic reaction, and epidemiological information.
- Users should test specimens as quickly as possible after specimen collection no longer than 1 hour after collection.
- Positive test results do not rule out co-infections with other pathogens.
- Results from the test should be correlated with the clinical history, epidemiological data and other data available to the clinician evaluating the patient.
- A false-negative test result may occur if the level of viral antigen in a sample is below the detection limit of the test or if the sample was collected or transported improperly; therefore, a negative test result does not eliminate the possibility of SARS-CoV-2 infection.
- The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after day 5 of illness are more likely to be negative compared to an RT-PCR assay.
- Failure to follow the test procedure may adversely affect test performance and/or invalidate the test result.
- The contents of this kit are to be used for the qualitative detection of SARS-CoV-2 antigens from nasal swab specimens only.
- The kit performance depends on antigen load and may not correlate with other diagnostic methods performed on the same specimen.
- Negative test results are not intended to rule in other non-SARS-CoV-2 viral or bacterial infections.
- Positive and negative predictive values are highly dependent on prevalence rates. Positive test results are more likely to represent false-positive results during periods of little/no SARS-CoV-2 activity when disease prevalence is low. False-negative test results are more likely when the prevalence of disease caused by SARS-CoV-2 is high.
- This kit has been evaluated for use with human specimen material only.
- 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 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 sensitivity of the test after the first five days of the onset of symptoms has been demonstrated to decrease as compared to an RT-PCR SARS-CoV-2 assay.
- Negative results should be treated as presumptive and confirmed with an FDA authorized molecular assay, if necessary, for clinical management, including infection control.
- Specimen stability recommendations are based upon stability data from influenza testing and performance may be different from SARS-CoV-2. Users should test specimens as quickly as possible after specimen collection, and within one hour after specimen collection.
- The validity of the kit has not been proven for identification /confirmation of tissue culture isolates and should not be used in this capacity.

PERFORMANCE CHARACTERISTICS

1. Clinical Performance

The performance of the kit is determined by the nasal swab samples of 214 patients suspected of COVID-19 collected at the Centro Diagnostico Delta S.r.l. sito located in Piazza San Giuseppe Moscati, 8 – 82030 Apollona (Benevento) ITALY in October 2020. The nasopharyngeal swabs are determined by RT-PCR and nasal swabs are determined by antigen rapid test kit. The samples are collected by the trained and qualified personnel according to the method described in the instructions. The kit showed 98.15% of sensitivity and 98.75% of specificity.

Table 1. Clinical Study Results from symptom onset

Reagent Test Results	RT-PCR Comparator		Subtotal
	Positive	Negative	
Positive	53	2	55
Negative	1	158	159
Subtotal	54	160	214

Positive Percent Agreement (PPA) = 53/54 (98.15%) (95%CI: 90.1%–100.0%)
 Negative Percent Agreement (NPA) = 158/160 (98.75%) (95%CI: 95.6%–99.8%)
 Accuracy = (53+158)/214x100% = 98.60%
 Kappa = 2x8372/ 17386 = 0.96>0.5

2. Cross-Reactivity

Cross-Reactivity: There was no cross-reaction with potential cross-reactive substances except SARS-coronavirus.

Potential Cross- Reactive Substances	Concentration Tested	Cross-Reactivity (Yes/No)
Influenza A	1.6 x 10 ⁵ TCID ₅₀ /mL	NO
Influenza B	1.6 x 10 ⁵ TCID ₅₀ /mL	NO
Human coronavirus HKU1	1.6 x 10 ⁵ TCID ₅₀ /mL	NO
Human coronavirus OC43	1.6 x 10 ⁵ TCID ₅₀ /mL	NO
<i>Haemophilus influenzae</i>	2.2 x 10 ⁵ TCID ₅₀ /mL	NO
MERS-coronavirus	2.1 x 10 ⁵ TCID ₅₀ /mL	NO
SARS-coronavirus	3.2 x 10 ⁵ PFU/mL	YES
Adenovirus C1	1.5 x 10 ⁵ TCID ₅₀ /mL	NO
Adenovirus 71	1.5 x 10 ⁵ TCID ₅₀ /mL	NO
<i>Candida albicans</i>	4.2 x 10 ⁵ CFU/mL	NO
Respiratory syncytial virus	5.1 x 10 ⁵ TCID ₅₀ /mL	NO
Enterovirus	5.4 x 10 ⁵ TCID ₅₀ /mL	NO
Malaria	2.2 x 10 ⁶ CFU/mL	NO
Dengue	1.2 x 10 ⁵ TCID ₅₀ /mL	NO
Human coronavirus NL63	1.7 x 10 ⁵ TCID ₅₀ /mL	NO
Human coronavirus 229E	2.2 x 10 ⁵ TCID ₅₀ /mL	NO
<i>Streptococcus pneumoniae</i>	1.1 x 10 ⁶ CFU/mL	NO
<i>Pneumocystis jirovecii</i>	1.0 x 10 ⁵ TCID ₅₀ /mL	NO
<i>Legionella pneumophila</i>	1.4 x 10 ⁶ CFU/mL	NO
<i>Chlamydia pneumoniae</i>	1.1 x 10 ⁶ IFU/mL	NO
Human Metapneumovirus (hMPV)	1.1 x 10 ⁵ TCID ₅₀ /mL	NO
Parainfluenza virus 1	1.0 x 10 ⁵ TCID ₅₀ /mL	NO

Potential Cross- Reactive Substances	Concentration Tested	Cross-Reactivity (Yes/No)
Parainfluenza virus 2	1.0 x 10 ⁵ TCID ₅₀ /mL	NO
Parainfluenza virus 3	3.5 x 10 ⁵ TCID ₅₀ /mL	NO
Parainfluenza virus 4	1.4 x 10 ⁵ TCID ₅₀ /mL	NO
Rhinovirus	1.3 x 10 ⁵ PFU/mL	NO
<i>Mycoplasma pneumoniae</i>	1.8 x 10 ⁶ CFU/mL	NO
<i>Bordetella pertussis</i>	1.5 x 10 ⁶ CFU/mL	NO
<i>Mycobacterium tuberculosis</i>	1.0 x 10 ⁶ CFU/mL	NO
Pooled human nasal wash-representative of normal respiratory microbial flora	100%	NO
<i>Streptococcus pyogenes</i>	1.0 x 10 ⁶ CFU/mL	NO

3. Potentially Endogenous Interfering Substances

SARS-CoV-2 Antigen nasal swab samples were spiked with one of the following substances to specified concentrations and tested in multiple replicates. No false positivity or false negativity was found with the following:

Interfering Substances	Concentration	Interfering Substances	Concentration
Whole Blood	5%	Naso GEL (Nei Med)	6%v/v
Fluticasone Propionate	4%v/v	Mucin	0.54%
CVS Nasal Drops (Phenylephrine)	17%v/v	Ricola(Menthol)	1.6mg/mL
Tamiflu (Oseltamivir Phosphate)	6mg/mL	Afrin(Oxymetazoline)	14%v/v
Sucrets(Dyclonin/Menthol)	1.4mg/mL	CVC Nasal Spray(Cromolyn)	16%v/v
Chloraseptic(Menthol/Benzocaine)	1.8mg/mL	Nasal Gel(Oxymetazoline)	9%v/v
Homeopathic(Alkalol)	1:10dilution	Mupirocin	12mg/mL
Ore Throat Phenol Spray	16%v/v	Fisherman's Friend	1.3mg/ml
Tobramycin	5ug/mL	Zicam	4%v/v

4. Limit of Detection (ANALYTICAL SENSITIVITY)

The LoD for the ClearEpi™ SARS-CoV-2 Antigen Rapid Test is 1.6 x 10² TCID₅₀/mL. The LoD for the ClearEpi™ SARS-CoV-2 Antigen Rapid Test was established using limiting dilutions of a viral sample inactivated by gamma irradiation. The material was supplied at a concentration of 1.3 x 10⁶ TCID₅₀/mL. In this study, designed to estimate the LoD of the assay when using a direct nasal swab, the starting material was spiked into a volume of virus dilution in saline. An initial range-finding study was performed testing devices in triplicate using a 10-fold dilution series. At each dilution, 50 µL samples were added to swabs and then tested using the procedure appropriate for patient nasal swab specimens. A concentration was chosen between the last dilution to give 3 positive results and the first to give 3 negative results. Using this concentration, the LoD was further refined with a 2-fold dilution series. The last dilution demonstrating 100% positivity was then tested in an additional 20 replicates tested in the same way.

5. Hook Effect

As part of the LoD study, the highest concentration of the sample (1.3 x 10⁶ TCID₅₀/mL) was tested. There was no Hook effect detected.

WARNINGS

- A negative result can occur if the SARS-CoV-2 virus present in the specimen is below the sensitivity of the kit.
- Not for the screening of donated blood.
- Do not smoke, drink, or eat in areas where specimens or kit reagents are being handled.
- Dispose of all specimens and materials used to perform the test as biohazardous waste.
- Handle the negative and positive controls in the same manner as patient specimens for operator protection.
- Do not perform the test in a room with strong airflow, i.e. an electric fan or strong air-conditioning.

EXPLANATION OF LABELS

	In Vitro Diagnostic Use		Catalog #		Batch Number
	Expiry Date		Manufacturing Date		Manufacturer
	Do Not Reuse		Store Between 2–30°C		Keep Away From Sunlight
	Keep Dry		CE Mark		EU Authorized Representative
	See Instruction For Use				

BASIC INFORMATION

Product Owner: Biolidics Ltd
 Address: 37 Jalan Pemimpin, #02-07, Mapex, Singapore 577177
 Contact Number: +65 6482 0668
 Website: www.biolidics.com

EC REP



MT Promed Consulting GmbH
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 66386 St. Ingbert, Germany

PRODUCTION DATE AND EXPIRY DATE

See the label

MANUFACTURER DETAILS

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