

CoV2G

VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG Reagent Pack	REF	619 9919
VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG Calibrator	REF	619 9920

Rx ONLY

For in vitro diagnostic and Laboratory Professional use. For emergency authorization use only.

Intended Use

The VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG Reagent Pack when used in combination with the VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG Calibrator is a chemiluminescent immunoassay test intended for the qualitative detection of IgG antibodies to SARS-CoV-2 in human serum. The VITROS Anti-SARS-CoV-2 IgG test is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity. The VITROS Anti-SARS-CoV-2 IgG test should not be used to diagnose acute SARS-CoV-2 infection. Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform moderate or high complexity tests.

Results are for the detection of SARS-CoV-2 antibodies. IgG antibodies to SARS-CoV-2 are generally detectable in blood several days after initial infection, although the duration of time antibodies are present post-infection is not well characterized. Individuals may have detectable virus present for several weeks following seroconversion.

Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.

The sensitivity of VITROS Anti-SARS-CoV-2 IgG test in early infection is unknown. Negative results do not preclude acute SARS-CoV-2 infection. If acute infection is suspected, direct testing for SARS-CoV-2 is necessary.

False positive results for VITROS Anti-SARS-CoV-2 IgG test may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

The VITROS Anti-SARS-CoV-2 IgG test is only for use under the Food and Drug Administration's Emergency Use Authorization.

Summary and Explanation of the Test

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a beta coronavirus that causes the Coronavirus Disease 2019 (COVID-19) and pandemic. SARS-CoV-2 is mainly transmitted through droplets and contact routes, and the virus infects human cells via binding to angiotensin converting enzyme 2 (ACE2). ¹⁻² People who are infected with SARS-CoV-2 may express signs and symptoms of acute respiratory illness, such as fever, cough, shortness of breath, but can also be asymptomatic. Symptomatic, pre-symptomatic and asymptomatic SARS-CoV-2 carriers all can be potential sources for viral transmission. ³ Currently, no specific treatments or vaccines are available for COVID-19.

Real-time reverse transcription polymerase chain reaction (rRT-PCR) detecting viral genes is the current gold standard for the diagnosis of COVID-19. Upper respiratory specimen, such as nasopharyngeal swab and oropharyngeal swab, are commonly used for diagnostic testing. ²

Principles of the Procedure

The VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG test is performed using the VITROS Anti-SARS-CoV-2 IgG Reagent Pack and the VITROS Anti-SARS-CoV-2 IgG Calibrator on the VITROS ECi/ECiQ/3600 Immunodiagnostic Systems and the VITROS 5600/XT 7600 Integrated Systems. An immunometric technique is used; this involves a two stage reaction. In the first stage antibodies to SARS-CoV-2 present in the sample bind with SARS-CoV-2 spike protein coated on wells. Unbound sample is removed by washing. In the second stage horseradish peroxidase (HRP)-labeled murine monoclonal anti-human IgG antibodies are added in the conjugate reagent. The conjugate binds specifically to the antibody portion of the antigen-antibody complex. If complexes are not present, the unbound conjugate is removed by the subsequent wash step.



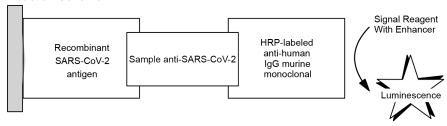
Warnings and Precautions

The bound HRP conjugate is measured by a luminescent reaction ⁴. A reagent containing luminogenic substrates (a luminol derivative and a peracid salt) and an electron transfer agent is added to the wells. The HRP in the bound conjugate catalyzes the oxidation of the luminol derivative, producing light. The electron transfer agent (a substituted acetanilide) increases the level of light produced and prolongs its emission. The light signals are read by the system. The amount of HRP conjugate bound is indicative of the amount of SARS-CoV-2 IgG antibody present.

Test Type	System *	Incubation Time	Time to first result	Test Temperature	Reaction Sample Volume
Immunometric	ECi/ECiQ, 3600, 5600/XT 7600	37 minutes	48 minutes	37 °C	20 μL

^{*} Not all products and systems are available in all countries.

Reaction Scheme



Warnings and Precautions

Treat as if capable of transmitting infection.

Use caution when handling material of human origin. Consider all samples potentially infectious. No test method can offer complete assurance that hepatitis B virus, hepatitis C virus (HCV), human immunodeficiency virus (HIV 1+2) or other infectious agents are absent. Handle, use, store and dispose of solid and liquid waste from samples and test components, in accordance with procedures defined by appropriate national biohazard safety guideline or regulation (e.g. CLSI document M29). ⁵

VITROS Anti-SARS-CoV-2 IgG Calibrator contains: SARS-CoV-2 antibody negative plasma obtained from donors who were tested individually and who were found to be negative for hepatitis B surface antigen, and for antibodies to hepatitis C virus (HCV) and HIV, using approved methods (enzyme immunoassays).

VITROS Anti-SARS-CoV-2 IgG Calibrator in addition contains: SARS-CoV-2 IgG antibody. Handle as if capable of transmitting infection.

WARNING: Contains ProClin 300 (CAS 55965-84-9) 6

The VITROS Anti-SARS-CoV-2 IgG Reagent Pack contains 1.0% ProClin 300. H317: May cause an allergic skin reaction. P280: Wear protective gloves. P302 + P352: IF ON SKIN: Wash with plenty of soap and water. P333 + P313: If skin irritation or rash occurs: Get medical advice/attention. P363: Wash contaminated clothing before reuse.

WARNING: Contains ProClin 950 (CAS 2682-20-4) 6

The VITROS Anti-SARS-CoV-2 IgG Calibrator contains 0.5% ProClin 950. H317: May cause an allergic skin reaction. P280: Wear protective gloves. P302 + P352: IF ON SKIN: Wash with plenty of scap and water. P333 + P313: If skin irritation or



Reagents

INSTRUCTIONS FOR USE

CoV2G

rash occurs: Get medical advice/attention. P363: Wash contaminated clothing before reuse.

Refer to www.orthoclinicaldiagnostics.com for the Safety Data Sheets and for Ortho Clinical Diagnostics contact information.

WARNING



Safe Disposal

Follow local disposal regulations based on your location along with recommendations and content in the Safety Data Sheet to determine the safe disposal of this product.

Reagents

Reagent Pack Contents

1 reagent pack containing:

- 100 coated wells (recombinant SARS-CoV-2 antigen derived from human cells, coated at 110 ng/well)
- 18.0 mL assay reagent (buffer with bovine protein stabilizers and antimicrobial agent)
- 20.4 mL conjugate reagent [anti-human IgG (murine monoclonal) conjugated to horseradish peroxidase, 5 ng/mL] in buffer with bovine protein stabilizers and antimicrobial agent

Reagent Pack Handling

- The reagent pack is supplied ready for use.
- The reagent pack contains homogeneous liquid reagents that do not require shaking or mixing prior to loading onto the system.
- Handle the reagent pack with care. Avoid the following:
 - allowing condensation to form on the pack
 - causing reagents to foam
 - agitation of the pack

Reagent Pack Storage and Preparation

Reagent	Storage Condition		Stability
Unopened	Refrigerated	2-8 °C (36-46 °F)	expiration date
Opened	On system	System turned on	≤8 weeks
Opened	Refrigerated	2-8 °C (36-46 °F)	≤8 weeks

- The VITROS Anti-SARS-CoV-2 IgG Reagent Pack is suitable for use until the expiration date on the carton when stored and handled as specified. Do not use beyond the expiration date.
- · Do not freeze reagent packs.
- Load reagent packs directly from refrigerated storage to minimize condensation.
- Opened reagent packs are moisture/humidity sensitive. Store opened refrigerated reagent packs in a sealed VITROS Immunodiagnostic Products Reagent Pack Storage Box with desiccant.

Calibrator Contents

- 2 vials of VITROS Anti-SARS-CoV-2 IgG Calibrator (anti-SARS-CoV-2 IgG in anti-SARS-CoV-2 IgG negative human serum with antimicrobial agent, 1 mL)
- Lot calibration card
- Protocol card
- 8 calibrator bar code labels

Calibrator Handling

Use only with reagent pack of the same lot number. Mix thoroughly by inversion and bring to 15–30 °C (59–86 °F) before
use.

Specimen Collection, Preparation and Storage

Handle calibrator in original stoppered containers to avoid contamination and evaporation. To avoid evaporation, limit the
amount of time the calibrator is on the system. Refer to the operating instructions for your system. Return to 2–8 °C (36–
46 °F) as soon as possible after use, or load only sufficient volume for a single determination.

Calibrator Storage and Preparation

Calibrator	Storage Condition		Stability
Unopened	Refrigerated	2-8 °C (36-46 °F)	expiration date
Opened	Refrigerated	2-8 °C (36-46 °F)	≤8 weeks
Opened	Frozen	≤-20 °C (≤-4 °F)	≤8 weeks

- · VITROS Anti-SARS-CoV-2 IgG Calibrator is supplied ready to use.
- VITROS Anti-SARS-CoV-2 IgG Calibrator is suitable for use until the expiration date on the carton when stored and handled as specified. Do not use beyond the expiration date.
- Opened calibrator may be stored frozen (with no more than 1 freeze-thaw cycle).
- The VITROS Anti-SARS-CoV-2 IgG test uses 20 µL of calibrator for each determination. Transfer an aliquot of each
 calibrator into a sample container (taking account of the minimum fill volume of the container), which may be bar coded
 with the labels provided. For details on minimum fill volume of sample cups or containers, refer to the operating
 instructions for your system.
- · The VITROS Anti-SARS-CoV-2 IgG Calibrator is automatically processed in duplicate.

Specimen Collection, Preparation and Storage

Patient Preparation

No special patient preparation is necessary.

Specimens Recommended

Serum

Specimens Not Recommended

No specimen limitations were identified. Refer to the Limitations of the Procedure section.

Special Precautions

IMPORTANT:	Certain collection devices have been reported to affect other analytes and tests. Owing to the variety of specimen collection devices available, Ortho Clinical Diagnostics is unable to provide a definitive statement on the performance of its products with these devices. Confirm that your collection devices are compatible with this test.

Specimen Collection and Preparation

- Collect specimens using standard procedures.
- Follow the instructions provided with your collection device for use and processing of the sample.
- · Samples should be thoroughly separated from all cellular material. Failure to do so may lead to an erroneous result.
- The VITROS Anti-SARS-CoV-2 IgG test uses 20 µL of sample for each determination. This does not take account of the
 minimum fill volume of the chosen sample container. For details on minimum fill volume of sample cups or containers,
 refer to the operating instructions for your system.

Handling and Storage Conditions

- · Handle samples in stoppered containers to avoid contamination and evaporation.
- Follow procedures within your laboratory to avoid cross contamination of patient specimens.
- The amount of time samples are on the system prior to analysis should be limited to avoid evaporation. Refer to the
 operating instructions for your system.
- Return to 2–8 °C (36–46 °F) as soon as possible after use or load sufficient volume for a single determination.
- Samples may be stored for up to 24 hours at room temperature (up to 30 °C [86 °F]) or 7 days at 2–8 °C (36–46 °F).
- Samples that will not be tested within the time frames outlined above should be stored at ≤ -20 °C [≤ -4 °F] and may be subjected to 1 freeze-thaw cycle
- As an alternative to the above, sample stability may be established by each laboratory.

Testing Procedure

CoV2G

Testing Procedure

Materials Provided

- VITROS Immunodiagnostic Products VITROS Anti-SARS-CoV-2 IgG Reagent Pack
- VITROS Immunodiagnostic Products VITROS Anti-SARS-CoV-2 IgG Calibrator

Materials Required but Not Provided

- · VITROS Immunodiagnostic Products Signal Reagent
- · VITROS Immunodiagnostic Products Universal Wash Reagent
- Quality control materials such as VITROS Immunodiagnostic Products VITROS Anti-SARS-CoV-2 IgG Controls
- VITROS Immunodiagnostic Products Reagent Pack Storage Box (optional) with desiccant

Operating Instructions

Check the inventory regularly to aid the management of reagents and ensure that sufficient VITROS Signal Reagent, VITROS Universal Wash Reagent and calibrated reagent lots are available for the work planned. When performing panels of tests on a single sample, ensure that the sample volume is sufficient for the tests ordered.

For detailed information refer to the operating instructions for your system.

Note:

Do not use visibly damaged product.

Default Test Name

The default test name which will appear on patient reports is SARS-CoV-2 IgG. The default short name that will appear on the test selection menus and laboratory reports is CoV2G. These defaults may be reconfigured, if required. For detailed information refer to the operating instructions for your system.

Calibration

Calibration Procedure

- Calibration is lot specific; reagent packs and calibrator are linked by lot number. Reagent packs from the same lot may use the same calibration.
- A Master Calibration is established for each new reagent lot by performing multiple tests. This is the process by which a lot-specific parameter [a] which links the signal at the cutoff (cutoff value) to the calibrator signal is determined.
- Cutoff value = (a x Signal of Cal 1)
- Ensure that the Master Calibration for each new reagent lot is available on your system.
- Process calibrator in the same manner as samples. Load sufficient for the automatic duplicate determination. Calibration need not be programmed if bar code labels are used; calibration will be initiated automatically.
- When the calibrator is processed, the validity of the calibration is assessed against quality parameters which compare
 the actual signal of the calibrator with the expected signal. If the calibration is acceptable the cutoff value is calculated
 and stored for use with any reagent pack of that lot.
- The quality of calibration cannot be completely described by a single parameter. The calibration report should be used in conjunction with acceptable control values to determine the validity of the calibration.
- · Recalibration is required after a pre-determined calibration interval, or when a different reagent lot is loaded.
- Calibration results are assessed against a range of quality parameters. Failure to meet any of the defined quality
 parameter ranges will be coded in the calibration report. For actions to be taken following a failed calibration refer to the
 operating instructions for your system.
- · Refer to the operating instructions for your system for detailed instructions on the calibration process.

When to Calibrate

- · Calibrate when the reagent pack and calibrator lot changes.
- Calibrate every 28 days.
- After specified service procedures have been performed.
- If quality control results are consistently outside of your acceptable range.

For additional information on when to calibrate, refer to the operating instructions for your system.

Traceability of Calibration

Calibration of the VITROS Anti-SARS-CoV-2 IgG test is traceable to an in-house reference calibrator which has been value assigned to optimize clinical sensitivity and specificity.



INSTRUCTIONS FOR USE Quality Control

Calibration Model

Results are calculated as a normalized signal, relative to a cutoff value. During the calibration process a lot-specific parameter is used to determine a valid stored cutoff value for the VITROS Immunodiagnostic and VITROS Integrated Systems.

Quality Control

Quality Control Material Selection

VITROS Anti-SARS-CoV-2 IgG Controls are recommended for use with the VITROS Immunodiagnostic and VITROS Integrated Systems. There are 2 VITROS Anti-SARS-CoV-2 IgG Controls (anti-SARS-CoV-2 IgG non-reactive and anti-SARS-CoV-2 IgG reactive). The performance of other commercial control fluids should be evaluated for compatibility with this test before they are used for quality control.

Control materials may show a difference when compared with other anti-SARS-CoV-2 IgG methods if they contain high concentrations of preservatives, stabilizers, or other non-physiological additives, or otherwise depart from a true human sample matrix.

Appropriate quality control value ranges must be established for all quality control materials used with the VITROS Anti-SARS-CoV-2 IgG test.

Quality Control Procedure Recommendations

- · Good laboratory practice requires that controls be processed to verify the performance of the test.
- · Choose control levels that check the clinically relevant concentrations.
- · To verify system performance, analyze control materials:
 - After calibration
 - If the system is turned off for more than 2 hours
 - After reloading reagent packs that have been removed from the MicroWell Supply and stored for later use
 - According to local regulations or at least once each day that the test is being performed
 - After specified service procedures are performed

If quality control procedures within your laboratory require more frequent use of controls, follow those procedures.

- Analyze quality control materials in the same manner as patient specimens.
- If control results fall outside your acceptable range, investigate the cause before deciding whether to report patient results.
- Refer to published guidelines for general quality control recommendations. ¹⁰

For more detailed information, refer to the operating instructions for your system.

Quality Control Material Preparation and Storage

Refer to the manufacturer's product literature for preparation, storage, and stability information.

Results

Results are automatically calculated by the VITROS Immunodiagnostic and VITROS Integrated Systems.

Result Calculation

Result = $\frac{\text{Signal for test sample}}{\text{Signal at Cutoff (Cutoff value)}}$

Interpretation of Results

Patient sample results will be displayed with a "Non-reactive" or "Reactive" label.

Result (S/C)	<1.00	≥1.00
Result Text	Non-reactive	Reactive

The following table summarizes the interpretation of results obtained with the VITROS Anti-SARS-CoV-2 IgG test on the VITROS Immunodiagnostic and VITROS Integrated Systems.



Limitations of the Procedure

CoV2G

VITROS Anti-SARS-CoV-2 IgG Test Result (S/C)	Interpretation	
<1.00	Specimen is non-reactive for anti-SARS-CoV-2 IgG	
≥1.00	Specimen is reactive for anti-SARS-CoV-2 IgG	

Limitations of the Procedure

Known Interferences

The VITROS Anti-SARS-CoV-2 IgG test was evaluated for interference consistent with CLSI document EP7. ¹¹ Commonly encountered substances were tested on two lots of reagents. Of the compounds tested, none was found to interfere with the clinical interpretation of the test. Refer to "Substances that do not Interfere" for a list of compounds tested that did not show interference.

Other Limitations

- Heterophilic antibodies in serum samples may cause interference in immunoassays. ¹² These antibodies may be present
 in blood samples from individuals regularly exposed to animals or who have been treated with animal serum products.
 Results that are inconsistent with clinical observations indicate the need for additional testing.
- A non-reactive result can occur if the quantity of antibodies for the SARS-CoV-2 virus present in the specimen is below
 the detection limit of the assay, or the virus has undergone minor amino acid mutation(s) in the epitope recognized by
 the antibody detected by the test.
- The results obtained with this test should only be interpreted in conjunction with clinical findings, and the results from other laboratory tests and evaluations.
- · This test should not be used for screening of donated blood for the purpose of preventing COVID-19 transmission.

Conditions of Authorization for the Laboratory

The VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG Reagent Pack test Letter of Authorization, along with the authorized Fact Sheet for Healthcare Providers, the authorized Fact Sheet for Patients, and authorized labeling are available on the FDA website: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd. However, to assist clinical laboratories using the VITROS Immunodiagnostic Products Anti-SARS-CoV-2 IgG test ("your product" in the conditions below), the relevant Conditions of Authorization are listed below:

- Authorized laboratories* using your product will include with result reports of your product, all authorized Fact Sheets.
 Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media
- Authorized laboratories using your product will use your product as outlined in the Instructions for Use. Deviations from
 the authorized procedures, including the authorized instruments, authorized clinical specimen types, authorized control
 materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- Authorized laboratories will collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/ CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and Ortho-Clinical Diagnostics, Inc. (OrthoCOVID19Test@orthoclinicaldiagnostics.com) any suspected occurrence of false reactive or false non-reactive results and significant deviations from the established performance characteristics of your product of which they become aware
- All laboratory personnel using your product must be appropriately trained in automated immunoassay techniques and
 use appropriate laboratory and personal protective equipment when handling this kit, and use your product in
 accordance with the authorized labeling. All laboratory personnel using the assay must also be trained in and be familiar
 with the interpretation of results of the product
- Ortho-Clinical Diagnostics, Inc., authorized distributors, and authorized laboratories using your product will ensure that
 any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made
 available to FDA for inspection upon request.

*The letter of authorization refers to, "Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform moderate or high complexity tests" as "authorized laboratories."

Performance Characteristics

Clinical Performance Characteristics



Performance Characteristics

Clinical Sensitivity

48 samples collected from patients confirmed to be SARS-CoV-2 positive by PCR were tested. Of the 48 PCR positive samples 42 were Reactive in the VITROS Anti-SARS-CoV-2 IgG assay and 6 were Non-reactive. Reactivity was correlated with elapsed days after PCR testing and elapsed days after onset of symptoms.

The results are summarized in the tables below.

Days between PCR positive and Serum Collection*	Number Reactive	Number Non-Reactive	Total Number Tested
1–5	12	1	13
6–15	24	3	27
16–22	6	2	8
Total	42	6	48

^{*} SARS-CoV-2 positive PCR result confirms presence of virus. Immune response in patient is expected to be latent following initial viral infection.

Days between Symptom onset and Serum Collection	Number Reactive	Number Non-Reactive	Total Number Tested
12–17	23	2	25
18–32	19	4	23
Total	42	6	48

Clinical Specificity

Four hundred and seven presumed SARS-CoV-2 negative samples from healthy blood donors were tested resulting in 100% clinical specificity (95% CI: 99.1–100.0%).

Clinical Agreement

VITROS Anti-SARS-CoV-2 IgG showed 100% (407/407) negative agreement in 407 presumed SARS-CoV-2 antibody negative subjects and 87.5% (42/48) positive agreement (95% CI: 74.8–95.3%) in 48 PCR positive subjects.

	Comparator method/PCR Positive		
		Positive	Presumed Negative
VITROS	Reactive	42	0
	Non-reactive	6	407

Percent Positive Agreement: 42/ 48 or True Positives/(True Positives + False Negatives)

Negative Percent Agreement: 407/ 407 or True Negatives/(True Negatives + False Positives)

Potentially Cross-reacting Subgroups

The VITROS Anti-SARS-CoV-2 IgG test was evaluated for potential cross-reactivity in anti-SARS-CoV-2 negative samples from medical conditions unrelated to SARS-CoV-2 infection. The results are summarized in the table below.

Sample Category	Number of Samples	Non-reactive	Reactive
Adenovirus Antibody	2	2	0
Influenza A IgG	5	5	0
Influenza A IgM	3	3	0
Influenza B IgG	5	5	0
Influenza B IgM	1	1	0
Coxsackie Virus Antibody	5	5	0
Echovirus Antibody	5	5	0
Polio Virus	4	4	0
Anti-respiratory syncytial virus (RSV)	3	3	0
HCV Antibody	5	5	0
Anti Nuclear Antibody	5	5	0



CoV2G

References

Specificity

Substances that do not Interfere

The VITROS Anti-SARS-CoV-2 IgG test was evaluated for interference consistent with CLSI document EP7. ¹¹ Of the compounds tested, none was found to interfere with the clinical interpretation of the test in negative and weakly reactive samples at the concentrations indicated.

Compound	Concentration	
Bilirubin, conjugated	40.0 mg/dL	475 µmol/L
Bilirubin, unconjugated	40.0 mg/dL	684 µmol/L
Biotin	3510 ng/mL	14.3 µmol/L
Hemoglobin	1000 mg/dL	0.156 mmol/L
Intralipid	2000 mg/dL	N/A

N/A = Not Applicable (alternate units are not provided)

References

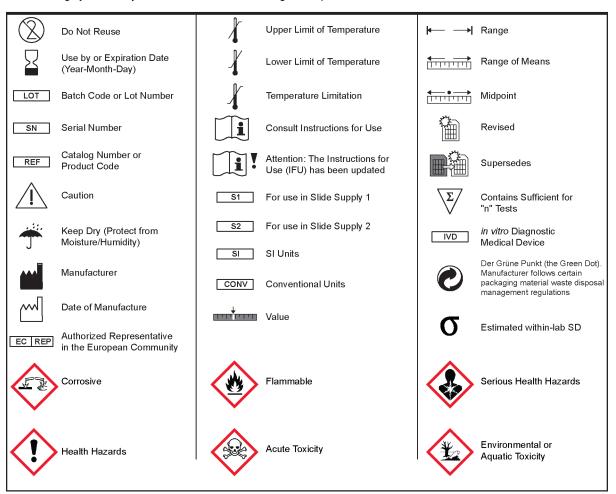
- Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations (https:// www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipcprecaution-recommendations)
- 2. IFCC Information Guide on COVID-19 (https://www.ifcc.org/ifcc-news/2020-03-26-ifcc-information-guide-on-covid-19/)
- 3. Lai et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *International Journal of Antimicrobial Agents*. 55:3; 2020.
- Summers M. et al.: Luminogenic Reagent Using 3-Chloro 4-Hydroxy Acetanilide to Enhance Peroxidase/Luminol Chemiluminescence. Clinical Chemistry. 41. S73; 1995.
- 5. CLSI Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline—Fourth Edition. CLSI document M29-A4. Wayne, PA: Clinical and Laboratory Standards Institute; 2014.
- Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006.
- Calam RR. Specimen Processing Separator Gels: An Update. J Clin Immunoassay. 11:86–90; 1988.
- CLSI. Collection of Diagnostic Venous Blood Specimens. 7th ed. CLSI standard GP41. Wayne, PA: Clinical and Laboratory Standards Institute; 2017.
- CLSI. Tubes and Additives for Venous and Capillary Blood Specimen Collection; Approved Standard—Sixth Edition. CLSI document GP39-A6. Wayne, PA: Clinical and Laboratory Standards Institute; 2010.
- CLSI. Statistical Quality Control for Quantitative Measurement Procedures: Principles and Definitions; Approved Guideline - Fourth Edition. CLSI guideline C24, Wayne, PA: Clinical and Laboratory Standards Institute; 2016.
- 11. CLSI. Interference Testing in Clinical Chemistry. 3rd ed. CLSI guideline EP07. Wayne, PA: Clinical and Laboratory Standards Institute; 2018.
- 12. Levinson SS. The Nature of Heterophilic Antibodies and Their Role in Immunoassay Interference. *J Clin Immunoassay*. 15:108-115; 1992.
- 13. CLSI. Evaluation of Precision of Quantitative Measurement Procedures; Approved Guideline Third Edition. CLSI document EP05-A3. Wayne, PA: Clinical and Laboratory Standards Institute; 2014.



Glossary of Symbols

Glossary of Symbols

The following symbols may have been used in the labeling of this product.



Revision History

Date of Revision	Version	Description of Technical Changes*
2020-04-27	3.0	Handling and Storage Conditions: bullet added

The change bars indicate the position of a technical amendment to the text with respect to the previous version of the document.

When this Instructions For Use is replace policies, as appropriate.	ed, sign and date below and retain as specified by local regulations or laboratory
Signature	Obsolete Date



Revision History

CoV2G

Conditions of supply: all supplies are made subject to the standard terms and conditions of Ortho Clinical Diagnostics or its distributors. Copies of these are available on request.



Ortho-Clinical Diagnostics, Inc. 100 Indigo Creek Drive Rochester, NY 14626

VITROS is a trademark of Ortho Clinical Diagnostics. © Ortho Clinical Diagnostics, 2020

Ortho Clinical Diagnostics