5 Great Valley Parkway, Suite 125, Malvern, PA USA Telephone: 773-896-8562; info@advaite.com; www.advaite.com

# RapCov<sup>™</sup> Rapid COVID-19 Test

## Catalogue No. A-RAPCOV01

For Emergency Use Authorization only. For prescription use only. For in vitro diagnostic use only.

#### **INTENDED USE**

The RapCov™ Rapid COVID-19 Test is a lateral flow immunoassay intended for the qualitative detection of IqG antibodies to the SARS-CoV-2 virus in human fingerstick whole blood samples. The RapCov™ Rapid COVID-19 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 RapCov™ Rapid COVID-19 Test Device should not be used to diagnose or exclude acute SARS-CoV-2 infection.

Testing of fingerstick whole blood specimens is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, that meet requirements to perform moderate, high and waived complexity tests. Testing of fingerstick whole blood specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

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 results to the appropriate public health authorities.

The sensitivity of the RapCov<sup>™</sup> Rapid COVID-19 Test early after 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 the RapCoV Rapid COVID-19 Test may occur due to cross-reactivity from pre-existing antibodies to other coronaviruses or other possible causes. Due to the risk of false positive results, confirmation of positive results should be considered using a second, different SARS-CoV-2

Samples should only be tested from individuals that are 15 days or more post symptom onset.

The RapCov™ Rapid COVID-19 Test is only for use under the Food and Drug Administration's Emergency Use Authorization.

#### INTRODUCTION

The virus named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), causes the Coronavirus Disease (COVID-19). There has been an outbreak of

respiratory disease caused by a COVID-19 virus that was first detected in China. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, reports suggests serious illness occurs in 20% of cases.

In the RapCov<sup>™</sup> Rapid COVID-19 Test, presence of IgG antibodies to COVID-19 virus are determined using fingerstick whole blood. IgG antibodies can generally be detected by this assay after the first two weeks following the onset of symptoms.

#### **PRINCIPLE**

The RapCov<sup>™</sup> Rapid COVID-19 Test is an immunoassay for the qualitative detection of IgG antibodies to SARS-CoV-2 in human fingerstick whole blood samples. The cassette contains a test strip that is located inside a plastic housing. When the sample and sample buffer are loaded onto the sample well, the specific IgG antibodies to SARS-CoV-2 flow through the membrane and move to the test line area and are captured by antibodies immobilized on the membrane, respectively. The antigen (Recombinant SARS-CoV-2 Nucleocapsid Protein) is conjugated to colloidal gold nanoparticles and the antigen-gold conjugate moves to the test line area and attaches to the specific IgG antibodies to SARS-CoV-2. This leads to the generation of a pink colored band. The user interprets test results by eye, according to the instructions for use. A procedural control is included to indicate that the assay has been performed correctly and is valid.

#### KIT COMPONENTS

Each kit contains the following components in sufficient quantities to perform the number of tests indicated on the package label.

- 25 x Test Cassette Pouches. Each pouch contains one test cassette.
- 25 x Sample Collector Pouches. Each pouch contains one TRUEplus Pressure-Activated Safety Lancet (28G Needle, 1.6 mm Depth, Single Drop), one MicroSafe® pipette, one alcohol swab, and one dropper containing buffer solution.
- 1 x Instructions for Use.

#### MATERIALS REQUIRED BUT NOT SUPPLIED

- Timer
- Gloves

#### STORAGE AND SHELF LIFE OF REAGENTS

- The RapCov<sup>™</sup> Rapid COVID-19 Test can be shipped and distributed under room temperature.
- 2. The shelf life of RapCov<sup>™</sup> Rapid COVID-19 Test is 5 months at room temperature or 9 months at 2~8°C.Do not freeze kit components.
- 3. If stored at 2-8°C, ensure that the kit is brought to 15-30°C before opening.
- 4. The test kit may be used until the expiry date marked on the package label.

#### REPORTING

The RapCov™ Rapid COVID-19 test does not produce an actual test report. The testing laboratory or health care workers at point-of-care must include the test result information in their report.

#### WARNING AND PRECAUTIONS

- 1. Test cassettes are single use only. Do not reuse test cassettes
- 2. For prescription use only. For use under Emergency Use Authorization only. For IN VITRO Diagnostic use only.
- 3. This test has not been FDA cleared or approved, but has been authorized by FDA under an Emergency Use Authorization (EUA). Testing of fingerstick whole blood specimens is limited to laboratories certified under CLIA that meet the requirements to perform high, moderate or waived complexity tests. Testing of fingerstick whole blood specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.
- 4. This test has been authorized only for detecting the presence of IgG antibodies against SARS-CoV2, not for any other viruses or pathogens.
- 5. The emergency use of this test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb3(b)(1), unless the declaration is terminated or authorization is revoked
- 6. All human blood products should be handled as potentially infectious material. The Centers for Disease Control and the National Institutes of Health recommend that potentially infectious agents be handled at Biosafety Level 2.
- 7. Never pipette by mouth or allow reagents or patient sample to come into contact with skin.
- 8. Optimal results will be obtained by strict adherence to this protocol. Reagents must be added carefully to maintain precision and accuracy.
- 9. Performing the assay outside the prescribed time and temperature ranges may produce invalid results. Assays not falling within the established time and temperature ranges must be repeated.
- 10. The components in this kit have been quality control tested as a master lot unit. Do not mix components from different lot numbers. Do not mix with components from other manufacturers.
- 11. Care should be exercised to protect the reagents in this kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipment, containers or reagents can lead to false results.
- 12. Do not heat-inactivate samples.
- 13. Keep storage boxes dry.
- 14. Do not use test cassettes if foil pouch is punctured or damaged.
- 15. Testing materials should be disposed of in accordance with local, state and/or federal regulations.
- 16. Do not use after expiration date.

#### SPECIMEN COLLECTION AND PREPARATION

Blood sample is obtained by fingerstick using TRUEplus Safety Lancet and collected using MicroSafe® pipette.

#### TRUEplus Safety Lancet Procedure for Fingerstick

- a) The health care provider should wash hands thoroughly and put on
- b) The health care provider should select the fingerstick site: The patient should be sitting or lying down. Have patient hold their hand in a downward position, allowing gravity to help increase blood supply to the hand. Selection of the finger: middle or ring finger is preferable. The fifth finger must not be punctured because the tissue depth is insufficient to prevent bone injury.
- c) Disinfect the fingerstick site: Cleanse the puncture site using an

alcohol pad or according to your facility's established procedure.





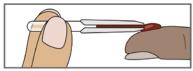
**Step 1**: Twist off the tab of the lancet to break the seal and discard the cap. Please do not directly pull off the protective cap.

**Step 2**: Perform the puncture. Position the safety lancet firmly against the puncture site as illustrated. Hold lancet between fingers. To activate, press safety lancet firmly against the puncture site.

**Step 3**: Let blood sample form. Discard used safety lancet into a sharps container according to your facility's established procedures.

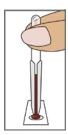
#### 2. Procedure for Collecting Blood Specimen Using MicroSafe® pipette

- a) Squeeze gently going along finger capillaries up to the puncture site to produce a blood drop on the fingertip.
- b) Hold the tube horizontally, and touch the tip of the MICROSAFE® Tube to the blood sample. Capillary action will automatically draw the sample to the air vent and it will stop.



CAUTION! Filling is automatic: Never squeeze the tube while sampling. Don't squeeze the bulb; MICROSAFE® fills by capillary action.

c) To Expel the sample, align the tip of the tube with the sample target and squeeze the bulb. If a sample won't expel, you probably didn't allow for the tube to fill all the way. Touch the tip of the blood sample again and allow it to fill completely. Then align the tip with the sample and squeeze the bulb.



#### **ASSAY PROCEDURE:**

**NOTE:** Ensure all reagents are equilibrated to room temperature (20-25°C) before commencing the assay.

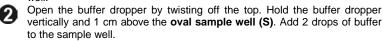
Remove the cassette and buffer dropper from the pouch just prior to use.

use

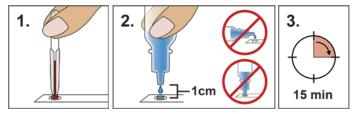
1 Add wh

Add whole blood to the oval sample well (S) using the MicroSafe® pipette.

Allow the sample to absorb entirely into the specimen pad within the sample well.



Read the result exactly 15 minutes after adding the buffer to the cassette. Any trace of a pink line in the **rectangular test area window** indicates a positive result. Do not read results after 20 minutes. Discard the test device after recording the test results.



#### QUALITY CONTROL

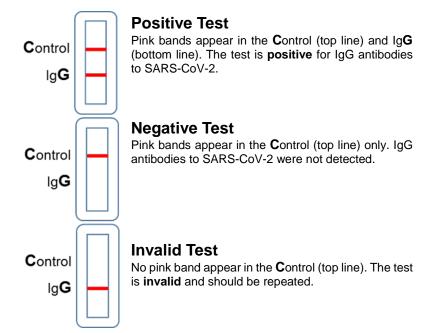
- 1. Whole blood samples may cause a red background to appear in the viewing window. If this is not masking the test line, the result remains valid.
- Quality Control (QC) requirements must be performed in conformance with local, state, and/or federal regulations or accreditation requirements and your laboratory's standard QC procedures.
- 3. A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique. The test is invalid and should be repeated if the control line does not appear. If the test is invalid, patient results cannot be reported.
- 4. Control Materials are not supplied with this kit. The RapCov™ Rapid COVID-19 Test External Controls should be purchased from Advaite Inc. (Cat no: C-RAPCOVPOS01 and C-RAPCOVNEG01). External positive and negative controls should be tested to ensure the proper performance of the assay, particularly under the following circumstances:
  - A new operator uses the kit;
  - A new lot of test kits is used:
  - A new shipment of kits is used:
  - To investigate the cause of repeated invalid results;
  - The temperature used during storage of the kit falls outside of 2-30°C

#### TROUBLESHOOTING GUIDE

| PROBLEM   | POSSIBLE CAUSE  | SOLUTION   |  |
|---|---|--|--|
| Sample does not flow along the viewing window  Blood obscuring test window  Insufficient buffer  Blood not absorbed into specimen pad in the well |   | - Ensure bottle is vertical when addingdrops and not in contact with the well When dispensing, hold bottle 1cm above the well. |  |
|   |   | - Ensure sample is absorbed entirely into material prior to buffer addition. This can take up to 30 seconds                    |  |
| MicroSafe <sup>®</sup><br>pipette not<br>functioning  | Squeezing bulb when filling Incorrect angle of pipette when filling | Do not squeeze bulb when filling. Only squeeze the bulb to expel the sample.     Hold pipette horizontally when filling.       |  |

# INTERPRETATION OF RESULTS RESULTS IN THE RECTANGULAR TEST AREA WINDOW

Control: (Top line) IgG: (Bottom line)



#### **TEST LIMITATIONS**

- 1. For use under an Emergency Use Authorization Only.
- 2. The test is for in vitro diagnostic use only.
- 3. For prescription use only
- 4. This test is not to be used in at-home testing settings.
- The test is for qualitative detection of SARS-CoV-2 IgG antibody in human fingerstick whole blood and does not indicate the quantity of the antibodies. The intensity of the test line does not necessarily correlate to SARS-CoV-2 antibody titer in the specimen.
- The test results should be interpreted between 15 and 20 minutes after addition of buffer. The test results should not be interpreted after 20 minutes.
- 7. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. The sensitivity of the RapCov™ Rapid COVID-19 Test IgG early after infection is unknown. False positive results for IgG antibodies may occur due to cross-reactivity from preexisting antibodies or other possible causes. False Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E.
- 8. A negative 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 if the virus has undergone minor amino acid mutation(s) in the epitope recognized by the antibody used in the test.
- Testing with a molecular diagnostic should be performed to evaluate symptomatic patients for acute SARS-CoV-2 infection, particularly in those who have been in contact with the virus.
- Results from antibody testing should not be used to diagnose or exclude SARS-CoV-2 infection or to inform infection status.

- 11.A. positive result may not indicate previous SARS-CoV-2 infection. Consider other information, including clinical history and local disease prevalence, in assessing the need for a second but different serology test to confirm an immune response. Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or
- 12. It is not known at this time if the presence of antibodies to SARS-CoV-2 confers immunity to reinfection.
- 13. Not for the screening of donated blood.
- 14. Serological cross-reactivity across the Coronavirus group has not been tested.
- 15. Samples should only be tested from individuals that are 15 days or more post symptom onset.

#### **CONDITIONS OF AUTHORIZATION FOR LABORATORIES**

The RapCov<sup>™</sup> Rapid COVID-19 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/coronavirus-disease-2019-covid-19emergency-use-authorizations-medical-devices/vitro-diagnostics-euas

Authorized laboratories¹ using the RapCov™ Rapid COVID-19 Test Letter of Authorization ("your product" in the conditions below), must adhere to the Conditions of Authorization indicated in the Letter of Authorization as listed below:

- Authorized laboratories\* using your product must include with test result reports, 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 must use your product as outlined in the Instructions for Use. Deviations from the authorized procedures, including the 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 must notify the relevant public health authorities of their intent to run your product prior to initiating
- Authorized laboratories using your product must have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- Authorized laboratories must 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 Advaite Inc.(email: reporting@advaite.com) any suspected occurrence of false positive or false negative 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 immunoassay techniques and use appropriate laboratory and personal protective equipment when handling this kit and use this 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.
- Advaite Inc., authorized distributors, and authorized laboratories using your product must 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.

#### PERFORMANCE EVALUATION DATA

#### **Clinical Performance Evaluation**

- a. Methodology: The evaluation was performed in US using fingerstick whole blood specimens (n=30) from patients who had COVID-19 disease confirmed by an EUA-authorized RR-PCR test. Fingerstick whole blood samples presumed to be negative (n=104) were obtained from healthy subjects. Fingerstick whole blood samples were tested using RapCov™ Rapid COVID-19 Test per the manufacturer's Instruction for Use (IFU). Positive RapCov™ Rapid COVID-19 test was defined as presence of IgG COVID19 antibodies.
- b. Results: Positive Percent Agreement (PPA) was 90% with RT-PCR positive SARS-CoV-2 infection status and Negative Percent Agreement (NPA) was 95.2%.

Table 1

| Antibody | Performance<br>Measure    | Estimate of<br>Performance | 95% Confidence<br>Interval |
|----------|---------------------------|----------------------------|----------------------------|
| IgG      | Sensitivity (PPA)         | 90.0% (27/30)              | (73.6%; 97.3%)             |
| IgG      | Specificity (NPA)         | 95.2% (99/104)             | (89.2%; 97.9%)             |
| lgG      | PPV at<br>Prevalence = 5% | 49.7%                      |                            |
| IgG      | NPV at<br>Prevalence = 5% | 99.5%                      |                            |

When estimating the sensitivity of IgG over time from symptom onset for all positive samples, the proportion of IgG positive patients was 90% approximately 15 days after symptom onset.

Table 2. The sensitivity estimates for IgG over time

| # Days<br>after PCR<br>testing* | Number<br>of PCR<br>positive<br>samples | IgG<br>Antibody<br>Test<br>Result<br>IgG+ | Positive Percent Agreement  |
|---------------------------------|---|---|-----------------------------|
| <7 days                         | 0                                       |   |                             |
| 7-14 days                       | 0                                       |   |                             |
| ≥ 15 days                       | 30                                      | 27  |                             |
| Total                           | 30                                      | 27  | 90<br>95% CI (73.6%; 97.3%) |

#### Important limitations:

- 1. Samples were not randomly selected, and sensitivity and specificity estimates may not be indicative of the real-world performance of the
- 2. These results are based on serum and ACD plasma samples only and

meet the requirements to perform high, moderate or waived complexity tests. Testing of fingerstick whole blood specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate

- may not be indicative of performance with other sample types, such as whole blood, including finger stick blood.
- 3. The number of samples in the panel is a minimally viable sample size that still provides reasonable estimates and confidence intervals for test performance, and the samples used may not be representative of the antibody profile observed in patient populations.

#### **Cross-Reactivity Evaluation**

a. Methodology: A cross-reactivity evaluation was performed using human serum specimen from patients who had human coronavirus OC43 infection (n=14). Serum samples of patients who had high priority organisms were obtained and crossreactivity experiments performed. Serum samples containing antibodies to the following viruses were obtained: (i) Influenza A; (ii) Influenza B; (iii) anti-HBV; (iv) anti-HCV: (v) Antinuclear antibodies (ANA): (vi) Haemophilus Influenzae: (vii) Rhinovirus; (viii) anti-respiratory syncytial virus; and (ix) anti-HIV.

| Virus/Bacteria/Parasite<br>Antibody positive | Number of unique samples | Cross reactivity<br>Results      |
|--|--------------------------|----------------------------------|
| Influenza A                                  | 5                        | Negative                         |
| Influenza B                                  | 5                        | Negative                         |
| anti-HBV                                     | 5                        | Negative                         |
| anti-HCV                                     | 5                        | Negative                         |
| Antinuclear antibodies (ANA)                 | 5                        | Negative                         |
| Haemophilus Influenzae                       | 5                        | Negative                         |
| Rhinovirus                                   | 5                        | Negative                         |
| anti-respiratory syncytial virus             | 3                        | Negative                         |
| anti-HIV                                     | 5                        | Negative                         |
| anti-OC43 (beta coronavirus)                 | 14                       | one (7%) tested positive for IgG |

b. Results: Thirteen (93%) OC43 samples tested negative for IgG, thus showing minimal cross-reactivity with coronavirus OC43 infection. Serum specimen from all tested high priority organisms (Influenza A, influenze B, anti-HBV, anti-HCV, ANA and Haemophilus Influenzae, Rhinovirus, anti-respiratory syncytial virus, and anti-HIV) were negative. Thus, no crossreactivity was observed with the tested high priority organism serum specimens.

#### INQUIRIES AND GENERAL INFORMATION

Please visit the Advaite website www.rapcov.com

#### **ORDERING**

Contact Advaite's distributors or Contact Advaite via email: info@advaite.com

#### **TECHNICAL**

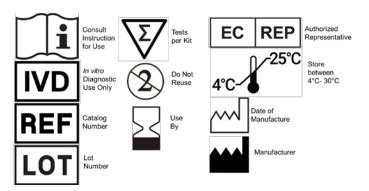
Via email: info@advaite.com

of Compliance, or Certificate of Accreditation.

of fingerstick whole blood specimens is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that

<sup>1</sup> The letter of authorization refers to authorized laboratories as the following: Testing

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## RapCov™ Rapid COVID-19 Test EXTERNAL CONTROLS PACKAGE INSERT

#### INTENDED USE

RapCov<sup>™</sup> external controls are only to be used with the RapCov<sup>™</sup> Rapid COVID-19 Test. They are intended to verify that the test reagents are working and verify the user's ability to properly perform the test and interpret the results. For in vitro diagnostic use.

## **SUMMARY**

The controls in this kit are to be used as quality control for the RapCov<sup>™</sup> Rapid COVID-19 Test. The purpose of quality control is to ensure proper performance of the RapCov<sup>™</sup> Rapid COVID-19 Test.

## **▶ SAFETY PRECAUTIONS AND WARNINGS**

- $\sqrt{\text{For } in \ vitro \ diagnostic use}$ .
- √ For laboratory/ professional use only.
- $\sqrt{}$  For use under Emergency Use Authorization only.
- √ This product has not been FDA cleared or approved but has been authorized for emergency use by FDA under an EUA for use by laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform moderate or high complexity tests or at POC settings under operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.
- $\sqrt{}$  This product has been authorized only for the detecting the presence of IgG antibodies against SARS-CoV2, not for any other viruses or pathogens.
- √ The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb3(b)(1), unless the declaration is terminated or authorization is revoked sooner.
- √ RapCov<sup>™</sup> Rapid COVID-19 Controls are only available for use with the RapCov<sup>™</sup> Rapid COVID-19 Test.
- √ This control is provided for quality assurance only and must not be used for calibration.
- $\sqrt{}$  This control should not be used past the expiration date.
- $\sqrt{}$  If microbial contamination or excessive turbidity is suspected, the control should be discarded, and a new control vial should be used.
- √ After use, any residual material should **not be returned** to the original control vial.
- $\sqrt{}$  Do not pipette by mouth. Wear protective clothing and gloves when handling this product.
- $\sqrt{}$  Caution should be used when handling this product to prevent splashing. Wear appropriate eye/face protection when using this product to protect from splashes.
- $\sqrt{\ }$  The preparation contains material of human origin. It has been tested and found negative for HBsAg, anti-HIV and HCV RNA. As with all materials of biological origin, this preparation should be regarded as potentially hazardous to health.
- √ It should be used and discarded according to your own laboratory's safety procedures.

## PACKAGE COMPONENTS (MATERIALS SUPPLIED)

- One (1) vial labeled RapCov<sup>™</sup> positive control
- One (1) vial labeled RapCov<sup>™</sup> negative control
- One Instructions for Use

The positive and negative controls contain the following materials:

■ RapCov<sup>™</sup> Positive Control Catalogue No. C-RAPCOVPOS01 The positive control is purified mouse anti- SARS-COV-2 nucleocapsid protein monoclonal antibody diluted 1:500.

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RapCov™ Negative Control Catalogue No. C-RAPCOVNEG01 The negative control is heat-inactivated serum that is confirmed to not have 2019-nCoV antibodies using FDA EUA test.

## STORAGE AND SHELF LIFE OF REAGENTS

- 1. The RapCov<sup>™</sup> Positive and Negative Controls can be shipped and distributed under room temperature.
- 2. The shelf life of RapCov<sup>™</sup> Positive and Negative Controls is 1 month at 2-8°C. The long-term storage for positive and negative control is 1 year at -20°C.
- 3. Before use, equilibrate the positive and negate controls to room temperature for 15-20 minutes.
- 4. The RapCov<sup>™</sup> Positive and Negative Controls may be used until the expiry date marked on the package label.

## **PROCEDURE**

## TEST PROCEDURE FOR RapCov™ POSITIVE CONTROL

## Controls are run in the same manner as specimens:

**Step 1:** When ready to test, open the test cassette pouch and remove the test device. Place the test device on a clean, flat surface.

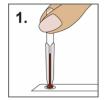
Step 2: Label the device as the positive control.

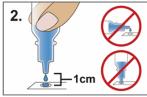
**Step 3:** Open the sample collector pouch and remove the RapCov<sup>™</sup> Positive Control Container and equilibrate the container to room temperature for 15-20 minutes. Unscrew the cap of the container. Use the MicroSafe pipette to draw 10µL positive control solution from the Positive Control Container.

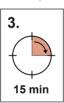
CAUTION! Filling of MicroSafe pipette is automatic: Never squeeze the tube while sampling. Don't squeeze the bulb; MicroSafe fills by capillary action.

Note: A laboratory facility can use an alternative pipetting device that is calibrated to draw and expel 10µL solution.

**Step 4:** To expel the positive control solution, align the tip of the MicroSafe pipette with the sample well and squeeze the bulb of the pipette. If a control solution won't expel, you probably didn't allow for the MicroSafe pipette to fill all the way. Touch the tip of the MicroSafe Pipette in the positive control solution again and allow it to fill completely. Then align the tip with the sample well and squeeze the pipette bulb.







- 1. Expel positive control solution from MicroSafe pipette to the oval sample well (S).
- 2. Immediately after adding positive control solution, open the buffer dropper by twisting off the top. Hold the buffer dropper vertically and 1 cm above the oval sample well (S). Add 2 drops of buffer to the sample well.
- 3. Read the result exactly 15 minutes after adding the buffer to the cassette. Any trace of a pink line in the rectangular test area window indicates a positive result. Do not read results after 20 minutes. Discard the test device after recording the test results.

## INTERPRETATION OF RESULTS

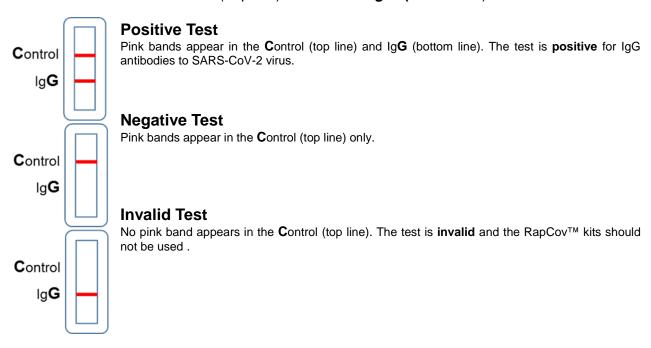
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If the RapCov<sup>™</sup> kits are functioning appropriately, the RapCov<sup>™</sup> Positive Control should show the presence of Pink bands in the Control (top line) and IgG (bottom line). If the test result is Positive, then the RapCov<sup>™</sup> kits can be used (see image above for positive test result). If the test result is Negative or Invalid, then the RapCov<sup>™</sup> kits should not be used.

## **RESULTS IN THE RECTANGULAR TEST AREA WINDOW**

Control: (Top line) IgG: (Bottom line)



## TEST PROCEDURE FOR RapCov™ NEGATIVE CONTROL

The test procedure steps (Step 1 to Step 4) for RapCov<sup>TM</sup> Negative control are identical to those for the RapCov<sup>TM</sup> Positive control except that RapCov<sup>TM</sup> Negative Control Container and solution are used instead of the RapCov<sup>TM</sup> Positive Control Container and solution. INTERPRETATION OF RESULTS: If the RapCov<sup>TM</sup> kits are functioning appropriately, the RapCov<sup>TM</sup> Negative Control should show the presence of a pink band in the Control (top line) only. There should not be a pink band in the IgG area (bottom line). If the test result is Negative, then the RapCov<sup>TM</sup> kits can be used (see image above for Negative test result). If the test result is Positive or Invalid, then the RapCov<sup>TM</sup> kits should not be used.

## INQUIRIES AND GENERAL INFORMATION

Please visit website www.rapcov.com

## ORDERING

Contact Advaite's distributors or Contact Advaite via email: info@advaite.com

ADVAITE, Inc.

5 Great Valley Parkway

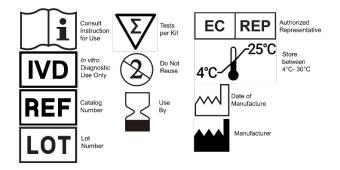
Suite 125,

Malvern, PA 19355

## **TECHNICAL**

Via email: info@advaite.com







# Quick Reference Instructions for RapCov™ Rapid COVID-19 Test

This is a point of care test for fingerstick whole blood specimens only. The user should have undergone the 1-hour online training course and demonstrated 100% on the written post course test. Wear appropriate protective attire for your safety when handling patient samples.

- This test has not been FDA cleared or approved, but has been authorized by FDA under an Emergency Use Authorization (EUA). Testing of
  fingerstick whole blood specimens is limited to laboratories certified under CLIA that meet the requirements to perform high, moderate or waived
  complexity tests. Testing of fingerstick whole blood specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings
  operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.
- This test has been authorized only for detecting the presence of IgG antibodies against SARS-CoV2, not for any other viruses or pathogens.
- The emergency use of this test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb3(b)(1), unless the declaration is terminated or authorization is revoked sooner.
- Read the complete Quick Reference Instructions before performing the test. For technical assistances, please call 484-842-0220.
- There should be a pink line in the control region (next to "C") after testing, discard the device and repeat testing if there is no pink line.
- Due to the risk of false positive results, confirmation of positive results should be considered using second, different IgG assay
- Do not use after expiration date.
- For in vitro diagnostic use
- Rx Only
- For use under Emergency Use Authorization (EUA) only

**Before You Begin:** Refer to the package insert for more information. Read through the entire Quick Reference Instructions before beginning a test. Bring test components shown below to room temperature before starting. Remove the test cassette from the sealed Test Cassette Pouch. Remove the TRUEplus Safety Lancet, MicroSafe® pipette, alcohol swab, and dropper containing buffer solution from the sealed Sample Collector Pouch. Set a timer to ensure that the test is read after 15 minutes. The Health care provider should wash hands and put on gloves. Disinfect the fingerstick site: Cleanse the puncture site using the alcohol pad.



Step 1: Sample Collection
Twist off the tab of the
TRUEplus Safety Lancet to
break the seal and discard the
cap. Please do not directly pull
off the protective cap.



Step 2: Sample Collection
Perform the finger-stick using the TRUEplus
Safety Lancet. Position the safety lancet firmly
against the puncture site as illustrated. Hold
lancet between fingers. To activate, press
safety lancet firmly against the puncture site.



Step 3: Sample Collection Let blood drop form. Discard used safety lancet into a sharps container according to your facility's established procedures.



#### Step 4: Sample Collection

 a) Squeeze gently going along finger capillaries up to the puncture site to produce a blood drop on the fingertip.

b) Hold the MicroSafe® pipette horizontally, and touch the tip of the pipette to the blood sample. CAUTION! Never squeeze the tube while sampling. Don't squeeze the bulb; The MICROSAFE® pipette fills by capillary action and will automatically draw the sample to the air vent and it will stop.



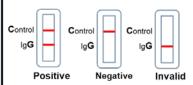
Step 5: Test Cassette Procedure
Align the tip of the MicroSafe®
pipette with the sample well on the
test cassette and squeeze the bulb
of the pipette to expel the blood
into the sample well. Allow the
blood to absorb entirely into the
specimen pad within the sample
well.



Step 6: Test Cassette Procedure
Open the buffer dropper by twisting off the top. Hold the buffer dropper vertically and come (about a width of your fingernail) above the test cassette sample well. Add 2 drops of buffer to the sample well.



Step 7: Test Cassette Procedure
Read the result exactly 15 minutes after
adding the buffer to the cassette. Any trace
of a pink line in the rectangular test area
window indicates a positive result. Do not
read results after 20 minutes. Discard the
test device after recording the test results.



# Quick Reference Instructions of RapCov™ Rapid COVID-19 Controls



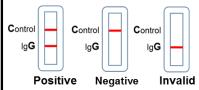
Step 1: Hold the MicroSafe® pipette vertically above the sample well. Add 1 drop of positive or negative control to the sample well.



Step 2: Open the buffer dropper by twisting off the top. Hold the buffer dropper vertically and 1 cm (about a width of your fingernail) above the test cassette sample well. Add 2 drops of buffer to the sample well.



Step 3: Read the result exactly 15 minutes after adding the buffer to the cassette. Any trace of a pink line in the rectangular test area window indicates a positive result. Do not read results after 20 minutes. Discard the test device after recording the test results.



**Before You Begin:** Refer to the package insert for more information. Read through the entire Quick Reference Instructions before beginning a test. The Health care provider should wash hands and put on gloves. Controls are run in the same manner as specimens. Open the sample collector pouch and remove the RapCov<sup>™</sup> Positive Control Container and equilibrate the container to room temperature for 15-20 minutes. Remove the test cassette from the sealed pouch and use it right away. Remove the positive or negative control droppers. Unscrew the cap and use the MicroSafe pipette to draw 10uL of positive or negative control for use in the test cassettes as shown below.

Any suspected occurrence of false positive or false negative results and deviations from the established performance characteristics of the test that you become aware of should be report to <a href="mailto:reporting@advaite.com">reporting@advaite.com</a>