



QuickVue[®] At-Home OTC COVID-19 Test

Healthcare Provider Instructions for Use

For use with direct anterior nasal swab specimens

For *In Vitro* Diagnostic Use Only

INTENDED USE

The QuickVue At-Home OTC COVID-19 Test is a lateral flow immunoassay that allows for the rapid, qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 from individuals with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over two or three days with at least 24 hours and no more than 36 hours between tests. This test is authorized for home use with self-collected (unobserved) direct anterior nasal (NS) swab specimens from individuals aged 14 years and older or with adult-collected anterior NS samples from individuals aged 2 years or older.

The QuickVue At-Home OTC COVID-19 Test does not differentiate between SARS-CoV and SARS-CoV-2.

Results are for the identification of SARS-CoV-2 nucleocapsid protein antigen. Antigen is generally detectable in anterior nasal specimens during the acute phase of infection. Positive results indicate the presence of viral antigens, but clinical correlation with past medical history and other diagnostic information is necessary to determine infection status. Positive results do not rule out bacterial infection or co-infection with other viruses and the agent detected may not be the definite cause of disease. Individuals who test positive with the QuickVue At-Home OTC COVID-19 Test should self-isolate and seek follow-up care with their physician or healthcare provider as additional testing may be necessary.

Negative results should be treated as presumptive, 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 an individual'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. For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary, if there is a high likelihood of SARS-CoV-2 infection, such as in an individual with as a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to SARS-CoV-2 or residing in communities with low prevalence of infection.

Individuals who test negative and continue to experience COVID-19 like symptoms of fever, cough and/or shortness of breath may still have SARS-CoV-2 infection and should seek follow up care with their physician or healthcare provider.

Individuals should provide all results obtained with this product to their healthcare provider for public health reporting. All healthcare providers will report all test results they receive from individuals who use the authorized product to relevant public health authorities in accordance with local, state, and federal requirements.

The QuickVue At-Home OTC COVID-19 Test is authorized for self-use and/or, as applicable for an adult lay user testing another person aged 2 years or older in a non-laboratory setting.

SUMMARY AND EXPLANATION

SARS-CoV-2, also known as the COVID-19 virus, was first identified in Wuhan, Hubei Province, China in December 2019. This virus, as with the novel coronavirus SARS-1 and MERS, is thought to have originated in bats, however the SARS-CoV-2 may have had an intermediary host such as pangolins, pigs or civets.¹ The WHO declared that COVID-19 was a pandemic on March 11, 2020, and human infection has spread globally, with hundreds of thousands of confirmed infections and deaths.² The median incubation time is estimated to be 5.1 days with symptoms expected to be present within 12 days of infection.³ The symptoms of COVID-19 are similar to other viral respiratory diseases and include fever, cough and shortness of breath.⁴

PRINCIPLE OF THE PROCEDURE

The QuickVue At-Home OTC COVID-19 Test employs lateral flow immunoassay technology. Using this test allows for the rapid detection of nucleocapsid protein from SARS-CoV-2 through serial testing, from individuals with and without signs and symptoms of infection who are being tested serially, as described in the intended use. This test does not differentiate between SARS-CoV and SARS-CoV-2.

To begin the test, a self-collected anterior nasal swab samples in individuals aged 14 and older or individuals between the age of 2 to 14 a swab collected by a parent or guardian is inserted into the Reagent Tube. This Reagent interacts with the specimen and facilitates exposure of the appropriate viral antigens to the antibodies used in the test. The Test is added to the Reagent Tube now containing the specimen and Reagent Solution.

If the extracted specimen contains SARS-CoV-2 antigens, a pink-to-red Test Line, along with a blue procedural Control Line will appear on the Test Strip indicating a positive result. If SARS-CoV-2 is not present, or is present at very low levels, only a blue procedural Control Line will appear.

MATERIALS SUPPLIED WITH the QuickVue At-Home OTC COVID-19 Test Kit

- Swabs – individually wrapped sterile foam swabs
- Test Strips – individually packaged, single-use strips
- Pre-filled Tubes
- Tube Holder
- Instruction Sheet
- Fact Sheet for Individuals

NOTE: This test comes in a 2 test, 5 test, 25 test quantity. The number of items supplied in the kit will vary depending on which kit was purchased.

MATERIALS NOT SUPPLIED WITH the QuickVue At-Home OTC COVID-19 Test Kit

- Clock, Timer, or Stopwatch
- Hand soap and water or hand sanitizer for cleaning your hands
- Safety mask or other face covering
- Gloves
- Household waste basket

WARNINGS and PRECAUTIONS

- For *in vitro* diagnostic use
- Read the written instructions fully before starting the procedure
- If uncertain how to proceed, contact Technical Assistance (see below)

- Keep testing kit and kit components out of the reach of children and pets before and after use
- Wear safety mask or other face covering when collecting anterior nasal swab specimen from child or another individual
- Use of gloves is recommended when conducting testing.
- This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens.
- The QuickVue At-Home OTC COVID-19 Test is intended for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 from individuals with or without symptoms tested twice over two (or three days) with at least 24 hours (and no more than 36 hours) between tests.
- Do not open the test material until ready for use
- Do not reuse the used Test Strip, Reagent Tubes, or swabs.
- The Test Strip must remain sealed in the protective foil pouch until use. The user should never open the foil pouch of the Test Strip exposing it to the ambient environment until the Test Strip is ready for immediate use. If the test strip is open for an hour or longer, invalid test result may occur.
- Do not touch swab tip when handling the swab.
- When collecting an anterior nasal swab sample, only use the nasal swab(s) provided in the kit.
- Inadequate or inappropriate specimen collection, may yield false negative test results.
- To obtain accurate results, you must follow the Package Insert instructions.
- Testing should be performed in an area with adequate ventilation.
- Individuals with color-impaired vision may not be able to adequately interpret test results
- Dispose of all materials in household waste.
- Do not use the QuickVue At-Home OTC COVID-19 Test Kit after its expiration date.
- Wash hands thoroughly or use hand sanitizer after handling
- The Reagent Solution contains harmful chemicals (see table below). If the solution contacts the skin or eye, flush with copious amounts of water. If irritation persists, seek medical advice:
<https://www.poison.org/contact-us> or 1-800-222-1222

| Hazardous Ingredients for Reagent Solution | | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Chemical Name/CAS | Harms (GHS Code) for each ingredient | Concentration |
| Sodium Phosphate Monobasic Monohydrate/10049-21-5 | Causes skin irritation (H315) Causes serious eye irritation (H319) May cause respiratory irritation (H335) | 0.7% |
| Sodium Phosphate Dibasic Anhydrous/7558-79-4 | Causes serious eye damage (H318) Causes serious eye irritation (H319) | 0.7% |
| C12-14-Alkyldimethylbetaines/66455-29-6 | Causes severe skin burns and eye damage (H314) Causes serious eye damage (H318) Causes skin irritation (H315) Causes serious eye irritation (H319) | 0.03% |
| ProClin® 300 | Harmful if swallowed (H302) Harmful if inhaled (H332) Causes severe skin burns and eye damage (H314) May cause an allergic skin reaction (H317) | 0.03% |
| EDTA Tetrasodium Salt/64-02-8 | Harmful if swallowed (H302) Causes serious eye damage (H318) Causes serious eye irritation (H319) Harmful if inhaled (H332) May cause respiratory irritation (H335) May cause damage to organs (H371), single exposure | 0.2% |

KIT STORAGE and STABILITY

You can store the testing kit at room temperature in a place out of direct sunlight and out of reach of children until its expiration date. After that date the kit should be discarded in household waste.

PLANNING

If you are performing the test for more than one person complete all of the steps for one person's test before starting the next collection. This will help avoid possible mix-ups of specimens and test results. Take time to review the product information, quick reference instructions and training material prior to testing.

If the test is being used for testing individuals without symptoms or other epidemiological reasons to suspect COVID-19 infection, testing should be scheduled twice over two (or three) days with at least 24 hours (and no more than 36 hours) between tests.

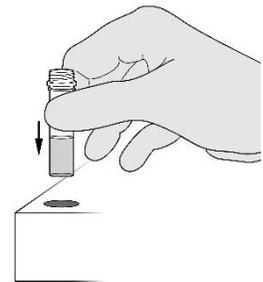
BEFORE STARTING

- Read these instructions carefully
- Complete the steps in order
- Gather all kit components required for running the test
- If collecting a sample or performing the test on another individual, a face covering and gloves should be worn
- Before starting the test, wash your hands with soap and water or use hand sanitizer

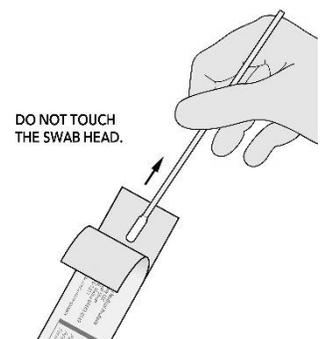
TEST PROCEDURE

Test materials and clinical specimens must be at room temperature before beginning the assay. Use of gloves is recommended when conducting testing.

1. Remove and identify kit components and instructions.
2. Remove cap from one pre-filled tube and place back in the tube holder

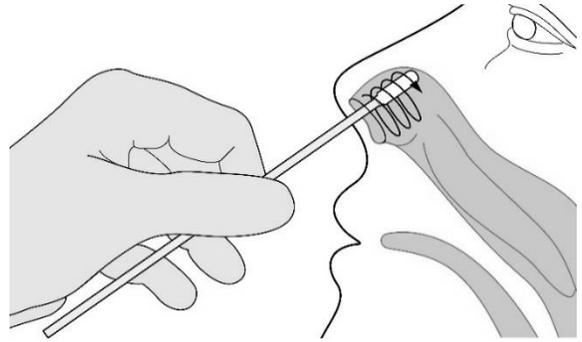


3. Peel open the wrapper from the anterior nasal swab. Note: Do not touch the swab head or remove the anterior nasal swab until ready for sample collection



COLLECTING A SAMPLE

1. Hold the swab approximately halfway up the handle and gently insert the swab $\frac{1}{2}$ to $\frac{3}{4}$ of an inch into the nostril, depending on the size of the person's nose
2. Rub the swab around the inside wall of each nostril at least 4 times. Take approximately 15 seconds to collect the sample. This is done with the same swab.

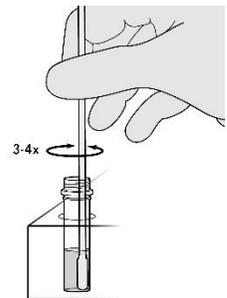


Note: Please wear a face covering if collecting specimen from an individual aged 2 years or older. With children, the maximum depth of insertion into the nostril may be less than $\frac{3}{4}$ of an inch and you may need to have a second person to hold the child's head while collecting. Samples should be processed as soon as possible after collection.

Note: Inadequate or inappropriate specimen collection, may yield false negative test results

PERFORMING THE TEST

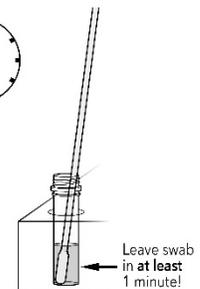
1. Immediately place the swab into the open pre-filled tube. Be sure the swab is touching the bottom of the tube. Stir or twirl swab 3 or 4 times.



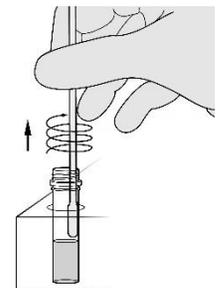
2. After stirring or twirling, leave the swab in the tube for at least one minute (use a timer or watch). **Note: this step is very important, do not remove the swab prior to one minute.**



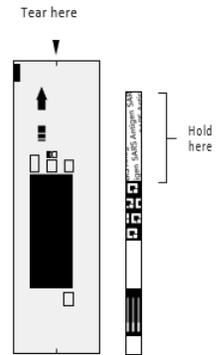
Note: Incorrect or invalid results may occur if the incubation time is too short or too long.



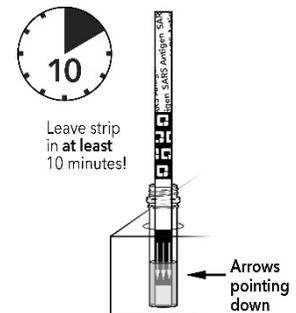
3. After one minute, carefully remove the swab from the tube. As you remove the swab, rub the swab head against the wall of the tube to squeeze out as much liquid as possible. Do not touch the swab head. Immediately discard the swab into the garbage.



- Prepare the Test Strip by opening the strip pouch carefully at the tear here mark. Remove the Test Strip carefully and only hold the top portion of the strip.



- Place the Test Strip into the open pre-filled tube with the arrows pointing down. Leave the strip in the tube for 10 minutes. Do not handle or move the strip until the 10 minutes is complete.



- After 10 minutes, remove the Test Strip from the pre-filled tube and place on a flat surface with good lighting. Inspect the strip for test results. **The Test Strip must be read within 5 minutes after being removed from the pre-filled tube to avoid inaccurate results.** Wash hands with soap and water or use hand sanitizer when complete.

Note: False positive, false negative or invalid results may occur if the strip is read beyond the recommended time period.

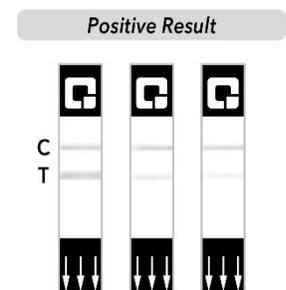
INTERPRETATION OF RESULTS

Positive Result*:

At 10 minutes, the appearance of ANY shade of pink-to-red Test Line AND the appearance of a blue procedural Control Line indicates a positive Test Result for the presence of SARS-CoV-2 antigen. Results can only be read for an additional five (5) minutes after being removed from the tube at the 10-minute read time. Do not read the Test Strip more than fifteen minutes after placing into pre-filled tube.

**A positive result does not rule out co-infections with other pathogens*

Look closely! The test strip on the far right is a positive result. Even if you see a very faint, pink Test Line and a blue Control Line, this is a POSITIVE Test Result.



C = Control Line
T = Test Line

Negative Result**:

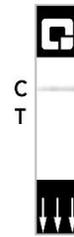
At 10 minutes, the appearance of ONLY the blue procedural Control Line indicates SARS antigen was not detected. Results can only be read for an additional five (5) minutes after the 10-minute read time. Do not read the Test Strip more than fifteen minutes after placing into pre-filled tube.

For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary, if there is a high likelihood of SARS-CoV-2 infection, such as in an individual with as a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection.

Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to SARS-CoV-2 or residing in communities with low prevalence of infection.

**** A negative result does not exclude SARS-CoV-2 infection. Negative results should be treated as presumptive and may need to be confirmed by a molecular assay.**

Negative Result



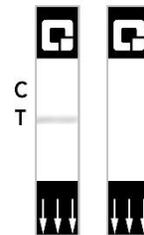
Invalid Result:

If at 10 minutes, the blue Control Line does not appear, even if any shade of pink-to-red Test Line appears, the result is invalid.

If at 10 minutes, the background color does not clear and it interferes with the reading of the test, the result is also invalid.

If the Test Result is invalid, a new swab should be collected, and the test should be performed again with a new pre-filled tube and Test Strip.

Invalid Result



LIMITATIONS

- The performance of this test has not yet been clinically validated for use in patients without signs and symptoms of respiratory infection or for serial screening applications, and performance may differ in these populations.
- The test is intended for direct anterior nasal swab specimens only. Using another sample collection device or method may cause false results.
- The contents of this kit are to be used only for the qualitative detection of SARS-CoV-2 antigens from anterior nasal swab specimens.
- A negative tests result may occur if the level of antigen in a sample is below the detection limit of the test or if the sample was collected improperly.
- This test detects both viable (live) and non-viable, SARS-CoV-2. Test performance depends on the amount of virus (antigen) in the sample and may or may not correlate with viral culture results performed on the same sample.
- Failure to follow the Performing the Test and Interpretation of Results may adversely affect test performance and/or invalidate the Test Results.
- Positive Test Results do not rule out co-infections with other pathogens.
- Negative results should be treated as presumptive, and confirmation with another SARS-COV-2 assay, if necessary, should be done.
- If the differentiation of specific SARS viruses and strains is needed, additional testing, in consultation with state or local public health departments, is required. Please discuss with your healthcare provider.

- The performance of this test was established based on the evaluation of a limited number of clinical specimens collected between January, 2021 and March, 2021. The clinical performance has not been established in all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARS-CoV-2 and their prevalence, which change over time.
- The performance of this device has not been assessed in a population vaccinated against COVID-19.
- The performance of the device has not been assessed on specimens from individuals who have been infected with emerging variants of SARS-CoV-2 of public health concern.

CLINICAL PERFORMANCE*

The QuickVue At-Home OTC COVID-19 Test was compared to a Reference Extracted EUA SARS-CoV-2 RT-PCR Assay using fresh self-collected or parent/guardian collected anterior nasal swab specimens and healthcare provider collected anterior nasal swab specimens. Symptomatic subjects were enrolled within six days of the onset of symptoms from a multi-site prospective clinical study. The subjects included in the study were provided a Quick Reference Instruction (QRI) and the test kit. No additional training or instructions were provided. Testing occurred in subjects' home, a private, home-like environment within an outpatient clinic, or in subjects' cars.

Five hundred forty-five (545) patients (489 symptomatic, 56 asymptomatic) were enrolled in the on-going prospective clinical study at six (6) collection sites. The healthcare collected swabs were sent on cold packs to the Quidel laboratory in Athens, Ohio for EUA SARS-CoV-2 RT-PCR testing. The Reference Extracted SARS-CoV-2 RT-PCR Assay testing was performed on the swabs according to the device's instructions for use.

The table below summarizes the data from the five hundred and forty-five (545) specimens:

Patient Demographics

Patient demographics (age, elapsed time from date of on-set) for the combined data are provided below.

The specimen positivity breakdown based on age of the patient:

| Age | QuickVue At-Home OTC COVID-19 Test (N=545) | | |
|----------------|--------------------------------------------|----------------|------------|
| | Total # | Total Positive | Prevalence |
| ≤ 5 years | 25 | 1 | 4.0% |
| 6 to 21 years | 154 | 16 | 9.6% |
| 22 to 59 years | 349 | 81 | 23.2% |
| ≥ 60 years | 17 | 5 | 29.4% |

The specimen positivity breakdown based on days post onset:

| Days Post Symptom Onset | QuickVue At-Home OTC COVID-19 Test | | |
|-------------------------|------------------------------------|----------------------|------------|
| | # Specimens Tested | # Positive Specimens | % Positive |
| 0 | 48 | 11 | 22.9% |
| 1 | 113 | 12 | 10.6% |
| 2 | 135 | 22 | 16.3% |
| 3 | 81 | 16 | 19.8% |
| 4 | 39 | 14 | 35.9% |
| 5 | 37 | 8 | 21.6% |

| Days Post Symptom Onset | QuickVue At-Home OTC COVID-19 Test | | |
|-------------------------|------------------------------------|----------------------|------------|
| | # Specimens Tested | # Positive Specimens | % Positive |
| 6 | 17 | 6 | 35.3% |
| >6 | 19 | 4 | 21.1% |
| Asymptomatic | 56 | 10 | 17.9% |

| Comparison of QuickVue At-Home OTC COVID-19 Test and an authorized EUA Molecular comparator assay with anterior nasal swabs | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------|----------------|------|------|--------------|--------------|
| Number Tested | True Positive | False Positive | True Negative | False Negative | PPA% | NPA% | PPA 95% CI | NPA 95% CI |
| 545 | 100 | 3 | 419 | 23 | 81.3 | 99.3 | 73.5 to 87.2 | 97.9 to 99.8 |

* The performance of this test has not yet been clinically validated for use in patients without signs and symptoms of respiratory infection, or for serial screening applications and performance may differ in these populations.

ANALYTICAL PERFORMANCE

Limit of Detection

The Limit of Detection (LoD) of the QuickVue At-Home OTC COVID-19 Test was determined using limiting dilutions of heat-inactivated SARS-CoV-2 (ZeptoMetrix® 0810587CFHI). The ZeptoMetrix material is a preparation of SARS-Related Coronavirus 2 (SARS-CoV-2), isolate USA-WA1/2020, that has been inactivated by heating at 65°C for 30-minutes. The material was supplied frozen at a concentration of 9.55×10^6 TCID₅₀/mL.

The study to determine the QuickVue At-Home OTC COVID-19 Test LoD was designed to reflect the assay when using direct swabs. Individual foam swabs (the same swab that is provided with the kit) were placed into the limiting dilutions. The swabs were then processed according to the QuickVue At Home COVID-19 Test. The results were recorded for each swab in the study.

The LoD was determined in three steps:

1. LoD Screening

10-fold dilutions of the heat inactivated virus were made in negative nasal matrix in saline and processed for each study as described above. These dilutions were tested in triplicate. The lowest concentration demonstrating 3 of 3 positives was chosen for LoD range finding. Based on this testing, the concentration chosen was TCID₅₀ per mL of 9.55×10^4 .

2. LoD Range Finding

A 1:3 and 1:5 dilution was made of the 9.55×10^4 TCID₅₀ per mL dilution from the previous study yielding concentrations of 3.18×10^4 TCID₅₀ per mL and 1.91×10^4 TCID₅₀ per mL, respectively. (Note: 9.55×10^3 TCID₅₀ per mL was previously determined to be negative (0/3).

3. LoD Confirmation

The concentration 1.91×10^4 dilution was tested twenty (20) times. Twenty (20) of twenty (20) results were positive. Based on this testing the concentration was confirmed as TCID₅₀ per mL of 1.91×10^4 .

Analytical Reactivity/Inclusivity

The analytical reactivity of the monoclonal antibodies targeting SARS-CoV-2 in the QuickVue At-Home OTC COVID-19 Test were evaluated with a currently available SAR-CoV-2 strain (see table below).

| 2019-nCoV Strain/Isolate | Source/Sample Type | Concentration |
|--------------------------|-------------------------|----------------------------------------------|
| USA-WA1/2020 | ZeptoMetrix 0810587CFHI | 9.55 x10 ⁶ TCID ₅₀ /mL |

Cross-Reactivity

Cross-reactivity of the monoclonal antibodies used for the detection of SARS-CoV-2 was evaluated by testing various microorganisms (15) and viruses (16) that may potentially cross-react with the QuickVue At-Home OTC COVID-19 Test. Each organism and virus were tested in triplicate. The final concentration of the organisms and viruses are documented in the table below:

| Cross-Reactivity/Interference of QuickVue At-Home OTC COVID-19 Test | | | | | |
|---------------------------------------------------------------------|---------------------------------|------------------------|-------------------------------|------------------------------|--------------------------|
| Virus/Bacteria/Parasite | Strain | Source/ Sample type | Concentration | Cross-Reactivity Results* | Interference Results* |
| Adenovirus | Type 1 | Isolate | 4.57e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Coronavirus | 229e | Isolate | 1.17e ⁵ U/mL | No Cross-Reactivity | No Interference |
| Coronavirus | OC43 | Isolate | 9.55e ⁶ U /mL | No Cross-Reactivity | No Interference |
| Coronavirus | NL63 | Isolate | 1.41e ⁵ U/mL | No Cross-Reactivity | No Interference |
| MERS-CoV (heat-inactivated) | Florida/USA-2_Saudi Arabia_2014 | Isolate | 3.55e ⁵ U /mL | No Cross-Reactivity | No Interference |
| <i>Mycoplasma pneumoniae</i> | M129 | Isolate | 3.16 x 10 ⁶ CCU/mL | No Cross-Reactivity | No Interference |
| <i>Streptococcus pyogenes</i> | Z018 | Isolate | 4.30e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| Influenza A H3N2 | Hong Kong/8/68 | Isolate | 1.17e ⁵ U/mL | No Cross-Reactivity | No Interference |
| Influenza A H1N1 | New Caledonia/20/99 | Isolate | 3.55e ⁵ U/mL | No Cross-Reactivity | No Interference |
| Influenza B | Brisbane/33/08 | Isolate | 1.17e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Parainfluenza | Type 1 | Isolate | 5.01e ⁵ U/mL | No Cross-Reactivity | No Interference |
| Parainfluenza | Type 2 | Isolate | 2.19e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Parainfluenza | Type 3 | Isolate | 2.82e ⁶ U /mL | No Cross-Reactivity | No Interference |
| Parainfluenza | Type 4b | Isolate | 2.30e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Enterovirus | Type 68 | Isolate | 1.26e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Human Metapneumovirus | A1 (IA10-2003) | Isolate | 3.80e ⁶ U/mL | No Cross-Reactivity | No Interference |
| Respiratory Syncytial Virus | Type A (3/2015 Isolate #3) | Isolate | 4.17e ⁵ U/mL | No Cross-Reactivity | No Interference |
| Human Rhinovirus | N/A | Inactivated virus | Not available | No Cross-Reactivity | No Interference |
| <i>Chlamydomphila pneumoniae</i> | AR-39 | Isolate | 2.8 x 10 ⁶ IFU/mL | No Cross-Reactivity | No Interference |
| <i>Haemophilus influenzae</i> | Type b; Eagan | Isolate | 4.54e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Legionella pneumophila</i> | Philadelphia | Isolate | 3.76e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Streptococcus pneumoniae</i> | Z022; 19f | Isolate | 4.52e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Bordetella pertussis</i> | A639 | Isolate | 3.82e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Pneumocystis jirovecii</i> -S. cerevisiae Recombinant | W303-Pji | Isolate | 3.12e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Mycobacterium tuberculosis</i> | H37Ra-1 | Isolate | 6.86e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Streptococcus salivarius</i> | Z127 | Isolate | 4.19e ⁶ cfu/mL | No Cross-Reactivity | No Interference |

| Cross-Reactivity/Interference of QuickVue At-Home OTC COVID-19 Test | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|---------------------------|------------------------------|--------------------------|
| Virus/Bacteria/Parasite | Strain | Source/ Sample type | Concentration | Cross-Reactivity Results* | Interference Results* |
| <i>Staphylococcus epidermidis</i> | MRSE; RP62A | Isolate | 9.27e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Staphylococcus aureus</i> MRSA | NCTC 8325 | Isolate | 5.50e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Staphylococcus aureus</i> MRSA <i>mecA</i> | 0801648 | Isolate | 2.76e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Candida albicans</i> | Z006 | Isolate | 6.27e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| <i>Pseudomonas aeruginosa</i> | Z139; VIM-1 | Isolate | 7.48e ⁶ cfu/mL | No Cross-Reactivity | No Interference |
| Pooled human nasal wash | Not applicable | Nasal wash | NA | No Cross-Reactivity | No Interference |
| Coronavirus HKU1 was not tested for cross-reactivity due to lack of availability. 19 specimens containing Coronavirus HKU1 were tested and all resulted as negative, additional cross-reactivity wet testing was not required. | | | | | |

* Testing was performed in triplicate

** CCU/mL is Color Changing Units as calculated according to a modified Reed-Muench method based on dilutions which produced a color change in the broth.

*** The stock is inactivated virus with no quantitation provided.

**** IFU/mL is infectious units per milliliter

Hook Effect:

As part of the LoD study the highest concentration of heat-inactivated SARS-CoV-2 stock available (TCID₅₀ per mL of 9.55 x 10⁶) was tested. There was no Hook effect detected.

Endogenous Interference Substances Studies:

A study was performed to demonstrate that twenty-one (21) potentially interfering substances that may be found in the upper respiratory tract do not cross-react or interfere with the detection of SARS-CoV-2 in the QuickVue At-Home OTC COVID-19 Test.

| Potentially Interfering Substances for QuickVue At-Home OTC COVID-19 Test | | | | |
|---------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|--------------------------|
| Substance | Active Ingredient | Concentration | Cross-Reactivity Results* | Interference Results* |
| Afrin – nasal spray | Oxymetazoline | 15% v/v | No Cross-Reactivity | No Interference |
| Alkalol (Homeopathic) | Alkalol | 15% v/v | No Cross-Reactivity | No Interference |
| Biotin | Biotin | 1200 ng/mL | No Cross-Reactivity | No Interference |
| Biotin + Blood | Biotin | 1200 ng/mL (Biotin), 15% v/v (Blood) | No Cross-Reactivity | No Interference |
| Blood (whole, human) | N/A | 15% v/v | No Cross-Reactivity | No Interference |
| Chloraseptic, Cepacol | Benzocaine, Menthol | 15% v/v | No Cross-Reactivity | No Interference |
| CVS throat spray | Phenol | 15% v/v | No Cross-Reactivity | No Interference |
| Flonase | Fluticasone | 15% v/v | No Cross-Reactivity | No Interference |
| Halls Relief Cherry Flavor | Menthol | 15% v/v | No Cross-Reactivity | No Interference |
| Mupirocin Ointment | Mupirocin | 15% v/v | No Cross-Reactivity | No Interference |
| Nasocort Allergy 24 hour | Triamcinolone | 15% v/v | No Cross-Reactivity | No Interference |
| NasalCrom Spray | Cromolyn Sodium | 15% v/v | No Cross-Reactivity | No Interference |
| NeilMed SinuFlow Ready Rinse | Sodium chloride, Sodium bicarbonate | 15% v/v | No Cross-Reactivity | No Interference |
| NeilMed SinuFrin Plus | Hexymetazoline HCl | 15% v/v | No Cross-Reactivity | No Interference |

| Potentially Interfering Substances for QuickVue At-Home OTC COVID-19 Test | | | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|-------------|---------------------|-----------------|
| Neo-Synephrine | Phenylephrine hydrochloride | 15% v/v | No Cross-Reactivity | No Interference |
| Oseltamivir | Oseltamivir | 2.5 mg/mL | No Cross-Reactivity | No Interference |
| Purified mucin protein | Mucin | 2.5 mg/mL | No Cross-Reactivity | No Interference |
| Rhinocort | Budesonide (Glucocorticoid) | 15% v/v | No Cross-Reactivity | No Interference |
| Saline nasal spray | Saline | 15% v/v | No Cross-Reactivity | No Interference |
| Tobramycin | Tobramycin | 4.4 µg/mL | No Cross-Reactivity | No Interference |
| Zanamivir | Zanamivir | 282.0 ng/mL | No Cross-Reactivity | No Interference |
| Zicam Allergy Spray | Galphimia glauca, Luffa operculata, Histaninum hydrochloricum, Sulphur | 15% v/v | No Cross-Reactivity | No Interference |
| Zicam Cold Remedy | Galphimia glauca, Luffa operculata, Sabadilla | 15% v/v | No Cross-Reactivity | No Interference |

* Testing was performed in triplicate

ASSISTANCE

If the test does not perform as expected, please contact Quidel Technical Support at 833-QUICKVUE (833-784-2588) if within the U.S. or Canada. If outside the U.S. and Canada, please contact your local distributor or visit www.quickvueathome.com

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REFERENCES

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2. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
3. Clinical and Laboratory Standards Institute. Viral Culture; Approved Guidelines. CLSI document M41-A [ISBN 1562386239] Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA 2006.
4. Lauer, S.A., et. al. The incubation period of Coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application, Ann Intern Med. 2020

REF

20410 – QuickVue At-Home COVID-19 Test, 2 Test Kit
20436 – QuickVue At-Home OTC COVID-19 Test, 5-Test Kit
20411 – QuickVue At-Home COVID-19 Test, 25 Test Kit

IVD



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Revision Changes:

- Corrected TCID₅₀ value in Hook Effect and Cross-Reactivity/Interference sections to match master reports
- Updated Cross-Reactivity/Interference section table to add biotin testing

GLOSSARY

REF

Catalogue number

LOT

Batch code



Use by



Manufacturer



Temperature limitation



Consult instructions for use

IVD

For *In Vitro* diagnostic use



Contains sufficient for <n> tests



Do not reuse



Self-test
