# Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test 

## Healthcare Provider Instructions for Use <br> For use under the Emergency Use Authorization (EUA) only

For in vitro diagnostic use

## [INTENDED USE]

Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test is a lateral flow immunoassay intended for the qualitative detection of nucleocapsid protein and receptor binding domain (RBD) antigens from SARS-CoV-2. This test is authorized for non-prescription home use with self-collected and adult-collected direct midturbinate nasal swab specimens from individuals aged 14 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.

This test is also authorized for non-prescription home use with self-collected and adult-collected midturbinate nasal swab specimens from individuals aged 14 years or older with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) betweentests.

The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test does not differentiate between SARS-CoV and SARS-CoV-2.

Results are for the identification of SARS-CoV-2 nucleocapsid and RBD protein antigens. Antigens are generally detectable in mid-turbinate swab 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. The agent detected may not be the definite cause of disease. Individuals who test positive with the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test should self-isolate and seek follow up care with their physician or healthcare provider as additional testing and public health reporting may be necessary.

Negative results are 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 an individual with a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatorytesting 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 COVID-19 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, using appropriate LOINC and SNOMED codes, as defined by the Laboratory In Vitro Diagnostics (LVID) Test Code Mapping for SARS-CoV-2 Tests provided by CDC.

The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test is authorized for non-prescription self-use or a lay user testing another person 14 years or older in a non-laboratory setting. The Celltrion DiaTrust ${ }^{\mathbb{M}}$ COVID-19 Ag Home Test is only for use under the Food and Drug Administration's Emergency Use Authorization.

## [SUMMARY AND EXPLANATION]

Coronavirus is a group of viruses that belongs to the Family Coronaviridae; a type of RNA virus of 2732 kb commonly found in birds and mammals including human. Coronavirus is divided into four genera: alpha, beta, gamma and delta. The virus causes illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Coronavirus disease 2019 (COVID-19) is a new strain caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease originated from Wuhan city of China in December 2019. The World Health Organization (WHO) publicly named this virus 'COVID-19' and declared it a pandemic and a Public Health Emergency of International Concern. The infection is typically spread from one person to another via direct contact or respiratory droplets from cough or sneeze. Latent period from exposure to onset of symptoms is between one to fourteen days (four to seven days on average). Common symptoms and signs of infection include fever, cough, shortness of breath and breathing difficulties. In severe cases, infections can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Due to the wide variety of symptoms, it is difficult to differentiate COVID-19 from other existing respiratory viruses or bacteria. Diagnosing COVID-19 through isolating the virus or detecting specific genes from the collected respiratory droplet specimens is a challenge in terms of time and accessibility as it requires long hours, well-equipped laboratory and advanced technology which are often not available to many public. The test is designed to detect antigen to SARS-CoV-2, and it will help assess if an individual has COVID-19 antigen within 15 minutes $r$.

## [TEST PRINCIPLE]

The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test is a lateral flow immunoassay test. The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test is designed to detect antigens from the SARS-CoV-2 from direct mid-turbinate swab samples 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 but not more than 48 hours between tests. This test is also authorized to detect antigens from the SARS-CoV2 from direct mid-turbinate swab samples from individuals aged 14 years or older with symptoms of COVID-19 within the first seven days of symptom onset. This test is authorized for non-prescription home use with mid-turbinate nasal swab specimens from individuals aged 14 years and older. The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test is validated for use from direct specimens testing without transport media.

A nitrocellulose membrane strip in the device having a test line and a control line, wherein the test line is pre-coated with anti-mouse monoclonal antibody to SARS-CoV-2 to detect SARS-CoV-2 nucleocapsid and RBDs from the SARS-CoV-2 spike proteins, and the control line is coated with goat anti-mouse IgG. When the extracted swab specimen is dispensed into to the sample well, the specimen migrates towards the conjugate pad, which contains conjugated antibodies with colloidal gold directed against the SARS-CoV-2 antigen. When the sample contains SARS-CoV-2 antigens, an antigen-antibodyconjugate complex is formed. The sample-conjugate complex then passes over the membrane until it reaches the capture zone (test line). Here, the complex is bound to immobilized antibodies and form
visible colored band in the test line. The sample then migrates across the membrane along the strip until it reaches the control line where excess conjugate binds and produces a second visible line on the membrane. This control line indicates that the sample has migrated across the membrane as intended and indicates that the test was correctly performed. This test does not use biotin-Streptavidin/avidin chemistry in any of the steps for coupling reagents.
[MATERIALS SUPPLIED]

| Kit components | Quantity |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 1 Test Kit | 2 Tests Kit | 5 Tests Kit | 25 Tests Kit |
| Test cassette with test strip | 1 ea/box | 2 ea/box | 5 ea/box | 25 ea/box |
| Extraction buffer ( $0.3 \mathrm{~mL} /$ test tube) ${ }^{1}$ | 1 ea/box | 2 ea/box | 5 ea/box | 25 ea/box |
| Filter cap | 1 ea/box | 2 ea/box | $5 \mathrm{ea} / \mathrm{box}$ | 25 ea/box |
| Swab | $1 \mathrm{ea} / \mathrm{box}$ | 2 ea/box | $5 \mathrm{ea} / \mathrm{box}$ | 25 ea/box |
| Instructions for Use | $1 \mathrm{ea} / \mathrm{box}$ | 1 ea/box | 1 ea/box | 1 ea/box |

${ }^{1}$ Extraction buffer is provided in the sealed test tube.

## [MATERIALS REQUIRED BUT NOT PROVIDED]

- Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test Application (Celltrion SafeKey)
- Smartphone for using App, Celltrion SafeKey (Android 10 or newer, iOS 14.2 or newer)
- Compatible computer for web-based App (https://celltrion.safekey.tools)


## [PRECAUTIONS AND WARNINGS]

- For in vitro diagnostic use only
- This product has not been FDA cleared or approved, but has been authorized by FDA under an Emergency Use Authorization (EUA).
- 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 diagnostics 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. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.
- All the results within the United States and its territories are required to be reported to the appropriate public health authorities.
- This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens.
- Do not use the test device beyond the expiration date.
- Keep sealed until usage, and once opened use immediately.
- Test samples immediately after collection.
- Do not use the test device if the pouch is damaged or open.
- Do not re-use the device.
- This test is intended for diagnosis of coronavirus infection by detecting COVID-19 antigen, but should not be used as a sole criterion for the determination of SARS-CoV-2 infection. Other laboratorytests and clinical information (signs and symptoms) should be used and considered for
diagnosis.
- Inadequate or inappropriate sample collection may yield false test results.
- To obtain accurate results, the test must be performed as indicated in this Instructions for Use
- Results should be read within 15 minutes. If the test is read before 15 minutes or after 20 minutes, false negative or false positive results may occur.
- Inadequate or improper nasal swab sample collection may result in false negative test results.
- Do not touch the swab head when handling the swab.
- Do not ingest the extraction buffer or any of the test components.
- Keep out of reach of children.
- Avoid contact with skin and eyes.
- If contact with the body occurs, rinse with water. If irritation persists, seek medical advice.
- Discard Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test in accordance with local, state and federal regulations or accreditation requirements.


## [LIMITATIONS]

- Do not use this test for individuals under 14 years of age. The swab included in the kit is designed for collection of samples from adults and additional safety measures are needed for safe collection in children under 14 years of age.
- Testing for asymptomatic individuals should be performed at least twice over three days, with at least twenty-four hours and no more than 48 hours between tests. You may need to purchase additional tests to perform this serial (repeat) testing.
- There is a higher chance of false negative results with antigen tests than with laboratory-based molecular tests. This means that there is a higher chance this test will give you a negative result when you have a COVID-19.
- Serial testing (i.e., testing every day or every other day) is more likely to detect COVID-19, especially when you do not have any symptoms
- $\quad$ This test detects both viable (live) and non-viable SARS-CoV-2. Test performance depends on the amount of virus (antigens) in the sample and may or may not correlate with viral culture results performed on the same sample.
- A negative test result may occur if the level of antigens in a sample is below the detection limit of the test or if the sample was collected or transported improperly.
- Failure to follow the Test Procedure may adversely affect test performance and/or invalidate the test result.
- Test results must be evaluated in conjunction with other clinical data available to the physician.
- Positive test results do not rule out co-infections with other pathogens.
- Negative test results are not intended to rule in other non-SARS-CoV-2 viral or bacterial infections.
- Negative results should be treated as presumptive and confirmed with an FDA-authorized molecular assay, if necessary, for clinical management.
- Performance of nasal swabs collected from patients without symptoms or other epidemiological reasons to suspect COVID-19 infection or for serial screening, when tested twice over three days with at least 24 but not more than 48 hours between tests has not yet been determined; a study to support use will be completed.
- If the differentiation of specific coronaviruses and strains is needed, additional testing, in consultation with state or local public health departments, is required.
- The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after seven days are more likely to be negative compared to RT-PCR.
- The performance of this test was established based on the evaluation of a limited number of clinical specimens collected between March and July of 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 Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test does not differentiate between SARS-CoV and SARS-CoV-2.


## CHEMICAL HAZARD AND SAFETY INFORMATION

Hazardous ingredients for the extraction buffer

| Chemical Name (CAS) | Material Safety Data <br> Sheet | GHS Code for each ingredient | Conc. |
| :---: | :---: | :---: | :---: |
| Sodium Azide <br> $(26628-22-8)$ | $\frac{\text { Material Safety Data }}{}$ | Acute Tox.2 (oral), H300 <br> Acute Tox.1 (dermal), H310 | $0.09 \%$ |

The extraction buffer solution in the extraction buffer tube contains a hazardous ingredient as shown in above table. If the extraction buffer solution contacts the skin or eye, immediately wash with plenty of running water. In case the irritation persists, please seek medical advice at: https://www.poison.org/contact-us or 1-800-222-1222.

## [REAGENT STORAGE AND STABILITY]

An unopened test device should be stored at $2-30^{\circ} \mathrm{C}\left(36-86^{\circ} \mathrm{F}\right)$. The shelf-life of the test device is 24 months and it is stable until the expiration date marked on the label. An opened test device is stable up to 1 hour after released from the aluminum pouch. If the tests were refrigerated, keep them at room temperature for 30 minutes prior to use.

## [QUALITY CONTROL]

A procedural internal control is built in the 'control line (c)' of the device and is used to ensure that the applied specimen has migrated well into the device. It is coated with goat anti-mouse IgG and a red colored line will always appear when the test is performed properly.

External run controls are not required to use the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test.

## [TEST PROCEDURE]

When opening the test device, download the mobile application (Celltrion SafeKey) using QR code from Instructions for Use provided with the test kit and follow the instructions as described in the mobile application.

1. Test Preparation

Following the instruction in the mobile application, when you are ready to proceed with the test, tear open the two aluminum pouches.

1) Prepare the aluminum pouch containing the test device and place it on the testing surface along with the reagents from the second aluminum pouch - test tube filled with the extraction buffer and filter cap. In case the tests were refrigerated, keep them ambient for 30 minutes to let
it reach the room temperature.

* Testing should be completed within 30-60 minutes of opening the pouch.

2) Remove the test device, test tube and filter cap from the aluminum pouches and place it on a flat surface just prior to starting test.
3) Scan the QR code on the test device through your mobile phone camera. If you are having difficulty scanning the QR on the test device, you may type the serial number into the input box on the application page. The serial number is printed on the test device.
4) Fill out the requested personal information and symptoms about the person who will be tested.
2. Specimen collection (CDC guideline):

Use only the swabs provided with the test kit (FA/FANAB01 and Miraclean Technology, Item No. 96000) for specimen collection following the instruction on the mobile application.

1) Make sure extraction buffer tube and filter cap are also readily available before starting sample collection, as the collected swab sample must be immediately inserted into the extraction buffer tube for sample extraction. After swabbing, immediately insert the swab into extraction buffer tube. Do not leave the sampled swab dry in open air as it may result in incorrect test results.
2) Peel open the swab package and take the swab out. Do not touch the soft tip or lay it down on any surfaces. Hold the swab near the middle where it's thin (at the second notch; refer to image below).

3) Insert the entire soft end of the swab straight back into your nostril less than one inch (about 2 cm ) or until resistance is felt. Slowly swirl the swab, gently rubbing it along the insides of your nasal passage several times. Gently remove the swab. Using the same swab, repeat this process in your other nostril.

(3)


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Note: The swab included in the kit is designed for collection of samples from adults. Do not collect swabs from children under 14 years of age.
3. Test method

1) Put the tip of the swab into the test tube. Move the swab up and down at least 10 times to properly mix the fluid.
2) Squeeze the tube while removing the swab to squeeze out as much liquid from the swab as
possible.
Note: False negative results can occur if the specimen is not properly mixed or too vigorously mixed.
3) Place the filter cap on the test tube.
4) Immediately dispense three drops of the sample extract ( $100 \mu \mathrm{~L}$ ) into the well at the bottom of the test device. On the mobile application, tap the "Completed" button to start a 15-minute timer.

COLLECTION OF BUFFER FLUID


DISPENSATION OF THREE DROPS INTO SAMPLE WELL


[^0]Note: Adding only one drop of solution or the entire vial may result in false negative results.
5) Read results at 15 minutes after applying the sample. Do not read results after 20 minutes. On the mobile application, images of four potential results will be displayed. Click the image that best represents your result for the presence of red colored lines in the device window next to each of the two letters, C (Control) and T (Test). Follow the instructions based on your test result.

Note: False negative or false positive results can occur if results are read before 15 minutes or after 20 minutes.
6) Dispose the remainder of the test in general waste.

## [INTERPRETATION OF RESULTS]

- Negative result: If no red colored line appears in the test line ( $T$ ) and a red colored line is present on the control region (C), then the result is negative. A negative result indicates viral antigens were not detected in the specimen and the individual is presumed negative for COVID-19.
- Negative results do not rule out COVID-19. Individuals without symptoms that test negative should be tested again with at least 24 hours and no more than 48 hours between tests.
- Note: A negative result is presumptive and confirmation with a molecular assay, if necessary, for patient management may be performed.

For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary after second negative result for asymptomatic patients, if there is a high likelihood of SARS-CoV-2 infection, such as in an individual with as 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.


- Positive result: If red colored line is visible in the test line ( $T$ ) and control line (C), the result is positive. A positive result indicates that viral antigens from COVID-19 were present in the specimen and the individual is positive for COVID-19.
- Persons who test positive with the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test should selfisolate and seek follow up care with their physician or healthcare provider as additional testing and public health reporting may be necessary. Test results should always be considered in the context of clinical observations and epidemiological data (such as local prevalence rates and current outbreak/epicenter locations) in making a final diagnosis and patient management decisions. Patient management should follow current CDC guidelines.

- Invalid result: If there is no red colored line in the control region (C), the result is invalid.
- In case of an invalid test result: Repeat the test using new test kit. If the test result is still invalid, contact your doctor or local COVID-19 center. An invalid result does not indicate if the individual did or did not have COVID-19 and should be repeated.



These are photos of actual positive results. Please note that the test line can show up faintly. This faint line still indicates a positive result.


## [PERFORMANCE CHARACTERISTICS]

Analytical testing is conducted with the nasopharyngeal swab specimen, and the matrix equivalency study is conducted to support mid-turbinate nasal swab as the specimen type.

## 1) Limit of detection (LoD)

LoD studies determine the lowest detectable concentration of SARS-CoV-2. The LoD was determined by limiting dilution studies using SARS-CoV-2 virus inactivated by beta-Propiolactone (BPL).

Negative sample was prepared by collecting nasopharyngeal swab samples from healthy donors (negative clinical matrix) eluted in PBS.

The positive standard materials are prepared with the six different concentrations of SARS-CoV-2 inactivated virus (Conc. $6.3 \times 10^{5} \mathrm{TCID}_{50} / \mathrm{mL}$, NMC-nCoVO2 \#24) that is serially diluted in PBS and negative clinical matrix.

The diluted positive standard materials are applied to the swab tip with $100 \mu \mathrm{~L}$ of approximate absorption volume. The extraction buffer tubes are prepared and each swab samples are inserted into each extraction buffer tubes. The swab was moved up and down inside the tube 10 times and taken out by pressing to remove the extracted liquid. The filter cap was equipped onto the test tube, then three drops of extracts $(100 \mu \mathrm{~L})$ was dispensed into the sample inlet. The result was read 15 minutes after applying the sample.

Serial dilutions of the inactivated SARS-CoV-2 were tested in 5 replicates. The lowest concentration at which all 5 replicates were positive was treated as the tentative LoD for each test. Based on this testing, the tentative LoD was $3.2 \times 10^{1} \mathrm{TCID}_{50} / \mathrm{mL}$.

The LoD of each test was then confirmed by testing 20 replicates with concentrations near the tentative limit of detection. The final LoD of Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test was determined to be the lowest concentration resulting in positive detection more than $95 \%$ of the time, which is at least 19 out of 20 replicates.

In conclusion, the limit of detection (LoD) of Celltrion DiaTrust ${ }^{T M}$ COVID-19 Ag Home Test for NP swab is $3.2 \times 10^{1} \mathrm{TCID}_{50} / \mathrm{mL}$.

## 2) Cross-reactivity (Analytical specificity) and Microbial Interference Studies

## Wet-testing:

The study was performed to evaluate the cross-reactivity of the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test.

Nasopharyngeal swab sample from healthy donors (negative clinical matrix) were collected and eluted in extraction buffer to be used as a negative standard material. For each test, the diluted sample was added to a sterile nasal swab before conducting the test according to the instruction for use. Positive standard materials (NMC-nCoV02 \#24, $6.3 \times 10^{5} \mathrm{TCID}_{50} / \mathrm{mL}$ ) were spiked into negative sample and were diluted to make low concentration level ( $6.3 \times 10^{1} \mathrm{TCID}_{50} / \mathrm{mL}$, approx. $2 \times \mathrm{LoD}$ ) for testing.

Potential cross-reactive organisms listed in the below table were prepared at the concentration of $10^{5}$ $\mathrm{PFU} / \mathrm{mL}$ or higher for viruses and $10^{6} \mathrm{CFU} / \mathrm{mL}$ or higher for bacteria. They were spiked into the negative and low positive samples and were tested in 3 replicates. A total of 31 pathogens listed in the below table showed no cross-reactivity with the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test.

| List of organisms |  | Testing conc. | Test result |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Negative (No. of | Low Positive (No. of positive/ |
| Other high priority pathogens from the same virus family | Coronavirus OC43 |  | $4.4 \times 10^{7} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Coronavirus 229E | $3 \times 10^{6} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Coronavirus NL63 | $1 \times 10^{5} \mathrm{TCID}_{50} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | MERS-coronavirus | $\begin{gathered} 1.183 \times 10^{5} \\ \mathrm{TCID}_{50} / \mathrm{mL} \end{gathered}$ | 3/3 | 3/3 |
| Other high priority organisms | Human adenovirus 1 | $7 \times 10^{7} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Human adenovirus 3 | $2.4 \times 10^{6} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Human adenovirus 5 | $4.0 \times 10^{7} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Human adenovirus 7 | $2.0 \times 10^{8} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Respiratorysyncytial virusA | $8.0 \times 10^{5} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Respiratorysyncytial virus B | $2.4 \times 10^{6} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Parainfluenza 1 | $2.8 \times 10^{5} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Parainfluenza 2 | $2 \times 10^{7} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |
|  | Parainfluenza 3 | $8 \times 10^{5} \mathrm{PFU} / \mathrm{mL}$ | 3/3 | 3/3 |



## In-silico:

To estimate the likelihood of cross-reactivity with SARS-CoV-2 virus in the presence of organisms that were not available for wet testing, in silico analysis was used to assess the degree of protein sequence homology.

- Human coronavirus HKU1: $25 \%$ homology was found between SARS-CoV-2 Receptor Binding Domain spike proteins and HKU1 spike protein, and $44 \%$ homology was found between SARS-CoV2 Nucleocapsid protein and HKU1 Nucleocapsid protein. Therefore, cross-reactivity cannot be ruled out.
- Pneumocystis jirovecii: No significant similarity was found between SARS-CoV-2 RBD spike protein / nucleocapsid protein and P. jirovecii. But minor similarity was found between some partial proteins of P. jirovecii RU 7and SARS-CoV-2 RBD spike protein / nucleocapsid protein. Therefore, cross-reactivity cannot be ruled out.
- Mycobacterium tuberculosis: No significant similarity was found between M. tuberculosis and SARS-CoV-2 RBD spike protein / nucleocapsid protein despite of increasing expect threshold.
- SARS-CoV: 72\% homology was found between SARS-CoV-2 Receptor Binding Domain spike proteins and SARS-CoV spike protein, and 96\% homology was found between SARS-CoV-2 Nucleocapsid
protein and SARS-CoV Nucleocapsid protein. Therefore, cross-reactivity is highly likely.
- The Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test does not differentiate between SARS-CoV and SARS-CoV-2.


## 3) Endogenous interference substances study

Test to evaluate interference of the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test was performed.
Extraction buffer was used as negative sample. Positive standard materials were spiked into negative sample and were diluted to make low concentration level ( $6.3 \times 10^{1} \mathrm{TCID}_{50} / \mathrm{mL}$, approx. $2 x L o \mathrm{D}$ ) for testing.

Potential interfering substances were added to the negative and positive samples and were tested using the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test in 3 replicates. The test results demonstrated that 48 interfering substances did not affect the performance of Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test.

| No. | Interfering substances | Testing conc. | Negative | Negative + Interfering substances | Low positive | Low pos. + Interfering substances |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Wholeblood | 4\% | 3/3* | 3/3* | 3/3** | 3/3** |
| 2 | Mucin | 0.5\% | 3/3* | 3/3* | 3/3** | 3/3** |
| 3 | Chloraseptic | $1.5 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 4 | NeilMed NasoGel | $5 \% \mathrm{v} / \mathrm{v}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 5 | CVS Nasal drops | 15\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 6 | Afrin (Oxymetazoline) | 15\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 7 | Sodium cromoglycate (CVS nasal spray, Cromolyn) | 15\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 8 | Zicam | 15\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 9 | Homeopathic (Alkalol) | 1:10 dilution | 3/3* | 3/3* | 3/3** | 3/3** |
| 10 | Sore throat Phenol Spray | 15\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 11 | Tobramycin | $5 \mu \mathrm{~g} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 12 | Mupirocin | $10 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 13 | Fluticasone Propionate | 5\% v/v | 3/3* | 3/3* | 3/3** | 3/3** |
| 14 | Tamiflu (Oseltamivir Phosphate) | $5 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 15 | Albumin, human | $3000 \mathrm{mg} / \mathrm{dL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 16 | Bilirubin | $500 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 17 | Hemoglobin | $500 \mathrm{mg} / \mathrm{dL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 18 | Cholesterol | $20 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 19 | Triglyceride | $1000 \mathrm{mg} / \mathrm{dL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 20 | Biotin | $0.75 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 21 | Sodium citrate | $25 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 22 | Heparin | $100 \mathrm{U} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 23 | EDTA | $5 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 24 | K3-EDTA | $20 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 25 | Diphenhydramine | $5 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |


| No. | Interfering substances | Testing conc. | Negative | Negative + Interfering substances | Low positive | Low pos. + Interfering substances |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | hydrochloride |  |  |  |  |  |
| 26 | Acetaminophen | $199 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 27 | Acetylsalicylic acid | $3.62 \mathrm{mmol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 28 | Ibuprofen | $2.425 \mathrm{mmol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 29 | Olopatadine hydrochloride | $5 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 30 | Hanmi Ko-and-Cool Nasal Spray <br> (Chlorpheniramine Maleate 250 mg/ 100 mL , Xylometazoline Hydrochloride $0.1 \mathrm{~g} / 100$ mL ) | 10\%(v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 31 | Samchundang Narista-S Nasal Spray <br> (Chlorpheniramine Maleate $2.5 \mathrm{mg} / \mathrm{mL}$, Dipotassium Glycyrrhizinate 3 $\mathrm{mg} / \mathrm{mL}$, Naphazoline Hydrochloride 0.5 $\mathrm{mg} / \mathrm{mL}$ ) | 10\%(v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 32 | Sodium chloride | $20 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 33 | Zanamivir | $5 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 34 | Oseltamivir | $10 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 35 | Artemetherlumefantrine | $50 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 36 | Doxycycline hyclate | $70 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 37 | Quinine | $150 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 38 | Lamivudine | $1 \mathrm{mg} / \mathrm{mL}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 39 | Erythromycin | $81.6 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 40 | Ciprofloxacin | $30.2 \mu \mathrm{~mol} / \mathrm{L}$ | 3/3* | 3/3* | 3/3** | 3/3** |
| 41 | Rheumatoid factor positive plasma | 10\%(v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 42 | Neutrogena lotion (glycerin) | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 43 | Hand sanitizer (ethyl alcohol) | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 44 | Hand soap (benzalkonium chloride) | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 45 | Laundry detergent (C1215 pareth-7 and sodium laureth-12 sulfate) | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 46 | Bleach (sodium hypochlorite) | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |
| 47 | Surface sanitizer (citric | 1\% (v/v) | 3/3* | 3/3* | 3/3** | 3/3** |


| No. | Interfering substances | Testing conc. | Negative | Negative + <br> Interfering <br> substances | Low <br> positive | Low pos. + <br> Interfering <br> substances |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | acid) |  |  |  |  |  |
| 48 | Dish-washing liquid <br> (sodium laurylsulfate) | $1 \%(\mathrm{v} / \mathrm{v})$ | $3 / 3^{*}$ | $3 / 3^{*}$ | $3 / 3^{* *}$ | $3 / 3^{* *}$ |

*: Negative / **: Positive

## 4) High-dose Hook effect

Pooled nasopharyngeal specimens were used as clinical matrix, and SARS-CoV-2 virus inactivated by beta-Propiolactone (BPL) was spiked to make various high concentration levels of SARS-CoV-2 antigens. Prepared samples of each concentration levels were tested using Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test in 3 replicates following instructions.

No high-dose hook effect was observed up to $6.3 \times 10^{5} \mathrm{TCID}_{50} / \mathrm{mL}$, approx. 20,000xLoD.

| SARS-CoV-2 inactivated virus <br> $\left(6.3 \times 10^{5} \mathrm{TCID}_{50} / \mathrm{mL}\right)$ |  |  |
| :---: | :---: | :---: |
| TCID $_{50} / \mathrm{mL}$ <br> (concentration) | Test results <br> (No. of positives/ No. of replicates) |  |
| $3.2 \times 10^{1}[1 \times$ LoD $]$ | Lot 1 | Lot 2 |
| $1.3 \times 10^{2}[4 \times$ LoD $]$ | $3 / 3$ | $3 / 3$ |
| $1.5 \times 10^{4}[500 \times$ LoD $]$ | $3 / 3$ | $3 / 3$ |
| $6.3 \times 10^{5}[20,000 \times$ LoD $]$ | $3 / 3$ | $3 / 3$ |

## 5) Flex study

The robust use of Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test was demonstrated by ten (10) Flex studies: temperature and humidity, delay in sample testing, delay in result reading, extraction buffer volume variability, swab mixing expression variability, disturbance during testing, testing on non-level surface, impact of light sources, test device held at $90^{\circ}$ angle and disturbance during analysis - receiving a phone call while the mobile app is running.

## 6) Clinical performance

The clinical evaluation of the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test was evaluated by testing a total of 492 prospectively collected direct mid-turbinate nasal swab samples, consisted of 45 positive and 447 negative samples from suspected COVID-19 patients in United States, aged 14 years and older at four clinical sites. Mid-turbinate nasal swabs were collected and tested by each study participant, eluted in the extraction buffer and tested with the device immediately, using only the QRI and App. Results of each samples were confirmed by FDA EUA RT-PCR.

According to the test results, clinical performance results of the Celltrion DiaTrust ${ }^{\text {TM }}$ COVID-19 Ag Home Test was as follows:

Table 1. Demographic and Clinical Characteristics

| Characteristic |  | Total number | TotalPositive by <br> RT-PCR | \% Positive |
| :--- | :--- | :---: | :---: | :---: |
| Age Range | $14-24$ | 88 | 12 | $12 / 88(13.6 \%)$ |
|  | $25-64$ | 381 | 31 | $31 / 381(8.1 \%)$ |


|  | $\geq 65$ | 23 | 2 | $2 / 23(8.7 \%)$ |
| :--- | :--- | :---: | :---: | :---: |
| Sex |  |  |  |  |
| Female | 266 | 18 | $18 / 266(6.8 \%)$ |  |
| Male $\quad$ Total | 226 | 27 | $27 / 226(11.9 \%)$ |  |

Table 2. Observations of All subjects

| All Data | Reference PCR Results |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Positive | Negative | Total |  |
| DiaTrust <br> Ag <br> Ag Home Test | Positive | 39 | 1 | 40 |
|  | Negative | 6 | 446 | 452 |
|  | Total | 45 | 447 | 492 |

PPA:86.7\% (95\% CI: 73.8\%-93.7\%)


Table 3. Observations of Symptomatic subjects

|  |  | Reference PCR Results |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  |  | Positive | Negative |
| DiaTrust <br> TM <br> Ag Home Test | Positive | 31 | 1 | 32 |
|  | Negative | 5 | 174 | 179 |
|  | Total | 36 | 175 | 211 |

PPA: 86.1\% (95\% CI: 71.3\% - 93.9\%)
NPA: 99.4\% (95\% CI: 96.8\%-99.9\%)
Table 4. Observations of Asymptomatic subjects

| Asymptomatic Data | Reference PCR Results |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Positive | Negative | Total |  |
| DiaTrust <br> TM <br> Ag Home Test | Positive | 8 | 0 | 8 |
|  | Negative | 1 | 272 | 273 |
|  | Total | 9 | 272 | 281 |

PPA: 88.9 \% (95\% CI: 56.8\%-98.0\%)
NPA: 100.0\% (95\% CI: 98.6\%-100.0\%)

Table 5. PPA and NPA by days since onset of symptoms

| Days since symptom onset | PPA (95\% CI) | NPA (95\% CI) |
| :---: | :---: | :---: |
| Asymptomatic | $\begin{gathered} 88.9 \%(8 / 9) \\ \text { (95\% CI: 56.5\%-98.0\%) } \end{gathered}$ | $\begin{gathered} 100 \%(272 / 272) \\ (95 \% \mathrm{CI}: 98.6 \%-100.0 \%) \end{gathered}$ |
| 1 | $\begin{gathered} 75.0 \%(3 / 4) \\ \text { (95\% CI: 30.1\%-95.4\%) } \end{gathered}$ | $\begin{gathered} 95.8 \%(23 / 24) \\ \text { (95\% CI: 79.8\%-99.3\%) } \end{gathered}$ |
| 2 | $\begin{gathered} 100.0 \%(8 / 8) \\ (95 \% \mathrm{Cl}: 67.6 \%-100.0 \%) \end{gathered}$ | $\begin{gathered} 100.0 \%(40 / 40) \\ (95 \% \mathrm{Cl}: 91.2 \%-100.0 \%) \end{gathered}$ |
| 3 | $\begin{gathered} 100.0 \%(9 / 9) \\ \text { (95\% CI: } 70.1 \%-100.0 \%) \end{gathered}$ | $\begin{gathered} 100.0 \%(38 / 38) \\ (95 \% \mathrm{Cl}: 90.8 \%-100.0 \%) \end{gathered}$ |
| 4 | $\begin{gathered} 85.7 \%(6 / 7) \\ \text { (95\% CI: 48.7\%-97.4\%) } \end{gathered}$ | $\begin{gathered} 100.0 \%(30 / 30) \\ (95 \% \mathrm{Cl}: 88.6 \%-100.0 \%) \end{gathered}$ |
| 5 | $\begin{gathered} 66.7 \%(2 / 3) \\ \text { (95\% CI: 20.8\%-93.9\%) } \end{gathered}$ | $\begin{gathered} 100.0 \%(24 / 24) \\ (95 \% \mathrm{Cl}: 86.2 \%-100.0 \%) \end{gathered}$ |
| 6 | $\begin{gathered} 100.0 \%(2 / 2) \\ \text { (95\% CI: 34.2\%-100.0\%) } \end{gathered}$ | $\begin{gathered} 100.0 \%(12 / 12) \\ \text { (95\% CI: 75.8\%-100.0\%) } \end{gathered}$ |
| 7 | $\begin{gathered} 33.3 \%(1 / 3) \\ (95 \% \mathrm{CI}: 6.1 \%-79.2 \%) \end{gathered}$ | $\begin{gathered} 100.0 \%(7 / 7) \\ \text { (95\% CI: 64.6\%-100.0\%) } \end{gathered}$ |

## [ASSISTANCE]

If you have any questions regarding the use of this product or if you want to report a test system problem, please contact Humasis Co., Ltd. (via email: info@humasis.com, via phone: +82-31-80856284) or Celltrion USA, Inc. (via email: celltrionusa.CS@celltrion.com, or via phone: (201) 499-1844). Test system problems may also be reported to the FDA through the MedWatch medical products reporting program (phone: 800.FDA.1088; fax: 800.FDA.0178; http://www.fda.gov/medwatch).

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https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situationreports/ (Accessed at 2 Feb, 2020).

## [MANUFACTURER AND DISTRIBUTOR INFORMATION]

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[^0]:    * If you have dropped the test device after sample application, please discard the test device and restart the test using a new test device.

