

# CTK Biotech C-19 Rapid Antigen Test



## The CTK Biotech Covid-19 Antigen Test

- The CTK Covid-19 Antigen Test (Swab) is an in vitro immunochromatographic assay for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal (NP) swab specimens
- It is intended to aid in the rapid diagnosis of SARS-CoV-2 infections.

### Benefits

- Rapid testing for SARS-CoV-2 antigen within 15 minutes
- Facilitates patient treatment decisions quickly
- Simple, time-saving procedure
- All necessary reagents provided & no equipment needed
- High sensitivity and specificity

### Contents

- 20 Test cassettes
- 20 Sterile swabs
- 20 Extraction tubes and dropper tip
- 1 Workstation
- 2 Buffers
- 1 Package insert



### Performance Characteristics

- The CTK Covid-19 Antigen Test (Swab) has been evaluated with specimens obtained from patients.
- A commercialized molecular assay was used as the reference method.
- The results show that the CTKCovid-19 Antigen Test (Swab) has a high overall relative accuracy.

Method		PCR		Total Results
Coronavirus Ag Rapid Test Cassette	Results	Positive	Negative	
	Positive	23	2	25
	Negative	0	269	269
Total Results		23	271	294

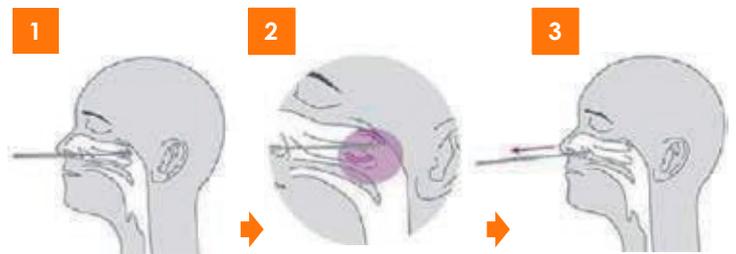
**Relative Sensitivity: 92%**  
**Relative Specificity: 100%**  
**Accuracy: 96%**

## Test Procedure

The CTK Covid-19 Antigen Test (Swab) is an in vitro immunochromatographic assay for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal (NP) swab specimens directly or after the swabs have been added to viral transport media from individuals who are suspected of COVID-19 by their healthcare provider. It is intended to aid in the rapid diagnosis of SARS-CoV-2 infections. The CTK Covid-19 Antigen Test (Swab) does not differentiate between SARS-CoV and SARS-CoV-2.

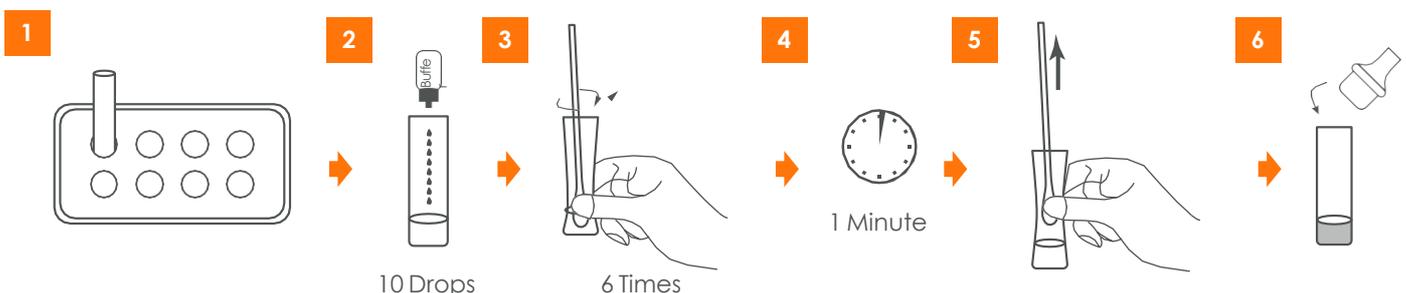
### Specimen Collection

1. Use the nasopharyngeal swab supplied in the kit
2. Carefully insert the swab into the nostril of the patient, reaching the surface of posterior nasopharynx that presents the most secretion under visual inspection.
3. Swab over the surface of the posterior nasopharynx.
4. Rotate the swab several times. Withdraw the swab from the nasal cavity.



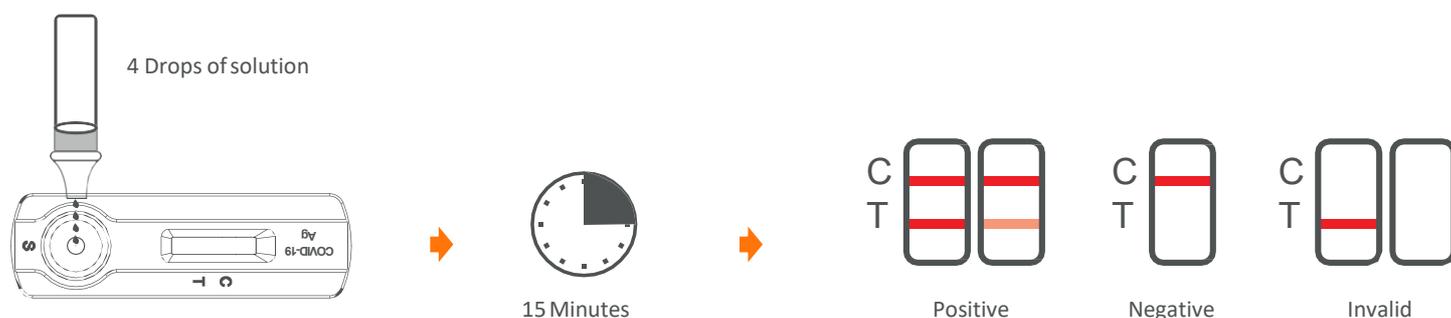
### Sample preparation

1. Insert the test extraction tube into the workstation
2. Make sure that the tube is standing firm and reaches the bottom of the workstation
3. Add 0.3 mL (about 10 drops) of the sample extraction buffer into the extraction tube.
4. Insert the swab into the extraction tube which contains 0.3 mL of the extraction buffer. Roll the swab at least 6 times while pressing the head against the bottom and side of the extraction tube. Leave the swab in the extraction tube for 1 minute.
5. Squeeze the tube several times with fingers from outside of the to immerse the swab
6. Fit the dropper tip with filter on top the extraction tube tightly
7. Remove the swab. The extracted solution will be used as test sample.



## Interpretation of Results

Allow the test device, test sample and buffer to equilibrate to room temperature prior to testing



1. Remove test device from the sealed pouch just prior to the testing and lay flat on work bench.
2. Ensure the nozzle with filter is fitted on to the sample extraction tube tightly.
3. Reverse the sample extraction tube, and add 4 drops (about 100  $\mu$ L) of test sample by squeezing the extracted solution tube into the sample window.
4. Wait for the colored band(s) to appear. The result should be read in 15 minutes.
5. Do not interpret the result after 20 minutes.

### POSITIVE

The presence of two lines as control line (C) and test line (T) within the result window indicates a positive result.

### NEGATIVE

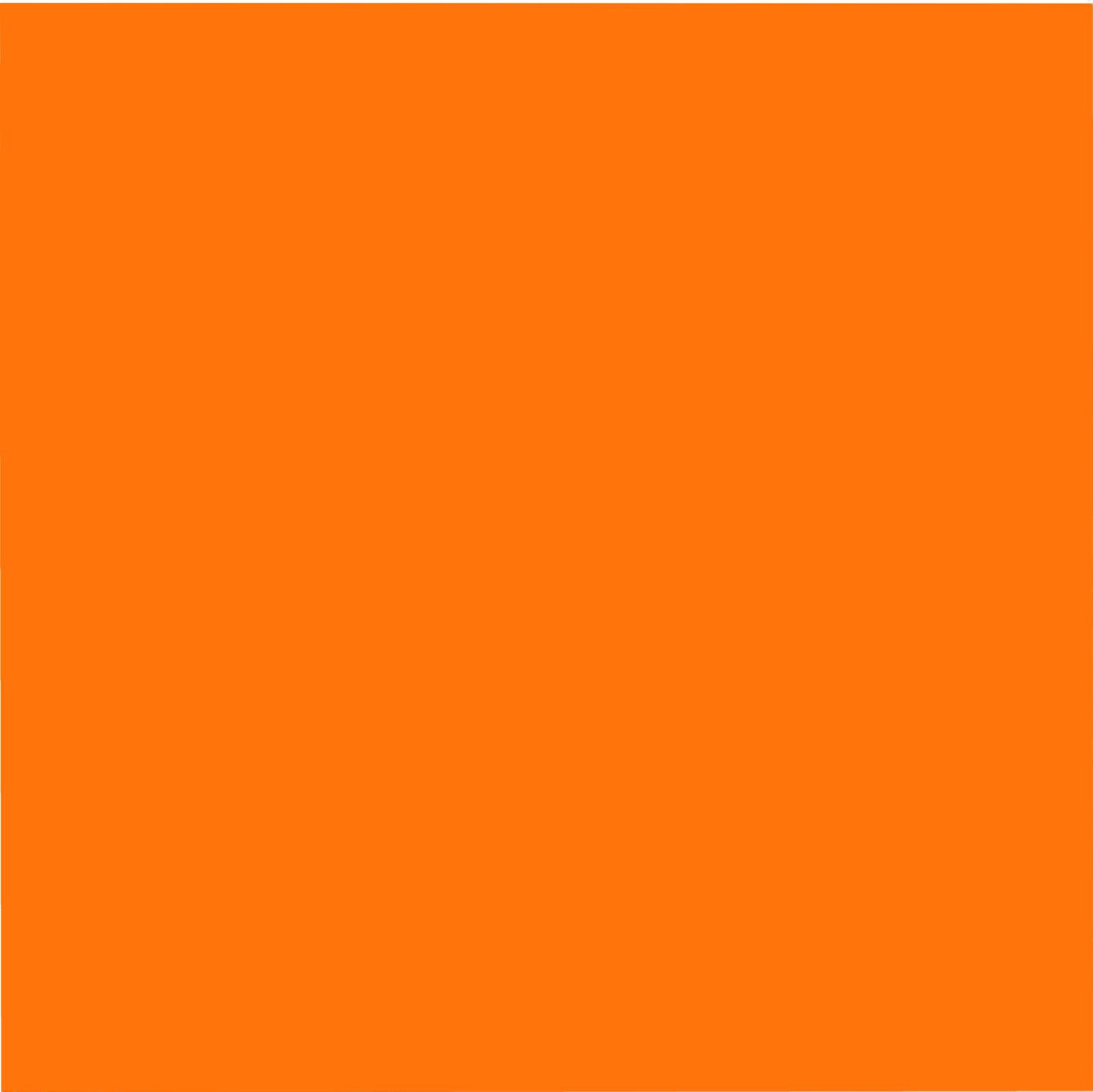
The presence of only control line (C) within the result window indicates a negative result.

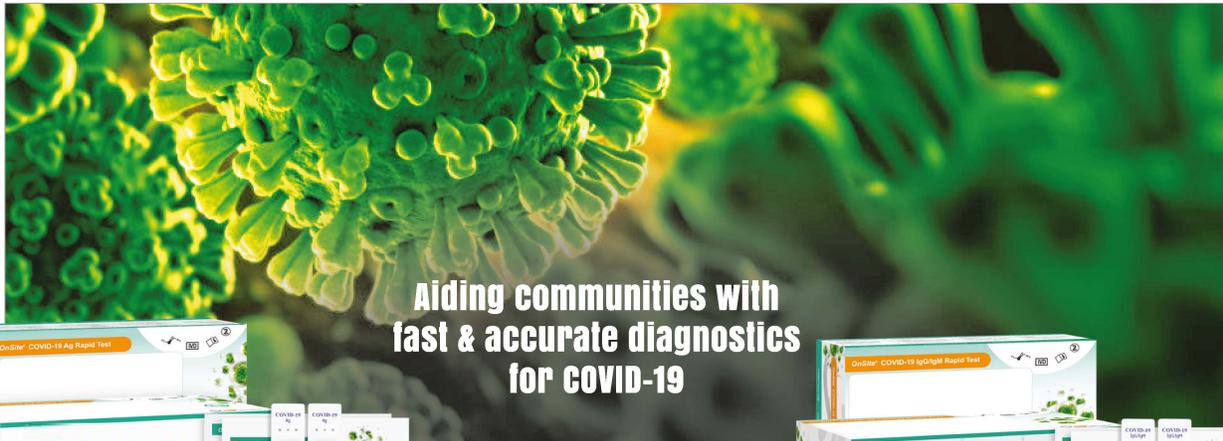
### INVALID

If the control line (C) is not visible within the result window after performing the test, the result is considered invalid. Some causes of invalid results are because of not following the directions correctly or the test may have deteriorated beyond the expiration date. It is recommended that the specimen be re-tested using a new test.

### Note:

*The intensity of color in the test line region (T) may vary depending on the concentration of analytes present in the specimen. Therefore, any shade of color in the test line region (T) should be considered positive. Please note that this is a qualitative test only and cannot determine the concentration of analytes in the specimen. Insufficient specimen volume, incorrect operating procedure or expired tests are the most likely reasons for control band failure.*





Aiding communities with fast & accurate diagnostics for COVID-19



#### COVID-19 Ag Rapid Test R0182C | Swab

- Early diagnosis by detecting viral components
- Results in 15-20 minutes
- High Sensitivity, High Specificity

#### COVID-19 IgG/IgM Rapid Test R0180C | Serum, Plasma, Finger prick

- Detects immune response and provides indication of likely immunity
- Results in 10-15 minutes
- 97.1% Sensitivity, 97.8% Specificity
- Finger prick specimen allows testing at point-of-care, saving crucial time

● Convenient for point of care & resource-limited settings

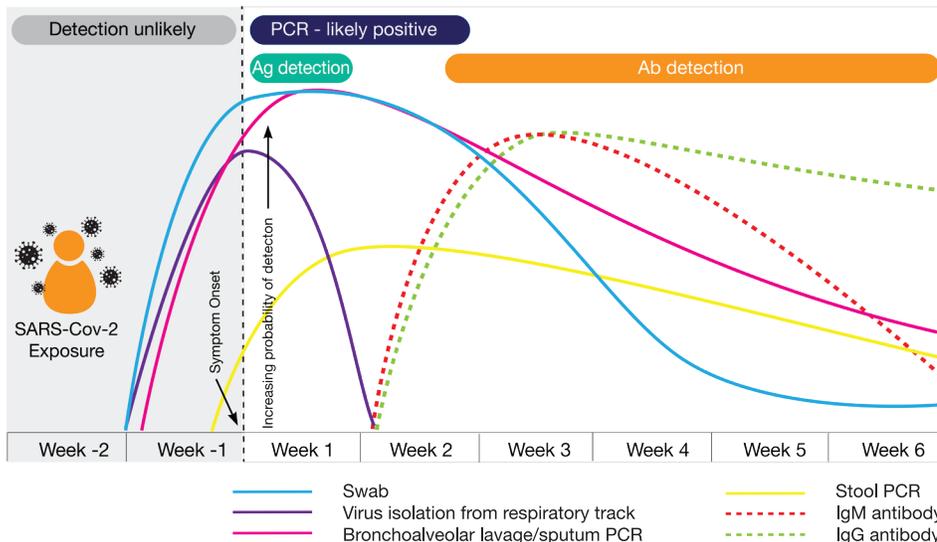
● Both tests are compatible with CTK Rapid Test Reader (RTR-1)

- 200 tests per hour in batch mode
- Capable of connecting to Laboratory Information System (LIS)
- Built-in barcode reader provides faster test set up
- Store up to 1,000 results, presented on screen, via printout, or uploaded to database





**IDEAL TESTING WINDOWS**



**Ag Rapid Test**

- Fast results, suited for POC testing
- Early diagnosis by detecting viral components
- High specificity ensures quick isolation of positive individuals
- Doesn't provide information on immune response and likely immunity

**RT-PCR**

- High sensitivity and high specificity
- Confirms the presence of infection
- Doesn't provide information on immune response and likely immunity

**IgG/IgM Rapid Test**

- Suited for POC testing
- Detects immune response and provides indication of likely immunity
- Provides information on previous infection
- Aids in verifying if people can be released from quarantine and/or return to work

**COVID-19 REAL-TIME PCR**

Cat # P0180

- For use with nasal swab specimens, sputum specimens, etc.
- Detects ORF1ab, nucleocapsid protein gene
- Multiple test packaging: 25, 50 & 100 tests/kit options available
- LOD: 500 copies /mL in swab specimens
- Sensitivity 95.1%, Specificity 95.9%
- Designed to work with open PCR systems, a practical solution to a variety of laboratories



**CTK IN ACTION**

Other Respiratory Test Kits

- *Aridia* Influenza A/B/RSV Real-Time PCR
- *Aridia* Influenza A Typing Real-Time PCR
- *Aridia* Rhinovirus/Enterovirus Real-Time PCR
- *OnSite* Influenza A/B Ag Rapid Test (with External Controls, optional)
- *OnSite* Strep A Rapid Test
- *OnSite* RSV Ag Rapid Test
- *OnSite* Adenovirus Ag Rapid Test



Scan to find out more about CTK's Rapid Test Reader or visit [CTKBIOTECH.COM](http://CTKBIOTECH.COM)

CTK-MK-FLR-COVID Rev 3.0

**QUALITY  
INNOVATION  
SIMPLICITY**



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OnSite® COVID-19 Ag Rapid Test

REF R0182C CE

Instructions for Use



10108900  
Barcode for RTR Use Only

INTENDED USE

The OnSite COVID-19 Ag Rapid Test is a lateral flow immunoassay for the qualitative detection of SARS-CoV-2 nucleocapsid antigens in nasopharyngeal (NP) swab specimens from individuals suspected of COVID-19, within the first seven days of the onset of symptoms. The test is intended for use by healthcare providers as an aid in identifying SARS-CoV-2 infection.

The OnSite COVID-19 Ag Rapid Test does not differentiate between SARS-CoV and SARS-CoV-2.

Positive results indicate the presence of viral antigens, but clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out other bacterial or viral infections.

Negative results from patients with symptom onset beyond seven days should be confirmed with a molecular assay. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions. Negative results should be considered in the context of a patient's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19.

The product is intended to be used in any laboratory and non-laboratory environment that meets the requirements specified in the Instructions for Use and local regulations. For *in vitro* diagnostic use only.

SUMMARY AND EXPLANATION OF THE TEST

SARS-CoV-2 belongs to the broad family of coronaviruses which are capable of causing illnesses ranging from the common cold to more severe diseases<sup>1</sup>. SARS-CoV-2 infections cause COVID-19 disease resulting in a wide range of clinical symptoms, ranging from asymptomatic to fever, tiredness and dry cough, and possibly leading to severe sickness and even death. Most patients recover without special treatment. According to recent data, approximately 15-20% of infected individuals become seriously ill and develop difficulty breathing<sup>2</sup>. The elderly and those with underlying medical problems, such as high blood pressure, heart problems or diabetes are more likely to develop serious illness<sup>2</sup>.

Human-to-human transmission of the virus has been confirmed and occurs primarily via respiratory droplets from coughs and sneezes within a range of about six feet (1.8 m)<sup>3</sup>. Viral RNA has also been found in stool samples from patients. It is possible that the virus can be infectious even during the incubation period, but this has not yet been proven<sup>4</sup>.

The current laboratory method for detecting COVID-19 is PCR. However, this method requires sophisticated equipment and highly trained laboratory technicians. The OnSite COVID-19 Ag Rapid Test is an easy-to-use and cost-efficient assay that can be performed at point-of-care settings.

The OnSite COVID-19 Ag Rapid Test detects the presence of antigens from the SARS-CoV-2 virus within the first seven days of the onset of symptoms. Test results should be interpreted at 15 minutes. Results should not be interpreted after 20 minutes. Minimally skilled personnel can perform the test, without the use of cumbersome laboratory equipment.

TEST PRINCIPLE

The OnSite COVID-19 Ag Rapid Test is a lateral flow chromatographic immunoassay. The test cassette consists of: 1) a colored conjugate pad containing anti-SARS-CoV-2 antibodies conjugated with colloidal gold (antibody conjugates) and 2) a nitrocellulose membrane strip containing a test line (Ag line) and a control line (C line). The test line is pre-coated with anti-SARS-CoV-2 antibodies and the C line is pre-coated with control antibodies.

The specimen is collected with a nasopharyngeal swab and the SARS-CoV-2 antigen is extracted from the swab with extraction buffer. Alternatively, samples stored in viral transport medium (VTM) can be directly tested. When applied to the sample well, the extracted specimen migrates across the test strip by capillary action. SARS-CoV-2 antigen, if present in the extract, binds to the antibody conjugates and the immunocomplex is then captured on the membrane by the pre-coated anti-SARS-CoV-2 antibody, forming a colored Ag line that indicates a COVID-19 positive test result.

The test contains an internal control (C line), which should exhibit a colored line regardless of color development on the Ag line. If the C line does not develop, the test result is invalid and the specimen must be retested with a new device.

REAGENTS AND MATERIALS PROVIDED

1. Individually sealed foil pouches containing:
  - a. One cassette device
  - b. One desiccant
2. Sample extraction tubes
3. Sample extraction tube rack
4. Sample extraction buffer (2 bottles, 5 mL each)
5. Nozzles
6. Individually sealed pouches containing a sterile swab
7. Instructions for Use

MATERIALS MAY BE REQUIRED BUT NOT PROVIDED

1. Positive control
2. Negative control

MATERIALS REQUIRED BUT NOT PROVIDED

1. Clock, watch or other timing device
2. Disposable gloves, biohazard disposal container

WARNINGS AND PRECAUTIONS

For In Vitro Diagnostic Use

1. Read these Instructions for Use completely before performing the test. Failure to follow these instructions could lead to inaccurate test results.
2. Do not open the sealed pouch unless ready to conduct the assay.
3. Do not use expired devices.
4. Bring all reagents to room temperature (15-30°C) before use.
5. Do not use the components in any other type of test kit as a substitute for the components in this kit.
6. Wear protective clothing and disposable gloves while handling the kit reagents and clinical specimens. Wash hands thoroughly after testing.
7. Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
8. Dispose of all specimens and materials used to perform the test as bio-hazardous waste.
9. Handle the negative and positive controls in the same manner as the patient specimens.
10. Read test results at 15 minutes after specimen is applied to the sample well. Any results read after 20 minutes should be considered invalid and must be repeated.
11. Do not perform the test in a room with strong air flow, i.e. an electric fan or strong air-conditioning.

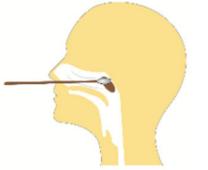
REAGENT PREPARATION AND STORAGE INSTRUCTIONS

All reagents are ready to use as supplied. Store unused devices unopened at 2-30°C. If stored at 2-8°C, ensure that the device is brought to room temperature before opening. The cassette device is stable until the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit to temperatures above 30°C.

SPECIMEN COLLECTION AND HANDLING

Consider any materials of human origin as potentially infectious, and handle them with standard biosafety procedures.

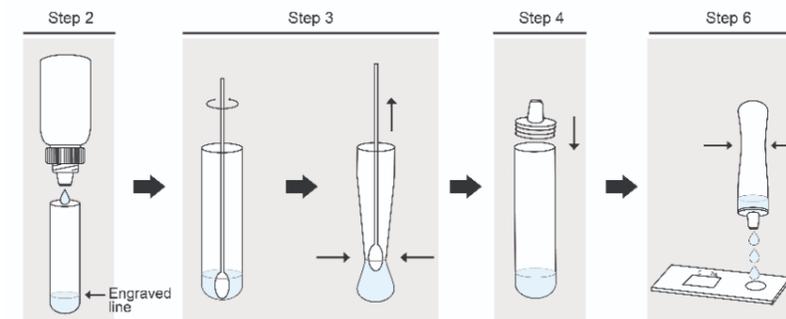
1. **Collection of nasopharyngeal (NP) swab specimens**  
Remove mucus from patient's nose. Carefully insert the swab into the nostril that presents the most secretion under visual inspection. Keep the swab near the septum floor of the nose while gently pushing the swab into the posterior nasopharynx. Rotate the swab several times then remove it from the nasopharynx.
2. **Specimen transport and storage:**  
Test specimens as soon as possible after collection, following the assay procedure below. If not tested immediately, specimens extracted from the swab can be stored at 2-8°C for up to 8 hours before testing. Specimens in VTM can be stored frozen until use.



ASSAY PROCEDURE

Assay procedure for testing NP swab specimens:

- Step 1: Bring the specimen and test components to room temperature (15-30°C) if needed.
- Step 2: Add sample extraction buffer into the extraction tube until the meniscus reaches the horizontal line engraved on the tube (~0.3 mL, 9-10 drops). Keep the tube upright using the provided sample extraction tube rack.
- Step 3: Insert the swab into the extraction buffer in the tube. Swirl the swab at least 5 times. Squeeze the tube against the submerged swab several times to facilitate extraction of the specimen. Remove and discard the swab in a safe manner.
- Step 4: Attach the nozzle onto the sample extraction tube containing extracted specimen. The extracted specimen in the tube is now ready for testing.
- Step 5: Remove the cassette device from the sealed pouch just prior to testing. Lay the device on a clean, flat surface. Label the device with the specimen's ID number.
- Step 6: Invert the tube and add 3 drops (~80-90 µL) of the extracted specimen into the sample well of the cassette device by gently squeezing the tube.



- Step 7: Set up the timing device.
- Step 8: Read results at 15 minutes. Positive results can be visible in as soon as 3 minutes. Results read after 20 minutes should be considered invalid and must be repeated with a new device. Discard used devices as biohazardous waste following local laws governing the disposal of devices.

Alternative procedure for specimens stored in VTM:

Add 90 µL of the VTM specimen directly into the sample well of the cassette device and proceed to step 7 above.

Note: This method is only recommended for samples stored in VTM not containing pH indicator dye, as the dye color might interfere with the assay.

QUALITY CONTROL

1. **Internal Control:** This test contains a built-in control feature, the C line. If the C line does not develop after sample application, the result is invalid. Review the entire procedure and repeat the test with a new device.
2. **External Control:** Good Laboratory Practice recommends using external controls, positive and negative, to ensure the proper performance of the assay, particularly under the following circumstances:
  - a. A new operator uses the kit, prior to performing the testing of specimens.
  - b. A new lot of test kits is used.
  - c. A new shipment of test kits is used.
  - d. The temperature during storage of the kits falls outside of 2-30°C.
  - e. The temperature of the test area falls outside of 15-30°C.
  - f. To verify a higher than expected frequency of positive or negative results.
  - g. To investigate the cause of repeated invalid results.

INTERPRETATION OF ASSAY RESULT

1. **NEGATIVE RESULT:** If only the C line develops, the test indicates no detectable SARS-CoV-2 virus (antigen) is present in the specimen. The result is negative or non-reactive.



2. **POSITIVE RESULT:** If both the C line and Ag line develop, SARS-CoV or SARS-CoV-2 virus (antigen) is present in the specimen. The result is positive or reactive. Some specimens might produce a faint band, but every visible test line band indicates a positive result independently of the band intensity.



3. **INVALID:** If no C line develops, the assay is invalid regardless of color development on the Ag line. Repeat the assay with a new device.



**PERFORMANCE CHARACTERISTICS**

**1. Clinical Performance**

Clinical performance of the OnSite COVID-19 Ag Rapid Test was evaluated at three clinical sites (Colombia, China, and India) in nasopharyngeal (NP) swabs specimens collected from subjects suspected of COVID-19 and from healthy individuals. Two NP swabs were collected from each subject, one for testing by the OnSite COVID-19 Ag Rapid Test and the other one for testing by commercially available real-time Polymerase Chain Reaction (RT-PCR) assay for the detection of SARS-CoV-2, used as the reference method for this study. The performance of the OnSite COVID-19 Ag Rapid Test in this study is shown on the table below:

RT-PCR Test (Reference)	OnSite COVID-19 Ag Rapid Test Result		
	Positive	Negative	Total
Positive	60	5	65
Negative	0	370	370
Total	60	375	435

Relative Sensitivity: 92.3% (95% CI: 83.0-97.5%); Relative Specificity: 100% (95% CI: 99.0-100%); Overall Agreement: 98.9% (95% CI: 97.3-99.6%)

**2. Analytical Performance**

**2.1 Analytical Sensitivity (Limit of Detection, LoD)**

The LoD of the OnSite COVID-19 Ag Rapid Test was determined by evaluating a serial dilution of Gamma-Irradiated SARS-CoV-2 virus lysate (BEI Resources, NR-52287). Negative nasopharyngeal swab specimens were eluted in PBS and were combined and mixed thoroughly to create a clinical negative matrix pool to be used as the diluent. Inactivated SARS-CoV-2 virus lysate was diluted in this matrix to generate virus dilutions for testing. Each swab was spiked with 50 µL of each virus dilution, extracted with extraction buffer and tested according to the product IFU. The assay LoD was determined as the lowest concentration that was detected ≥ 95% of the time.

The LoD of the OnSite COVID-19 Ag Rapid Test in natural nasopharyngeal swab matrix was determined to be 280 TCID<sub>50</sub>/mL.

**2.2 Analytical Specificity (Cross-Reactivity and Microbial Interference)**

The analytical specificity of the OnSite COVID-19 Ag Rapid Test was evaluated by testing commensal and pathogenic microorganisms that may be present in the nasal cavity. Each of the organisms was tested in triplicate in the absence or presence of 3X LoD inactivated SARS-CoV-2 virus lysate. No cross-reactivity (except SARS-coronavirus) or interference were seen with the following microorganisms when tested at the concentration presented in the table below:

Potential Cross-Reactant	Concentration	Cross-Reactivity (Yes/No)	Interference (Yes/No)
SARS-coronavirus NP antigen	25 µg/mL	Yes (3/3 positive)	No (3/3 negative)
MERS-coronavirus NP antigen	25 µg/mL	No (3/3 negative)	No (3/3 negative)
Human coronavirus HKU1 NP antigen	66 µg/mL	No (3/3 negative)	No (3/3 negative)
Human coronavirus 229E	1.77×10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Human coronavirus OC43	0.53×10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Human coronavirus NL63	0.51×10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Adenovirus	7×10 <sup>8</sup> NIU/mL	No (3/3 negative)	No (3/3 negative)
Human Metapneumovirus (hMPV)	0.76×10 <sup>4</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Parainfluenza virus 1	5.01×10 <sup>4</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Parainfluenza virus 2	1.6 x 10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Parainfluenza virus 3	1.6 x 10 <sup>6</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Parainfluenza virus 4	1.15×10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Influenza A NP antigen	180 µg/mL	No (3/3 negative)	No (3/3 negative)
Influenza B NP antigen	200 µg/mL	No (3/3 negative)	No (3/3 negative)
Enterovirus	2.8 x 10 <sup>5</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Respiratory syncytial virus	2.8 x 10 <sup>4</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Rhinovirus	2.2 x 10 <sup>5</sup> PFU/mL	No (3/3 negative)	No (3/3 negative)
Haemophilus influenzae	5.2 x 10 <sup>5</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Streptococcus pneumoniae	>2×10 <sup>3</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Streptococcus pyogenes	3.6 x 10 <sup>5</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Candida albicans	4.5×10 <sup>6</sup> TCID <sub>50</sub> /mL	No (3/3 negative)	No (3/3 negative)
Pooled human nasal wash – representative of normal respiratory microbial flora	100%	No (3/3 negative)	No (3/3 negative)
Bordetella pertussis	1.95 x 10 <sup>7</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Mycoplasma pneumoniae	4.4 x 10 <sup>5</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Chlamydia pneumoniae	1.4 x 10 <sup>7</sup> IFU/mL	No (3/3 negative)	No (3/3 negative)
Legionella pneumophila	7.8 x 10 <sup>5</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Mycobacterium tuberculosis	>2×10 <sup>3</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Pneumocystis jirovecii (PJP)	3.45×10 <sup>8</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Staphylococcus aureus	1.38×10 <sup>8</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)
Staphylococcus epidermidis	9.27×10 <sup>7</sup> CFU/mL	No (3/3 negative)	No (3/3 negative)

**3. Interfering Substances**

The following substances, naturally present in respiratory specimens or that may be artificially introduced into the nasal cavity or nasopharynx, were evaluated with the OnSite COVID-19 Ag Rapid Test at the concentrations listed in the following table and were found not to affect test performance:

Interfering Substance	Concentration	Interference (Yes/No)	Interfering Substance	Concentration	Interference (Yes/No)
Whole Blood	1%	No (5/5 negative)	Diphenhydramine	77.4 µg/dL	No (5/5 negative)
Menthol	0.8 g/mL	No (5/5 negative)	Dextromethorphan	1.56 µg/dL	No (5/5 negative)
Saline	15%	No (5/5 negative)	Mucin protein	2.5 mg/mL	No (5/5 negative)
Acetylsalicylic Acid	3 mg/dL	No (5/5 negative)	OTC Nasal Drops (Phenylephrine)	15%	No (5/5 negative)
Zanamivir	282 ng/mL	No (5/5 negative)	OTC Nasal Gel (Sodium Chloride)	5%	No (5/5 negative)
Budesonide	0.63 µg/dL	No (5/5 negative)	OTC Nasal Spray (Fluconazole)	5%	No (5/5 negative)
Ribavirin	1 mg/mL	No (5/5 negative)	Throat Lozenge (Benzocaine, Menthol)	0.15%	No (5/5 negative)
Oseltamivir	2.2 µg/mL	No (5/5 negative)	Antibiotic, Nasal Ointment (Mupirocin)	0.25%	No (5/5 negative)

**4. Hook Effect**

No high dose hook effect was observed when tested with up to a concentration of 2.8×10<sup>6</sup> TCID<sub>50</sub>/mL of inactivated SARS-CoV-2 virus lysate with the OnSite COVID-19 Ag Rapid Test.

**LIMITATIONS OF TEST**

- The Assay Procedure and the Interpretation of Assay Result must be followed closely when testing for the presence of COVID-19 antigen in the swab specimen from individual subjects. For optimal test performance, proper sample collection is critical. Failure to follow the procedure may lead to inaccurate results.
- It is intended for healthcare professionals use only. For *in vitro* diagnostic use only.
- The OnSite COVID-19 Ag Rapid Test is limited to the qualitative detection of SARS-CoV-2 antigen. The intensity of the test line does not have linear correlation with virus titer in the specimen.
- Sensitivity can differ with various strains of SARS-CoV-2 due to differences of antigen expression. Specimens might contain a new or non-identified strain of SARS-CoV-2 that expresses varying amounts of antigen.
- A negative or non-reactive result for an individual subject indicates absence of detectable of SARS-CoV-2 antigen. However, a negative or non-reactive result does not preclude the possibility of SARS-CoV-2 virus infection.
- A negative or non-reactive result can occur if the quantity of the SARS-CoV-2 virus (antigen) present in the specimen is below the detection limit of the assay, or if the virus detected was not present in the swab specimen sampled, or the viruses have undergone minor amino acid mutation in the epitope recognized by the antibody utilized in the test.
- The OnSite COVID-19 Ag Rapid Test detects both viable and non-viable SARS-CoV and SARS-CoV-2 antigens. Test performance depends on antigen loaded in the sample. A positive test does not rule out the possibility that other pathogens may be present.
- Performance of the test has not been established for monitoring antiviral treatment of SARS-CoV-2 infection.

**REFERENCES**

- Naming the coronavirus disease (COVID-19) and the virus that causes it. (n.d.). Retrieved from [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it).
- "Frequently Asked Questions - General Assembly of the United Nations." United Nations, [www.un.org/pga/75/coronavirus/faqs/](http://www.un.org/pga/75/coronavirus/faqs/).
- World Health Organization. (2020). Advice on the use of masks in the community, during home care, and in health care settings in the context of COVID-19: interim guidance, 19 March 2020 (No. WHO/2019-nCoV/IPC\_Masks/2020.2). World Health Organization.
- Healthcare Professionals: Frequently Asked Questions and Answers. (2020, March 22). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>.

**Index of Symbols**

	Consult instructions for use		For <i>in vitro</i> diagnostic use only		Use by
	Catalog #		Lot Number		Tests per kit
	Store between 2-30°C		Authorized Representative		Do not reuse
	Manufacturer		Date of manufacture		

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*For Export Only, Not For Re-sale in the USA.*