InstantRapid® powered by One Milo

InstantRapid® COVID-19 Antigen Test

For prescription use only.
For in vitro diagnostic use only.

For use by clinical laboratories or to healthcare workers for point-of-care testing and not for at home testing.

Instructions for Use

The InstantRapid® COVID-19 Antigen Test is a rapid visual immunoassay for the qualitative, presumptive detection of COVID-19 antigens form throat swabs and nasopharyngeal swab specimens. The test is intended for use as an aid in the rapid differential diagnosis of acute COVID-19 virus infection.

INTRODUCTION

Coronaviruses are enveloped RNA viruses that are distributed broadly among humans, other mammals, and birds and that cause respiratory, enteric, hepatic, and neurologic diseases.1,2 Six coronavirus species are known to cause human disease.3 Four viruses — 229E, OC43, NL63, and HKU1 — are prevalent and typically cause common cold symptoms in immunocompetent individuals.3 The two other strains — severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) — are zoonotic in origin and have been linked to sometimes fatal illness.4 Given the high prevalence and wide distribution of coronaviruses, the large genetic diversity and frequent recombination of their genomes, and increasing human–animal interface activities, novel coronaviruses are likely to emerge periodically in humans owing to frequent cross-species infections and occasional spillover events. The COVID-19 antigen Test is a lateral-flow immunoassay using highly sensitive monoclonal antibodies that are specific for COVID-19 antigens. The test is specific to COVID-19 antigens with no known cross-reactivity to normal flora or other known respiratory pathogens.

PRINCIPLE

The COVID-19 antigen Rapid Test Device detects COVID-19 antigens through visual interpretation of color development on the strip. COVID-19 antibodies are immobilized on the test region of the membrane respectively. During testing, the extracted specimen reacts with anti-COVID-19 antibodies conjugated to colored particles and pre-coated onto the sample pad of the test. The mixture then migrates through the membrane by capillary action and interacts with reagents on the membrane. If there is sufficient COVID-19 antigens in the specimen, colored band will form at the according test region of the membrane. The presence of a colored band in the test region indicates a positive result for the particular viral antigens, while its absence indicates a negative result. The appearance of a colored band at the control region serves as a procedural control, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

MATERIALS SUPPLIED

- Individually packed Test Devices
- Each test contains colored conjugates and reactive reagents pre-coated at the corresponding regions
- Extraction solution For specimens extraction.
- Extraction tubes For specimen preparation
- Sterile nasal swabs For specimen collection
- Pipette Capable of delivering 200 ul

MATERIALS REQUIRED BUT NOT SUPPLIED

Timer For timing use
Personal Protective Equipment
Biohazard Disposal Preparations

PRECAUTIONS

- For professional in vitro diagnostic use only.
- Do not use after the expiration date indicated on the package. Do not use the test if the foil pouch is damaged. Do not reuse tests.
- The extraction reagent solution contains a salt solution if the solution contacts the skin or eye, flush with copious amounts of water.
- Avoid cross-contamination of specimens by using a new specimen collection container for each specimen obtained.
- Read the entire procedure carefully prior to testing.
- Do not eat, drink or smoke in the area where the specimens and kits are handled. Handle all specimens as if they contain infectious agents.
- Observe established precautions against microbiological hazards throughout the procedure and follow standard procedures for the proper disposal of specimens. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- Do not interchange or mix reagents from different lots.
- Humidity and temperature can adversely affect results.
- Used testing materials should be discarded in accordance with local regulations.

STORAGE AND STABILITY

- The kit should be stored at 2-30°C until the expiry date printed on the sealed pouch.
- The test must remain in the sealed pouch until use.
- Do not freeze.
- Care should be taken to protect the components of the kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipment, containers or reagents can lead to false results.

SPECIMEN COLLECTION AND STORAGE

- Specimen Collection

Nasal swab sample:

For proper test performance, use the swabs supplied in the kit.
It is important to obtain as much secretion as possible. Therefore, to collect a nasal swab sample, insert the sterile swab into the nostril that presents the most secretion under visual inspection. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab a few times against nasal wall.

Nasopharyngeal swab sample:

It is important to obtain as much secretion as possible. Therefore, to collect a nasopharyngeal swab sample, carefully insert the sterile 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.

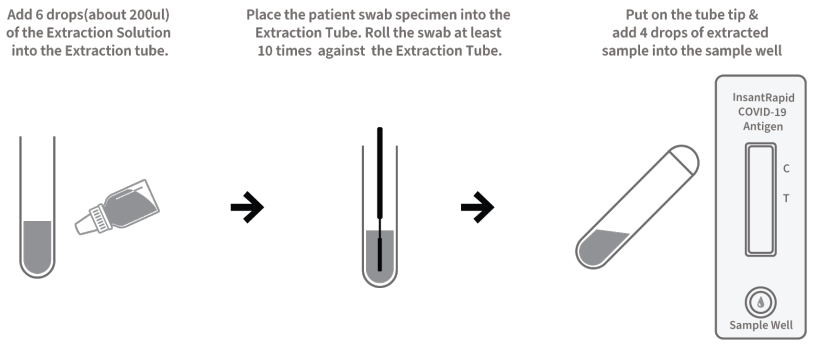
• Specimen Transport and Storage:

Specimens should be tested as soon as possible after collection. If transport of the samples is required, the following transport media are recommended and have been tested and shown not to interfere with the performance of the test: Hank's Balanced Salt Solution (HBSS), M5 Media, or saline. Alternatively, samples may be stored refrigerated (2-8℃), or at room temperature (15-30℃), in a clean, dry, closed container for up to eight hours prior to testing.

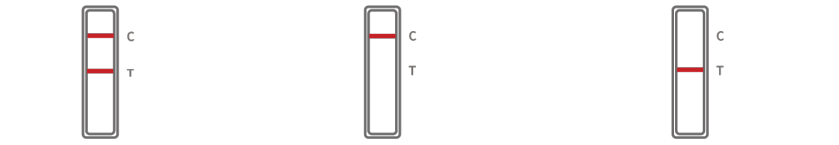
PROCEDURE

Bring tests, specimens, and/or controls to room temperature (15-30°C) before use.

1. Remove the test from its sealed pouch, and place it on a clean, level surface. Label the device with patient or control identification. For best results, the assay should be performed within one hour.
2. Gently mix Extraction reagent solution. Add 6 drops(about 200ul) of the Extraction Solution into the Extraction tube.
3. Place the patient swab specimen into the Extraction Tube. Roll the swab at least 10 times while pressing the swab against the bottom and side of the Extraction Tube. Roll the swab head against the inside of the Extraction Tube as you remove it. Try to release as much liquid as possible. Dispose of the used swab in accordance with your biohazard waste disposal protocol.
4. Put on the tube tip, then add 4 drops of extracted sample into the sample well. Do not handle or move the Test Device until the test is complete and ready for reading.
5. As the test begins to work, color will migrate across the membrane. Wait for the colored band(s) to appear. The result should be read at 10 minutes. Do not interpret the result after 20 minutes.



INTERPRETATION OF RESULTS (Please refer to the illustration below)



POSITIVE RESULTS

A colored band appears in the control band region (C) and another colored band appears in the T band region.

NEGATIVE RESULT

One colored band appears in the control band region (C). No band appears in the test band region (T).

INVALID RESULT

Control band fails to appear. Results from any test which has not produced a control band must be discarded.

NOTE:

1. The intensity of the color in test region (T) may vary depending on the concentration of aimed substances present in the specimen. Therefore, any shade of color in the test region should be considered positive. Besides, the substances level can not be determined by this qualitative test.
2. Insufficient specimen volume, incorrect operation procedure, or performing expired tests are the most likely reasons for control band failure.

QUALITY CONTROL

Internal procedural controls are included in the test. A colored band appearing in the control region (C) is considered an internal positive procedural control, confirming sufficient specimen volume and correct procedural technique.

LIMITATIONS OF THE TEST

1. The COVID-19 antigen Rapid Test Device is for professional in vitro diagnostic use, and should only be used for the qualitative detection of COVID-19 antigen.
2. This test has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens.
3. The etiology of respiratory infection caused by microorganisms other than COVID-19 virus will not be established with this test. The COVID-19 antigen Rapid Test Device is capable of detecting both viable and non-viable COVID-19 particles. The performance of the COVID-19 antigen Rapid Test Device depends on antigen load and may not correlate with PCR performed on the same specimen.
4. If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. A negative result does not at anytime rule out the presence of COVID-19 viral antigens in specimen, as they may be present below the minimum detection level of the test. As with all diagnostic tests, a confirmed diagnosis should only be made by a physician after all clinical and laboratory findings have been evaluated.
5. The validity of COVID-19 antigen Rapid Test Device has not been proven for identification or confirmation of PCR.
6. Inadequate or inappropriate specimen collection, storage, and transport may yield false negative test result.
7. Children tend to shed virus for longer periods of time than adults, which may result in differences in sensitivity between adults and children.
8. Positive and negative predictive values are highly dependent on prevalence. False positive test results are more likely during periods of low COVID activity when prevalence is moderate to low.
9. Antigen is generally detectable in upper respiratory specimens during the acute phase of infection. 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 bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.
10. Negative test results are not intended to rule in other non-SARS viral or bacterial infections.
11. Negative results, from patients with symptom onset beyond five days, should be treated as presumptive and confirmation with a molecular assay, if necessary for patient management, may be performed.
12. If the differentiation of specific SARS viruses and strains is needed, additional testing, in consultation with state or local public health departments, is required.

PERFORMANCE CHARACTERISTICS

Method		PCR		
		Positive	Negative	Total Results
InstantRapid® COVID-19 Antigen Test	Positive	51	0	51
	Negative	7	102	109
	Total Results	58	102	160

Relative Sensitivity: 87.9% (95% CI: 76.1%-94.6%)

Relative Specificity: 100% (95% CI: 95.4%-100%)

Overall Agreement: 95.6%

ANALYTICAL SPECIFICITY AND CROSS-REACTIVITY

The COVID-19 antigen Rapid Test Device was evaluated with a total of 44 bacterial and viral isolates. Bacterial isolates were evaluated at a concentration between 107 and 109 org/mL. Viral isolates were evaluated at a concentration of at least 104–108 TCID50/mL. Adenovirus 18 and Parainfluenza virus 3 were tested at 102 TCID50/mL and 14 influenza virus. None of the organisms or viruses listed below gave a positive result in the COVID-19 antigen Rapid Test Device.

Bacterial Panel:

Acinetobacter calcoaceticus	Bacteroides fragilis
Neisseria gonorrhoeae	Neisseria meningitidis
Pseudomonas aeruginosa	Staphylococcus aureus
Streptococcus pneumoniae	Streptococcus sanguis
Proteus vulgaris	Streptococcus sp. Gp. B
Streptococcus sp. Gp. C	Streptococcus sp. Gp. G
Mycobacterium tuberculosis	Mycoplasma orale

Viral Panel:

Human Adenovirus B	Human Rhinovirus 2
Human Adenovirus C	Human Rhinovirus 14
Adenovirus type 10	Human Rhinovirus 16
Adenovirus type 18	Measles
Human Coronavirus OC43	Mumps
Human Coxsackievirus A9	Sendai virus
Coxsackievirus B5	Parainfluenza virus 2
Human herpesvirus2	Parainfluenza virus 3

Influenza Virus Viral Type

Taiwan/1/86 A
Beijing/262/95 A
H1N1 Strain A/ New Caledonia/20/99 IVR 116 A
H1N1 Solomon Islands/03/06 A
H3N2 Strain A/ Shangdong/9/93 A
H3N2 Strain A/ Panama/2007/99 A
H3N2 Strain A/ Kiev/301/94 A
Wisconsin/67/05 A
Brisbane/10/06 A
Panama B
Lee B
Hong Kong B
Maryland B
Stockholm B

INTERFERING SUBSTANCES

Whole blood, and several over-the-counter (OTC) products and common chemicals were evaluated and did not interfere with the COVID-19 antigen Test at the levels tested: whole blood (2%); three OTC mouth-washes (25%); three OTC throat drops (25%); three OTC nasal sprays (10%); 4-Acetamidophenol (10 mg/mL); Acetylsalicylic Acid (20 mg/mL); Chlorpheniramine (5 mg/mL); Dextromethorphan (10 mg/mL); Diphenhydramine (5 mg/mL); Ephedrine (20 mg/mL); Guaiacol glyceryl ether (20 mg/mL); Oxymetazoline (10 mg mL); Phenylephrine (100 mg/mL); and Phenylpropanolamine (20 mg/mL).

Manufacturer

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