

FACT SHEET FOR HEALTHCARE PROVIDERS

Coronavirus
Disease 2019
(COVID-19)

Premier Lab Solutions QuantStudio SARS-CoV-2 – July 30, 2021

This Fact Sheet informs you of the significant known and potential risks and benefits of the emergency use of the QuantStudio SARS-CoV-2.

The QuantStudio SARS-CoV-2 is authorized for use on using nasopharyngeal (NP) and oropharyngeal (OP) swabs specimens collected from individuals with signs and symptoms of infection who are suspected of COVID-19.

All patients whose specimens are tested with this assay will receive the Fact Sheet for Patients: QuantStudio SARS-CoV-2 .

What are the symptoms of COVID-19?

Many patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing), although some individuals experience only mild symptoms or no symptoms at all. The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that, when present, symptoms include; cough, shortness of breath or dyspnea, fever, chills, myalgias, headache, sore throat, new loss of taste or smell, nausea or vomiting or diarrhea. Signs and symptoms may appear any time from 2 to 14 days after exposure to the virus and the median incubation period is approximately 5 days.

Public health officials have identified cases of COVID-19 infection throughout the world, including the United States, which may pose risks for public health. Please check the CDC webpage for the most up to date information.

What do I need to know about COVID-19 testing?

Current information on COVID-19 for healthcare providers is available at CDC's webpage, *Information for Healthcare Professionals* (see links provided in "Where can I go for updates and more information" section).

- The QuantStudio SARS-CoV-2 can be used to test nasopharyngeal (NP) and oropharyngeal (OP) swabs specimens.

This test is to be performed only using nasopharyngeal (NP) and oropharyngeal (OP) swabs specimens collected from individuals with signs and symptoms of infection who are suspected of COVID-19.

- The QuantStudio SARS-CoV-2 should be ordered for the detection of COVID-19 in individuals with signs and symptoms of infection who are suspected of COVID-19.
- The QuantStudio SARS-CoV-2 can also be used to test up to 5 patients in a pooled testing result.
- The QuantStudio SARS-CoV-2 is only authorized for use in laboratories in the United States certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high complexity tests.

Specimens should be collected with appropriate infection control precautions. Current guidance for COVID-19 infection control precautions are available at the CDC's website (see links provided in "Where can I go for updates and more information" section).

Use appropriate personal protective equipment when collecting and handling specimens from individuals suspected of having COVID-19 as outlined in the CDC *Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)*. For additional information, refer to CDC *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)* (see links provided in "Where can I go for updates and more information" section).

What does it mean if the specimen tests positive for the virus that causes COVID-19?

A positive test result for COVID-19 indicates that RNA from SARS-CoV-2 was detected, and the patient is infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions. Patient management should be made by a healthcare provider and follow current CDC guidelines.

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The QuantStudio SARS-CoV-2 has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.

Individuals included in a pool that returns a positive or invalid result should be treated as a presumptive positive unless or until they receive a negative result when retested individually. However, as most individuals in a positive pool will likely receive a negative result when retested individually, they should isolate until receiving a negative result when re-tested individually and should NOT be cohort-ed with other individuals who have received a positive or presumptive positive result.

All laboratories using this test must follow the standard testing and reporting guidelines according to their appropriate public health authorities.

What does it mean if the specimen tests negative for the virus that causes COVID-19?

A negative test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. However, a negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions. It is possible to test a person too early or too late during COVID-19 infection to make an accurate diagnosis via QuantStudio SARS-CoV-2.

In addition, asymptomatic people infected with COVID-19 may not shed enough virus to reach the limit of detection of the test, giving a false negative result. In the absence of symptoms, it is difficult to determine if asymptomatic people have been tested too late or too early. Therefore, negative results in asymptomatic individuals may include individuals who were tested too early and may become positive later, individuals who were tested too late and may have serological evidence of infection, or individuals who were never infected.

Specimens with low viral loads may not be detected in sample pools due to decreased sensitivity or increased interference of pooled testing.

Your interpretation of negative results should take into account clinical and epidemiological risk factors.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative.

If COVID-19 is suspected based on exposure history together with other clinical findings, re-testing using a new sample with sensitive method or without pooling should be considered by healthcare providers in consultation with public health authorities. Additional testing may be helpful to ensure testing was not conducted too early.

Risks to a patient of a false negative include: delayed or lack of supportive treatment, lack of monitoring of infected individuals and their household or other close contacts for symptoms resulting in increased risk of spread of COVID-19 within the community, or other unintended adverse events.

The performance if this test was established based on the evaluation of a limited number of clinical specimens. 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 SARSCoV-2 and their prevalence, which change over time.

What are approved available alternatives?

Any tests that have received full marketing status (e.g., cleared, approved), so as opposed to an EUA, by FDA can be found by searching the medical device data base here: <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>. A cleared or approved test should be used instead of a test made available under an EUA when appropriate and available. FDA has issued EUA's for other tests that can be found at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

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Where can I go for updates and more information?

CDC webpages:

General: <https://www.cdc.gov/COVID19>

Healthcare Professionals:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>

Information for Laboratories: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>

Laboratory Biosafety: <https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>

Isolation Precautions in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Specimen Collection: <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

Infection Control: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

FDA webpages:

General: www.fda.gov/novelcoronavirus

EUAs:(includes links to patient fact sheet and manufacturer's instructions) <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

Report Adverse events, including problems with test performance or results, to MedWatch by submitting the online FDA Form 3500 (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>) or by calling **1-800-FDA-1088**