INDICAID™ COVID-19 Rapid Antigen Test

Why INDICAID™?

INDICAID™ COVID-19 Tests are a rapid testing device that detects symptomatic and asymptomatic COVID-19 in just 20 minutes. With anterior nasal swabs, specimen collection is quick and comfortable in point-of-care settings and does not require a machine reader to interpret results.

Features

- FDA Emergency Use Authorized
- Identify your current COVID-19 infection status
- Reliable results in 20 minutes
- Simple nasal specimen collection
- Qualitative detection of SARS-CoV-2 antigens
- All-in-one package, including collection swabs

Kit Contents

- 25 test devices
- 25 buffer solution vials
- 25 sterile nasal swabs
- Instructions for use
- Quick reference guide

Performance Measures

- 84.4% Sensitivity
- 97% Specificity

FACT SHEET FOR PATIENTS

PHASE Scientific International, Ltd.
INDICAID™ COVID-19 Rapid Antigen Test

July 28, 2021

Coronavirus Disease 2019 (COVID-19)

You are being given this Fact Sheet because your sample(s) was tested for the Coronavirus Disease 2019 (COVID-19) using the INDICAID™ COVID-19 Rapid Antigen Test.

This Fact Sheet contains information to help you understand the risks and benefits of using this test for the diagnosis of COVID-19. After reading this Fact Sheet, if you have questions or would like to discuss the information provided, please talk to your healthcare provider.

For the most up to date information on COVID-19 please visit the CDC Coronavirus Disease 2019 (COVID-19) webpage:
https://www.cdc.gov/COVID19

What is COVID-19?
COVID-19 is caused by the SARS-CoV-2 virus which is a new virus in humans causing a contagious respiratory illness. COVID-19 can present with a mild to severe illness, although some people infected with COVID-19 may have no symptoms at all. Older adults and people of any age who have underlying medical conditions have a higher risk of severe illness from COVID-19. Serious outcomes of COVID-19 include hospitalization and death. The SARS-CoV-2 virus can be spread to others not just while one is sick, but even before a person shows signs or symptoms of being sick (e.g., fever, coughing, difficulty breathing, etc.). A full list of symptoms of COVID-19 can be found at the following link: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

What is the INDICAID™ COVID-19 Rapid Antigen Test?
The INDICAID™ COVID-19 Rapid Antigen Test is a type of test called an antigen test. Antigen tests are designed to detect proteins from the virus that causes COVID-19, in direct anterior nasal swabs. The presence of viral proteins indicate you may have been infected with the virus and are likely to be contagious.

Why was my sample tested?
You were tested because your healthcare provider believes you may have been exposed to the virus that causes COVID-19 based on your signs and symptoms (e.g., fever, cough, difficulty breathing), and you are within the first five (5) days of symptom onset.

What are the known and potential risks and benefits of the test?
Potential risks include:
- Possible discomfort or other complications that can happen during sample collection.
- Possible incorrect test result (see below for more information).

Potential benefits include:
- The results, along with other information, can help your healthcare provider make informed recommendations about your care.
- The results of this test may help limit the spread of COVID-19 to your family and those you come in contact with.

What does it mean if I have a positive test result?
If you have a positive test result, it is very likely that you have COVID-19. Therefore, it is also likely that you may be placed in isolation to avoid spreading the virus to others. You should follow CDC guidance to reduce the potential transmission of disease. There is a very small chance that this test can give a positive result that is wrong (a false positive result) particularly when used in a population without many cases of COVID-19. Your healthcare provider will work with you to determine how best to care for you based on your test result(s) along with your medical history, and your symptoms.

Where can I go for updates and more information? The most up-to-date information on COVID-19 is available at the CDC General webpage: **https://www.cdc.gov/COVID19.** In addition, please also contact your healthcare provider with any questions/concerns.

What does it mean if I have a negative test result?
A negative test result means that proteins from the virus that causes COVID-19 were not found in your sample. It is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19. This means that you could possibly still have COVID-19 even though the test is negative. If your test result is negative, your healthcare provider will consider the test result together with all other aspects of your medical history (such as symptoms, possible exposures, and geographical location of places you have recently traveled) in deciding how to care for you. The amount of antigen in a sample may decrease the longer you have symptoms of infection. Specimens collected after you have had symptoms for more than 5 days may be more likely to be negative compared to a molecular assay. It is important that you work with your healthcare provider to help you understand the next steps you should take.

What are the differences between antigen tests and other COVID-19 tests?
There are different kinds of tests for COVID-19. Molecular tests (also known as PCR tests) detect genetic material from the virus. Antigen tests detect proteins from the virus. Antigen tests are very specific for the virus, but are not as sensitive as molecular tests. This means that a positive result is highly accurate, but a negative result does not rule out infection. If your test result is negative, you should discuss with your healthcare provider whether an additional molecular test would help with your care, and when you should discontinue home isolation. If you will not have an additional test to determine if you are contagious, the CDC currently recommends that you should stay home until three things have happened:

- You have had no fever for at least 24 hours (that is one full day of no fever without the use of medicine that reduces fevers).

AND

- Other symptoms have improved (for example, when your cough or shortness of breath has improved)

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

AND

- At least 10 days have passed since your symptoms first appeared.

For more information, the CDC has provided guidelines on how to prevent the spread of COVID-19 if you are sick: https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf

Is this test FDA-approved or cleared?
No. This test is not yet approved or cleared by the United States FDA. FDA may issue an Emergency Use Authorization (EUA) when certain criteria are met, which includes that there are no adequate, approved, available alternatives. The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19. This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

What are the approved alternatives?
Any tests that have received full marketing status (e.g., cleared, approved), as opposed to an EUA, by FDA can be found by searching the medical device databases 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 EUAs 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.

Where can I go for updates and more information? The most up-to-date information on COVID-19 is available at the CDC General webpage: **https://www.cdc.gov/COVID19.** In addition, please also contact your healthcare provider with any questions/concerns.

July 28, 2021

Erika B. Ammirati RAC, MT(ASCP)
Ammirati Regulatory Consulting
Representing - PHASE Scientific International, Ltd.
10527 Garden Grove Blvd
Garden Grove, CA, 92843

Device:	INDICAID COVID-19 Rapid Antigen Test
EUA Number:	EUA210259
Company:	PHASE Scientific International, Ltd.
Indication:	Qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 in direct anterior nasal swab specimens from individuals who are suspected of COVID-19 by their healthcare provider within the first five (5) days of symptom onset. Anterior nasal swab specimens may be collected by a healthcare provider (HCP) or self-collected (by individuals 18 years of age or older, under the supervision of an HCP). Emergency use of this test is limited to authorized laboratories.
Authorized Laboratories:	Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform moderate complexity, high complexity, or waived tests. This test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Dear Erika B. Ammirati:

This letter is in response to your[1] request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of your product,[2] pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

[1] For ease of reference, this letter will use the term "you" and related terms to refer to PHASE Scientific International, Ltd.
[2] For ease of reference, this letter will use the term "your product" to refer to the INDICAID COVID-19 Rapid Antigen Test, used for the indication identified above.

nucleocapsid protein antigen from SARS-CoV-2 in direct anterior nasal swab specimens from individuals who are suspected of COVID-19 by their healthcare provider within the first five (5) days of symptom onset. Anterior nasal swab specimens may be collected by a healthcare provider (HCP) or self-collected (by individuals 18 years of age or older, under the supervision of an HCP). Your product does not differentiate between SARS-CoV and SARS-CoV-2 viruses.

The SARS-CoV-2 nucleocapsid protein antigen is generally detectable in anterior nasal swab specimens during the acute phase of infection. Positive results indicate the presence of the viral antigen, 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.

Negative results should be treated as presumptive and may be confirmed with a molecular assay, if necessary, for patient management. 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, including infection control 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.

Testing of direct anterior nasal swab specimens using your product, as outlined in the "INDICAID COVID-19 Rapid Antigen Test Instructions for Use" is limited to laboratories certified under CLIA that meet the requirements to perform moderate complexity, high complexity, or waived tests. This test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

To use your product, the direct anterior nasal swab specimen is first placed and mixed in a Buffer Solution Vial to elute the specimen from the swab before removing the swab and capping the tube with the Buffer Solution Vial cap before three (3) drops of the Buffer Solution into the sample well (S) of the Test Device. The Test Device is composed of SARS-CoV-2 specific antibodies and a control antibody that are immobilized onto a nitrocellulose membrane support as two distinct lines. The test line (T) region contains monoclonal anti-SARS-CoV-2 antibodies and the control line (C) region contains polyclonal control antibodies. Polyclonal and monoclonal anti-SARS-CoV-2 antibodies conjugated with red-colored colloidal gold particles are used to detect the SARS-CoV-2 antigen. Formation of the Control line "C" serves as the internal control. The test result is read at 20 mins after application of the specimen to the Test Device.

The INDICAID COVID-19 Rapid Antigen Test includes the following materials or other authorized materials: Test Devices, Buffer Solution Vials, and Nasal Swabs.

Your product requires various types of quality control, including the procedural internal control that is built in the "control line" of the test device and the External Positive and Negative Controls, or other authorized control materials (as may be requested under Condition O. below), which are not included with your product but are available from you with the "INDICAID COVID-19 Antigen Quality Controls" instructions for use to be run as outlined in the "INDICAID COVID-19 Rapid Antigen Test Instructions for Use":

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 subject to the terms of any authorization issued under Section 564(a) of the Act.[3]

FDA considered the totality of scientific information available in authorizing the emergency use of your product for the indication above. A summary of the performance information FDA relied upon is included in the "INDICAID COVID-19 Rapid Antigen Test Instructions for Use" (identified below).

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of your product, described in the Scope of Authorization of this letter (Section II), subject to the terms of this authorization.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;

2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, outweigh the known and potential risks of your product; and

3. There is no adequate, approved, and available alternative to the emergency use of your product.[4]

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the indication above.

Authorized Product Details

Your product is a lateral flow immunoassay intended for the qualitative detection of

[3] U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3*. 85 FR 7316 (February 7, 2020).
[4] No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

- COVID-19 Antigen Positive Control Vials (non-infectious recombinant SARS-CoV-2 antigen in buffered solution with preservatives)
- COVID-19 Antigen Negative Control Vials (buffered solution with preservatives)

Your product also requires the use of additional authorized materials and authorized ancillary reagents that are not included with your product and are described in the Instructions for Use.

The labeling entitled "INDICAID COVID-19 Rapid Antigen Test Instructions for Use," "INDICAID COVID-19 Rapid Antigen Test Quick Reference Guide," and "INDICAID COVID-19 Antigen Quality Controls" instructions for use (available at https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas), and the following fact sheets pertaining to the emergency use, is required to be made available as set forth in the Conditions of Authorization (Section IV), and are collectively referred to as "authorized labeling":

- Fact Sheet for Healthcare Providers: PHASE Scientific International, Ltd. - INDICAID COVID-19 Rapid Antigen Test
- Fact Sheet for Patients: PHASE Scientific International, Ltd. - INDICAID COVID-19 Rapid Antigen Test

The above described product, when accompanied by the authorized labeling provided as set forth in the Conditions of Authorization (Section IV), is authorized to be distributed to and used by authorized laboratories under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of your product, when used consistent with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of your product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective in diagnosing COVID-19, when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that your product (as described in the Scope of Authorization of this letter (Section II)) meets the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) of the Act described above and the Secretary of HHS's corresponding declaration under Section

564(b)(1) of the Act, your product is authorized for the indication above.

III. Waiver of Certain Requirements

I am waiving the following requirements for your product during the duration of this EUA:

- Current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of your product, but excluding Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

IV. Conditions of Authorization

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

PHASE Scientific International, Ltd. (You) and Authorized Distributor(s)[5]

A. Your product must comply with the following labeling requirements under FDA regulations: the intended use statement (21 CFR 809.10(a)(2), (b)(2)); adequate directions for use (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).

B. You and authorized distributor(s) must make your product available with the authorized labeling to authorized laboratories.

C. You and authorized distributor(s) must make available on your website(s) the authorized labeling.

D. You and authorized distributor(s) will include a physical copy of the "INDICAID COVID-19 Rapid Antigen Test Instructions for Use" and the "INDICAID COVID-19 Rapid Antigen Test Quick Reference Guide" with each shipped kit of your product to authorized laboratories.

E. You and authorized distributor(s) must inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.

[5] "Authorized Distributor(s)" are identified by you, PHASE Scientific International, Ltd., in your EUA submission as an entity allowed to distribute your product.

F. Through a process of inventory control, you and authorized distributor(s) must maintain records of the authorized laboratories to which they distribute your product and number distributed.

G. You and authorized distributor(s) must collect information on the performance of your product. You will report to the Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)-Office of In Vitro Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware.

H. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.

I. You and authorized distributor(s) must make available the control material "INDICAID COVID-19 Antigen Quality Controls" with the "INDICAID COVID-19 Antigen Quality Controls" instructions for use, or other authorized control materials (as may be requested under Condition O. below), at the same time as your product.

PHASE Scientific International, Ltd. (You)

J. You must notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).

K. You must provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent revisions that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).

L. You must comply with the following requirements pursuant to FDA regulations: 21 CFR 820 Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

M. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.

N. If requested by FDA, you must submit lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide it within 48 hours of the request.

O. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to

make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling, and shall not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to DMD/OHT7-OIR/OPEQ/CDRH and require appropriate authorization from FDA prior to implementation.

P. You must evaluate the analytical limit of detection and assess traceability[6] of your product with any FDA-recommended reference material(s). After submission to and review and concurrence with the data by FDA, you must update labeling to reflect the additional testing. Such labeling updates must be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

Q. You must have a process in place to track adverse events, including any occurrence of false results and report to FDA pursuant to 21 CFR Part 803.

R. You must complete the agreed upon in-use/opened reagent stability study for use with your product in an FDA agreed upon post authorization study within 2 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to and concurrence with the data by FDA, you must update authorized labeling to reflect the additional testing. Such labeling updates must be made in consultation with, and require concurrence of, DMD/OHT7- OIR/OPEQ/CDRH.

S. You must complete the agreed upon real-time stability study for your "INDICAID COVID-19 Antigen Quality Controls" and notify DMD/OHT7-OIR/OPEQ/CDRH of the testing results as they become available until completion of the study. After submission of the study data, and review and concurrence with the data by FDA, you must update your product labeling to reflect the additional testing. Such labeling updates must be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

T. You must evaluate the impact of SARS-CoV-2 viral mutations on your product's performance. Such evaluations must occur on an ongoing basis and must include any additional data analysis that is requested by FDA in response to any performance concerns you or FDA identify during routine evaluation. Additionally, if requested by FDA, you must submit records of these evaluations for FDA review within 48 hours of the request. If your evaluation identifies viral mutations that affect the stated expected performance of your device, you must notify FDA immediately.

U. If requested by FDA, you must update your labeling within 7 calendar days to include any additional labeling risk mitigations identified by FDA, such as those related to the impact of viral mutations on test performance. Such updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

[6] Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

Authorized Laboratories

V. Authorized laboratories using your product must include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating this labeling may be used, which may include mass media.

W. Authorized laboratories using your product must use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including authorized instruments, authorized clinical specimen types, authorized control materials, authorized ancillary reagents and authorized materials required to use your product are not permitted.

X. Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.

Y. Authorized laboratories using your product must have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.

Z. Authorized laboratories must collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov), and you (via email: indicaid@phasesci.com, or via phone at Technical Service: +1-657-296-6106) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of your product of which they become aware.

AA. All operators using your product must be appropriately trained in performing and interpreting the results of your product, use appropriate personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling.

PHASE Scientific International, Ltd. (You), Authorized Distributor(s) and Authorized Laboratories

BB. You, authorized distributor(s), and authorized laboratories using your product must ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

Conditions Related to Printed Materials, Advertising and Promotion

CC. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act, as applicable, and FDA implementing regulations.

DD. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2.

EE. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall clearly and conspicuously state that:

- This product has not been FDA cleared or approved, but has been authorized by FDA under an EUA for use by authorized laboratories;
- This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens; and,
- 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.

The emergency use of your product as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

V. Duration of Authorization

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,

_____
RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosure
Technical Correction: July 29, 2021 – Update contact address.