

FACT SHEET FOR HEALTHCARE PROVIDERS

Coronavirus Disease
2019 (COVID-19)

Beckman Coulter, Inc. Access SARS-CoV-2 IgG

June 26, 2020

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

The Access SARS-CoV-2 IgG test is authorized for the detection of IgG antibodies to SARS-CoV-2 in human serum, serum separator tubes, and plasma (lithium heparin, dipotassium EDTA, tripotassium EDTA, sodium citrate).

All individuals whose specimens are tested with this test will receive the Fact Sheet for Recipients: Access SARS-CoV-2 IgG.

What are the symptoms of COVID-19?

Many individuals with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, fever, difficulty breathing). The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat or new loss of taste or smell. Based on what is known about the virus that causes COVID-19, signs and symptoms may appear any time from 2 to 14 days after exposure to the virus. Based on preliminary data, the median incubation period is approximately 5 days, but may range 2-14 days.

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

What do I need to know about COVID-19 antibody 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).

This test detects human SARS-CoV-2 antibodies that are generated as part of the human adaptive immune response to the COVID-19 virus and is to be performed only on serum, serum separator tubes and plasma (lithium heparin, dipotassium EDTA, tripotassium EDTA, sodium citrate).

- The Access SARS-CoV-2 IgG test can be ordered by healthcare providers to test human serum, serum separator tubes or plasma (lithium heparin, dipotassium EDTA, tripotassium EDTA, sodium citrate) to detect if there has been an adaptive immune response

to COVID-19, indicating recent or prior infection.

- The Access SARS-CoV-2 IgG test should not be used to diagnose or exclude acute infection and should not be used as the sole basis for treatment or patient management decisions. Direct testing for SARS-CoV-2 should be performed if acute infection is suspected.
- The Access SARS-CoV-2 IgG test is authorized for use in laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, and meets requirements to perform moderate or 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).

There are no approved available alternative tests. FDA has issued EUAs for other antibody tests that can be found at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov>.

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

A positive test result with the Access SARS-CoV-2 IgG test indicates that antibodies to SARS-CoV-2 were detected, and the individual has potentially been exposed to the virus that causes COVID-19.

Antibodies to SARS-CoV-2 are generally detectable in blood several days after initial infection. Individuals may have detectable virus present for several weeks following seroconversion. A positive result can indicate a recent or past infection but does not exclude recently infected individuals who are still contagious. **It is unknown how long antibodies to SARS-CoV-2 will remain present in the body after infection and it is not known if they confer immunity to infection. Incorrect assumptions of immunity may lead to premature discontinuation of physical distancing requirements and increase the risk of infection for individuals, their households and the public.**

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



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False positive results may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

The Access SARS-CoV-2 IgG test has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to individuals could include the following: a recommendation for isolation of the individual, monitoring of household or other close contacts for symptoms, isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 individuals, 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.

Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making patient management decisions.

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

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

A negative test result with this test means that SARS-CoV-2 specific antibodies were not present in the specimen above the limit of detection of the assay. **However, individuals tested early after infection may not have detectable antibodies despite active infection; in addition, not all patients will develop a detectable antibody response to SARS-CoV-2 infection. A negative result should not be used to rule out infection. Direct testing of SARS-**

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>

Manufacturer Contact Information:

Name: Beckman Coulter, Inc.:

Address: 250 S. Kraemer Blvd. Brea, CA 92821 U.S.A.

Contact telephone: (800) 526-3821

Website: <https://www.beckmancoulter.com>

Contact: Client Services

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

CoV-2 should be performed if acute infection is suspected.

The absolute sensitivity of the Access SARS-CoV-2 IgG test is unknown.

Risks to an individual resulting from a false negative result include: restriction of activities deemed acceptable for individuals with evidence of an antibody response to SARS-CoV-2, 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.

What is an EUA?

The United States FDA has made these tests available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA 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 (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective.

The EUA for the test you received is in effect for the duration of the COVID-19 declaration justifying emergency use of IVDs, unless terminated or revoked (after which the test may no longer be used).



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FACT SHEET FOR RECIPIENTS

Coronavirus Disease
2019 (COVID-19)

Beckman Coulter, Inc. Access SARS-CoV-2 IgG

June 26, 2020

You are being given this Fact Sheet because your sample(s) is being tested or was tested for antibodies to the virus that causes Coronavirus Disease 2019 (COVID-19) using the Access SARS-CoV-2 IgG test.

This Fact Sheet contains information to help you understand the risks and benefits of using this test to evaluate your adaptive immune response to SARS-CoV-2, the virus that causes 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. The virus, which can cause mild to severe respiratory illness, has spread globally, including the United States. The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat or new loss of taste or smell.

How are people tested for COVID-19?

Two kinds of tests are currently available for COVID-19: diagnostic tests and antibody tests.

- A diagnostic test tells you if you have a current infection.
- An antibody test tells you if you had a previous infection.

What is this test?

This test is an antibody test. It will help assess if you have antibodies to the virus that causes COVID-19. An antibody test may not be able to show if you have a current infection, because it can take 1-3 weeks after infection to make antibodies.

What are the known and potential risks and benefits of the test?

Potential risks include:

- Possible discomfort or other complications that can happen during blood 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.

What does it mean if I have a positive test result?

If you have a positive test result, it is possible that you have or previously had COVID-19 and that you have developed an antibody response to the virus. Your healthcare provider will work with you to determine how best to care for you based on the test results along with other factors of your medical history, your symptoms, possible exposures, and geographic location of places you have recently traveled. There is also a chance that this test can give a positive result that is wrong (a false positive result).

Even a high-performing antibody test when used in a population without many cases of COVID-19 infection may produce as many or more false results as true results because the likelihood of finding someone who has been infected is very small. Your healthcare provider will work with you to determine the likelihood of false result.

It is not known how long antibodies to SARS-CoV-2 will remain present in the body after infection. It is not known whether having antibodies to SARS-CoV-2 will protect you from getting infected again or help reduce the severity or duration of a future COVID-19 infection.

What does it mean if I have a negative test result?

A negative test result means that the antibodies to the virus that causes COVID-19 were not found in your sample. However, it is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19. A negative result may occur if you are tested early in your illness and your body hasn't had time to produce antibodies to infection. This means that you could possibly still have COVID-19 even though the test is negative. If this is the case, 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.

It is important that you work with your healthcare provider to help you understand the next steps you should take.

Is this test FDA-approved or cleared?

No. This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA). 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.

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.



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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 available alternatives?

There are no approved available alternative tests. FDA has issued EUAs for other antibody tests that can be found at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov>.

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.



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June 26, 2020

David Ikeda
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Beckman Coulter, Inc.
1000 Lake Hazeltine Drive
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Device: Access SARS-CoV-2 IgG

Company: Beckman Coulter, Inc.

Indication: Qualitative detection of IgG antibodies to SARS-CoV-2 in human serum, serum separator tubes, and plasma (lithium heparin, dipotassium EDTA, tripotassium EDTA, and sodium citrate). Intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. 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 requirements to perform moderate or high complexity tests.

Dear David Ikeda:

This letter is in response to your¹ 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).

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.

¹ For ease of reference, this letter will use the term “you” and related terms to refer to Beckman Coulter, Inc.

² For ease of reference, this letter will use the term “your product” to refer to the Access SARS-CoV-2 IgG for the indication identified above.

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

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 recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes COVID-19, and that the known and potential benefits of your product when used for such use, 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 qualitative test intended for the detection of IgG antibodies against SARS-CoV-2 in human serum, serum separator tubes, and plasma (lithium heparin, dipotassium EDTA, tripotassium EDTA, and sodium citrate). The product is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity.

The Access SARS-CoV-2 IgG assay is a two-step enzyme immunoassay that can be run using one of the fully automated Access Family of Immunoassay Analyzers, including the standalone

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.

Access 2, UniCel DxI 600, and UniCel DxI 800 analyzers and the integrated chemistry/immunoassay platforms; UniCel DxC 600i, UniCel DxC 680i, UniCel DxC 880i, UniCel DxC 660i and UniCel DxC 860i. A sample is added to a reaction vessel with buffer and paramagnetic particles coated with recombinant SARS-CoV-2 protein specific for the receptor binding domain (RBD) of the S1 protein. After incubation in the reaction vessel, materials bound to the solid phase are held in a magnetic field while unbound materials are washed away. A monoclonal anti-human IgG alkaline phosphatase conjugate is added and the conjugate binds to the IgG antibodies captured on the particles. A second separation and wash step remove unbound conjugate. A chemiluminescent substrate is added to the vessel and light generated by the reaction is measured with a luminometer. The light production is compared to the cut-off value defined during calibration of the instrument. Test results are determined automatically by the system software.

Your product requires the use of external controls and calibrators, such as Access SARS-CoV-2 IgG QC or other authorized controls and the Access SARS-CoV-2 IgG Calibrator or other authorized calibrator, that are processed along with the sample, as outlined in the authorized labeling described below:

- Access SARS-CoV-2 IgG QC (Quality Control): contains QC1- Negative control consisting of defibrinated plasma negative for SARS-CoV-2 plus additives, QC2: Positive control consisting of defibrinated plasma positive for SARS-CoV-2 plus additives and QC Value Card.
- Access SARS-CoV-2 IgG Calibrator: contains C0 - TRIS buffer, surfactant and protein (bovine), < 0.1% sodium azide and 0.5% ProClin 300, C1- TRIS buffer containing anti-SARS-CoV-2 plasma, surfactant and protein (bovine), < 0.1% sodium azide and 0.5% ProClin 300, and 1 Calibrator Card.

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 above described product is authorized to be accompanied with labeling entitled “Access SARS-CoV-2 IgG Instructions for Use,” “Access SARS-CoV-2 IgG QC Instructions for Use,” and “Access SARS-CoV-2 IgG CALIBRATOR Instructions for Use” (available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>), and the following product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and recipients:

- Fact Sheet for Healthcare Providers: Access SARS-CoV-2 IgG
- Fact Sheet for Recipients: Access SARS-CoV-2 IgG

The above described product, when accompanied by the three Instructions for Use (identified above) and the two Fact Sheets (collectively referenced as “authorized labeling”) 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 recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes 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) described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1), 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:

Beckman Coulter, Inc. (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 U.S.C. 352(f)), (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR

⁵ “Authorized Distributor(s)” are identified by you, Beckman Coulter, Inc., in your EUA submission as an entity allowed to distribute your device.

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) will make your product available with the authorized labeling to authorized laboratories. You may request changes to the authorized labeling. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- C. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Recipients.
- D. You and authorized distributor(s) will 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.
- E. Through a process of inventory control, you and authorized distributor(s) will maintain records of the authorized laboratories to which they distribute the test and number of tests they distribute.
- F. You and authorized distributor(s) will collect information on the performance of your product. You will report to FDA any suspected occurrence of false positive and false negative results and significant deviations from the established performance characteristics of the product of which you become aware.
- G. 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.
- H. You and authorized distributor(s) will make available the control and calibrator materials (Access SARS-CoV-2 IgG QC and Access SARS-CoV-2 IgG Calibrator), or other authorized control and calibrator materials, at the same time as your product.

Beckman Coulter, Inc. (You)

- I. You will notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- J. You will provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent amendments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- K. You may request 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 not exceed the terms of authorization of this letter. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

- L. You will comply with the following requirements under FDA regulations: Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- M. You may request changes to the Scope of Authorization (Section II in this letter) of your product. Such requests will be made in consultation with DMD/OHT7-OIR/OPEQ/CDRH, and require concurrence of, Office of Counterterrorism and Emerging Threats (OCET)/Office of the Chief Scientist (OCS)/Office of the Commissioner (OC) and DMD/OHT7-OIR/OPEQ/CDRH.
- N. You may request the addition of other instruments and associated software for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- O. You may request the addition of other ancillary methods for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- P. You may request the addition of other specimen types for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You may request the addition and/or substitution of control materials for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- R. You may request substitution for or changes to the authorized materials used in the detection process of human antibodies against SARS-CoV-2. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- S. You will evaluate the performance and assess traceability⁶ of your product with any FDA-recommended reference material(s) or established panel(s) of characterized clinical specimens. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of and concurrence with the data, you will update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- T. If requested by FDA, you will participate in the National Cancer Institute study on the evaluation of your product. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of and concurrence with the data, you will update your product labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- U. You will track adverse events, including any occurrence of false results and report to

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

FDA under 21 CFR Part 803.

- V. 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.
- W. If requested by FDA, you must submit lot release procedures to FDA within 48 hours of such request, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the US.
- X. If requested by FDA, you will periodically submit new lots for testing at NCI, or by another government agency designated by FDA, to confirm continued performance characteristics across lots. In addition, FDA may request records regarding lot release data for tests to be distributed or already distributed. If such lot release data are requested by FDA, you must provide it within 48 hours of the request.
- Y. You will complete the agreed upon real-time stability study for your product. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of and concurrence with the data, you will update your product labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7- OIR/OPEQ/CDRH.

Authorized Laboratories

- Z. Authorized laboratories using your product will include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- AA. Authorized laboratories will use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- BB. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- CC. Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- DD. Authorized laboratories will 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 (Customer Technical Support: 1-800-854-3633; Customer portal: www.beckmancoulter.com) 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.

- EE. All laboratory personnel using your product must be appropriately trained in automated immunoassay techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling. All laboratory personnel using the assay must also be trained in and be familiar with the interpretation of results of the product.

Beckman Coulter, Inc. (You), Authorized Distributors and Authorized Laboratories

- FF. You, authorized distributors, and authorized laboratories using your product will 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 Advertising and Promotion

- GG. All descriptive printed matter, including 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 the applicable requirements set forth in the Act and FDA regulations.

- HH. No descriptive printed matter, including 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.

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

- This test has not been FDA cleared or approved;
- This test has been authorized by FDA under an EUA for use by authorized laboratories;
- This test has been authorized only for the presence of IgG antibodies against SARS-CoV-2, not for any other viruses or pathogens; and
- This test 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 Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or 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