



June 26, 2020

Hycor Biomedical
Irene Guzman
Sr. RA Specialist
7272 Chapman Avenue
Garden Grove, California 92841

Re: K200825

Trade/Device Name: NOVEOS Specific IgE (sIgE), Capture Reagent Cat Dander - E001, *Felis Domesticus*
NOVEOS Specific IgE (sIgE), Capture Reagent Timothy Grass - G006, *Phleum pratense*

Regulation Number: 21 CFR 866.5750

Regulation Name: Radioallergosorbent (Rast) Immunological Test System

Regulatory Class: Class II

Product Code: DHB

Dated: March 27, 2020

Received: March 30, 2020

Dear Irene Guzman:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801 and Part 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Ying (Katelin) Mao, Ph.D.
Acting Chief
Division of Immunology
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Enclosure

Indications for Use

510(k) Number (if known)
K200825

Device Name

NOVEOS Specific IgE (sIgE), Capture Reagent Cat Dander - E001, Felis domesticus,
NOVEOS Specific IgE (sIgE), Capture Reagent Timothy Grass - G006, Phleum pratense

Indications for Use (Describe)

The NOVEOS Specific IgE Assay is an in vitro quantitative assay for the measurement of allergen specific IgE in human serum. NOVEOS Specific IgE Assay is to be used with the NOVEOS Immunoassay Analyzer. It is intended for use as an in vitro diagnostic aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings and is to be used in clinical laboratories.

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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510(k) Summary

This 510(k) Summary is prepared in accordance with the requirements of 21 CFR Part 807.92.

Date of Preparation: 08-JUNE-2020

Manufacturer: Hycor Biomedical, LLC
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Device Name:

NOVEOS Specific IgE (sIgE), Capture Reagent Cat Dander - E001, *Felis domesticus*

NOVEOS Specific IgE (sIgE), Capture Reagent Timothy Grass - G006, *Phleum pratense*

Classification

NOVEOS Specific IgE (sIgE) Assay

Product Code DHB

Class II

CFR § 866.5750

Substantial Equivalence to: k051218

ImmunoCAP Specific IgE Assay and ImmunoCAP Specific IgE Conjugate 100 and Conjugate 400

ImmunoCAP Allergen e1, Cat Dander

ImmunoCAP Allergen g6, Timothy Grass

Indications for Use

The NOVEOS Specific IgE Assay is an *in vitro* quantitative assay for the measurement of allergen specific IgE in human serum. NOVEOS Specific IgE Assay is to be used with the NOVEOS Immunoassay Analyzer. It is intended for use as an *in vitro* diagnostic aid in the clinical diagnosis of IgE mediated

allergic disorders in conjunction with other clinical findings and is to be used in clinical laboratories.

General Description

Reagents

The IgE Common Kit includes: Diluent A, Conjugate IgE, Substrate A, Substrate B, Fluo Beads™. Other required and recommended reagents include the allergen specific Capture Reagent, IgE Calibrator Set (6 levels - Cal 0.07 IgE, Cal 0.35 IgE, Cal 0.70 IgE, Cal 3.5 IgE, Cal 17.5 IgE, Cal 100 IgE kU/L), Calibrator Antibody IgE, Probe Wash Pack, Wash Buffer Concentrate, Cuvette Wash Pack, IgE Negative Control Pack, and IgE Positive Control Pack.

The liquid ready-to-use reagents demonstrate on-board stability of up to 48 hours for calibrators and controls and from 5 to 28 days for common assay components.

Assay Principle

The NOVEOS Specific IgE Assay is an immunometric, chemiluminescent procedure for the quantitative determination of IgE of known specificity in human serum samples. It employs fluorescent labelled magnetic, streptavidin coated microparticles which are incubated with a biotinylated allergenic capture reagent, patient sample and monoclonal anti-human IgE antibody: horseradish peroxidase conjugate. After a final wash, the resulting complex is incubated with the enzyme substrate and a chemiluminescent signal is generated, the magnitude of which is proportional to the concentration of IgE in the patient sample.

The concentration of allergen-specific IgE is determined from a standard curve, which is traceable to the World Health Organization (WHO) reference reagent serum Immunoglobulin E (IgE) 11/234.

Device Comparison

NOVEOS Specific IgE Assay on the NOVEOS Immunoassay Analyzer is comparable to the predicate device, ImmunoCAP Specific IgE on the ImmunoCAP 100.

Similarities and Differences		
Attribute	NOVEOS sIgE, E001, G006	Predicate Phadia ImmunoCAP K051218
Intended Use	The NOVEOS Specific IgE Assay is an <i>in vitro</i> quantitative assay for the measurement of allergen specific IgE in human serum. NOVEOS Specific IgE Assay is to be used with the NOVEOS Immunoassay Analyzer. It is intended for use as an <i>in vitro</i> diagnostic aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings and is to be used in clinical laboratories.	ImmunoCAP Specific IgE is an <i>in vitro</i> quantitative assay for the measurement of allergen specific IgE in human serum or plasma (EDTA or Na-Heparin). ImmunoCAP Specific IgE is to be used with instruments Phadia 100, Phadia 250, Phadia 1000, Phadia 2500 and Phadia 5000. It is intended for <i>in vitro</i> diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories
Specimen Type	Serum	Serum or plasma (EDTA, Na Heparin)
Sample Volume	4 µL	40 µL
Assay Type	Quantitative	Same
Detection Antibody	Horseradish peroxidase conjugated mouse anti-human IgE monoclonal antibody	β-Galactosidase-anti-human IgE (mouse monoclonal antibody)
Detection Limit	E001 LoB: 0.02 kU/L LoD: 0.06 kU/L LoQ: 0.14 kU/L G006 LoB: 0.03 kU/L LoD: 0.06 kU/L LoQ: 0.14 kU/L	LoB: 0.001 kU/L LoD: 0.02 kU/L LoQ: 0.10 kU/L
Laboratory Setting	Clinical Laboratory	Same
Assay Principles	Fluorescence adjusted, immunometric, Chemiluminescent assay	Fluoroenzyme-immunoassay
Solid Phase	Magnetic microparticles	Cellulose derivative

Calibrator Traceability	World Health Organization (WHO) reference reagent serum Immunoglobulin E (IgE) 11/234	Same
Calibration Method	Heterologous interpolation based on Total IgE calibration curve	Same
Number of Calibrators	Six	Same
Calibrator Levels	0, 0.35, 0.7, 3.5, 17.5 and 100 kU/L	Same
Assay Range	0.17-100 kU/L	0.10-100 kU/L
Reaction Temperature	37°C	Same
Time to First Result	1 hour 45 minutes	1 hour 45 minutes to 2 hour 30 minutes depending on model

Data – E001

The following table shows percent agreements between the NOVEOS sIgE and the ImmunoCAP results based on assessment of 242 clinical samples using a cut-off value of 0.35 kU/L:

NOVEOS sIgE	ImmunoCAP sIgE			
	Positive	Equivocal 0.22 - 0.31 kU/L)	Negative	Total
Positive	89	1	1	91
Negative	8	2	141	151
Total	97	3	142	242

Positive percent agreement (PPA): 91.8% (95% CI: 84.6% – 95.8%)

Negative percent agreement (NPA): 99.3% (95% CI: 96.1% to 99.9%)

Data – G006

The following table shows percent agreements between the NOVEOS sIgE and the ImmunoCAP results based on assessment of 238 clinical samples using a cut-off value of 0.35 kU/L:

NOVEOS sIgE	ImmunoCAP sIgE			
	Positive	Equivocal (0.22 – 0.31 kU/L)	Negative	Total
Positive	89	2	2	93
Negative	14	2	129	145
Total	103	4	131	238

Positive percent agreement (PPA): 86.4% (95% CI: 78.5% to 91.7%)

Negative percent agreement (NPA): 98.5% (95% CI: 94.6% to 99.6%)

Clinical Performance

E001

A clinical study was performed to support the diagnostic performance of the NOVEOS sIgE Assay for Cat Dander, *F. domesticus* E001. The clinical study comparing NOVEOS sIgE results to the allergic status of n=200 samples from patients was carried out in accordance with CLSI guideline EP9C: *Measurement Procedure Comparison and Bias Estimation Using Patient Samples; Third Edition*. A total of 70 samples with allergic status was confirmed by skin-prick testing and clinical history, and the other 130 samples from healthy, non-atopic donors with no reported allergy. Results are expressed as positive when a sample with a sIgE value is greater than or equal to 0.35 kU/L or negative when a sample with a sIgE value is less than 0.35 kU/L.

NOVEOS sIgE	Clinical Diagnosis		
	Atopic	Non-atopic	Total
Positive	53	0	53
Negative	17	130	147
Total	70	130	200

Clinical Sensitivity: 75.7% (95% CI 64.5% to 84.2%)

Clinical Specificity: 100% (95% CI 97.1% to 100%)

G006

In addition to the ImmunoCAP comparison study, a clinical study was performed to support the diagnostic performance of the NOVEOS sIgE Assay for *P. pratense*, G006. The clinical study comparing NOVEOS sIgE results to the allergic status of n=188 samples from patients was carried out in accordance with CLSI guideline EP9C: *Measurement Procedure Comparison and Bias Estimation Using Patient Samples; Third Edition*. A total of 63 samples with allergic status was confirmed by skin-prick testing and clinical history, and the other 125 samples from healthy, non-atopic donors with no reported allergy. Results are expressed as positive when a sample with a sIgE value is greater than or equal to 0.35 kU/L or negative when a sample with a sIgE value is less than 0.35 kU/L.

NOVEOS sIgE	Clinical Diagnosis		
	Atopic	Non-atopic	Total
Positive	48	1	49
Negative	15	124	139
Total	63	125	188

Clinical Sensitivity: 76.2% (95% CI 64.4% to 85.0%)

Clinical Specificity: 99.2% (95% CI 95.6% to 99.9%)

Imprecision/Reproducibility

E001

Repeatability and within-laboratory precision were determined in accordance with CLSI guideline EP05-A3: *Evaluation of Precision Performance of Quantitative Measurement Methods: A Statistical Approach* and CLSI guideline EP15-A3: *User Verification of Precision and Estimation of Bias*. Samples were assayed in duplicate replicates in 2 runs per day for 20 days on 3 NOVEOS Immunoassay Analyzers for a total of 80 replicates per sample. The SD and % CV of the within-run, between-run, between-day, and total imprecision were calculated for each sample and results are summarized in the following table:

Sample	Mean (kU/L)	Within-Run		Between-Run		Between Day		Total	
		SD	CV (%)	SD	CV (%)	SD	CV (%)	SD	CV (%)
LoQ18	0.26	0.02	7.1%	0.01	5.0%	0.02	5.9%	0.03	10.5%
PP46	8.63	0.31	3.6%	0.18	2.1%	0.49	5.7%	0.61	7.0%
Lyphochek Pos Sample	12.59	0.45	3.6%	0.63	5.0%	0.67	5.3%	1.02	8.1%
NOVEOS Pos Sample	13.62	0.59	4.3%	0.68	5.0%	0.82	6.0%	1.22	8.9%
PP28	40.81	1.37	3.4%	1.67	4.1%	2.47	6.0%	3.28	8.0%

Lot-to-lot imprecision

Lot-to-Lot imprecision was evaluated with three different lots of the NOVEOS, E001, using a panel of serum samples in two replicates per run, two runs per day for twenty days (for a total of 240 replicates per sample). The results are summarized in the following table:

Sample	Mean (kU/L)	Within-Run		Between-Run		Between Day		Total	
		SD	CV (%)	SD	CV (%)	SD	CV (%)	SD	CV (%)
LoQ18	0.26	0.02	6.5%	0.01	5.2%	0.00	0.0%	0.03	9.5%
PP46	8.51	0.30	3.5%	0.51	5.9%	0.10	1.2%	0.65	7.6%
Lyphochek Pos Sample	12.66	0.47	3.7%	0.79	6.3%	0.15	1.2%	1.12	8.8%
NOVEOS Pos Sample	13.65	0.54	4.0%	0.78	5.7%	0.00	0.0%	1.26	9.2%
PP28	41.07	1.53	3.7%	2.56	6.2%	0.48	1.2%	3.35	8.2%

Site-to-site reproducibility

Site-to-site reproducibility was evaluated by testing a panel of 4 patient pools (one negative and three positive) and 2 controls (run as samples) at three sites using the same lot of reagent. Each sample was tested in five replicates per run, one run per day for five days on one NOVEOS Immunoassay Analyzer at each site (for a total of 75 replicates per sample). The results are summarized in the following table:

Panel	Result Summary		Within Run (Repeatability)		Between Day		Between Site		Reproducibility	
	N	Mean (kU/L)	SD	CV	SD	CV	SD	CV	SD	CV
PP61	75	0.27	0.02	7.4%	0.01	3.7%	0.03	11.1%	0.03 (.02-0.11)	11.1% (7.5%-41.2%)
PP62	75	0.50	0.03	6.0%	0.01	2.0%	0.06	11.9%	0.07 (0.04-0.20)	13.9% (7.9%-39.8%)
PP63	75	1.15	0.07	6.1%	0.02	1.7%	0.11	9.6%	0.13 (0.08-0.37)	11.3% (6.6%-32.5%)
NOV	75	10.64	0.56	5.3%	0.22	2.1%	0.46	4.3%	0.76 (0.54-1.26)	7.1% (5.1%-11.8%)
LYP	75	12.58	0.52	4.1%	0.22	1.7%	0.32	2.5%	0.65 (0.50-0.93)	5.2% (4.0%-7.4%)
PP64	75	69.93	4.90	7.0%	2.01	2.9%	1.83	2.6%	5.60 (4.61-7.14)	8.0% (6.6%-10.2%)

Imprecision/Reproducibility

G006

Repeatability and within-laboratory precision were determined in accordance with CLSI guideline EP05-A3: *Evaluation of Precision Performance of Quantitative Measurement Methods: A Statistical Approach* and CLSI guideline EP15-A3: *User Verification of Precision and Estimation of Bias*. Samples were assayed in duplicate replicates in 2 runs per day for 20 days on 3 NOVEOS Immunoassay Analyzers for a total of 80 replicates per sample. The SD and % CV of the within-run, between-run, between-day, and total imprecision were calculated for each sample and results are summarized in the following table:

Sample	Mean (kU/L)	Within-Run		Between-Run		Between Day		Total	
		SD	CV (%)	SD	CV (%)	SD	CV (%)	SD	CV (%)
LoQ50	0.19	0.01	7.0%	0.01	7.1%	0.01	3.2%	0.02	10.4%
PP48	0.37	0.01	4.0%	0.01	3.9%	0.01	3.1%	0.02	6.4%
PP25	6.36	0.19	3.0%	0.21	3.3%	0.15	2.4%	0.32	5.0%
Lyphochek Pos Sample	8.86	0.24	2.7%	0.40	4.5%	0.38	4.3%	0.60	6.8%
NOVEOS Pos Sample	27.50	1.15	4.2%	1.86	6.8%	2.13	7.7%	3.05	11.1%
PP06	44.04	2.01	4.6%	2.19	5.0%	3.72	8.4%	4.76	10.8%

Lot-to-lot imprecision

Lot-to-Lot imprecision was evaluated with three different lots of the NOVEOS, G006, using a panel of serum samples in two replicates per run, two runs per day for twenty days (for a total of 240 replicates per sample). The results are summarized in the following table:

Sample	Mean (kU/L)	Within-Run		Between-Run		Between Day		Total	
		SD	CV (%)	SD	CV (%)	SD	CV (%)	SD	CV (%)
LoQ50	0.20	0.01	7.2%	0.01	3.6%	0.00	1.9%	0.02	10.6%
PP48	0.37	0.02	4.1%	0.01	3.7%	0.01	2.8%	0.03	7.2%
PP25	6.32	0.21	3.3%	0.06	1.0%	0.06	1.0%	0.33	5.2%
Lyphochek Pos Sample	8.83	0.29	3.3%	0.48	5.4%	0.14	1.6%	0.69	7.8%
NOVEOS Pos Sample	28.05	1.21	4.3%	2.08	7.4%	0.08	0.3%	3.14	11.2%
PP06	45.34	1.95	4.3%	3.47	7.7%	1.88	4.2%	4.94	10.9%

Site-to-site reproducibility

Site-to-site reproducibility was evaluated by testing a panel of 4 patient pools (one negative and three positive) and 2 controls (run as samples) at three sites using the same lot of reagent. Each sample was tested in five replicates per run, one run per day for five days on one NOVEOS Immunoassay Analyzer at each site (for a total of 75 replicates per sample). The results are summarized in the following table:

Panel	Result Summary		Within Run (Repeatability)		Between Day		Between Site		Reproducibility	
	N	Mean (kU/L)	SD	CV	SD	CV	SD	CV	SD	CV
PP65	74	0.18	0.02	11.1%	0.00	0.0%	0.00	0.0%	0.02 (0.01-0.02)	11.1% (8.0%-11.2%)
PP66	75	0.42	0.03	7.1%	0.00	0.0%	0.02	4.7%	0.04 (0.03-0.06)	9.5% (6.3%-13.5%)
PP67	75	2.16	0.10	4.6%	0.06	2.8%	0.14	6.5%	0.18 (0.12-0.42)	8.3% (5.4%-19.4%)
LYP	75	8.46	0.36	4.3%	0.25	3.0%	0.26	3.1%	0.51 (0.38-0.77)	6.0% (4.5%-9.1%)
NOV	75	10.32	0.53	5.1%	0.27	2.6%	0.48	4.6%	0.76 (0.54-1.31)	7.4% (5.2%-12.7%)
PP68	75	57.38	4.02	7.0%	0.76	1.3%	2.03	3.5%	4.56 (3.63-6.14)	7.9% (6.3%-10.7%)

One result was excluded from the final analysis dataset. The test result had an error flag for insufficient sample volume that was attributed to a bubble; the test was not repeated.

Linearity

Linearity was evaluated in accordance with CLSI guideline I/LA20, *Analytical Performance Characteristics, Quality Assurance, and Clinical Utility of Immunological Assays for Human Immunoglobulin E (IgE) Antibodies of Defined Allergen Specificities*, Third Edition. For each evaluation, three positive serum samples were each diluted in negative serum pool generating five 2-fold consecutive dilutions. Each diluted sample was tested in replicates of five and the each neat sample was tested in replicates of 15 all within one assay run using three lots of reagents. Dilutions of E001 specific IgE samples with analyte concentrations from 0.03 to 101.62 kU/L, and G006 specific IgE samples with analyte concentrations of 0.06 to 104.99 kU/L, fully encompassing the measuring interval of 0.17 to 100 kU/L were used to calculate the linear regression statistics below.

	Dilution Range (kU/L)	Regression Equation	Slope (95% CI)	Intercept (95% CI)	R ²
E001	0.03 – 101.62	y = 1.00x - 0.37	0.98 to 1.01	-0.79 to -0.05	0.999
G006	0.06 – 104.99	y = 1.02x + 0.58	0.99 to 1.05	-0.36 to 1.51	0.997

Interference

Interference testing was carried out in accordance with CLSI guideline EP7, *Interference Testing in Clinical Chemistry; Approved Guideline – Third Edition*. The following substances show less than or equal to 15% interference with the NOVEOS sIgE Assay, E001 & G006.

Substance	Concentration
Hemoglobin	200 mg/dL
Conjugated Bilirubin	30 mg/dL
Unconjugated Bilirubin	20 mg/dL
Intralipid	3000 mg/dL
Biotin	3500 ng/mL
Diphenhydramine	19.6 µmol/L
Methylprednisolone	1000 ng/mL
Ranitidine	19.1 µmol/L
Omalizumab	0.12 mg/mL
Human Serum Albumin	120 g/L
Rheumatoid Factor	513 IU/mL

Cross-Reactivity

Cross-reactivity testing for E001 and G006 was carried out in accordance with CLSI guideline EP7, *Interference Testing in Clinical Chemistry; Approved Guideline – Third Edition*. For each evaluation, all samples were tested in replicates of three within one assay run using three lots of reagents. The cross-reactivity with other human immunoglobulins is non-detectable at physiological concentrations of IgA, IgD, IgM and IgG.

Cross-Reactivity (Analytical Specificity)

E001

Specificity of NOVEOS sIgE Assay, E001, was demonstrated by assessing Competitive Inhibition in accordance with CLSI I/LA20, *Analytical Performance Characteristics, Quality Assurance, and Clinical Utility of Immunological Assays for Human Immunoglobulin E Antibodies of Defined Allergen Specificities*, Third Edition. For E001, all the related (E006, Guinea Pig Epithelia) and unrelated allergens (G013, Extract Velvet Grass; W011, Russian Thistle; and M004, *Mucor circinelloides*) assessed show $\leq 15\%$ inhibition to E001.

G006

Specificity of NOVEOS sIgE Assay, G006, was demonstrated by assessing Competitive Inhibition in accordance with CLSI I/LA20, *Analytical Performance Characteristics, Quality Assurance, and Clinical Utility of Immunological Assays for Human Immunoglobulin E Antibodies of Defined Allergen Specificities*, Third Edition. For G006, all the related (G202, Corn, Cultivated) and unrelated allergens (W043, Sagebrush, Common; F018, Brazil Nut; and M004, *Mucor circinelloides*) assessed show $\leq 15\%$ inhibition to G006.

Detection Limit

E001

Limit of Blank (LoB), Limit of Detection (LoD) and Limit of Quantitation (LoQ) were estimated in accordance with CLSI guideline EP17-A2, *Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures; Approved Guideline – Second Edition*. A panel of analyte-free and low IgE samples were assayed on multiple reagent lots and instruments across six days. A total of 60 replicates of analyte-free and 300 replicates of low IgE sample were evaluated from which LoB and LoD were determined to be 0.02 kU/L, and 0.06 kU/L, respectively. The LoQ is defined as the lowest analyte concentration with a within-lab precision of 20%CV. A panel of low analyte samples were assayed in replicates of two in 2 runs per day for 20 days, 80 replicates total. The LoQ was determined to be 0.14 kU/L.

G006

Limit of Blank (LoB), Limit of Detection (LoD) and Limit of Quantitation (LoQ) were estimated in accordance with CLSI guideline EP17-A2, *Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures; Approved Guideline – Second Edition*. A panel of analyte-free and low IgE samples were assayed on multiple reagent lots and instruments across six days. A total of 60 replicates of analyte-free and 360 replicates of low IgE sample were evaluated from which LoB and LoD were determined to be 0.03 kU/L, and 0.06 kU/L, respectively. The LoQ is defined as the lowest analyte concentration with a

within-lab precision of 20%CV. A panel of low analyte samples were assayed in replicates of two in 2 runs per day for 20 days, 80 replicates total. The LoQ was determined to be 0.14 kU/L.

Reference Range

E001

The expected value is negative (<0.35 kU/L) for a specific allergen in a non-atopic person. Each laboratory professional should establish its own expected value. This expected value/reference range of NOVEOS sIgE, E001 in the normal population was verified by testing samples from 132 apparently healthy subjects in a clinical study. All 132 samples were tested below <0.35 kU/L.

G006

The expected value is negative (<0.35 kU/L) for a specific allergen in a non-atopic person. Each laboratory professional should establish its own expected value. This expected value/reference range of NOVEOS sIgE, G006 in the normal population was verified by testing samples from 127 apparently healthy subjects in a clinical study. All 127 samples were tested below <0.35 kU/L.

Stability

Shelf life stability: Both an ongoing real-time stability study and an accelerated stability study were performed in accordance with CLSI EP25-A using three lots of NOVEOS sIgE Assay, E001 and G006. The accelerated stability data support the manufacturer’s claim of 18 to 48 month unopened shelf-life stability for the individual assay components listed in the table below. The real-time stability study is on-going for E001 and G006. Available data supports 16 month unopened shelf-life stability when stored at 2-8°C per the manufacturer’s instruction for use:

		Shelf-life Stability* (2-8°C)
Specific IgE Capture Reagent E001		24 months
Specific IgE Capture Reagent G006		24 months
IgE Common Kit	Diluent A	48 months
	Conjugate IgE	18 months
	Substrate A and Substrate B	24 months
	Fluo Beads™	24 months
IgE Calibrator Set		24 months
Calibrator Antibody IgE		24 months
Others	Probe Wash Pack	24 months

		Shelf-life Stability* (2-8°C)
	Wash Buffer Concentrate	48 months
	Cuvette Wash Pack	12 months
Controls	IgE Negative Control Pack	48 months
	IgE Positive Control Pack	24 months

*Results based on accelerated stability data

On-board stability: A real-time stability study using three lots of NOVEOS sIgE Assay, E001 and G006 support the on-board stability claim of 48 hours to 28 days for the individual assay components as summarized in the table below.

		On-board Stability (2-8°C)
Specific IgE Capture Reagent E001		28 days
Specific IgE Capture Reagent G006		28 days
IgE Common Kit	Diluent A	14 days
	Conjugate IgE	14 days
	Substrate A and Substrate B	14 days
	Fluo Beads™	14 days
IgE Calibrator Set		48 hours
Others	Probe Wash Pack	N/A
	Wash Buffer Concentrate	28 days
	Cuvette Wash Pack	28 days
Controls	IgE Negative Control Pack	48 hours
	IgE Positive Control Pack	48 hours