

April 24, 2020

Andre Hsiung
Director of Technical Services
Hardy Diagnostics
1430 West McCoy Lane
Santa Maria, CA 93455

Device: Anti-SARS-CoV-2 Rapid Test

Company: Autobio Diagnostics Co. Ltd.

Indication: Qualitative detection and differentiation of Ig. and G antibodies

to SARS-CoV-2 in hy can planta from anticoage and blood (Heparin/ EDTA/ sodit points and in identifying individually than adaptive immune response to SARS-CoV-2 thing recommend from anticoage and blood in the property in t

of this tes simited a thoriz laboratories.

Authorized Laboratories: Laboratories Laboratories Laboratory Improvement

Amend ents of 1988 (CL.), 42 U.S.C. §263a, to perform

derater high complex tests.

### Dear Mr. Hsiung:

This letter is in respect to your<sup>1</sup> recest that the Food and Drug Administration (FDA) issue an Emergency Use Author. (EUA) for emergency use of your product,<sup>2</sup> pursuant to Section 564 of the Februal Food, Drug, Competic Act (the Act) (21 U.S.C. §360bbb-3).

On February 4, 2020 arsuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Horman Advances (HHS) determined that there is a public health emergency as a significant potential to affect national security or the health and security of States of izens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 56 and the Act, and on the basis of such determination, the Secretary of HHS can declared accircumstances exist justifying the authorization of emergency use of in vitral temposities for detection and/or diagnosis of the virus that causes COVID-19 subject to the total or any contraction issued under Section 564(a) of the Act.

<sup>&</sup>lt;sup>1</sup> Russe of reference, this letter will use the term "you" and related terms to refer to Autobio Diagnostics Co. Ltd. <sup>2</sup> For use of reference, this letter will use the term "your product" to refer to the Anti-SARS-CoV-2 Rapid Test used for the indication identified above.

<sup>&</sup>lt;sup>3</sup> 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).

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 issauce 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 condition, including severe respiratory illness, to humans infected by this crus;
- t is reaso 2. Based on the totality of scientific evidence available to FD. le to believe that your product may be effective in diagnosing recept or product on with SA CoV-2 by identifying individuals with an adaptive in une resp to the vir causes COVID-19, and that the known and potential nefits of yo roduc nen used for diagnosing recent or prior infection with SARS-0 V-2 by identify aividuals with OVID-19, outweigh the known an adaptive immune response to the virus th auses and potential risks of your product; and
- 3. There is no adequate, approved, a van alternate to the emergency use of your product.<sup>4</sup>

# II. Scope of Authorization

I have concluded, pursuant to Section 5 (1) of the section 4 that the scope of this authorization is limited to the indication above.

## Authorized Produce Petails

Your product a lateral flow. The say intended for the qualitative detection and differentiate at of IgM and IgG antibet as to SARS-CoV-2 in human plasma from anticoagulated blood (\*\*parin/\* ED\*\*) sodium citrate) or serum. The Anti-SARS-CoV-2 Rapid Test is intended for use at an aid in identifying patients with an adaptive immune response to SARS-CoV-2, in pating recent or the refrection. At this time, it is unknown for how long antibodies to follow a infectior and if the presence of antibodies confers protective immunity.

To us your product of device cassette, specimen, and buffer solution are allowed to equilibrate to reach temperature. Specimen (5  $\mu$ L) is transferred into each sample well using a calibrated pictor. And IgM wells must be tested. Two drops (60  $\mu$ L) of Sample Diluent are then aded to each sample well. Wait for 15 minutes to read the test results. Do not read the results fter 20 minutes. The result is positive for IgM if colored control lines (C) appear in both result allows and a test line appears in the IgM test line region (T). The test result is positive for IgG if colored (C) appear in both result windows and a test line appears in the IgG test line region (T). The result is positive for both IgM and IgG if control lines (C) appear in both result windows and test lines appear in both IgM and IgG test line regions (T). The test result is

<sup>&</sup>lt;sup>4</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

negative if control lines (C) are present in both result windows and no test lines appear in either IgG or IgM test line regions (T). The test result is invalid if a colored test line (C) does not appear in either IgG or IgM result window, regardless of the appearance of any test line (T).

Your product requires the following internal control, that is processed along with the specimen on the device cassette. The internal control listed below must generate expected respirant ore for a test to be considered valid, as outlined in the Instructions for Use:

• Internal Control – The C lines should appear for every test and checks a flow of reagents is satisfactory.

You also recommend use of external positive and negative controls of other authorized controls to be run as outlined in the Instructions for Use. Your product also equires the use of additional authorized materials and authorized ancillary reagents that are not in the deal of the your product and are described in the Instructions for Use.

The above described product, when labeled consistently with the labeling aux d by FDA, id Te '(available at entitled "Instructions for Use - Anti-SARS-CoV-2 https://www.fda.gov/medical-devices/emergency-situa emergency-used with concurrence of, the authorizations), which may be revised in consultation who Division of Microbiology Devices (DMD) Lealth Shnology 7 Office of In Vitro Diagnostics and Radiological Health (CAT7-OIR)/One (OPEQ)/Center for Devices and Radiological Health (Cand used by authorized laboratories user this EUA, des requirements otherwise requirements by applicable federal la ect Evaluation and Quality of Pa RH), is authorized to be distributed to er this EUA, des e the fact that it does not meet certain

Your product is authorized to be company and allowing product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and recipients:

- F Sheet for Hean. viders: Anti-SARS-CoV-2 Rapid Test
- Let Sheet for Recipients. Lati-SARS-CoV-2 Rapid Test

I have to cluded carsuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known of catential berges of your authorized product, when used to diagnose recent or infection with SARS oV-2 by identifying individuals with an adaptive immune response to the cirus, and and of sistently with the Scope of Authorization of this letter (Section II), outward the known ad potential risks of your product.

We conclude, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific vidence available to FDA, that it is reasonable to believe that your product may be effective for indication above, when used consistently with the Scope of Authorization of this letter (S ion 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) (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 auration of its EUA:

• Current good manufacturing practice requirement include the quality syst requirements under 21 CFR Part 820 with respect to the design manufacturing packaging, labeling, storage, and distribution of year product.

#### IV. Conditions of Authorization

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

# Autobio Diagnostics Co. Ltd. (You) and Authorized 1 tributor(s)<sup>5</sup>

- A. Your product must contry with the following labeling requirements under FDA regulations: the intended use state and (21 CF 309.10(a)(2), (b)(2)); adequate directions for use (21 U.S 352(f)), (309.10(b)(5), (7), and (8)); any appropriate limitations on the use of the levice including information required under 21 CFR 809.10(a)(4), (30) any available information regarding performance of the device, including requirements under a CFR 809.10(b)(12).
- B. Y and authorized distributor(s) will make your product available with the authorized beling to a corized laboratories. You may request changes to the authorized ling a ch requests will be made in consultation with, and require concurrence of, DIA 177-OIR/O Q/CDRH.
- You and the sed distributor(s) will provide to authorized laboratories the Fact Sheet for Healthca. Providers and the authorized Fact Sheet for Recipients. You may changes to the authorized Fact Sheets. Such requests will be made in consumation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- D. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Recipients.

<sup>&</sup>lt;sup>5</sup> "Authorized Distributor(s)" are identified by you, Autobio Diagnostics Co. Ltd., in your EUA submission as an entity allowed to distribute your device.

- E. 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, authorized labeling and authorized Fact Sheets.
- F. Through a process of inventory control, you and authorized distributor(s) will me records of the authorized laboratories to which they distribute the test and number of test they distribute.
- G. You and authorized distributor(s) will collect information on the performance of your product. You will report to FDA any suspected occurrence of fall positive as false negative results and significant deviations from the established arformance characteristics of the product of which you become aware.
- H. You and authorized distributor(s) are authorized to make available antional information relating to the emergency use of your product that is assistent with and does not exceed, the terms of this letter of authorization.
- I. You and authorized distributor(s) will make a plable accentrol material or other authorized control materials for purchase at the one me as a duct.

#### Autobio Diagnostics Co. LTD. (You)

- J. You will notify FDA of any a torized distribute s) of your product, including the name, address, and phone numer of any authorized distributor(s).
- K. You will provide author ad districtor(s) with copy of this EUA and communicate to authorized distributor(s) a subsequence adments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- L. You men request excess to the Scope of Authorization (Section II in this letter) of your product. Such requests we have add in consultation with DMD/OHT7-O' OPEQ/CDRH, and require concurrence of, Office of Counterterrorism and energing T' ats (OCET)/Office of the Chief Scientist (OCS)/Office of the pmiss over (OC) and DMD/OHT7-OIR/OPEQ/CDRH.
  - You have request addition of other ancillary materials for use with your product. Such requests a be made in consultation with, and require concurrence of, DMD/OHT AR/OPEQ/CDRH.
- N. 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.
- O. 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.

- P. 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.
- Q. You will evaluate the performance and assess traceability<sup>6</sup> of your product you any FDA-recommended reference material(s) or established panel(s) of characterized clinical specimens. After submission to FDA and DMD/OHT7-OIR/ON VCDRH's review of and concurrence with the data, you will update your labeling to have the additional testing. Such labeling updates will be made in consultation with, a require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- R. You will track adverse events, including any occurrence of the result and report to FDA under 21 CFR Part 803.
- S. You will make available SARS-CoV-2 IgM and IgO ositive Con. (s) as a Negative Control with reactivity levels sufficient to serve as p per control for performance of your product. After submission to FDA a DMI out7-OIR/OPEQ/CDRH's review of and concurrence, you will update you about the External Controls by 6/5/2020.
- T. You will complete the agreed on real-time ility s x for your product. After CDRH's review of and concurrence submission to FDA and DMD HT7-OIR/OPE to reflect the additional testing. with the data, you will update our product label Such labeling updates le in consultati with, and require concurrence of, l be i DMD/OHT7- OIR/OPE CDR

#### **Authorized Laboratories**

- U. Authorized laborate using our product will include with result reports of your product, all authorized reasonst the Shorts. Under exigent circumstances, other appropriate modes for disseminating these Fact Sheets may be used, which may include mass actia.
- V. All the d laborators Jusing your product will use your product as outlined in the Instructure for U. Deviations from the authorized procedures, including the authorized past ments, authorized clinical specimen types, authorized control materials, authorized for ancillary reagents and authorized materials required to use your product permitted.
- W. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- 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.

<sup>&</sup>lt;sup>6</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

- Y. Authorized laboratories will collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: <a href="mailto:CDRH-EUA-Reporting@fda.hhs.gov">CDRH-EUA-Reporting@fda.hhs.gov</a>) and you (<a href="mailto:TechnicalServices@hardydiagnostics.com">TechnicalServices@hardydiagnostics.com</a>) any suspected occurrence of false positive or false negative results and significant defined from the established performance characteristics of your product of which the secome aware.
- Z. All laboratory personnel using your product must be appropriately trained has immunochromatographic techniques and use appropriate laborator, and person protective equipment when handling this kit, and use your product in accordance the authorized labeling. All laboratory personnel using the gray must all the trained and be familiar with the interpretation of results of the product.

# Autobio Diagnostics Co. LTD. (You), Authorized Distributors and Autorized Laboratories

AA. You, authorized distributors, and authorized ensure that any records associated with this Eb. read annual otherwise notified by FDA. Such records will be made available to a for inspection upon request.

# Conditions Related to Advertising a Promotion

- BB. All descriptive printed patter, including a pertising or promotional material relating to the use of you product shall be consistent with the Fact Sheets and authorized labeling, as well as the trans set with in this First and the applicable requirements set forth in the Act and FDA equilations.
- CC. All the printer matter, including advertising or promotional material relating the use our project shall clearly and conspicuously state that:
  - This test has not been In A cleared or approved;
  - The test has been authorized by FDA under an EUA for use by authorized aboratories:
  - The was been authorized only for the detection of IgM and IgG antibodies again a 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.

No descriptive printed matter, including advertising or promotional material 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.

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

## V. Duration of Authorization

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

Sincerely,

Chief Schoolst
Food and Log Administration

Enclosures

