GeneXpert
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Xpert® Xpress SARS-CoV-2

Instructions for Use
For Use Under an Emergency Use Authorization (EUA) Only

Rx only

REF **XPRSARS-COV2-10**

For Use with GeneXpert Dx or GeneXpert Infinity Systems

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1 Proprietary Name

Xpert® Xpress SARS-CoV-2

2 Common or Usual Name

Xpert Xpress SARS-CoV-2

3 Intended Use

The Xpert Xpress SARS-CoV-2 test is a rapid, real-time RT-PCR test intended for the qualitative detection of nucleic acid from the SARS-CoV-2 in upper respiratory specimens (i.e., nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab or nasal wash/ aspirate) collected from individuals suspected of COVID-19 by their healthcare provider.

Testing of nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab or nasal wash/aspirate specimens using the Xpert Xpress SARS-CoV-2 test run on the GeneXpert Dx and GeneXpert Infinity systems is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet requirements to perform high or moderate complexity tests.

Testing of nasopharyngeal, nasal, or mid-turbinate swab specimens using the Xpert Xpress SARS-CoV-2 test run on the GeneXpert Xpress System (Tablet and Hub Configurations) is limited to laboratories certified under CLIA that meet requirements to perform high, moderate, or waived complexity tests. Testing of these specimens 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.

Results are for the detection of SARS-CoV-2 RNA. The SARS-CoV-2 RNA is generally detectable in upper respiratory specimens during the acute phase of infection. Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the Xpert Xpress SARS-CoV-2 test is intended for use by trained operators who are proficient in performing tests using either GeneXpert Dx, GeneXpert Infinity and/or GeneXpert Xpress systems. The Xpert Xpress SARS-CoV-2 test is only for use under the Food and Drug Administration's Emergency Use Authorization.

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4 Summary and Explanation

An outbreak of respiratory illness of unknown etiology in Wuhan City, Hubei Province, China was initially reported to the World Health Organization (WHO) on December 31, 2019.[1] Chinese authorities identified a novel coronavirus (2019-nCoV), which has resulted in thousands of confirmed human infections in multiple provinces throughout China and exported cases in several Southeast Asian countries and more recently the United States. Cases of severe illness and some deaths have been reported. The International Committee for Taxonomy of Viruses (ICTV) renamed the virus SARS-CoV-2.[2]

The Xpert Xpress SARS-CoV-2 test is a molecular *in vitro* diagnostic test that aids in the detection and diagnosis SARS-CoV-2 and is based on widely used nucleic acid amplification technology. The Xpert Xpress SARS-CoV-2 test contains primers and probes and internal controls used in RT-PCR for the *in vitro* qualitative detection of SARS-CoV-2 RNA in upper respiratory specimens.

5 Principle of the Procedure

The Xpert Xpress SARS-CoV-2 test is an automated *in vitro* diagnostic test for qualitative detection of nucleic acid from SARS-CoV-2. The Xpert Xpress SARS-CoV-2 test is performed on GeneXpert Instrument Systems.

The GeneXpert Instrument Systems automate and integrate sample preparation, nucleic acid extraction and amplification, and detection of the target sequences in simple or complex samples using real-time PCR assays. The systems consist of an instrument, computer, and preloaded software for running tests and viewing the results. The systems require the use of single-use disposable cartridges that hold the RT-PCR reagents and host the RT-PCR process. Because the cartridges are self-contained, cross-contamination between samples is minimized. For a full description of the systems, see the *GeneXpert Dx System Operator Manual* or the *GeneXpert Infinity System Operator Manual*.

The Xpert Xpress SARS-CoV-2 test includes reagents for the detection of RNA from SARS-CoV-2 in nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab and/or nasal wash/aspirate specimens. A Sample Processing Control (SPC) and a Probe Check Control (PCC) are also included in the cartridge utilized by the GeneXpert instrument. The SPC is present to control for adequate processing of the sample and to monitor for the presence of potential inhibitor(s) in the RT-PCR reaction. The SPC also ensures that the RT-PCR reaction conditions (temperature and time) are appropriate for the amplification reaction and that the RT-PCR reagents are functional. The PCC verifies reagent rehydration, PCR tube filling, and confirms that all reaction components are present in the cartridge including monitoring for probe integrity and dye stability.

The nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab specimen and/or nasal wash/aspirate specimen is collected and placed into a viral transport tube containing 3 mL transport medium or 3 mL of saline. The specimen is briefly mixed by rapidly inverting the collection tube 5 times. Using the supplied transfer pipette, the sample is transferred to the sample chamber of the Xpert Xpress SARS-CoV-2 cartridge. The GeneXpert cartridge is loaded onto the GeneXpert Instrument System platform, which performs hands-off,

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automated sample processing, and real-time RT-PCR for detection of viral RNA.

6 Reagents and Instruments

6.1 Materials Provided

The Xpert Xpress SARS-CoV-2 kit contains sufficient reagents to process 10 specimens or quality control samples. The kit contains the following:

Xpert Xpress SARS-CoV-2 Cartridges with Integrated Reaction Tubes	**10**
• Bead 1, Bead 2, and Bead 3 (freeze-dried)	**1 of each per cartridge**
• Lysis Reagent	**1.5 mL per cartridge**
• Binding Reagent	**1.5 mL per cartridge**
• Elution Reagent	**3.0 mL per cartridge**
Disposable Transfer Pipettes	**10-12 per kit**
CD	**1 per kit**
• Assay Definition File (ADF)	
• Instructions to import ADF into GeneXpert software	
Flyer	**1 per kit**
• Directions to locate the Product Insert on www.cepheid.com	

Note Safety Data Sheets (SDS) are available at www.cepheid.com or www.cepheidinternational.com under the **SUPPORT** tab.

Note The bovine serum albumin (BSA) in the beads within this product was produced and manufactured exclusively from bovine plasma sourced in the United States. No ruminant protein or other animal protein was fed to the animals; the animals passed ante- and post-mortem testing. During processing, there was no mixing of the material with other animal materials.

7 Storage and Handling

- Store the Xpert Xpress SARS-CoV-2 cartridges at 2-28°C.
- Do not open a cartridge lid until you are ready to perform testing.
- Do not use a cartridge that is wet or has leaked.

8 Materials Required but Not Provided

- GeneXpert Dx or GeneXpert Infinity systems (catalog number varies by configuration): GeneXpert instrument, computer, barcode scanner, operator manual.

  For GeneXpert Dx System: GeneXpert Dx software version 4.7b or higher

  For GeneXpert Infinity-80 and Infinity-48s systems: Xpertise software version 6.4b or higher

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9 Materials Available but Not Provided

SeraCare AccuPlex™ Reference Material Kit, catalog number 0505-0126 (Order Code CEPHEID)

10 Warnings and Precautions

10.1 General

- For *in vitro* diagnostic use.
- For emergency use only.
- 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 nucleic acid from SARS-CoV-2, not for any other virus or pathogens.
- 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 Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.
- Positive results are indicative of presence of SARS-CoV-2-RNA.
- Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.
- Performance characteristics of this test have only been established with nasopharyngeal swab specimens. The performance of this assay with other specimen types or samples has not been evaluated.

- Treat all biological specimens, including used cartridges, as if capable of transmitting infectious agents. Because it is often impossible to know which might be infectious, all biological specimens should be handled using standard precautions. Guidelines for specimen handling are available from the U.S. Centers for Disease Control and Prevention[3] and the Clinical and Laboratory Standards Institute.[4]
- Follow safety procedures set by your institution for working with chemicals and handling biological specimens.
- Consult your institution's environmental waste personnel on proper disposal of used cartridges, which may contain amplified material. This material may exhibit characteristics of federal EPA Resource Conservation and Recovery Act (RCRA) hazardous waste requiring specific disposal requirements. Check state and local regulations as they may differ from federal disposal regulations. Institutions should check the hazardous waste disposal requirements within their respective countries.

10.2 Specimens

- Maintain proper storage conditions during specimen transport to ensure the integrity of the specimen (see Section 12, Specimen Collection, Transport, and Storage). Specimen stability under shipping conditions other than those recommended has not been evaluated.

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10.3 Assay/Reagent

- Do not open the Xpert Xpress SARS-CoV-2 cartridge lid except when adding specimen.
- Do not use a cartridge that has been dropped after removing it from the packaging.
- Do not shake the cartridge. Shaking or dropping the cartridge after opening the cartridge lid may yield non-determinate results.
- Do not place the sample ID label on the cartridge lid or on the barcode label on the cartridge.
- Do not use a cartridge with a damaged barcode label.
- Do not use a cartridge that has a damaged reaction tube.
- Each single-use Xpert Xpress SARS-CoV-2 cartridge is used to process one test. Do not reuse processed cartridges.
- Each single-use disposable pipette is used to transfer one specimen. Do not reuse disposable pipettes.
- Do not use a cartridge if it appears wet or if the lid seal appears to have been broken.
- Wear clean lab coats and gloves. Change gloves between the handling of each specimen.
- In the event of a spill of specimens or controls, wear gloves and absorb the spill with paper towels. Then, thoroughly clean the contaminated area with a 10% freshly prepared household chlorine bleach. Allow a minimum of two minutes of contact time. Ensure the work area is dry before using 70% denatured ethanol to remove bleach residue. Allow surface to dry completely before proceeding. Or, follow your institution's standard procedures for a contamination or spill event. For equipment, follow the manufacturer's recommendations for decontamination of equipment.
- Biological specimens, transfer devices, and used cartridges should be considered capable of transmitting infectious agents requiring standard precautions. Follow your institution's environmental waste procedures for proper disposal of used cartridges and unused reagents. These materials may exhibit characteristics of chemical hazardous waste requiring specific disposal. If country or regional regulations do not provide clear direction on proper disposal, biological specimens and used cartridges should be disposed per WHO [World Health Organization] medical waste handling and disposal guidelines.

11 Chemical Hazards[5,6]

- **Signal Word: Warning**
- **UN GHS Hazard Statements**
  - Harmful if swallowed.
  - May be harmful in contact with skin.
  - Causes eye irritation.

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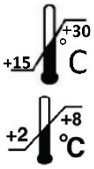
- **UN GHS Precautionary Statements**
- **Prevention**
  - Wash hands thoroughly after handling.
- **Response**
  - Call a POISON CENTER or doctor/physician if you feel unwell.
  - If skin irritation occurs: Get medical advice/attention.
  - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
  - If eye irritation persists: Get medical advice/attention.

12 Specimen Collection, Transport, and Storage



Proper specimen collection, storage, and transport are critical to the performance of this test. Inadequate specimen collection, improper specimen handling and/or transport may yield a false result. See Section 12.1 for nasopharyngeal swab collection procedure, Section 12.2 for oropharyngeal swab collection procedure, Section 12.3 for nasal swab collection procedure, and Section 12.4 for mid-turbinate swab collection procedure, and Section 12.5 for nasal wash/aspirate procedure. Nasopharyngeal, nasal, and mid-turbinate swabs and nasal wash/aspirate specimens can be stored at room temperature (15–30 °C) for up to 8 hours and refrigerated (2–8 °C) up to seven days until testing is performed on the GeneXpert Instrument Systems. For oropharyngeal swab specimen transport and storage requirements and additional information, refer to the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) using the link provided below.

https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html.

12.1 Nasopharyngeal Swab Collection Procedure

Insert the swab into either nostril, passing it into the posterior nasopharynx (see Figure 1). Rotate swab by firmly brushing against the nasopharynx several times. Remove and place the swab into the tube containing 3 mL of viral transport medium or 3 mL of saline. Break swab at the indicated break line and cap the specimen collection tube tightly.

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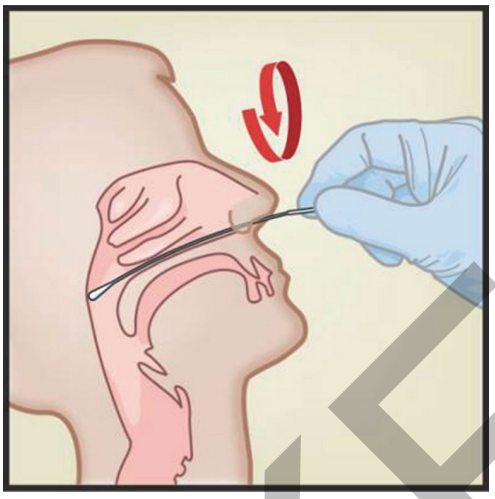

Figure 1. Nasopharyngeal Swab Collection

12.2 Oropharyngeal Swab Collection Procedure

1. Swab the posterior pharynx, tonsils, and other inflamed areas. Avoid touching the tongue, cheeks, and teeth with the swab when collecting specimens.
2. Remove and place the swab into the tube containing 3 mL of viral transport medium or 3 mL of saline. Break swab at the indicated break line and cap the specimen collection tube tightly.

12.3 Nasal Swab Collection Procedure

1. Insert a nasal swab 1 to 1.5 cm into a nostril. Rotate the swab against the inside of the nostril for 3 seconds while applying pressure with a finger to the outside of the nostril (see Figure 2).

Figure 2. Nasal Swab Collection for First Nostril

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2. Repeat on the other nostril with the same swab, using external pressure on the outside of the other nostril (see Figure 3). To avoid specimen contamination, do not touch the swab tip to anything other than the inside of the nostril.

Figure 3. Nasal Swab Collection for Second Nostril

3. Remove and place the swab into the tube containing 3 mL of viral transport medium or 3 mL of saline. Break swab at the indicated break line and cap the specimen collection tube tightly.

12.4 Mid-Turbinate Swab Collection Procedure

1. Insert the mid-turbinate swab into either nostril, passing it into the mid-turbinate area (see Figure 4). Rotate swab by firmly brushing against the mid-turbinate area several times.
2. Remove and place the swab into the tube containing 3 mL of viral transport medium or 3 mL of saline. Break swab at the indicated break line and cap the specimen collection tube tightly.

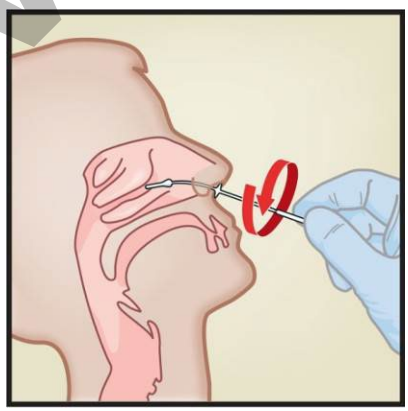

Figure 4. Mid-turbinate Swab Specimen Collection

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12.5 Nasal Wash/Aspirate Procedure

Using a clean transfer pipette, transfer 600 µL of the sample into the tube containing 3 mL of viral transport medium or 3 mL of saline and then cap the tube.

13 Procedure

13.1 Preparing the Cartridge

Important: Start the test within 30 minutes of adding the sample to the cartridge.

1. Remove a cartridge from the package.
2. Check the specimen transport tube is closed.
3. Mix specimen by rapidly inverting the specimen transport tube 5 times. Open cap on the specimen transport tube.
4. Open the cartridge lid.
5. Remove the transfer pipette from the wrapper.
6. Squeeze the top bulb of the transfer pipette completely and then place the pipette tip in the specimen transport tube (see Figure 5).

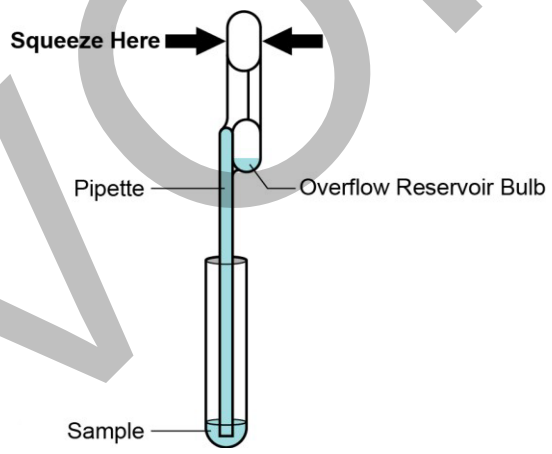

Figure 5. Transfer Pipette

7. Release the top bulb of the pipette to fill the pipette before removing from the tube. After filling pipette, excess sample will be seen in the overflow reservoir bulb of the pipette (see Figure 5). Check that the pipette does not contain bubbles.
8. To transfer the sample to the cartridge, squeeze the top bulb of the transfer pipette completely again to empty the contents of the pipette (300 µL) into the large opening (Sample Chamber) in the cartridge shown in Figure 6. Dispose of the used pipette.

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Figure 6. Xpert Xpress SARS-CoV-2 Cartridge (Top View)

Note Take care to dispense the entire volume of liquid into the Sample Chamber. False negative results may occur if insufficient sample is added to the cartridge.

9. Close the cartridge lid.

13.2 External Controls

External controls described in Section 9 are available but not provided and may be used in accordance with local, state, and federal accrediting organizations, as applicable.

To run a control using the Xpert Xpress SARS-CoV-2 test, perform the following steps:

1. Mix control by rapidly inverting the external control tube 5 times. Open cap on external control tube.
2. Open the cartridge lid.
3. Using a clean transfer pipette, transfer one draw of the external control sample (300 µL) into the large opening (Sample Chamber) in the cartridge shown in Figure 6.
4. Close cartridge lid.

13.3 Starting the Test

Note Before you start the test, make sure that the system contains modules with GeneXpert Dx software version 4.7b or higher or Infinity Xpertise software 6.4b or higher, and that the Xpert Xpress SARS-CoV-2 Assay Definition File is imported into the software.

This section lists the default steps to operate the GeneXpert Instrument System. For detailed instructions, see the *GeneXpert Dx System Operator Manual* or the *GeneXpert Infinity System Operator Manual*, depending on the model that is being used.

Note The steps you follow may be different if the system administrator has changed the default workflow of the system.

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1. Turn on the GeneXpert Instrument System:
   - **GeneXpert Dx:**

     If using the GeneXpert Dx instrument, first turn on the instrument and then turn on the computer. Log into the Windows operating system. The GeneXpert software may launch automatically or may require double-clicking on the GeneXpert Dx shortcut icon on the Windows® desktop.

     or
   - **GeneXpert Infinity System:**

     If using the GeneXpert Infinity instrument, power up the instrument by turning the power switch clockwise to the **ON** position. On the Windows desktop, double-click the Xpertise Software shortcut icon to launch the software.
2. Log on to the System software. The login screen appears. Type your user name and password.
3. In the GeneXpert System window, click **Create Test** (GeneXpert Dx) or **Orders** followed by **Order Test** (Infinity).
4. Scan or type in the Patient ID (optional). If typing the Patient ID, make sure the Patient ID is typed correctly. The Patient ID is shown on the left side of the View Results window and is associated with the test result.
5. Scan or type in the Sample ID. If typing the Sample ID, make sure the Sample ID is typed correctly. The Sample ID is shown on the left side of the View Results window and is associated with the test result.
6. Scan the barcode on the Xpert Xpress SARS-CoV-2 cartridge. Using the barcode information, the software automatically fills the boxes for the following fields: Reagent Lot ID, Cartridge SN, Expiration Date and Selected Assay.

Note If the barcode on the Xpert Xpress SARS-CoV-2 cartridge does not scan, then repeat the test with a new cartridge.

7. Click **Start Test** (GeneXpert Dx) or **Submit** (Infinity) if Auto-Submit is not enabled. In the dialog box that appears, type your password, if required.

   For the GeneXpert Dx Instrument

   A. Locate the module with the blinking green light, open the instrument module door and load the cartridge.

   B. Close the door. The test starts and the green light stops blinking. When the test is finished, the light turns off and the door will unlock. Remove the cartridge.

   C. Dispose of used cartridges in the appropriate sample waste containers according to your institution's standard practices.

   or

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For the GeneXpert Infinity System

A. After clicking **Submit**, you will be asked to place the cartridge on the conveyor belt. After placing the cartridge, click **OK** to continue. The cartridge will be automatically loaded, the test will run and the used cartridge will be placed onto the waste shelf for disposal.

B. When all samples are loaded, click on the **End Order Test** icon.

Note Do not turn off or unplug the instruments while a test is in progress. Turning off or unplugging the GeneXpert instrument or computer will stop the test.

14 Viewing and Printing Results

For detailed instructions on how to view and print the results, see the G*eneXpert Dx System Operator Manual* or the *GeneXpert Infinity System Operator Manual*.

15 Quality Control

15.1 Internal Controls

CONTROL

Each cartridge includes a Sample Processing Control (SPC) and Probe Check Control (PCC).

Sample Processing Control (SPC) – Ensures that the sample was processed correctly. The SPC verifies that sample processing is adequate. Additionally, this control detects sample-associated inhibition of the real-time PCR assay, ensures that the PCR reaction conditions (temperature and time) are appropriate for the amplification reaction, and that the PCR reagents are functional. The SPC should be positive in a negative sample and can be negative or positive in a positive sample. The SPC passes if it meets the validated acceptance criteria.

Probe Check Control (PCC) – Before the start of the PCR reaction, the GeneXpert System measures the fluorescence signal from the probes to monitor bead rehydration, reaction tube filling, probe integrity, and dye stability. The PCC passes if it meets the validated acceptance criteria.

15.2 External Controls

External controls should be used in accordance with local, state, and federal accrediting organizations as applicable.

16 Interpretation of Results

The results are interpreted automatically by the GeneXpert System and are clearly shown in the **View Results** window. The Xpert Xpress SARS-CoV-2 test provides test results based on the detection of two gene targets according to the algorithms shown in Table 1.

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Table 1. Xpert Xpress SARS-CoV-2 Possible Results

Result Text	N2	E	SPC
SARS-CoV-2 POSITIVE	+	+/-	+/-
SARS-CoV-2 PRESUMPTIVE POS	-	+	+/-
SARS-CoV-2 NEGATIVE	-	-	+
INVALID	-	-	-

See Table 2 to interpret test result statements for the Xpert Xpress SARS-CoV-2 test.

Table 2. Xpert Xpress SARS-CoV-2 Results and Interpretation

Result	Interpretation
SARS-CoV-2 POSITIVE	The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are detected. • The SARS-CoV-2 signal for the N2 nucleic acid target or signals for both nucleic acid targets (N2 and E) have a Ct within the valid range and endpoint above the minimum setting • SPC: NA; SPC is ignored because coronavirus target amplification occurred • Probe Check: PASS; all probe check results pass
SARS-CoV-2 PRESUMPTIVE POS	The 2019 novel coronavirus (SARS-CoV-2) nucleic acids may be present. Sample should be retested according to the Retest Procedure in Section 17.2. For samples with a repeated presumptive positive result, additional confirmatory testing may be conducted, if it is necessary to differentiate between SARS-CoV-2 and SARS-CoV-1 or other Sarbecovirus currently unknown to infect humans, for epidemiological purposes or clinical management. • The SARS-CoV-2 signal for only the E nucleic acid target has a Ct within the valid range and endpoint above the minimum setting • SPC: NA; SPC is ignored because a target amplification has occurred. • Probe Check: PASS; all probe check results pass
SARS-CoV-2 NEGATIVE	The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are not detected. • The SARS-CoV-2 signals for two nucleic acid targets (N2 and E) do not have a Ct within the valid range and endpoint above the minimum setting • SPC: PASS; SPC has a Ct within the valid range and endpoint above the minimum setting • Probe Check: PASS; all probe check results pass

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Result	Interpretation
INVALID	SPC does not meet acceptance criteria. Presence or absence of the 2019 novel coronavirus (SARS-CoV-2) nucleic acids cannot be determined. Repeat test according to the Retest Procedure in Section 17.2. • SPC: FAIL; SPC and SARS-CoV-2 signals do not have a Ct within valid range and endpoint below minimum setting • Probe Check – PASS; all probe check results pass
ERROR	Presence or absence of the 2019 novel coronavirus (SARS-CoV-2) nucleic acids cannot be determined. Repeat test according to the Retest Procedure in Section 17.2. • SARS-CoV-2: NO RESULT • SPC: NO RESULT • Probe Check: FAIL[1]; all or one of the probe check results fail [1] If the probe check passes, the error is caused by the maximum pressure limit exceeding the acceptable range, no sample added, or by a system component failure.
NO RESULT	Presence or absence of the 2019 novel coronavirus (SARS-CoV-2) nucleic acids cannot be determined. Repeat test according to the Retest Procedure in Section 17.2. A **NO RESULT** indicates that insufficient data were collected. For example, the operator stopped a test that was in progress. • SARS-CoV-2: NO RESULT • SPC: NO RESULT • Probe Check: NA (not applicable)

The Xpert Xpress SARS-CoV-2 test includes an Early Assay Termination (EAT) function which will provide earlier time to results in high titer specimens if the signal from the target nucleic acid reaches a predetermined threshold before the full 45 PCR cycles have been completed. When SARS-CoV-2 titers are high enough to initiate the EAT function, the SPC amplification curve may not be seen and its results may not be reported.

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17 Retests

17.1 Reasons to Repeat the Assay

If any of the test results mentioned below occur, repeat the test once according to instructions in Section 17.2, Retest Procedure.

- A **PRESUMPTIVE POS** result indicates the 2019 novel coronavirus (SARS-CoV-2) nucleic acids may be present. Only one of the SARS-CoV-2 nucleic acid target was detected (E gene) while the other SARS-CoV-2 nucleic acid target (N2 gene) was not detected.
- An **INVALID** result indicates that the control SPC failed. The sample was not properly processed, PCR is inhibited, or the sample was not properly collected.
- An **ERROR** result could be due to, but not limited to, Probe Check Control failure, system component failure, no sample added, or the maximum pressure limits were exceeded.
- A **NO RESULT** indicates that insufficient data were collected. For example, cartridge failed integrity test, the operator stopped a test that was in progress, or a power failure occurred.

If an External Control fails to perform as expected, repeat external control test and/or contact Cepheid for assistance.

17.2 Retest Procedure

To retest a non-determinate result **(INVALID**, **NO RESULT**, or **ERROR**) or a **PRESUMPTIVE POS** result, use a new cartridge.

Use the leftover sample from the original specimen transport medium tube or new external control tube.

1. Put on a clean pair of gloves. Obtain a new Xpert Xpress SARS-CoV-2 cartridge and a new transfer pipette.
2. Check the specimen transport tube or external control tube is closed.
3. Mix the sample by rapidly invert the specimen transport medium tube or external control tube 5 times. Open the cap on the specimen transport tube or external control tube.
4. Open the cartridge lid.
5. Using a clean transfer pipette (supplied), transfer sample (one draw) to the sample chamber with the large opening in the cartridge.
6. Close the cartridge lid.

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18 Limitations

- The performance of this test was established based on the evaluation of a limited number of clinical specimens. Clinical performance has not been established with all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARS-CoV-2 and their prevalence, which change over time.
- Performance of the Xpert Xpress SARS-CoV-2 test has only been established in nasopharyngeal swab specimens. Use of the Xpert Xpress SARS-CoV-2 test with other specimen types has not been assessed and performance characteristics are unknown.
- Oropharyngeal, nasal swabs and mid-turbinate swabs (self-collected under supervision of or collected by a healthcare provider) as well as nasal wash/aspirate are considered acceptable specimen types for use with the Xpert Xpress SARS-CoV-2 test but performance with these specimen types has not been established.
- A false negative result may occur if a specimen is improperly collected, transported or handled. False negative results may also occur if inadequate numbers of organisms are present in the specimen.
- As with any molecular test, mutations within the target regions of Xpert Xpress SARS-CoV-2 could affect primer and/or probe binding resulting in failure to detect the presence of virus.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.
- The performance of this device has not been assessed in a population vaccinated against COVID-19.

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19 Conditions of Authorization for Laboratories

The Cepheid Xpert Xpress SARS-CoV-2 Letter of Authorization, along with the authorized Fact Sheet for Healthcare Providers, the authorized Fact Sheet for Patients and authorized labeling are available on the FDA website: https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas

However, to assist clinical laboratories and/or Point of Care Settings using the Xpert Xpress SARS-CoV-2 (referred to in the Letter of Authorization as "Your Product"), the relevant Conditions of Authorization are listed below.

- Authorized laboratories[1] using your product must 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.
- Authorized laboratories using your product must use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized instruments, authorized extraction methods, authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- 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.
- Authorized laboratories using your product 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 Cepheid (+1 888 838 3222 or techsupport@cepheid.com) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the test of which they become aware.
- 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.
- You, authorized distributors, 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.

[1] The letter of authorization refers to "authorized laboratories" as follows: "Testing of nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab or nasal wash/aspirate specimens using the Xpert Xpress SARS-CoV-2 test run on the GeneXpert Dx and GeneXpert Infinity Systems is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform high or moderate complexity tests.

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Testing of nasopharyngeal, nasal, or mid-turbinate swab specimens using the Xpert Xpress SARS-CoV-2 test run on the GeneXpert Xpress System (Tablet and Hub Configurations) is limited to laboratories certified under CLIA that meet requirements to perform high, moderate, or waived complexity tests. Testing of these specimens 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."

20 Performance Characteristics

20.1 Clinical Evaluation

The performance of the Xpert Xpress SARS-CoV-2 test was evaluated using archived clinical nasopharyngeal (NP) swab specimens in viral transport medium. A total of 45 SARS-CoV-2 positive and 45 SARS-CoV-2 negative NP swab specimens were tested with Xpert Xpress SARS-CoV-2 in a randomized and blinded fashion.

All the 45 SARS-CoV-2 positive specimens and 30 of the 45 SARS-CoV-2 negative specimens were collected during COVID-19 pandemic in the US and had previously been characterized as positive or negative for SARS-CoV-2 by an EUA RT-PCR test. Fifteen of the 45 SARS-CoV-2 negative NP swab specimens were collected before December 2019 and are expected to be negative for SARS-CoV-2.

Positive Percent Agreement (PPA) and Negative Percent Agreement (NPA) were determined by comparing the results of the Xpert Xpress SARS-CoV-2 test relative to the expected results. Results of these 90 archived clinical NP swab specimens are shown in Table 3. The PPA was 97.8% (95% CI: 88.4% - 99.6%) and the NPA was 95.6% (95% CI: 85.2% - 98.8%).

Table 3. Xpert Xpress SARS-CoV-2 Performance Results

		Expected Results		
		Positive	Negative	Total
Xpert Xpress SARS-CoV-2	Positive	44[a]	2[b]	46
	Negative	1	43	44
	Total	45	45	90
PPA		97.8% (95% CI: 88.4% - 99.6%)		
NPA		95.6% (95% CI: 85.2% - 98.8%)		

a. One specimen was reported as "SARS-CoV-2 Presumptive Pos" in initial testing and yielded a "SARS-CoV-2 Positive" test result upon retesting.
b. The two false positive specimens were collected during the COVID-19 pandemic.

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21 Analytical Performance

21.1 Analytical Sensitivity (Limit of Detection) – Live SARS-CoV-2 Virus

Studies were performed to determine the analytical limit of detection (LoD) of the Xpert Xpress SARS-CoV-2. The LoD of Xpert Xpress SARS-CoV-2 was established using one lot of reagent and limiting dilutions of live SARS-CoV-2 virus (USA_WA1/2020 strain) prepared in viral transport medium and NP swab clinical matrix. The concentration level with observed hit rates greater than or equal to 95% in the LoD determination study were 0.0050 and 0.0200 PFU/mL for the N2 target and E target, respectively (Table 4).

Verification of the estimated LoD claim was performed on one reagent lot in replicates of 20 prepared in pooled NP swab clinical matrix. The LoD is the lowest concentration (reported as PFU/mL) of live SARS-CoV-2 virus samples that can be reproducibly distinguished from negative samples ≥ 95% of the time with 95% confidence. The claimed LoD is 0.0200 PFU/mL (Table 4).

Table 4. LoD Determination using USA-WA1/2020 Strain

Strain	Concentration (PFU/mL)	Total Valid Results	Hit Rate (%)	Hit Rate (%)	Mean Ct	Mean Ct
			N2 Target	E Target	N2 Target	E Target
SARS-CoV-2 virus (USA_WA1/2020)	0.0200	20	100	95.0	38.3	36.4
	0.0050	22	95.5	68.2	40.5	39.1
	0.0025	22	90.9	36.4	41.5	39.6
	0.0010	22	50.0	18.2	42.0	42.0
	0.0005	22	45.5	18.2	41.7	41.5
	0.0003	22	18.2	4.5	42.1	44.9
	0.0001	22	9.1	0	42.9	N/A
	0	0	0	0	N/A	N/A

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21.2 Analytical Reactivity (Inclusivity)

The inclusivity of Xpert Xpress SARS-CoV-2 was evaluated using *in silico* analysis of the assay primers and probes in relation to 110,206 SARS-CoV-2 sequences available (as of October 21, 2020) in the GISAID gene database for two targets, E and N2.

For the E target, 214 matching sequences were excluded due to ambiguity codes, which reduced the total to 109,992 sequences. Xpert Xpress SARS-CoV-2 had 99.14% match to the sequences with the exception of 926 sequences that had a single mismatch and 21 sequences with additional mismatches. The 21 sequences with additional mismatches were:

- One sequence contained one mismatch in the forward primer region and a second mismatch between oligos;
- One sequence contained one mismatch in the probe binding region and a second mismatch between oligos;
- One sequence contained two mismatches in the probe binding region,
- One sequence contained a 3-nucleotide deletion and multiple mismatches at the 3'-end of the probe region;
- Two sequences contained two mismatches in the forward primer region;
- Three sequences contained a 6-nucleotide deletion in the probe binding region with multiple mismatches at the 3' end of the amplicon; and
- Twelve sequences contained a 'AA' dinucleotide but this lies between the oligonucleotides used in the assay.

None of these mismatches are predicted to have a negative impact on the performance of the assay.

For the N2 target, 211 matching sequences were excluded due to ambiguity codes, which reduced the total to 109,995 sequences. Xpert Xpress SARS-CoV-2 had 97.29% match to the sequences with the exception of 2,919 sequences that had a single mismatch and sixty-three sequences with two or more mismatches. The 63 sequences with additional mismatches were:

- One sequence contained two mismatches in the probe binding region and a third mismatch between oligos;
- Two sequences contained one mismatch in the forward primer region and a second mismatch in the reverse primer region;
- Six sequences contained one mismatch in the forward primer region and a second mismatch between oligos;
- Twenty-seven sequences contained one mismatch in the probe binding region and a second mismatch in the reverse primer region; and
- Twenty-seven sequences contained one mismatch in the forward primer region and a second mismatch in the probe binding region.

None of these mismatches are predicted to have a negative impact on the performance of the assay.

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21.3 Analytical Specificity (Exclusivity)

An *in silico* analysis for possible cross-reactions with all the organisms listed in Table 5 was conducted by mapping primers and probes in the Xpert Xpress SARS-CoV-2 test individually to the sequences downloaded from the GISAID database (as of March 13, 2020). E primers and probes are not specific for SARS-CoV-2 and will detect Human and Bat SARS-coronavirus. No potential unintended cross reactivity with other organisms listed in Table 5 is expected based on the *in silico* analysis.

Table 5. Xpert Xpress SARS-CoV-2 Analytical Specificity Microorganisms

Microorganisms from the Same Genetic Family	High Priority Organisms
Human coronavirus 229E	Adenovirus (e.g. C1 Ad. 71)
Human coronavirus OC43	Human Metapneumovirus (hMPV)
Human coronavirus HKU1	Parainfluenza virus 1-4
Human coronavirus NL63	Influenza A
SARS-coronavirus	Influenza B
MERS-coronavirus	Influenza C
Bat coronavirus	Enterovirus (e.g. EV68)
	Respiratory syncytial virus
	Rhinovirus
	Chlamydia pneumoniae
	Haemophilus influenzae
	Legionella pneumophila
	Mycobacterium tuberculosis
	Streptococcus pneumoniae
	Streptococcus pyogenes
	Bordetella pertussis
	Mycoplasma pneumoniae
	Pneumocystis jirovecii (PJP)
	Parechovirus
	Candida albicans
	Corynebacterium diphtheriae
	Legionella non-pneumophila
	Bacillus anthracis (Anthrax)
	Moraxella catarrhalis
	Neisseria elongate and meningitidis
	Pseudomonas aeruginosa
	Staphylococcus epidermidis
	Staphylococcus salivarius
	Leptospira
	Chlamydia psittaci
	Coxiella burnetii (Q-Fever)
	Staphylococcus aureus

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21.4 FDA SARS-CoV-2 Reference Panel Testing

The evaluation of sensitivity and MERS-CoV cross-reactivity was performed using reference material (T1), blinded samples and a standard protocol provided by the FDA. The study included a range finding study and a confirmatory study for LoD. Blinded sample testing was used to establish specificity and to confirm the LoD. The samples were tested using the GeneXpert Dx System. The results are summarized in Table 6.

Table 6. Summary of LoD Confirmation Result Using the FDA SARS-CoV-2 Reference Panel

Reference Materials Provided by FDA	Specimen Type	Product LoD (NDU/mL)	Cross-Reactivity
SARS-CoV-2	NP Swab	$5.4x10^3$	N/A
MERS-CoV		N/A	ND

NDU/mL = RNA NAAT detectable units/mL
N/A: Not applicable
ND: Not detected

22 References

1. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/index.html. Accessed February 9, 2020.
2. bioRxiv. (https://www.biorxiv.org/content/10.1101/2020.02.07.937862v1). Accessed March 3, 2020.
3. Centers for Disease Control and Prevention. *Biosafety in Microbiological and Biomedical laboratories* (refer to latest edition). http://www.cdc.gov/biosafety/publications/
4. Clinical and Laboratory Standards Institute. *Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline*. Document M29 (refer to latest edition).
5. REGULATION (EC) No 1272/2008 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on the classification labeling and packaging of substances and mixtures amending and repealing, List of Precautionary Statements, Directives 67/548/EEC and 1999/45/EC (amending Regulation (EC) No 1907/2007).
6. Occupational Safety and Health Standards, Hazard Communication, Toxic and Hazard Substances (March 26, 2012) (29 C.F.R., pt. 1910, subpt. Z).

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23 Cepheid Headquarters Locations

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24 Technical Assistance

Before contacting Cepheid Technical Support, collect the following information:

- Product name
- Lot number
- Serial number of the instrument
- Error messages (if any)
- Software version and, if applicable, Computer Service Tag number

Region	Telephone	Email
US	+ 1 888 838 3222	techsupport@cepheid.com
France	+ 33 563 825 319	support@cepheideurope.com
Australia New Zealand	1800 130 821 0800 001 028	techsupportANZ@cepheid.com

Contact information for all Cepheid Technical Support offices is available on our website: www.cepheid.com/en_US/support/contact-us.

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25 Table of Symbols

Symbol	Meaning
	Catalog number
	In vitro diagnostic medical device
	Do not re-use
	Batch code
	Consult instructions for use
	Caution
	Manufacturer
	Country of manufacture
	Contains sufficient for <n> tests
	Control
	Expiration date
	Temperature limitation
	Biological risks
	For prescription use only

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