For use under the Emergency Use Authorization (EUA) only
For in vitro diagnostic use
Rx Only

Lyra® Direct SARS-CoV-2 Assay
Instructions for Use

For the qualitative detection of human coronavirus SARS-CoV-2 viral RNA extracted from nasal, nasopharyngeal and oropharyngeal direct swab specimens.
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**Intended Use**

The Lyra® Direct SARS-CoV-2 Assay is a real-time RT-PCR assay intended for the qualitative detection of nucleic acid from SARS-CoV-2 in nasal (NS), nasopharyngeal (NP), or oropharyngeal (OP) direct swab specimens from individuals suspected of COVID-19 by their healthcare provider. Testing 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 complexity tests.

Results are for the identification of SARS-CoV-2 RNA. The SARS-CoV-2 is generally detectable in upper respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; 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. 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 patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

The Lyra Direct SARS-CoV-2 Assay is intended for use by qualified and trained clinical laboratory personnel specifically instructed and trained in the techniques of real-time PCR and in vitro diagnostic procedures. The Lyra Direct SARS-CoV-2 Assay is only for use under the Food and Drug Administration’s Emergency Use Authorization.

**Summary and Explanation**

SARS-CoV-2, also known as the COVID-19 virus, was first identified in Wuhan, Hubei Province, China December 2019. This virus, as with the novel coronavirus SARS-1 and MERS, is thought to have originated in bats, however the SARS-CoV-2 may have had an intermediary host such as pangolins, pigs or civets.1 By the start of April 2020, human infection has spread to over 180 countries, infected over 846,000 people and has killed over 41,400 people.1 On March 11, the WHO had declared the SARS-CoV-2 as a global pandemic.

The median incubation time is estimated to be 5.1 days with symptoms expected to be present within 12 days of infection.2 The symptoms of COVID-19 are similar to other viral respiratory diseases and include fever, cough and shortness of breath.3

The Lyra Direct SARS-CoV-2 Assay has been designed to specifically detect SARS-CoV-2 RNA.

**Principle of the Procedure**

The Lyra Direct SARS-CoV-2 Assay detects SARS-CoV-2 viral RNA that has been extracted from a patient sample using a simple heat step. A multiplex real-time RT-PCR reaction is carried out under optimized conditions in a single tube generating amplicons for the targeted virus (if present) and the Process Control (PRC) present in the sample. This reaction is performed utilizing one of seven thermocyclers: Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Roche LightCycler 480, Roche Cobas z480, Qiagen Rotor-Gene Q, Bio-Rad CFX96 Touch, Thermofisher QuantStudio 7 Pro. Identification of the SARS-CoV-2 virus occurs by the use of target specific primers and fluorescent-labeled probes that hybridize to a conserved region of the non-structural polyprotein of the SARS-CoV-2 virus.
Table 1. Lyra® Direct SARS-CoV-2 Assay Probe Labels

<table>
<thead>
<tr>
<th>Target</th>
<th>Dye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-structural polyprotein (pp1ab)</td>
<td>FAM</td>
</tr>
<tr>
<td>Process Control (PRC)</td>
<td>Quasar® 670 or Cy5</td>
</tr>
</tbody>
</table>

The following is a summary of the procedure:

1. **Sample Collection**: Obtain nasal, nasopharyngeal, or oropharyngeal swabs using standard techniques. These specimens are transported, stored, and processed according to instructions below.

2. **Nucleic Acid Extraction**: Extract nucleic acids by adding the swab specimen to 400-µL of the Process Buffer and heating at 95°C for 10-minutes. The Process Control (PRC) is in the Process Buffer and serves to monitor inhibitors in the extracted specimen and assures that adequate amplification has taken place.

3. **Rehydration of Master Mix**: Rehydrate the lyophilized Master Mix using 135µL of Rehydration Solution. The Master Mix contains oligonucleotide primers, fluorophore and quencher-labeled probes targeting conserved regions of the SARS-CoV-2 as well as the process control sequence. The probes are dual labeled with a reporter dye attached to the 5’ end and a quencher attached to the 3’ end. The rehydrated Master Mix is sufficient for eight reactions.

4. **Nucleic Acid Amplification and Detection**: Add 15 µL of the rehydrated Master Mix to each plate well (Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Roche LightCycler 480, Roche Cobas Z480, Bio-Rad CFX96 Touch, Thermofisher QuantStudio 7 Pro) or tube (Qiagen Rotor-Gene Q). 5 µL of extracted nucleic acids (specimen with PRC) is then added to the plate well or tube. Place the plate or tube into the appropriate instrument.

Once the reaction plate or tubes are added to the instrument, the assay protocol is initiated. This protocol initiates reverse transcription of the RNA targets generating complementary DNA, and the subsequent amplification of the target sequences occurs. The Lyra Direct SARS-CoV-2 Assay is based on TaqMan® chemistry, and uses an enzyme with reverse transcriptase, DNA polymerase, and 5’-3’ exonuclease activities. During DNA amplification, this enzyme cleaves the probe bound to the complementary DNA sequence, separating the quencher dye from the reporter dye. This step generates an increase in fluorescent signal upon excitation by a light source of the appropriate wavelength. With each cycle, additional dye molecules are separated from their quenchers resulting in additional signal. If sufficient fluorescence is achieved, the sample is reported as positive for the detected target sequence.

**Materials Provided**
SKU # M124

Table 2. Detection Kit (96 Reactions) – Store at 2°C to 8°C

<table>
<thead>
<tr>
<th>#</th>
<th>Component</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rehydration Solution Part M5287</td>
<td>1 vial/kit 1.9 mL</td>
</tr>
<tr>
<td>2</td>
<td>Lyra Direct SARS-CoV-2 Master Mix Part M5150</td>
<td>12 vials/kit, 8 reactions/vial</td>
</tr>
</tbody>
</table>
Table 2. Detection Kit (96 Reactions) – Store at 2°C to 8°C

<table>
<thead>
<tr>
<th>#</th>
<th>Component</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DNA polymerase enzyme with reverse transcriptase activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oligonucleotide primer pairs; Oligonucleotide probes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dNTPs (dATP, dCTP, dGTP, dUTP, dTTP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stabilizers</td>
<td></td>
</tr>
<tr>
<td>❸</td>
<td>Process Buffer Part M5281</td>
<td>1 tube/kit 40 mL</td>
</tr>
<tr>
<td>CONTROL+</td>
<td>Positive Control containing synthetic SARS-CoV-2 RNA, Part M5274</td>
<td>1 vial/kit 1.0 mL</td>
</tr>
<tr>
<td>CONTROL−</td>
<td>Negative Control Part M5031</td>
<td>1 vial/kit 1.0 mL</td>
</tr>
</tbody>
</table>

- **Lyra™ Direct SARS-CoV-2 Assay Instructions for Use**

**Materials Required But Not Provided**

- Nasopharyngeal flocked swabs for collection of NP Specimens
- Nasal flocked or spun polyester swab for collection of NS Specimens
- Regular flocked or spun polyester swab for collection of OP Specimens
- Swab transport tube
- Micropipettors (range between 1 to 10 μL and 100 to 1000 μL)
- Non-aerosol filtered-barrier pipette tips
- Applied Biosystems® 7500 Fast Dx, software version 1.4, or later
- Applied Biosystems® Standard, software version 2.0.6, or later. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay under the COVID-19 Emergency Use Authorization.
- Roche LightCycler® 480 Instrument II, software version 1.5.0.39, or later. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay under the COVID-19 Emergency Use Authorization.
- Roche Cobas z480 Instrument, software version 1.5.1.62 SP2-, or later
- Qiagen Rotor-Gene Q, software version 2.0.2.4, or later
- Bio-Rad CFX96 Touch, software version 3.1, or later. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay under the COVID-19 Emergency Use Authorization.
- Thermofisher QuantStudio 7 Pro, software version 2.4, or later. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay under the COVID-19 Emergency Use Authorization.

**NOTE:** The Applied Biosystems® 7500 Standard, Roche LightCycler® 480 Instrument II, Bio-Rad CFX96 Touch, and Thermofisher QuantStudio 7 Pro must be qualified prior to use for diagnostic testing. See Appendix II for the qualification protocol that should be used for instrument qualification.

- 96 well PCR plate #:
  - Applied Biosystems® 7500 Fast Dx: 4346906
  - Applied Biosystems® Standard: N8010560
  - Roche LightCycler® 480 and Cobas z480: 04729692001, foil included
  - Bio-Rad CFX96 Touch: HSP9631, seals MSB1001
  - Thermofisher QuantStudio 7 Pro: 4483354

- Optical plate films
- Qiagen 72-Well Rotor (Cat No 9018903)
- Qiagen Locking Ring 72-Well Rotor (Cat no 9018904)
- Qiagen Strip Tubes and Caps, 0.1 ml (250) (Cat no 981103)
- Plate centrifuge for 96 well plate
• Dry heating block, capable of heating 1.5 mL tubes at 95°C±1° for 10 minutes
• 1.5 mL microcentrifuge tubes
• Dry heating block, capable of deep well microtiter plate at 95°C±1° for 10 minutes (Eppendorf ThermoMixer® C, with Deep Well insert Part Numbers 5382000023, 531000002)
• Deep Well Microtiter Plate (Eppendorf 951033103 or equivalent)

**Warnings and Precautions**

• For *In Vitro* Diagnostic Use under Emergency Use Authorization only.
• Positive results are indicative of the presence of SARS-CoV-2 RNA.
• This test has not been FDA cleared or approved, but has been authorized for emergency use by FDA under an EUA for use by authorized laboratories.
• This test has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens.
• The emergency use of 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 Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.
• 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 been established with the specimen types listed in the **Intended Use Section** only. The performance of this assay with other specimen types or samples has not been evaluated.
• Use of specimens in transport media will adversely impact the sensitivity of the assay; they should not be used with the assay.
• The assay has been validated using Applied Biosystems 7500Fast Dx software version 1.4, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using Applied Biosystems Standard software version 2.0.6, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using Roche LightCycler® 480 Instrument II, software version 1.5.0.39, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using Roche Cobas z480 Instrument, software version 1.5.1.62 SP2-, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using Qiagen Rotor-Gene Q, software version 2.0.2.4, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using Bio-Rad CFX96 Touch, software version 3.1, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• The assay has been validated using ThermoFisher QuantStudio 7 Pro, software version 2.4, or later. Please contact Quidel Technical Support prior to modifying or upgrading beyond this version of software.
• Use of this product should be limited to personnel with sufficient training in PCR and RT-PCR techniques.
• Treat all specimen/samples as potentially infectious. Follow universal precautions when handling samples, this kit and its contents.
• Proper sample collection, storage and transport are essential for correct results.
• Store assay reagents as indicated on their individual labels.
• Wear suitable protective clothing, gloves, eye and face protection when using this kit.
• For accurate results, pipette carefully using only calibrated equipment.
• Thoroughly clean and disinfect all surfaces with a 10% bleach solution followed by molecular grade water.
• Use micropipettes with an aerosol barrier or positive displacement tips for all procedures.
• Avoid microbial and cross contamination of the kit reagents. Follow Good Laboratory Procedures.
• Do not mix reagents from kits with different lot numbers.
• Do not use reagents from other manufacturers with this kit.
• Do not use product after its expiration date.
• Proper workflow planning is essential to minimize contamination risk. Always plan laboratory workflow in a uni-directional manner, beginning with pre-amplification and moving through amplification and detection.
• Use dedicated supplies and equipment in pre-amplification and amplification areas.
• Do not allow cross movement of personnel or equipment between areas.
• Keep amplification supplies separate from pre-amplification supplies at all times.
• Do not open sample tubes or unseal plates post amplification.
• Dispose of amplified material carefully and in accordance with local laws and regulations in order to minimize the risk of amplicon contamination.
• Do not use supplies dedicated for reagent or sample preparation for processing target nucleic acid.
• MSDS is available upon request or can be accessed on the product website.

Storage and Handling of Kit Reagents
• Store the unopened kit at 2°C to 8°C until the expiration date listed on the outer kit box.
• The rehydrated Master Mix should be used within 2 hours of rehydration and residual master mix may be stored at -20°C for up to 24-hours.

Indications of Instability or Deterioration of Reagents: Cloudiness of the Rehydration Solution, when within expiration, may indicate deterioration of this reagent. Contact Quidel Technical Assistance for a replacement.

Specimen Collection, Storage and Handling
Nasal, nasopharyngeal, or oropharyngeal swab specimens should be collected and placed in a clean, dry transport tube. Specimens should be transported and tested as soon as possible after collection. Specimens are stable for up to 48-hours at room temperature or up to 72-hours when stored at 2°C to 8°C. If specimens cannot be tested within 72 hours of collection, they should be frozen at -70°C or colder until tested. Stability at -70°C was assessed up to 8 days from collection.

Processed Specimen Storage
Specimens processed in Process Buffer may be stored at 2°C to 8°C up to 7 days.

Assay Procedure
Run the following procedures at controlled room temperature of 20°C to 25°C.

Specimen Processing Procedure
1. 25 minutes prior to the heat lysis step, warm a heating block to 95°C.
2. Add 400-µL of process buffer to the required number of wells (2 for controls and 1 per patient) in a deep well microtiter plate or microcentrifuge tube.
3. Place the swab in the identified well or tube and vigorously twirl the swab for 10 seconds to elute specimen material. Roll the swab head against the inside of the well as you remove it. Dispose of the used swab in your biohazard waste.
4. Heat the plate or tubes at 95 ± 1°C for 10 minutes:
   Note: Do not seal or cover the plate during the heat step.
a. For the deep well plate use a rotation setting of 300 rpm;
b. For tubes vortex for 5 seconds before and after the heat step

**Note:** Begin 10-minute lysis procedure after placing tubes in block and waiting until block returns to 95°C

5. Remove processed samples from tube or plate heating block and allow to cool between room and refrigerated temperatures. This includes samples in a deep well microtiter plate or a microcentrifuge tube. The sample will appear cloudy.

**Note:** The lysed specimens may be stored at 2°C to 8°C up to 7 days.

### Master Mix Rehydration Procedure

1. Determine the number of specimens extracted to be tested and obtain the correct number of eight-test lyophilized Master Mix vials for testing.
2. Return unused reagents to the appropriate storage conditions.
3. Open Master Mix carefully to avoid disruption of the pellet.
4. Add 135 µL of Rehydration Solution to the Master Mix.
5. Place vial at room temperature for 1 to 2 minutes to allow rehydration of pellet.
6. Gently pipette up and down 2 to 3 times avoiding the formation of bubbles prior to dispensing into the first plate well or tube.

**Note:** The rehydrated Master Mix is sufficient for 8 reactions.

**Note:** The rehydrated Master Mix may be stored at room temperature (20°C to 25°C) for up to 2 hours.

### RT-PCR Set-up Procedure:

1. Add 15 µL of the rehydrated Master Mix to each plate well or tube.
2. For microcentrifuge tubes, vortex each tube for 10s just prior to addition to plate. Ensure that all of the precipitate has returned back into solution. Add 5 µL of processed specimen (specimen with the process control) into the PCR plate well or tube. Mixing of reagents is not required.

**Note:** Use a new barrier micropipettor tip with each extracted specimen.

**Note:** Vortex and 5 µL transfer of tube must be performed individually. Vortexing of tubes prior to transfer cannot be batched.

3. For a deep well microtiter plate, pipette each well up and down three times to mix. The pipette should be set to 150 µL. Immediately transfer 5 µL of processed specimen into the PCR plate or tube.

**Note:** Use a new barrier micropipettor tip with each extracted specimen.

**Note:** Mixing and 5 µL transfer of each well must be performed individually. Mixing of all wells in the plate prior to transfer cannot be batched.

4. Seal the plate or tubes.
5. Centrifuge the plate for a minimum of 15 seconds. Ensure that all liquid is at the bottom of the plate wells and there are no bubbles present.

**Note:** Tubes used in the Qiagen Rotor-Gene Q do not require a centrifugation step before loading into instrument.

6. Turn on the appropriate thermocycler.
7. Insert plate or tubes into the appropriate thermocycler.

**NOTE:** Refer to Appendix for specific programming and testing protocols of each thermocycler.

### Quality Control

The Lyra Direct SARS-CoV-2 Assay incorporates several controls to monitor assay performance.
1. The **Process Control (PRC)** consists of inactivated and stabilized MS2 Bacteriophage that contain an RNA genome and is included in the Process Buffer. The PRC serves to monitor inhibitors in the specimen and assures that adequate amplification has taken place.

2. The **Positive Control** (containing SARS-CoV-2 RNA, Part M5274) must be treated as a patient specimen and be included in every extraction and RT-PCR run. The positive control may be dipped by placing a dry nasopharyngeal swab into the control for ten seconds and then vigorously swirled for 10 seconds into aliquoted process buffer or 50 µL may be transferred to aliquoted process buffer.

3. The **Negative Control** (Part M5275) must be treated as a patient specimen and be included in every extraction and RT-PCR run. The negative control may be dipped by placing a dry nasopharyngeal swab into the control for ten seconds and then vigorously swirled for 10 seconds into aliquoted process buffer or 50 µL may be transferred to aliquoted process buffer.

4. Failure of either the **Positive Control** or the **Negative Control** invalidates the RT-PCR run and results should not be reported. The RT-PCR run should be repeated with the extracted controls and specimens first. Re-extract and retest another aliquot of the controls and the specimens or obtain new samples and retest if the controls fail again.

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### Table 3. Expected Results from Controls (Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Bio-Rad Cfx96, Qiagen Rotor-Gene Q, or Thermofisher QS-7)

<table>
<thead>
<tr>
<th>Control Type/ Name</th>
<th>Used to Monitor</th>
<th>SARS-CoV-2 Expected Ct Values</th>
<th>PRC Expected Ct Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Control</td>
<td>Substantial reagent failure including primer and probe integrity</td>
<td>+</td>
<td>5.0 ≤ Ct ≤ 30.0</td>
</tr>
<tr>
<td>Negative Control</td>
<td>Reagent and/or environmental contamination</td>
<td>-</td>
<td>None detected</td>
</tr>
</tbody>
</table>

³No Ct value is required for the Process Control to make a positive call.

---

### Table 4. Expected Results from Controls (Roche LightCycler 480 and the Roche Cobas z480)

<table>
<thead>
<tr>
<th>Control Type/ Name</th>
<th>Used to Monitor</th>
<th>SARS-CoV-2 Expected Ct Values</th>
<th>PRC Expected Ct Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Control</td>
<td>Substantial reagent failure including primer and probe integrity</td>
<td>+</td>
<td>5.0 ≤ Ct ≤ 40.0</td>
</tr>
<tr>
<td>Negative Control</td>
<td>Reagent and/or environmental contamination</td>
<td>-</td>
<td>None detected</td>
</tr>
</tbody>
</table>

³No Ct value is required for the Process Control to make a positive call.

---

**Interpretation of Results from Patient Specimens**
### Interpreting the Lyra Direct SARS-CoV-2 Assay Results on the Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Bio-rad Cfx96, Qiagen Rotor-Gene Q, or Thermofisher QS7

<table>
<thead>
<tr>
<th>Assay Result</th>
<th>Detector: SARS-CoV-2</th>
<th>Detector: Process Control</th>
<th>Interpretation of Results</th>
<th>Notes and Special Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative</strong></td>
<td>No Ct detected</td>
<td>5.0 ≤ Ct ≤ 30.0</td>
<td>No SARS-CoV-2 viral RNA detected; PRC Detected.</td>
<td></td>
</tr>
<tr>
<td><strong>SARS-CoV-2 Positive</strong></td>
<td>5.0 ≤ Ct ≤ 30.0¹</td>
<td>NA²</td>
<td>SARS-CoV-2 viral RNA detected.</td>
<td>Invalid test. Retest the same processed sample. If the test is also invalid, obtain a new specimen and retest.</td>
</tr>
<tr>
<td><strong>Invalid</strong></td>
<td>No Ct detected</td>
<td>No Ct detected</td>
<td>No SARS-CoV-2 viral RNA and no PRC RNA detected.</td>
<td></td>
</tr>
</tbody>
</table>

### Interpretation of the Lyra Direct SARS-CoV-2 Assay Results on the Roche LightCycler 480 and the Roche Cobas z480

<table>
<thead>
<tr>
<th>Assay Result</th>
<th>Detector: SARS-CoV-2</th>
<th>Detector: Process Control</th>
<th>Interpretation of Results</th>
<th>Notes and Special Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative</strong></td>
<td>No Ct detected</td>
<td>5.0 ≤ Ct ≤ 40.0</td>
<td>No SARS-CoV-2 viral RNA detected; PRC Detected.</td>
<td></td>
</tr>
<tr>
<td><strong>SARS-CoV-2 Positive</strong></td>
<td>5.0 ≤ Ct ≤ 40.0¹</td>
<td>NA²</td>
<td>SARS-CoV-2 viral RNA detected.</td>
<td>Invalid test. Retest the same processed sample. If the test is also invalid, obtain a new specimen and retest.</td>
</tr>
<tr>
<td><strong>Invalid</strong></td>
<td>No Ct detected</td>
<td>No Ct detected</td>
<td>No SARS-CoV-2 viral RNA and no PRC RNA detected.</td>
<td></td>
</tr>
</tbody>
</table>

¹ For samples generating a Ct value between 0 (Undetermined) and 5, perform 1:10 and 1:100 dilutions using uninoculated Process Buffer. Process (including the heat step) and test the diluted samples according to the instructions above. Interpret the results according to Table 5 above. Note that if review of the original amplification curve from the neat sample is not suggestive of a positive result, processing of the diluted specimens may be deferred. If the diluted samples generate Ct values between 0 (Undetermined) and 5, please contact a Quidel Representative at (800) 874-1517 (toll-free in the U.S.) or (858) 552-1100 (outside of U.S.), Monday through Friday, between 8:00 a.m. and 5:00 p.m., Eastern for additional instructions.

² No Ct value is required for the Process Control to make a positive call.

### Limitations
- Specimens in transport media may not be used in this assay.
• Negative results do not preclude infection with SARS-CoV-2 and should not be the sole basis of a patient treatment decision.
• Negative results should be treated as presumptive and confirmed with an FDA authorized molecular assay that utilizes a chemical lysis step followed by solid phase extraction of nucleic acid, if necessary, for clinical management.
• The performance of this test was assessed using nasal, nasopharyngeal and oropharyngeal swab specimens. Mid-turbinate nasal swabs (self-collected under supervision of or collected by a healthcare provider) are also considered acceptable specimen types for use with the Lyra Direct SARS-CoV-2 Assay.
• Improper collection, storage or transport of specimens may lead to false negative results.
• Inhibitors present in the sample and/or errors in following the assay procedure may lead to false negative results.
• A trained health care professional should interpret assay results in conjunction with the patient’s medical history, clinical signs and symptoms, and the results of other diagnostic tests.
• Analyte targets (viral sequences) may persist in vivo, independent of virus viability. Detection of analyte target(s) does not imply that the corresponding virus(es) are infectious, nor that they are the causative agents for clinical symptoms.
• There is a risk of false positive values resulting from cross-contamination by target organisms, their nucleic acids or amplified product, or from non-specific signals in the assay.
• The clinical performance has not been established in 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.
• The assay performance was not established in immunocompromised patients.

Conditions of Authorization for the Labs
The Lyra Direct SARS-CoV-2 Assay 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/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd.

However, to assist clinical laboratories using the Lyra Direct SARS-CoV-2 Assay, the relevant Conditions of Authorization are listed below.

• Authorized laboratories using the Lyra Direct SARS-CoV-2 Assay will include with result reports of the Lyra Direct SARS-CoV-2 Assay test, 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 the Lyra Direct SARS-CoV-2 Assay will perform the Lyra Direct SARS-CoV-2 Assay as outlined in the Lyra Direct SARS-CoV-2 Assay Instructions for Use. Deviations from the authorized procedures, including the authorized instruments, authorized extraction methods, authorized clinical specimen types, authorized control materials,
other ancillary reagents and authorized materials required to perform the Lyra Direct SARS-CoV-2 Assay are not permitted.

- Authorized laboratories that receive the Lyra Direct SARS-CoV-2 Assay must notify the relevant public health authorities of their intent to run the test prior to initiating testing.

- Authorized laboratories using the Lyra Direct SARS-CoV-2 Assay will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.

- Authorized laboratories will collect information on the performance of the test and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and Quidel (QDL.COVID-2.test.event.report@quidel.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 laboratory personnel using the test must be appropriately trained in RT-PCR techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use the test in accordance with the authorized labeling.

- Quidel, its authorized distributor(s) and authorized laboratories using the Lyra Direct SARS-CoV-2 Assay will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

2 For ease of reference, the letter of authorization refers to, “United States (U. S.) laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high complexity tests” as “authorized laboratories.”

Clinical Performance

The clinical performance of the Lyra Direct SARS-CoV-2 Assay was evaluated using two fully contrived positive specimen studies using nasopharyngeal swab and oropharyngeal specimens and a prospective study using matched nasal swabs.

Study 1

Thirty positive NP contrived samples were created by spiking thirty individual clinical samples determined to be negative for SARS-CoV-2 by the Lyra Direct SARS-CoV-2 Assay. The spiked samples were added to the swabs (approximately 50-µL) and then processed and tested according to the Lyra Direct SARS-CoV-2 Assay package insert. Twenty specimens were spiked with 1x LoD (3.40e+4 cp/mL) of virus. Ten additional specimens were spiked with 5x LoD (1.7E+5 cp/mL) of virus.

Twenty-nine of thirty contrived samples were positive in the Lyra Direct SARS-CoV-2 Assay. The results for the contrived positive specimens are shown in the table below:
Study 2

Fifteen positive OP contrived samples were created by spiking fifteen individual clinical samples determined to be negative for SARS-CoV-2 by the Lyra SARS-CoV-2 Assay. The spiked samples were added to the swabs (approximately 50-µL) and then processed and tested according to the Lyra Direct SARS-CoV-2 Assay package insert. Seven specimens were spiked with 1x LoD (3.40e+4 cp/mL), four specimens were spiked with 10x LoD (3.4e+5cp/mL), and four specimens were spiked with 100x LoD (3.4e+6cp/mL) of virus. Eight additional negative OP samples, by the Lyra SARS-CoV-2 Assay, were tested according to the Lyra Direct SARS-CoV-2 Assay package insert.

Fifteen of fifteen contrived samples were positive in the Lyra Direct SARS-CoV-2 Assay. The results for the OP specimens are shown in the table below:

<table>
<thead>
<tr>
<th>Sample RNA Concentration</th>
<th># Positives/#Tested</th>
<th>Mean SARS-CoV-2 Ct</th>
<th>%CV</th>
</tr>
</thead>
<tbody>
<tr>
<td>unspiked</td>
<td>0/8</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>1x LoD</td>
<td>7/7</td>
<td>23.2</td>
<td>5.1</td>
</tr>
<tr>
<td>10x LoD</td>
<td>4/4</td>
<td>20.1</td>
<td>0.6</td>
</tr>
<tr>
<td>100x LoD</td>
<td>4/4</td>
<td>17.1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Performance against the expected results are:

Positive Percent Agreement 15/15 = 100% (95% CI: 79.6%-100%)
Negative Percent Agreement 8/8 = 100% (95% CI: 67.6%-100%)

Study 3
A prospective study was performed comparing the Lyra Direct SARS-CoV-2 assay to an authorized EUA molecular assay. One hundred eighty-one (181) matched nasal samples were tested concurrently with both devices according to the respective package inserts. The samples were obtained from three locations and shipped on cold packs for testing. The nasal swabs were randomized, processed and tested with both devices.

Three (3) samples (1.7%) were invalid in the Lyra Direct SARS-CoV-2 assay and have been removed from further analysis. The data for the remaining one hundred seventy-eight (178) specimens is presented in Table 8.

<table>
<thead>
<tr>
<th></th>
<th>EUA Comparator</th>
<th></th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POS</td>
<td>NEG</td>
<td>Total</td>
</tr>
<tr>
<td>Lyra Direct SARS-CoV-2 Assay</td>
<td>48</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>128</td>
<td>130</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>128</td>
<td>178</td>
</tr>
</tbody>
</table>

**ANALYTICAL PERFORMANCE**

Level of Detection

Study 1
The Limit of Detection of the Lyra Direct SARS-CoV-2 Assay utilized limiting dilutions of gamma-irradiated SARS-Related Coronavirus 2 (SARS-CoV-2) spiked into negative nasopharyngeal matrix in buffer. Each dilution was added to the swabs (approximately 50-µL) and then processed according to the Assay’s package insert and tested on Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Roche LightCycler 480, Roche Cobas z480, Qiagen Rotor-Gene Q, Bio-Rad CFX96 Touch, or Thermofisher QuantStudio 7 Pro. Analytical sensitivity (LoD) is defined as the lowest concentration at which at least 95% of all replicates tested positive.

This study established the LoD for the Lyra Direct SARS-CoV-2 Assay as noted below, subsequently confirmed by testing 20 replicates.
Table 9. LoD Confirmation Results testing was performed on Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Roche LightCycler 480 and Cobas z480, Qiagen Rotor-Gene Q, Bio-Rad CFX96 Touch, or Thermofisher QuantStudio 7 Pro.

<table>
<thead>
<tr>
<th>Concentration(^1)</th>
<th>NP Swabs - 7500 Fast Dx</th>
<th>NP Swabs - 7500 Standard</th>
<th>NP Swabs - LC-480(^2)</th>
<th>NP Swabs - Cobas z480(^2)</th>
<th>NP Swabs - Bio-Rad</th>
<th>NP Swabs - Rotor-Gene</th>
<th>NP Swabs - QS7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall AVE</td>
<td>25.85</td>
<td>28.48</td>
<td>33.87</td>
<td>33.55</td>
<td>25.10</td>
<td>26.89</td>
<td>26.47</td>
</tr>
<tr>
<td>Overall STDEV</td>
<td>1.25</td>
<td>0.95</td>
<td>1.55</td>
<td>1.19</td>
<td>1.06</td>
<td>1.24</td>
<td>0.77</td>
</tr>
<tr>
<td>Overall %CV</td>
<td>4.8%</td>
<td>3.3%</td>
<td>4.6%</td>
<td>3.6%</td>
<td>4.2%</td>
<td>4.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Detection</td>
<td>20/20</td>
<td>20/20</td>
<td>20/20</td>
<td>20/20</td>
<td>20/20</td>
<td>20/20</td>
<td>20/20</td>
</tr>
</tbody>
</table>

**PRC**

| Overall AVE         | 21.69                   | 20.03                    | 21.96                    | 23.98                    | 17.85             | 19.79                | 23.20          |
| Overall STDEV       | 0.68                    | 0.20                     | 1.13                     | 1.07                     | 1.29              | 0.33                 | 0.75           |
| Overall %CV         | 3.1%                    | 1.0%                     | 5.1%                     | 4.5%                     | 7.2%              | 1.6%                 | 3.2%           |
| Detection           | 20/20                   | 20/20                    | 20/20                    | 20/20                    | 20/20             | 20/20                | 20/20          |

\(^1\) Concentration is presented in RNA copies/mL

\(^2\) Results include 10 cycles not captured by the other instruments

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**Study 2 – Comparative LoD Study for the Lyra Direct SARS-CoV-2 Assay and the Lyra SARS-CoV-2 Assay**

A second LoD study was performed to compare the limit of detection (LoD) of the Lyra Direct SARS-CoV-2 Assay and the Lyra SARS-CoV-2 Assay on the ABI 7500 Fast Dx using limiting dilutions of gamma-irradiated SARS-CoV-2 virus. In this study a 1x LoD (based on preliminary testing) concentration of the virus in negative NP Matrix were inoculated onto NP swab. Twenty (20) replicates of the inoculated swabs were tested directly according to the PI for the Lyra Direct SARS-CoV-2 Assay or were added to 3.0-mL of UTM for testing in the Lyra SARS-CoV-2 Assay (Forty total swab replicates). The testing was performed using the ABI 7500 Fast Dx.

**LoD Confirmation Study Results**

<table>
<thead>
<tr>
<th>Lyra Extracted Assay</th>
<th>1.28E+04 ge/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replicate</td>
<td>SARS-CoV-2</td>
</tr>
<tr>
<td>1</td>
<td>26.03</td>
</tr>
<tr>
<td>2</td>
<td>24.02</td>
</tr>
<tr>
<td>3</td>
<td>23.58</td>
</tr>
<tr>
<td>4</td>
<td>24.00</td>
</tr>
<tr>
<td>5</td>
<td>23.70</td>
</tr>
<tr>
<td>Lyra Extracted Assay</td>
<td>1.28E+04 ge/mL</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Replicate</td>
<td>SARS-CoV-2</td>
</tr>
<tr>
<td>6</td>
<td>25.27</td>
</tr>
<tr>
<td>7</td>
<td>24.70</td>
</tr>
<tr>
<td>8</td>
<td>24.42</td>
</tr>
<tr>
<td>9</td>
<td>23.99</td>
</tr>
<tr>
<td>10</td>
<td>26.63</td>
</tr>
<tr>
<td>11</td>
<td>25.29</td>
</tr>
<tr>
<td>12</td>
<td>24.73</td>
</tr>
<tr>
<td>13</td>
<td>25.28</td>
</tr>
<tr>
<td>14</td>
<td>25.01</td>
</tr>
<tr>
<td>15</td>
<td>25.66</td>
</tr>
<tr>
<td>16</td>
<td>26.34</td>
</tr>
<tr>
<td>17</td>
<td>26.23</td>
</tr>
<tr>
<td>18</td>
<td>24.12</td>
</tr>
<tr>
<td>19</td>
<td>25.30</td>
</tr>
<tr>
<td>20</td>
<td>24.40</td>
</tr>
<tr>
<td>% Detected</td>
<td>100%</td>
</tr>
<tr>
<td>Average of Pos</td>
<td>24.93</td>
</tr>
<tr>
<td>STDEV of Pos</td>
<td>0.92</td>
</tr>
<tr>
<td>%CV</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lyra Direct Assay</th>
<th>1.28E+04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replicate</td>
<td>SARS-CoV-2</td>
</tr>
<tr>
<td>1</td>
<td>24.93</td>
</tr>
<tr>
<td>2</td>
<td>24.02</td>
</tr>
<tr>
<td>3</td>
<td>27.80</td>
</tr>
<tr>
<td>4</td>
<td>24.62</td>
</tr>
<tr>
<td>5</td>
<td>24.75</td>
</tr>
<tr>
<td>6</td>
<td>23.67</td>
</tr>
<tr>
<td>7</td>
<td>23.32</td>
</tr>
<tr>
<td>8</td>
<td>22.53</td>
</tr>
<tr>
<td>9</td>
<td>24.15</td>
</tr>
<tr>
<td>10</td>
<td>22.93</td>
</tr>
<tr>
<td>11</td>
<td>24.07</td>
</tr>
<tr>
<td>12</td>
<td>24.38</td>
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<tr>
<td>13</td>
<td>25.80</td>
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<tr>
<td>14</td>
<td>24.99</td>
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<tr>
<td>15</td>
<td>23.11</td>
</tr>
<tr>
<td>16</td>
<td>24.52</td>
</tr>
<tr>
<td>17</td>
<td>24.72</td>
</tr>
</tbody>
</table>
Based on this study design, the LoD for the 2 versions of the Lyra Assay (Lyra SARS-CoV-2 Assay and Lyra Direct SARS-CoV-2) have an input LoD of $1.28 \times 10^4$ genome equivalents/mL. It should be noted that the published LoD for the Lyra SARS-CoV-2 Assay (8.00E-01 genomic RNA copies/µL) is accurate. The final concentration of virus tested in the assay, after dilution in 3.0 mL of UTM and concentration during the extraction process, is approximately 800 cp/mL.

### Analytical Reactivity (Inclusivity)

The inclusivity of the Lyra Direct SARS-CoV-2 Assay was established by testing gamma-irradiated SARS-related coronavirus 2 (SARS-CoV-2), isolate USA-WA1/2020, and via *in-silico* analysis.

The inclusivity of the Lyra Direct SARS-CoV-2 Assay was established through an *in-silico* analysis of available SARS-CoV-2 sequences. As of April 22, 2021, a total of 1,378,013 SARS-CoV-2 sequences were available from the GISAID and NCBI databases. Of these, 1,356,832 (98.46%) include the amplicon region (<5 undefined nucleotide bases in any oligonucleotide region) and are 71.43-100% conserved to the Lyra Direct SARS-CoV-2 oligonucleotides. The number of sequences that are 100% and ≥95% conserved to the oligo set are summarized in the Table below.

<table>
<thead>
<tr>
<th>Database</th>
<th>Sequences Available</th>
<th>Sequences Including Amplicon Region</th>
<th>Sequences with 100% Homology to Oligo Set</th>
<th>Sequences with ≥95% Homology to Oligo Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>GISAID</td>
<td>1,183,880</td>
<td>1,165,604</td>
<td>1,159,422</td>
<td>1,165,595</td>
</tr>
<tr>
<td>NCBI</td>
<td>194,133</td>
<td>191,228</td>
<td>189,505</td>
<td>191,228</td>
</tr>
</tbody>
</table>

Inclusivity of the Lyra Direct SARS-CoV-2 Assay with seven (7) published variants (Variant B.1.1.7 (VUI202012/01), Variant B.1.351 (S01Y.N2), Variant P.1 (S01Y.V3), Variant B.1.429+B.1.427 (452R.V1), Variant B.1.525 (484K.V3), Variant B.1.526 (NY), Variant B.1.617 (India Double...
Mutant) was established through an *in-silico* analysis of available SARS-CoV-2 sequences. All sequences are 90.48-100% conserved to the Lyra Direct SARS-CoV-2 oligonucleotides. The number of variant sequences that are 100% and ≥95% conserved to the oligo set are summarized in the Table below.

<table>
<thead>
<tr>
<th>Database</th>
<th>Variant</th>
<th>Sequences Available</th>
<th>Sequences Including Amplicon Region</th>
<th>Sequences with 100% Homology to Oligo Set</th>
<th>Sequences with ≥95% Homology to Oligo Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>GISAID</td>
<td>B.1.1.7 (VUI202012/01)</td>
<td>399,189</td>
<td>395,236</td>
<td>394,338</td>
<td>395,235</td>
</tr>
<tr>
<td></td>
<td>SA Variant B.1.351 (501Y.N2)</td>
<td>10,658</td>
<td>10,436</td>
<td>10,385</td>
<td>10,436</td>
</tr>
<tr>
<td></td>
<td>Variant P.1 (501Y.V3)</td>
<td>4,735</td>
<td>4,696</td>
<td>4,688</td>
<td>4,696</td>
</tr>
<tr>
<td></td>
<td>Variant B.1.429+B.1.427 (452R.V1)</td>
<td>30,306</td>
<td>30,107</td>
<td>29,981</td>
<td>30,103</td>
</tr>
<tr>
<td></td>
<td>Variant B.1.525 (484K.V3)</td>
<td>1,882</td>
<td>1,860</td>
<td>1,853</td>
<td>1,860</td>
</tr>
<tr>
<td></td>
<td>Variant B.1.526 (NY)</td>
<td>8,793</td>
<td>8,771</td>
<td>8,176</td>
<td>8,771</td>
</tr>
<tr>
<td></td>
<td>Variant B.1.617 (India Double Mutant)</td>
<td>862</td>
<td>850</td>
<td>843</td>
<td>850</td>
</tr>
</tbody>
</table>

52 B.1.1.7 variants have a SNP aligned to the 3’ end of one primer. An RNA sequence representing a UK variant sequence with the SNP and one representing a control sequence (MN908947.3) were ordered and tested on the Lyra SARS-CoV-2 assay. Both RNA templates yielded comparable results indicating that the SNP aligned to the 3’ end will not interfere with detection. This result correlates with previous studies on SNPs aligned to the 3’ end of a Lyra primer.
Analytical Specificity (Cross-Reactivity)

The Analytical Specificity of the assay was established for the Lyra SARS-CoV-2 Assay by both direct testing of organisms in the assay (“wet” testing) and in silico analysis. The wet testing used 25 micro-organisms, in high concentrations, identified by the FDA as high priority for evaluation due to the reasonable likelihood they may be present in upper respiratory samples. All micro-organisms were undetectable with the Lyra SARS-CoV-2 Assay when wet tested as shown below.

<table>
<thead>
<tr>
<th>Virus/Bacteria/Parasite</th>
<th>Strain</th>
<th>Source/Sample type</th>
<th>Concentration</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>Type 1</td>
<td>Isolate</td>
<td>1 x 10^7.53 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>229e</td>
<td>Isolate</td>
<td>1 x 10^6.16 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>OC43</td>
<td>Isolate</td>
<td>9.55 x 10^6 TCID_{50}/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>NL63</td>
<td>Isolate</td>
<td>1 x 10^4.67 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>MERS-CoV (heat-inactivated)</td>
<td>Florida/USA-2_Saudia Arabia_2014</td>
<td>Isolate</td>
<td>4.17 x 10^5 TCID_{50}/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>SARS -1</td>
<td>2003-00592</td>
<td>Inactivated virus</td>
<td>Not available</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td>M129</td>
<td>Isolate</td>
<td>3 x 10^7 CCU/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Streptococcus pyogenes</td>
<td>Z018</td>
<td>Isolate</td>
<td>3.8 x 10^9 cfu/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Influenza A H3N2</td>
<td>Brisbane/10/07</td>
<td>Isolate</td>
<td>1 x 10^5.07 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Influenza A H1N1</td>
<td>New Caledonia/20/99</td>
<td>Isolate</td>
<td>1 x 10^6.66 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Influenza B</td>
<td>Brisbane/33/08</td>
<td>Isolate</td>
<td>1 x 10^5.15 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>Type 1</td>
<td>Isolate</td>
<td>1 x 10^8.01 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>Type 2</td>
<td>Isolate</td>
<td>1 x 10^6.34 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>Type 3</td>
<td>Isolate</td>
<td>8.51 x 10^7 TCID_{50}/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>Type 4b</td>
<td>Isolate</td>
<td>1 x 10^7.51 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Enterovirus</td>
<td>Type 68</td>
<td>Isolate</td>
<td>1 x 10^6.5 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Human Metapneumovirus</td>
<td>A1 (IA10-s003)</td>
<td>Isolate</td>
<td>1 x 10^5.55 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Respiratory Syncytial Virus</td>
<td>Type A (3/2015 Isolate #3)</td>
<td>Isolate</td>
<td>1 x 10^5.62 U/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Human Rhinovirus</td>
<td>N/A</td>
<td>Inactivated virus</td>
<td>Not available</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Chlamydophila pneumoniae</td>
<td>AR-39</td>
<td>Isolate</td>
<td>2.9 x 10^7 IFU/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>Type b; Eagan</td>
<td>Isolate</td>
<td>7.87 x 10^8 cfu/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Legionella pneumophila</td>
<td>Philadelphia</td>
<td>Isolate</td>
<td>6.82 x 10^7 cfu/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>Z022; 19f</td>
<td>Isolate</td>
<td>2.26 x 10^6 cfu/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
<tr>
<td>Bordetella pertussis</td>
<td></td>
<td>Isolate</td>
<td></td>
<td>Neg, Neg, Neg</td>
</tr>
</tbody>
</table>
The *in silico* analysis focused on 32 micro-organisms identified by the FDA as high priority for assessment due to their potential presence in upper respiratory samples.

### Table 11. Cross-reactivity test results

<table>
<thead>
<tr>
<th>Virus/Bacteria/Parasite</th>
<th>Strain</th>
<th>Source/ Sample type</th>
<th>Concentration</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Pneumocystis jirovecii</em>-S. cerevisiae Recombinant</td>
<td>W303-Pji</td>
<td>Isolate</td>
<td>1.56 x 10^8 cfu/mL</td>
<td>Neg, Neg, Neg</td>
</tr>
</tbody>
</table>

### Table 12. Cross-Reactivity Organisms

<table>
<thead>
<tr>
<th>Organism</th>
<th>Total # Sequences</th>
<th># Complete Genomes</th>
<th># WGS Strains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>532</td>
<td>532</td>
<td>0</td>
</tr>
<tr>
<td>Coronavirus (Seasonal)</td>
<td>288</td>
<td>288</td>
<td>0</td>
</tr>
<tr>
<td>Enterovirus A</td>
<td>2708</td>
<td>2674</td>
<td>34</td>
</tr>
<tr>
<td><strong>Influenza A Virus</strong></td>
<td>172455</td>
<td>21444 (+39 A/Mexico/4108/2009)</td>
<td>108</td>
</tr>
<tr>
<td><strong>Influenza B Virus</strong></td>
<td>53952</td>
<td>6755 (+16 B/Florida/4/2006)</td>
<td>0</td>
</tr>
<tr>
<td>Influenza C Virus</td>
<td>2205</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Human Metapneumovirus</td>
<td>145</td>
<td>145</td>
<td>0</td>
</tr>
<tr>
<td>Human Parainfluenza Virus 1-4</td>
<td>439</td>
<td>439</td>
<td>0</td>
</tr>
<tr>
<td>Human Parechovirus</td>
<td>124</td>
<td>124</td>
<td>0</td>
</tr>
<tr>
<td>Human Respiratory Syncytial Virus</td>
<td>1275</td>
<td>1275</td>
<td>0</td>
</tr>
<tr>
<td>Rhinovirus</td>
<td>214</td>
<td>214</td>
<td>0</td>
</tr>
<tr>
<td><strong>SARS-1</strong></td>
<td>236</td>
<td>232 (+4 pp1ab sequences)</td>
<td>0</td>
</tr>
<tr>
<td><em>Bacillus anthracis</em></td>
<td>4152</td>
<td>69</td>
<td>86</td>
</tr>
<tr>
<td><em>Candida albicans</em></td>
<td>1541</td>
<td>59</td>
<td>34</td>
</tr>
<tr>
<td><em>Chlamydia pneumoniae</em></td>
<td>466</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td><em>Chlamydia psittaci</em></td>
<td>11179</td>
<td>23</td>
<td>45</td>
</tr>
<tr>
<td><em>Corynebacterium diptheriae</em></td>
<td>20797</td>
<td>17</td>
<td>194</td>
</tr>
<tr>
<td><em>Coxiella burnetii</em></td>
<td>419</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
<td>45267</td>
<td>61</td>
<td>692</td>
</tr>
<tr>
<td>Legionella B</td>
<td>4843</td>
<td>98</td>
<td>65</td>
</tr>
<tr>
<td>Leptospira B</td>
<td>64456</td>
<td>133</td>
<td>266</td>
</tr>
<tr>
<td><em>Moraxella catarrhalis</em></td>
<td>8333</td>
<td>11</td>
<td>184</td>
</tr>
<tr>
<td><em>Mycobacterium tuberculosis</em></td>
<td>194</td>
<td>194</td>
<td>0</td>
</tr>
<tr>
<td><em>Mycoplasma pneumoniae</em></td>
<td>808</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td><em>Neisseria elongata &amp; N. meningitidis</em></td>
<td>312050</td>
<td>116</td>
<td>1318</td>
</tr>
<tr>
<td><em>Pneumocystis jirovecii</em></td>
<td>487</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td><em>Pseudomonas aeruginosa</em></td>
<td>195</td>
<td>195</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 12. Cross-Reactivity Organisms

<table>
<thead>
<tr>
<th>Organism</th>
<th>Total # Sequences</th>
<th># Complete Genomes</th>
<th># WGS Strains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus</td>
<td>634</td>
<td>634</td>
<td>0</td>
</tr>
<tr>
<td>Staphylococcus epidermidis</td>
<td>61880</td>
<td>23</td>
<td>508</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>1633369</td>
<td>107</td>
<td>8526</td>
</tr>
<tr>
<td>Streptococcus pyogenes</td>
<td>46153</td>
<td>201</td>
<td>1733</td>
</tr>
<tr>
<td>Streptococcus salivarius</td>
<td>9417</td>
<td>18</td>
<td>48</td>
</tr>
</tbody>
</table>

A Genome counts for Influenza A and Influenza B were attained for strains that included all 8 segments, except for A/Mexico/4108/2009(H1N1) and B/Florida/4/2006; all available gene sequences were included.

B For BLAST, ‘Max Target Seqs’ was set to 5000.

C 4 polyprotein cds sequences were also included.

The in-silico analysis demonstrated < 80% homology with all organisms except for the following: three Enterovirus sequences are 80.9% conserved to the reverse primer, however, the forward primer is only 76% conserved and the probe alignment had an overall homology of 56%. The SARS-1 sequences are ≥80% conserved to both primers, however, the last base on the 3’ ends of both primers are not conserved. The wet testing of the only available SARS-1 strain using the Lyra SARS-CoV-2 assay was non-detectable.

Interfering Substances

A study was performed to demonstrate that potentially interfering substances that may be found in the upper respiratory tract do not cross-react or interfere with the detection of SARS-CoV-2 RNA in the Lyra Direct SARS-CoV-2 Assay.

Fourteen (14) potential interfering substances in the concentration listed below were tested in the absence or presence of SARS-CoV-2.

Table 13. List of Substances for Interfering Study

<table>
<thead>
<tr>
<th>Substances</th>
<th>Active Ingredient</th>
<th>Concentration Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin – nasal spray</td>
<td>Oxymetazoline</td>
<td>5%</td>
</tr>
<tr>
<td>Blood (human)</td>
<td>Blood</td>
<td>5%</td>
</tr>
<tr>
<td>Chloraseptic, Cepacol</td>
<td>Benzocaine, Menthol</td>
<td>0.7 g/mL</td>
</tr>
<tr>
<td>Flonase</td>
<td>Fluticasone</td>
<td>5%</td>
</tr>
<tr>
<td>Halls Relief Cherry Flavor</td>
<td>Menthol</td>
<td>0.8 g/mL</td>
</tr>
<tr>
<td>Nasocort Allergy 24 hour</td>
<td>Triamcinolone</td>
<td>5.0%</td>
</tr>
<tr>
<td>Neo-Synephrine</td>
<td>Phenylephrine hydrochloride</td>
<td>5%</td>
</tr>
<tr>
<td>Oseltamivir</td>
<td>Oseltamivir</td>
<td>2.2 µg/mL</td>
</tr>
<tr>
<td>Purified mucin protein</td>
<td>Mucin protein</td>
<td>2.5 mg/mL</td>
</tr>
<tr>
<td>Rhinocort</td>
<td>Budesonide (Glucocorticoid)</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Table 13. List of Substances for Interfering Study

<table>
<thead>
<tr>
<th>Substances</th>
<th>Active Ingredient</th>
<th>Concentration Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline nasal spray</td>
<td>Saline</td>
<td>15%</td>
</tr>
<tr>
<td>Tobramycin</td>
<td>Tobramycin</td>
<td>1.25 mg/mL</td>
</tr>
<tr>
<td>Zanamivir</td>
<td>Zanamivir</td>
<td>282.0 ng/mL</td>
</tr>
<tr>
<td>Zicam Cold Remedy</td>
<td>Galphimia glauca, Luffa operculata, Sabadilla</td>
<td>5%</td>
</tr>
</tbody>
</table>

None of the fourteen (14) potential interfering substances tested in the study demonstrated cross-reactivity or interference.

### Customer and Technical Assistance

To place an order or for technical support, please contact a Quidel Representative at (800) 874-1517 (toll-free in the U.S.) or (858) 552-1100 (outside of U.S.), Monday through Friday, between 8:00 a.m. and 5:00 p.m., Eastern Time. Orders may also be placed by fax at (740) 592-9820. For e-mail support contact: customer_service@dhiusa.com or technical_services@dhiusa.com. For services outside the U.S., please contact your local distributor. Additional information about Quidel, our products, and our distributors can be found on our website quidel.com.

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### References

APPENDIX I

Applied Biosystems 7500 Fast Dx Programming Instructions

Refer to User Manual Part Number 4406991 for additional information.

1. Launch the 7500 Fast Dx software package.
2. The Quick Startup document dialog window will open. Select the Create New Document button to start the New Document Wizard. Follow each step to initiate the Lyra Direct SARS-CoV-2 Assay protocol.
   a. Define Document: Most of the following should be the default setting. If not, change accordingly.
      i. Confirm or enter the following information.
         | Assay:                        | Standard Curve (Absolute Quantitation) |
         | Container:                   | 96-Well Clear                        |
         | Template:                    | Blank Document                       |
         | Run Mode:                    | Fast 7500                            |
         | Operator:                    | your operator name                  |
         | Comments:                    | SDS v1.4                             |
         | Plate Name:                  | ‘Lyra Direct SARS-CoV-2 Assay’       |
      ii. Select the Next button.
   b. Select Detectors: New detectors for SARS-CoV-2 and the process control (PRC) must be added. For each target, select the New Detector button to open the New Detector pop-up window. Alternatively, use the Create Another button from within the New Detector pop-up window for the last two detectors.
      i. Enter the following information for each detector.
         | Name     | Reporter Dye | Quencher Dye | Color |
         | SARS-CoV-2| FAM          | (none)       | (Select) |
         | PRC      | Cy5          | (none)       | (Select) |
      ii. Select a unique color to represent each detector.
      iii. Highlight the new detectors and add to the Detectors in Document column using the Add button.
      iv. Select (none) from the Passive Reference drop-down menu.
      v. Select the Next button.
      vi. Select the Finish button without setting any wells.
   c. The wizard will close and the software will open, starting with the Setup tab. This will show the sample plate that was set up during the quick start. For the initial set up, nothing needs to be changed here.
   d. Defining the Thermocycler Protocol: Select the Instrument tab to set up the Lyra™ Direct SARS-CoV-2 Assay RT-PCR cycling times and temperatures. Under Thermal Profile there should be a default 2-stage protocol. Each stage will have 3 user-editable text boxes. The top box value represents the number of reps or cycles for that stage. The middle box value...
represents the temperature (°C) and the lowest box value represents the time (minutes: seconds).

i. Make the following changes to the default Thermal Cycler Protocol:

1. Stage 1
   a. Reps: 1
   b. Temp: 55
   c. Time: 5:00
2. Select the bar between Stage 1 and Stage 2. Select the Add Hold button to add another stage.
3. Stage 2
   a. Reps: 1
   b. Temp: 60
   c. Time: 5:00
4. Select the bar between Stage 2 and Stage 3. Select the Add Hold button to add another stage.
5. Stage 3
   a. Reps: 1
   b. Temp: 65
   c. Time: 5:00
6. Stage 4 (2-Step Dissociation Stage)
   a. Reps: 10
   b. Step 1
      i. Temp: 92
      ii. Time: 0:05
   c. Step 2
      i. Temp: 57
      ii. Time: 0:40
7. Select the bar to the right of Stage 4. Select the Add Cycle button to add another stage.
8. Stage 5 (2-Step Dissociation Stage)
   a. Reps: 30
   b. Step 1
      i. Temp: 92
      ii. Time: 0:05
   c. Step 2
      i. Temp: 57
      ii. Time: 0:40
9. If a wrong stage is added the stage can be removed by pressing the Delete button after highlighting the stage between the vertical lines.

ii. Under Settings enter the following:

<table>
<thead>
<tr>
<th>Sample Volume (µL):</th>
<th>20 (default)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run Mode:</td>
<td>7500 Fast (default)</td>
</tr>
<tr>
<td>Data Collection:</td>
<td>Stage 5, Step 2 (57.0 @ 0:40)</td>
</tr>
</tbody>
</table>
e. Set threshold for each analyte.
   i. Select the Results tab.
   ii. Select the Amplification Plot tab.
   iii. Select SARS-CoV-2 from the Detector tab in the top right corner.
   iv. In the Analysis Settings block, set the Threshold to 7.5e+004.
   v. Select the Manual Baseline radio button.
   vi. Enter “3” for Start and “15” for End.
   vii. Select PRC from the Detector tab in the top right corner.
   viii. In the Analysis Settings block, set the Threshold to 1.0e+004.
   ix. Select the Manual Baseline radio button.
   x. Enter ”3” for Start and “15” for End.

f. Save the new protocol as a template for future use.
   i. At the top of the screen select File and then Save As.
   ii. Save In: D:\Applied Biosystems\7500 Fast System\Templates\ 
   iii. File name: ‘Lyra Direct SARS-CoV-2’
   iv. Save as type: ‘SDS Templates (*.sdt)’

g. Exit the software.

**Applied Biosystems® 7500 Fast Dx Thermocycler Test Procedure**

1. Launch the Applied Biosystems® 7500 Fast Dx software v1.4 package.
2. The Quick Startup document dialog window will open.
3. Click on Create a new document.
4. Most of the following should be the default setting. If not, change accordingly.

<table>
<thead>
<tr>
<th>Assay:</th>
<th>Standard Curve (Absolute Quantitation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Container:</td>
<td>96-Well Clear</td>
</tr>
<tr>
<td>Template:</td>
<td>Lyra Direct SARS-CoV-2</td>
</tr>
<tr>
<td>Run Mode:</td>
<td>Fast 7500</td>
</tr>
<tr>
<td>Operator:</td>
<td>your operator name</td>
</tr>
<tr>
<td>Comments:</td>
<td>SDS v1.4</td>
</tr>
<tr>
<td>Plate Name:</td>
<td>YYMMDD- Lyra Direct SARS-CoV-2</td>
</tr>
</tbody>
</table>

5. Set Up Sample Plate
   a. Under the Setup and Plate tabs the plate setup will appear.
   b. Select all wells that will contain sample, right-click and select the Well Inspector from the drop-down menu. When the Well Inspector pop-up window opens, select the detectors for SARS-CoV-2 and PRC.
   c. Use the Well Inspector to enter the sample names. Patient IDs can be entered in the Well Inspector window. However, it is recommended that this is done prior to re-suspending the lyophilized master mix, post run or using the import function to minimize the time the PCR reactions will sit at room temperature prior to starting the run.
   d. Save the run as YYMMDD- Lyra Direct SARS-CoV-2.sds.
6. Starting the PCR
   a. Select the **Instrument** tab.
   b. Insert the 96 well PCR plate into the machine.
   c. Under **Instrument Control**, select the **Start** button to initiate the run.

7. Post PCR
   **IMPORTANT:** When the run is finished press OK.
   a. Analyze the data by pressing the **Analyze** button in the top menu and save the file.
   b. Save the file by pressing **Save Document** in the task bar. A window will open asking for the “Reason for change of entry”.
   c. Enter “**Data analysis post run**” and any other comments relevant to the run.

---

**Applied Biosystems 7500 Standard Programming Instructions**

Refer to User Manual Part Number 4387783 revC for additional information.

Following instrument qualification (see Appendix II), the instrument(s) should be labeled “Emergency Use Only” after successful instrument qualification. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay.

1. Launch the ABI 7500 software package.
2. Select the **Advanced Setup** button to open Setup and Experiment Properties. Follow each step to initiate the Lyra Direct SARS-CoV-2 protocol.
   a. Experiment Name: Enter Experiment Name as SARS-CoV-2. Leave the Barcode, User Name, and Comments fields blank
   b. Define Experiment Setup: Select 7500 (96 Wells), Quantitation: Standard Curve, TaqMan® Reagents, and Standard (~2 hours to complete a run)

3. In the upper left menu select **Plate Setup**
   a. Define Targets: New detectors for SARS-CoV-2, and the process control (PRC) must be added.
      i. Enter the following information for each detector.

<table>
<thead>
<tr>
<th>Name</th>
<th>Reporter Dye</th>
<th>Quencher Dye</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2</td>
<td>FAM</td>
<td>(none)</td>
<td>(Select)</td>
</tr>
<tr>
<td>PRC</td>
<td>Cy5</td>
<td>(none)</td>
<td>(Select)</td>
</tr>
</tbody>
</table>

   ii. Select **Add New Target** button for each target.
   iii. From each drop down menu select reporter, quencher, and color
   iv. Select a unique color to represent each detector
   b. Assign Targets and Samples: Under this tab in the bottom left corner, select **none** as the Passive Reference.

4. Select **Run Method** from the upper left menu
   a. Set the **Reaction Volume per Well** to 20 μL under the **Graphical** or **Tabular View**
   b. Define the Thermocycler Protocol: Under the **Graphical** or **Tabular View** the default profile should be 2 holding stages and a 2-step cycling protocol. Each stage will have 3 user-editable text boxes. The first box value represents the Ramp Rate (%) for that stage, the second box value represents the temperature (°C) and the third box value represents the time (minutes:seconds).
i. Make the following changes to the default Thermocycler protocol:

1. Stage 1 First **Holding Stage**
   a. Ramp Rate: 100%
   b. Temp: 55
   c. Time: 5:00

2. Step 1 Second **Holding Stage**
   a. Ramp Rate: 100%
   b. Temp: 60
   c. Time: 5:00

3. Highlight the second **Holding Stage** and select the **Add Stage** button. In the drop down menu select **Holding**

4. Step 1 **Third Holding Stage**
   a. Ramp Rate: 100%
   b. Temp: 65
   c. Time: 5:00

5. First **2-Step Cycling Stage**
   a. Number of cycles: 10
   b. Do NOT check **Enable Auto Delta**
   c. Step 1
      i. Ramp Rate: 100%
      ii. Temp: 92
      iii. Time: 0:05
   d. Step 2
      i. Ramp Rate: 100%
      ii. Temp: 57
      iii. Time: 0:40
      iv. Turn data collection “Off” by selecting the **Data Selection** button at the bottom of the step.

6. Highlight step 2 and select the **Add Stage** button. In the drop down menu select **Cycling**

7. Second **2-Step Cycling Stage**
   a. Number of cycles: 30
   b. Do NOT check **Enable Auto Delta**
   c. Step 1
      i. Ramp Rate: 100%
      ii. Temp: 92
      iii. Time: 0:05
   d. Step 2
      i. Ramp Rate: 100%
      ii. Temp: 57
      iii. Time: 0:40
      iv. Ensure the data collection has been turned “On” for this step (default setting)

8. If a wrong stage is added the stage can be removed by pressing the **Undo “Add Stage”** button immediately after adding the stage or highlight the stage between the vertical lines and select the **Delete Selected** button
5. Set threshold for each analyte
   a. Select the Analysis tab in the upper left menu.
   b. Select Analysis Settings button in the top right corner.
   c. Highlight SARS-CoV-2 and deselect the Use Default Settings box. De-select Automatic Threshold and change threshold to 75,000. Deselect Automatic Baseline. Enter 3 for Baseline Start Cycle and enter 15 for End Cycle by clicking the ‘Analysis Settings’ button in the top right corner.
   d. Highlight PRC and de-select the Use Default Settings box. De-select Automatic Threshold and change threshold to 10,000. Deselect Automatic Baseline. Enter 3 for Baseline Start Cycle and enter 15 for End Cycle by clicking the ‘Analysis Settings’ button in the top right corner.
   e. At the bottom of the box select Apply Analysis Settings button.

<table>
<thead>
<tr>
<th>Target</th>
<th>Threshold</th>
<th>Baseline Start</th>
<th>Baseline End</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2</td>
<td>75,000</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>PRC</td>
<td>10,000</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

   i. Save the new protocol as a template for future use.
      i. At the top of the screen select the drop down menu next to Save
      ii. Choose Save as Template
      iii. Save in an appropriate folder
      iv. File name: ‘Lyra Direct SARS-CoV-2’
      v. Save as type: ‘Experiment Document Template files (*.edt)’
      vi. Exit the software.

Applied Biosystems® 7500 Standard Thermocycler Test Procedure

1. Launch the Applied Biosystems® 7500 Standard software v2.06 package.
2. The Quick Startup document dialog window will open.
3. Click on Create a new document.
4. Most of the following should be the default setting. If not, change accordingly.

<table>
<thead>
<tr>
<th>Assay:</th>
<th>Standard Curve (Absolute Quantitation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Container:</td>
<td>96-Well Clear</td>
</tr>
<tr>
<td>Template:</td>
<td>Lyra Direct SARS-CoV-2</td>
</tr>
<tr>
<td>Run Mode:</td>
<td>7500 Standard</td>
</tr>
<tr>
<td>Operator:</td>
<td>your operator name</td>
</tr>
<tr>
<td>Comments:</td>
<td>SDS v1.4</td>
</tr>
<tr>
<td>Plate Name:</td>
<td>YYMMDD- Lyra Direct SARS-CoV-2</td>
</tr>
</tbody>
</table>

5. Set Up Sample Plate
   a. Under the Setup and Plate tabs the plate setup will appear.
   b. Select all wells that will contain sample, right-click and select the Well Inspector from the drop-down menu. When the Well Inspector pop-up window opens, select the detectors for SARS-CoV-2 and PRC.
   c. Use the Well Inspector to enter the sample names. Patient IDs can be entered in the Well Inspector window. However, it is recommended that this is done prior to re-suspending the lyophilized master mix, post run or using the import function to minimize the time the PCR reactions will sit at room temperature prior to starting the run.
   d. Save the run as YYMMDD- Lyra Direct SARS-CoV-2.sds.
6. Starting the PCR
   a. Select the Instrument tab.
   b. Insert the 96 well PCR plate into the machine.
   c. Under Instrument Control, select the Start button to initiate the run.

7. Post PCR
   **IMPORTANT:** When the run is finished press OK.
   a. Analyze the data by pressing the "Analyze" button in the top menu and save the file.
   b. Save the file by pressing Save Document in the task bar. A window will open asking for the "Reason for change of entry".
   c. Enter "Data analysis post run" and any other comments relevant to the run.

---

**Bio-Rad CFX96 Touch Thermocycler Programming Procedure**

Refer to User Manual Part Number 10010424 Rev D for additional information.

Following instrument qualification (see Appendix II), the instrument(s) should be labeled “Emergency Use Only” after successful instrument qualification. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay.

**Programming Instructions:**

1. Launch the CFX96 Touch software package
2. In the Startup Wizard pop-up window Select instrument to be CFX96 from the drop down menu
3. Under Select Run Type press the User-defined button
4. Create a new thermocycler protocol by selecting Create New from the Run Setup window
5. Make the following changes to the cycling conditions in the Protocol Editor:
   a. Change the Sample Volume to 20µl
   b. Under Tools in the top left toolbar select Run Time Calculator and check 96 Wells-All Channels
   c. **Step 1** (Hold)
      i. Reps: 1
      ii. Temp: 55°C
      iii. Time: 5:00
   d. **Step 2** (Hold)
      i. Reps: 1
      ii. Temp: 60°C
      iii. Time: 5:00
   e. **Step 3** (Hold)
      i. Reps: 1
      ii. Temp: 65°C
      iii. Time: 5:00
      iv. Remove the plate read from this stage by selecting the Remove Plate Read button on the lower left
   f. **Step 4** (2-Step Amplification Stage)
i. Highlight **step 3** and go to the lower left of the window and select **Insert Step** for a total of 2 times until step 5 is reached (ensure in the upper left of the window the drop-down menu for **Insert Step** has **After** selected).

ii. Highlight **step 4** and set as follows:
   1. Temp: 92°C
   2. Time: 0:05

iii. Highlight **step 5** and set as follows:
   1. Temp: 57°C
   2. Time: 0:40
   3. Go to the left of the screen and select **Remove Plate Read** button

iv. Select **step 6**, the **GOTO step**, and change to state **GOTO step 4** and change the times to repeat to 9

g. **Step 7 (2-Step Amplification Stage)**
   i. With step 6 highlighted select **Insert Step** button, on the lower left of the window, for a total of 2 times (until step 8 is reached)

ii. Highlight **step 7** and set as follows:
   1. Temp: 92°C
   2. Time: 0:05

iii. Highlight **step 8** and set as follows:
   1. Temp: 57°C
   2. Time: 0:40
   3. In the left of the window select **Add Plate Read to Step** button
   4. Highlight **step 8** and select **Insert GOTO** button on the lower left of the window

iv. Select **step 9**, the **GOTO step**, and change to **GOTO step 7** and times to repeat to 29

h. Save the new cycling conditions as protocol for future use
   i. At the upper left of the screen select the **Save** button
   ii. Save in the **ExpressLoad** folder
   iii. **Name** the file ‘Lyra Direct SARS-CoV-2’
   iv. **Save as type** ‘Protocol File (*.prcl)’
   v. Select **Save**
   vi. Click **Ok** in the protocol editor window

6. Define the plate setup
   a. In the **Run Setup** window select the **Plate** tab
   b. Under **Express Load** in the drop-down menu select **Quick Plate 96 wells All Channels.pltd**
   c. Select the **Edit Selected** button to customize the plate setup
   d. In the upper toolbar select **Settings**. The default settings need to be set.
      i. **Plate Size** select 96 Wells
      ii. **Plate Type** select BR Clear
      iii. **Number Convention** select **Scientific Notation**
      iv. **Units** select **Copy Number**
   e. Leave the **Scan Mode** set to **All Channels** at the top of the window
   f. Select the **Select Fluorophores** button on the upper right of the Plate Editor window
      i. De-select all default fluorophores
      ii. Select **FAM**, and **Cy5** and click **Ok**
g. In the Plate Editor window highlight the whole plate and click the check box in front of all fluorophores: FAM and Cy5

h. Select the Experiment Settings button in order to define the Targets
   i. In the lower left of the Experiment Settings window in the New box type in SARS-CoV-2 and select Add
   ii. Repeat this for the PRC
   iii. Select Ok

i. In the Plate Editor window next to FAM in the drop-down menu under Target Name select SARS-CoV-2 and for Cy5 select PRC

j. Save the new plate setup for future use
   i. At the upper left of the screen select the Save button
   ii. Save in the ExpressLoad folder
   iii. Name the file ‘Lyra Direct SARS-CoV-2 plate’
   iv. Save as type ‘Plate File (*.pltd)’
   v. Select Save
   vi. Click Ok in the Plate Editor window

k. Exit the software

Bio-Rad CFX96 Touch Thermocycler Test Procedure
Analysis Instructions:

1. Open the run file that needs to be analyzed
2. In the upper left select the Quantification Tab
3. On the Amplification curve check the box in front of Log Scale
4. Select Settings in the toolbar in the upper left of the screen
   a. For the Cq Determination Mode select Single Threshold
   b. Under the Baseline Setting choose Baseline Subtracted Curve Fit
   c. For Analysis Mode select Target
   d. Under Cycles to Analyze choose 1-30 and then click Ok
   e. The baseline cycles and the threshold for each target need to be set
      i. Ensure that only the SARS-CoV-2 box is checked in the amplification plot
      ii. Go up to Settings in the toolbar and select Baseline Threshold
         1. At the top of the box select Auto Calculated for the Baseline Cycles
         2. For the Single Threshold at the bottom of the box select User Defined
            a. Set this to 164
            b. Select Ok
      iii. Uncheck the SARS-CoV-2 box and check the PRC box in the amplification plot
      iv. Go up to Settings in the toolbar and select Baseline Threshold
         1. At the top of the box select Auto Calculated for the Baseline Cycles
         2. For the Single Threshold at the bottom of the box select User Defined
            a. Set this to 25
            b. Select Ok

5. Exit the software
Qiagen Rotor-Gene Q Programming Instructions

Refer to User Manual Part Number 1065453EN for additional information.

Programming Instructions:

1. Launch the Rotor-Gene Q software package
2. In the New Run pop-up window select the Advanced tab on the top of the screen
3. Select Empty Run and then New on the lower right of the pop-up window to start the Advanced Run Wizard
   a. Select the appropriate rotor size in the Advanced Run Wizard on the upper left of the screen
   b. Check the box that states the Locking Ring is Attached and select Next
   c. Leave the Operator and Notes sections empty
   d. Enter 20ul as the Reaction Volume in the lower left of the screen
   e. For the Sample Layout choose 1, 2, 3... and then select Next
   f. Under Channel Setup select Create New to enter information for each detector
      i. Under Name enter SARS-CoV-2
      ii. Source select 470nm
      iii. Detector select 510nm
      iv. Do not adjust the default Gain setting of 7 as this will be set in a later step
      v. Select OK
   g. Repeat the step above by selecting Create New
      i. Under Name enter PRC
      ii. Source select 625nm
      iii. Detector select 660nm
      iv. Do not adjust the default Gain setting of 7 as this will be set in a later step
      v. Select OK
   h. Select the Edit Profile button in the middle of the window to setup a cycling profile
      i. In the Edit Profile window go to the upper left of the screen to New and in the drop-down menu select Cycling. A hold and three step cycling stage should appear.
      ii. Modify the hold stage to have a temperature at 55°C and a time of 5:00 minutes
      iii. Select the Insert After button in the middle of the pop-up window and then select New Hold at Temperature
      iv. Modify the second hold stage to have a temperature at 60°C and a time of 5:00 minutes
      v. Select the Insert After button in the middle of the pop-up window and then select New Hold at Temperature to insert a third hold stage
      vi. Modify the third hold stage to have a temperature at 65°C and a time of 5:00 minutes
   vii. Highlight the first cycling stage and modify it as follows:
      1. This cycle repeats 10 time(s)
      2. Select Timed Step from the drop-down menu in the middle left of the screen
      3. Do not select Long Range or Touchdown on the left of the screen
      4. The first step:
         a. 92°C
         b. 5 seconds
         c. Not Acquiring
5. Select step two and set as follows:
   a. 57°C
   b. 40 seconds
   c. Not Acquiring

6. Highlight step three and delete it by selecting the “-” button in the middle of the window

7. Select the Insert After button in the middle of the pop-up window and then select New Cycling

viii. Highlight the second cycling stage and modify it as follows:

1. This cycle repeats 30 time(s)
2. Select Timed Step from the drop-down menu in the middle left of the screen
3. Do not select Long Range or Touchdown on the left of the screen
4. The first step:
   a. 92°C
   b. 5 seconds
   c. Not Acquiring

5. Select step two and set as follows:
   a. 57°C
   b. 40 seconds
   c. Select Acquiring to Cycling A

   i. Under Acquiring Channels highlight the default channel name (Green) and select the < button to move it over to the Available Channels list

   ii. In the Available Channels list select SARS-CoV-2 and select the > button to move it over to the Acquiring Channels list

   iii. Repeat the step above for the PRC and then select OK

6. Highlight step three and delete it by selecting the “-” button in the middle of the window

ix. In the Edit Profile window select OK

   i. In the New Run Wizard window select Gain Optimisation

   i. In the middle of the Auto-Gain Optimisation Setup window select the drop-down menu under Channel Settings and select SARS-CoV-2.

   ii. Select the Add button on the right

   1. In the Auto-Gain Optimisation Channel Settings window ensure that the SARS-CoV-2 Tube Position is set to 1. This requires that a positive control, containing SARS-CoV-2 and PRC, be tested with each PCR run and placed in the first tube. Failure to do so may cause the gain to be incorrectly set.

   2. Leave the Target Sample Range and the Acceptable Gain Range set to the defaults, 5-10F and -10 to 10 respectively.

   3. Select OK

   4. Repeat steps 3. j. ii. 1-3. for the PRC

   iii. In the Auto-Gain Optimisation Setup window check the box next to Perform Optimisation Before 1st Acquisition

   iv. Select Close
j. In the New Run Wizard window select the Next button
k. Save the new protocol as a template for future use
   i. On the bottom right of the window select the Save Template button
      ii. Save In: C:\Program Files\Rotor-Gene Q Software\Templates
         iii. File name: ‘Lyra Direct SARS-CoV-2’
         iv. Save as type: ‘Template (*.ret)’
l. Exit the software

**Qiagen Rotor-Gene Q Test Run**

**Analysis Instructions:**

1. In the New Run Wizard load the Direct SARS-CoV-2 Template.
2. Press Start.
3. Open the run file that needs to be analyzed
4. In the upper menu toolbar select the Analysis button
   a. Select Quantitation, then Cycling A. SARS-CoV-2, and Show
   b. The threshold needs to be set for SARS-CoV-2
      i. In the far right bottom of the screen under CT Calculation enter 0.03 for the SARS-CoV-2 Threshold
      ii. In the Eliminate Cycles before box ensure the default of 1 is entered
      iii. Ensure the amplification graph is set to Log Scale (toggle button on the bottom left of the graph states Linear Scale or Log Scale)
   c. Select Quantitation, then Cycling A. PRC, and Show
   d. The threshold needs to be set for PRC
      i. In the far right bottom of the screen under CT Calculation enter 0.05 for the PRC Threshold
      ii. In the Eliminate Cycles before box ensure the default of 1 is entered
      iii. Ensure the amplification graph is set to Log Scale (toggle button on the bottom left of the graph states Linear Scale or Log Scale)

**Roche’s LightCycler® 480 Instrument II Programming Instructions**

Refer to User Manual Part Number 05152062001 0208 for additional information.

Following instrument qualification (see Appendix II), the instrument(s) should be labeled “Emergency Use Only” after successful instrument qualification. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay.

**Creating a LC 480 II Assay Run Template**

1. Launch the LightCycler (LC) 480 software package
2. The Detection Format must be established to specify the channels in which fluorescence will be read
   a. Select Tools in the startup screen in the lower right of the screen
   b. Select Detection Formats then choose New
   c. Name the format Lyra Direct SARS-CoV-2
   d. In the Filter Combination Selection window select 465-510 and 618-660
e. In the Selected Filter Combination List window under name type in SARS-CoV-2 for 465-510 and PRC for 618-660
f. Leave all default setting values to 1 under Melt Factor, Quant Factor, and Max Integration Time
g. Select Close to save the new detection format and return to startup screen
h. To access this newly created Detection Format, the LC 480 software must be closed, then reloaded

3. After closing and reloading the software select White Plates and New Experiment under Experiment Creation window
4. On the next screen select “Lyra Direct SARS-CoV-2” from the pull-down menu under Detection Formats
5. Enter 20ul as the Reaction Volume in the upper right of the screen
6. Enter the names for each of the RT-PCR programs
   a. Under Program Name enter Stage 1, under Cycles enter 1, and in Analysis Mode select none
   b. Select the “+” icon to add a program
c. Name the next program Stage 2, under Cycles enter 1, and in the Analysis Mode select none
d. Select the “+” icon to add a program
e. Name the next program Stage 3, under Cycles enter 1, and in the Analysis Mode select none
f. Select the “+” icon to add a program
g. Name the next program Stage 4, under Cycles enter 40, and in the Analysis Mode select quantification
7. Set the RT-PCR cycling times and temperatures
   a. Highlight Stage 1 under Program Name and change Stage 1 Temperature Targets as follows:
      i. Target (°C) set to 55
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
      v. Sec Target (°C), Step Size (°C), and Step Delay (cycles) will be left at 0 for stages 1-4.
   b. Highlight Stage 2 under Program Name and change Stage 2 Temperature Targets as follows:
      i. Target (°C) set to 60
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
   c. Highlight Stage 3 under Program Name and change Stage 3 Temperature Targets as follows:
      i. Target (°C) set to 65
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
   d. Highlight Stage 4 under Program Name and change Stage 4 Temperature Targets as follows:
      i. The first step:
         1. Target (°C) set to 92
         2. Acquisition Mode select none
         3. Hold (hh:mm:ss) set to 0:05
         4. Ramp Rate (°C/s) to 4.4
      ii. Select the “+” icon to add a step and set the second step:
         1. Target (°C) set to 57
2. **Acquisition Mode** select *single*
3. **Hold** (hh:mm:ss) set to *0:40*
4. **Ramp Rate** (°C/s) to *2.2*

8. Save the new protocol as a run template for future use.
   a. In the lower left corner of the screen select the pull-down menu next to the **Apply Template** button
   b. Choose **Save As Template**
   c. Select the **Templates Folder**
   d. Highlight **Run Templates Folder**
   e. Name the template Lyra Direct SARS-CoV-2 run template and click the “check” button

9. Exit the software.

**Creating a LC 480 II Assay Test Procedure**
1. Load the Lyra Direct SARS-CoV-2 run template.
2. Press Start.
3. The analysis template can only be established after the initial experiment has completed and two templates will be established; one for SARS-CoV-2 detection and one for PRC detection.
4. On the Lyra Direct SARS-CoV-2 runs select the **Analysis** button in the module bar
   a. Choose **Abs Quant/Fit Points**
   b. In the **Create New Analysis** pop-up window select your pre-defined subset from the **subset** drop down menu and then select the “check” button
   c. Click **Background** for all analytes
      i. Set **Min Offset** to 1
      ii. Set **Max Offset** to 9
   d. In the center bottom of the screen ensure that **Color Compensation** is off for all analytes
   e. Change the default setting to **First Cycle** 7 and confirm **Last Cycle** 40
5. At the top middle of the screen select **Noise Band**
6. Choose **Filter Comb 465-510**
7. Choose the pull-down menu next to the **Noise Band** button and select the following:
   a. SARS-CoV-2 Noiseband Fluorescence. Set to 1.5
8. Choose **Calculate** in the bottom left of the screen
9. Save the SARS-CoV-2 analysis protocol as a template for future use
   a. In the lower left corner of the screen select the pull-down menu next to the **Apply Template** button
   b. Choose **Save As Template**
   c. Select the **Templates Folder**
   d. Highlight **Analysis Templates Folder**
   e. Name the template Lyra Direct SARS-CoV-2_465-510 analysis template and click the “check” button
10. Go back to run and choose **Filter Comb 618-660**
11. Choose the pull-down menu next to the **Noise Band** button and select the following:
    a. PRC Noiseband Auto
12. Choose **Calculate** in the bottom left of the screen
13. Save the SARS-CoV-2 analysis protocol as a template for future use
14. Create a report
   a. Select the **Save** icon on the global action bar on the right side of the screen
   b. This will be performed under each channel analyzed
   c. Choose the **Report** button on the module bar on the left of the screen
   d. Select the appropriate settings and press the **Generate** button

15. To apply an Analysis Template to subsequent runs
   a. Once the run has finished select the **Analysis** button in the module bar
   b. Choose **Abs Quant/Fit Points**
   c. In the **Create New Analysis** pop-up window select your pre-defined subset from the **subset** drop down menu and then select the “check” button
   d. Select the **Apply Template** button on the far left of the screen and choose the Lyra Direct SARS-CoV-2_465-510 or Lyra Direct SARS-CoV-2_618-660 analysis template from the **Analysis Templates Folder**
   e. Select yes in the pop-up window

16. Interpretation of results (See Table 4)

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**Roche Cobas z480 Instrument Programming Instructions**
Refer to User Manual Version 1.1.2 for additional information.

**Creating a Cobas z480 Assay Run Template**

10. Launch the Cobas z480 software package

11. The **Detection Format** must be established to specify the channels in which fluorescence will be read
   a. Select **Tools** in the startup screen in the lower right of the screen
   b. Select **Detection Formats** then choose **New**
   c. Name the format Lyra Direct SARS-CoV-2
   d. In the **Filter Combination Selection** window select 465-510 and 610-670
   e. In the **Selected Filter Combination List** window under name type in SARS-CoV-2 for 465-510 and PRC for 610-670
   f. Leave all default setting values to 1 under Melt Factor, Quant Factor, and Max Integration Time
g. Select Close to save the new detection format and return to startup screen

h. To access this newly created Detection Format, the Z480 software must be closed, then reloaded

12. After closing and reloading the software select White Plates and New Experiment under Experiment Creation window

13. On the next screen select “Lyra Direct SARS-CoV-2” from the pull-down menu under Detection Formats

14. Enter 20ul as the Reaction Volume in the upper right of the screen

15. Enter the names for each of the RT-PCR programs

   a. Under Program Name enter Stage 1, under Cycles enter 1, and in Analysis Mode select none
   b. Select the “+” icon to add a program
   c. Name the next program Stage 2, under Cycles enter 1, and in the Analysis Mode select none
   d. Select the “+” icon to add a program
   e. Name the next program Stage 3, under Cycles enter 1, and in the Analysis Mode select none
   f. Select the “+” icon to add a program
   g. Name the next program Stage 4, under Cycles enter 40, and in the Analysis Mode select quantification

16. Set the RT-PCR cycling times and temperatures

   a. Highlight Stage 1 under Program Name and change Stage 1 Temperature Targets as follows:
      i. Target (°C) set to 55
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
      v. Sec Target (°C), Step Size (°C), and Step Delay (cycles) will be left at 0 for stages 1-4.
   b. Highlight Stage 2 under Program Name and change Stage 2 Temperature Targets as follows:
      i. Target (°C) set to 60
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
   c. Highlight Stage 3 under Program Name and change Stage 3 Temperature Targets as follows:
      i. Target (°C) set to 65
      ii. Acquisition Mode select none
      iii. Hold (hh:mm:ss) set to 5:00
      iv. Ramp Rate (°C/s) to 4.4
   d. Highlight Stage 4 under Program Name and change Stage 4 Temperature Targets as follows:
      i. The first step:
         1. Target (°C) set to 92
         2. Acquisition Mode select none
         3. Hold (hh:mm:ss) set to 0:05
         4. Ramp Rate (°C/s) to 4.4
      ii. Select the “+” icon to add a step and set the second step:
         1. Target (°C) set to 57
         2. Acquisition Mode select single
         3. Hold (hh:mm:ss) set to 0:40
         4. Ramp Rate (°C/s) to 2.2

17. Save the new protocol as a run template for future use.
Creating a Cobas z480 Assay Test Procedure

17. Load the Lyra Direct SARS-CoV-2 run template.
18. Press Start.
19. The analysis template can only be established after the initial experiment has completed and two templates will be established; one for SARS-CoV-2 detection and one for PRC detection.
20. On the Lyra Direct SARS-CoV-2 run select the Analysis button in the module bar
   a. Choose Abs Quant/Fit Points
   b. In the Create New Analysis pop-up window select your pre-defined subset from the subset drop down menu and then select the “check” button
   c. Click Background for all analytes
      i. Set Min Offset to 1
      ii. Set Max Offset to 9
   d. In the center bottom of the screen ensure that Color Compensation is off for all analytes
   e. Change the default setting to First Cycle 7 and confirm Last Cycle 40
21. At the top middle of the screen select Noise Band
22. Choose Filter Comb 465-510
23. Choose the pull-down menu next to the Noise Band button and select the following:
   a. SARS-CoV-2 Noiseband Fluorescence. Set to 1.5
24. Choose Calculate in the bottom left of the screen
25. Save the SARS-CoV-2 analysis protocol as a template for future use
   a. In the lower left corner of the screen select the pull-down menu next to the Apply Template button
   b. Choose Save As Template
   c. Select the Templates Folder
   d. Highlight Analysis Templates Folder
   e. Name the template Lyra Direct SARS-CoV-2_465-510 analysis template and click the “check” button
26. Go back to run and choose Filter Comb 610-670
27. Choose the pull-down menu next to the Noise Band button and select the following:
   a. PRC Noiseband Auto
28. Choose Calculate in the bottom left of the screen
29. Save the SARS-CoV-2 analysis protocol as a template for future use
   a. In the lower left corner of the screen select the pull-down menu next to the Apply Template button
   b. Choose Save As Template
   c. Select the Templates Folder
d. Highlight **Analysis Templates Folder**

30. Create a report
   a. Select the **Save** icon on the global action bar on the right side of the screen
   b. This will be performed under each channel analyzed
   c. Choose the **Report** button on the module bar on the left of the screen
   d. Select the appropriate settings and press the **Generate** button

31. To apply an Analysis Template to subsequent runs
   a. Once the run has finished select the **Analysis** button in the module bar
   b. Choose **Abs Quant/Fit Points**
   c. In the **Create New Analysis** pop-up window select your pre-defined subset from the **subset** drop down menu and then select the “check” button
   d. Select the **Apply Template** button on the far left of the screen and choose the Lyra Direct SARS-CoV-2_465-510 or Lyra Direct SARS-CoV-2_610-670 analysis template from the **Analysis Templates Folder**
   e. Select yes in the pop-up window

32. Interpretation of results (See Table 4)

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**ThermoFisher QuantStudio 7 Pro Programming Instructions**

Refer to User Manual Part Number 4489822 Revision A for additional information.

Following instrument qualification (see Appendix II), the instrument(s) should be labeled “Emergency Use Only” after successful instrument qualification. This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay.

**ThermoFisher QS7 Test Run Programming Instructions:**

1. Open the Design and Analysis Software
2. Select the “SET UP PLATE” option
3. From the side bar on the screen, select the following properties to filter:
   a. Instrument – QuantStudio 7 Pro
   b. Block – 96-Well 0.2 mL
   c. Run Mode – Fast
   d. Analysis options are left blank
4. From the plate selections present on the screen, select the System Template “Presence/Absence” and the system will automatically navigate to the “Run Method” tab
5. Run Method
   a. Change the Reaction Volume to 20.0uL
   b. The temperature of the enabled heated cover will remain at 105.0 degrees C
   c. Scroll over the Hold stage present in the cycling parameters and addition/subtraction buttons will become visible at both the top and bottom of the first stage.
   d. Left click the right addition button at the top and a list of Stage choices will become visible. Scroll down and choose Hold.
e. Repeat the previous steps so there are three Hold stages present in the cycling parameters.

f. Scroll over to the PCR stage and addition/subtraction buttons will become visible at both the top and bottom. Left click the right addition button at the top and a list of Stage choices will become visible. Scroll down and choose PCR.

g. Going back to the first stage enter the following parameters:
   i. Stage 1 Hold
      1. 2.63 ramp rate
      2. 55°C
      3. 5 minutes
   ii. Stage 2 Hold
      1. 2.63 ramp rate
      2. 60°C
      3. 5 minutes
   iii. Stage 3 Hold
      1. 2.63 ramp rate
      2. 65°C
      3. 5 minutes
   iv. Stage 4 PCR
      1. Step 1:
         a. 2.63 ramp rate
         b. 92°C
         c. 5 seconds
      2. Step 2:
         a. 2.32 ramp rate
         b. 57°C
         c. 40 seconds
         d. Click on the camera icon under Step 2. A window will pop up asking for confirmation to turn off data collection during this step. Click “Ok”.
   v. Located at the bottom of Stage 4 PCR change the number of cycles to 10
   vi. Stage 5 PCR
      1. Step 1:
         a. 2.63 ramp rate
         b. 92°C
         c. 5 seconds
      2. Step 2:
         a. 2.32 ramp rate
         b. 57°C
         c. 40 seconds
         d. Ensure the camera icon image is bold/on for data collection during the 30 cycles of Stage 5, Step 2.
   vii. Located at the bottom of Stage 4 PCR change the number of cycles to 30

h. Scroll up and choose the “Plate Setup” tab near the top of the screen.

6. Plate Setup
   a. Change the Passive Reference to “NONE”
b. On the lower right side of screen, ensure the Targets Tab is chosen then highlight and press the addition button to add “Target 1”. Press again to add “Target 2”

c. Click on the “Target 1” box and change the name to CoV-2.

d. Click the associated reporter box below the Reporter tab and, from the dropdown menu, choose FAM.

e. Click on the “Target 2” box and change the name to PRC.

f. Click the associated reporter box below the Reporter tab and, from the dropdown menu, choose CY5.

g. Highlight the “Actions” button located in the upper right side of the screen and press the drop down button. In the dropdown menu choose “Analysis Setting”

h. Under Analysis Setting, disable the following for all targets:
   i. Use Default Column
   ii. Auto Threshold Column
   iii. Auto Baseline Column
   iv. The Baseline Start and Baseline End should default to 3 and 15

i. Under “Threshold” click on the box associate with the CoV target and enter 40000.

j. Under “Threshold” click on the box associated with the PRC target and enter 15000

k. Click “Save”

l. Navigate back to the “Actions” button and press the drop down button, choosing “Save As”. This will save your template to a location of choice. Save the template as “Lyra Direct SARS Cov-2 Assay”.

Creating a ThermoFisher QuantStudio 7 Pro Test Procedure

Note: These instructions are based upon the user not having the QuantStudio 7 Real-Time PCR instrument and the ABI Design and Analysis 2.4 software connected. The user must open the Lyra Direct SARS CoV-2 template created previously with the software and save any newly created sample run template onto a USB and transfer the template to the instrument.

For connectivity related to the software and the instrument please contact your Thermo Fisher/ABI QuantStudio representative.

1) Open the Lyra Direct SARS CoV-2 Assay Template previously generated.

2) Click on the Plate Setup Tab located near the top of the screen.

3) On the right side of the screen ensure the “Samples” tab is highlighted and press the addition button to add the number of samples being tested.

4) Click on the “Sample 1” box to rename the sample. Repeat this step for all subsequent samples being entered.

5) Click the well located in the plate map then check the box next to the sample name from the right side bar to associate the name to the well.
   a. User also has the option to highlight the well location in the plate map and click on the “Enter sample” box. Enter the sample ID and press tab to continue to the next well in the plate map. This will automatically load the sample name into the sidebar.

6) Once samples names have been entered, the wells may be highlighted by left clicking the mouse over starting well and dragging the mouse across all wells associated in run. The targets are then chosen by clicking the check boxes next to each target in the side bar.
7) Click on the Actions button located top right of the screen and choose “Save As” in the dropdown menu.
   a. A pop-up window will appear directing the user to title the file according to information pertaining to the sample run and the location of the file to be saved.
   b. Save the newly named (.edt) run file to a USB that is inserted into the computer.
8) Transfer the USB to the port on the front of the instrument.
9) From the options on the instrument’s screen press “Load plate file”. The QuantStudio 7 is a touchscreen device.
10) From the “Run Queue” screen, press “USB drive” on the right side. This will bring up any plate files saved on the USB.
11) Press the plate file associated with the run to be performed.
12) A new window will appear requesting location of results once the run is complete.
   a. Press the “USB drive Connected” if the icon is not already highlighted and press “Done”.
13) Centrifuge the 96-well sample plate to ensure all liquid is toward the bottom of each well.
   a. Ensure the centrifuge is properly balanced.
   b. Gently pull the plate from the centrifuge to ensure all liquids remain at the bottom of the wells.
14) Press the double-arrow icon located at the top right sided corner of the screen on the instrument.
   a. The instrument drawer will open from the front.
15) Place the centrifuged plate into the plate holder ensuring proper orientation of the plate.
   a. A1 well should be in the position of the top left corner
   b. The plate will appear slightly suspended above the block due to two silicone strips above and below this plate. This is to be expected and the instrument lid will press the plate down once the drawer has closed.
16) Press “Start Run” on the screen of the instrument.
   a. A pop-up window will appear asking the user to confirm the plate has been loaded.
   b. If the plate has been loaded, press “Start Run” again or press “Open Drawer” to place the plate into the block and then press “Start Run”
APPENDIX II
Instruments Qualification Method for the Lyra® Direct SARS-CoV-2 Assay

Purpose: This appendix is intended to provide a qualification procedure describing how to test a panel of specimens for use in verifying performance of the Applied Biosystems 7500 Standard, Roche LightCycler 480, Bio-Rad CFX96 Touch, Thermofisher QuantStudio 7 Pro with the Lyra Direct SARS-CoV-2 Assay by the end user. Qualification of these instruments with the Lyra Direct SARS-CoV-2 Assay (meeting the acceptance criteria listed below) must be achieved prior to usage for diagnostic testing.

Acceptance Criteria:

1. Specimen processing according to this protocol, in combination with an authorized thermocycler, detects the following when tested with the Lyra SARS-CoV-2 Assay:
   a. 0 out of 3 replicates in Panel Member 1.
   b. 3 out of 3 replicates in Panel Members 2 and 3;

Protocol: Quidel has generated a panel of three samples. The panel is comprised of one negative sample and two positive samples diluted with a contrived negative nasopharyngeal matrix to approximately 3x and 1x LoD of the Lyra Direct SARS-CoV-2 Assay (based on Ct value). The lab will perform three (3) replicates of each specimen using this protocol. Each replicate will be tested according to the Lyra Direct SARS-CoV-2 Assay IFU using the thermocycler pending qualification.

1. Sample processing and extraction:
   NOTE: Samples will be shipped on cold packs to the testing laboratory. The aliquot should be stored at 2° to 8°C until tested.
   a. Mix well by inversion 10 times.
   b. Process three (3) replicates of the specimen as described:
      i. Place three flocked swabs, provided with the panel, into each contrived sample one at a time, allow the swab to remain for 10-seconds;
      ii. Place the inoculated swab into 400-µL of Process buffer and follow the Lyra Direct SARS-CoV-2 Assay IFU to complete processing.

2. PCR set-up:
   a. Two vials of Lyra SARS-CoV-2 Master Mix will be rehydrated with 135µL of Rehydration Solution per vial.
   b. Vials will be placed at room temperature for 1-2 minutes to allow rehydration of pellet then gently pipetted up and down 2-3 times (avoiding formation of bubbles).
   c. Fifteen microliters (15µL) of Master mix and 5µL of the processed sample (in triplicate), following the IFU, will be loaded into each of the wells on the PCR plate.
   d. The plate will be centrifuged to ensure liquid is at the bottom of the wells.

3. PCR Amplification:
   a. Plate will be inserted into the thermocycler and amplification initiated using the applicable program parameters according to the IFU:
   b. The instrument software is used to detect amplification in realtime.

4. Data analysis:
   a. Analysis is performed according to the IFU, and is briefly described in the table below:
**Interpretation of the Lyra Direct SARS-CoV-2 Assay Results on the Applied Biosystems 7500 Fast Dx, Applied Biosystems 7500 Standard, Bio-Rad Cfx96, Qiagen Rotor-Gene Q, or Thermofisher QS-7**

<table>
<thead>
<tr>
<th>Assay Result</th>
<th>Detector: SARS-CoV-2</th>
<th>Detector: Process Control</th>
<th>Interpretation of Results</th>
<th>Notes and Special Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>No Ct detected</td>
<td>5.0 ≤ Ct ≤ 30.0</td>
<td>No SARS-CoV-2 viral RNA detected; PRC Detected.</td>
<td></td>
</tr>
<tr>
<td>SARS-CoV-2 Positive</td>
<td>5.0 ≤ Ct ≤ 30.0</td>
<td>NA¹</td>
<td>SARS-CoV-2 Virus viral RNA detected.</td>
<td>Invalid test. Retest the same processed sample. If the test is also invalid, re-process and retest another aliquot of the same specimen or obtain a new specimen and retest.</td>
</tr>
<tr>
<td>Invalid</td>
<td>No Ct detected</td>
<td>No Ct detected</td>
<td>No SARS-CoV-2 viral RNA and no PRC RNA detected.</td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation of the Lyra Direct SARS-CoV-2 Assay Results on the Roche LightCycler 480**

<table>
<thead>
<tr>
<th>Assay Result</th>
<th>Detector: SARS-CoV-2</th>
<th>Detector: Process Control</th>
<th>Interpretation of Results</th>
<th>Notes and Special Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>No Ct detected</td>
<td>5.0 ≤ Ct ≤ 40.0</td>
<td>No SARS-CoV-2 viral RNA detected; PRC Detected.</td>
<td></td>
</tr>
<tr>
<td>SARS-CoV-2 Positive</td>
<td>5.0 ≤ Ct ≤ 40.0</td>
<td>NA¹</td>
<td>SARS-CoV-2 Virus viral RNA detected.</td>
<td>Invalid test. Retest the same purified sample. If the test is also invalid, re-extract and retest another aliquot of the same specimen or obtain a new specimen and retest.</td>
</tr>
<tr>
<td>Invalid</td>
<td>No Ct detected</td>
<td>No Ct detected</td>
<td>No SARS-CoV-2 viral RNA and no PRC RNA detected.</td>
<td></td>
</tr>
</tbody>
</table>

¹ No Ct value is required for the Process Control to make a positive call.
Results:

<table>
<thead>
<tr>
<th>Panel Member</th>
<th>Replicate 1</th>
<th>Replicate 2</th>
<th>Replicate 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SARS-CoV-2 Ct</td>
<td>PRC Ct</td>
<td>SARS-CoV-2 Ct</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusion:

Upon successful testing of the panel, meeting the acceptance criteria listed above, the instrument(s) may be used for diagnostic testing with the Lyra Direct SARS-CoV-2 Assay. The instrument should be affixed with the below label. If the instruments include labeling indicating “For Research Use Only”, please cover with the below “Emergency Use Only” labeling.

Emergency Use Only.

This instrument is authorized for use with the Lyra Direct SARS-CoV-2 Assay.
GLOSSARY

**iu**
Intended use

**REF**
Catalog number

**CONT**
Contents / Contains

**∑**
Contains sufficient for 96 determinations

**CONTROL**
Control

**LOT**
Batch code

**EXP**
Use by

Consult e-labeling instructions for use

**Manufacturer**

**Temperature limitation**

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