Dear Ms. Viviani:

On June 15, 2020, based on your request, the Food and Drug Administration (FDA) issued a letter authorizing the emergency use of your product for the qualitative detection of nucleic acid from SARS-CoV-2 upper respiratory specimens (such as nasopharyngeal swabs (NPS), oropharyngeal swabs (OPS), and nasal swabs) or bronchoalveolar lavage (BAL) from individuals suspected of COVID-19 by their healthcare provider pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3). The June 15, 2020, letter authorizing emergency use of this test limited testing to laboratories certified under the

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1 For ease of reference, this letter will use the term “you” and related terms to refer to Applied BioCode, Inc.
2 For ease of reference, this letter will use the term “your product” to refer to the BioCode SARS-CoV-2 Assay used for the indication identified above.
Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform high complexity tests. Based on your request, FDA also granted an update to the authorized labeling on October 22, 2020.³

On August 17, 2020, you requested to amend your Emergency Use Authorization (EUA). Based on that request, and having concluded that revising the July 15, 2020, EUA is appropriate to protect the public health or safety under section 564(g)(2)(C) of the Act (21 U.S.C. § 360bbb-3(g)(2)(C)), FDA is reissuing the July 15, 2020, letter in its entirety with the revisions incorporated.⁴ Pursuant to section 564 of the Act and the Scope of Authorization (Section II) and Conditions of Authorization (Section IV) of this reissued letter, this your product is now intended for the indications described above.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 subject to the terms of any authorization issued under Section 564(a) of the Act.⁵

FDA considered the totality of scientific information available in authorizing the emergency use of your product for the indication above. A summary of the performance information FDA relied upon is included in the Instructions for Use (identified below).

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of your product, described in the Scope of Authorization of this letter (Section II), subject to the terms of this authorization.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;

³ On October 22, 2020, your request was granted to update the Instructions for Use of your product to include; (1) clinical data from a post-authorization clinical evaluation study and (2) results from testing the FDA Reference Panel.
⁴ The revisions to the July 15, 2020, letter include: (1) addition of the qualitative detection of nucleic acid from SARS-CoV-2 in pooled samples containing up to 5 individual upper respiratory specimens (such as NPS, OPS, and nasal swabs) that are collected by an HCP using individual vials containing transport media, from individuals suspected of COVID-19 by their HCP, and (2) update healthcare provider and patient fact sheets to include some additional warnings/precautions around the use of pooling specimens.
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, outweigh the known and potential risks of your product; and

3. There is no adequate, approved, and available alternative to the emergency use of your product.6

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the indication above.

Authorized Product Details

Your product is a qualitative test for the detection of nucleic acid from SARS-CoV-2 in upper respiratory specimens (such as NPS, OPS, and nasal swabs) or BAL from individuals suspected of COVID-19 by their healthcare provider.

Your product is also for use with pooled samples containing up to 5 individual upper respiratory specimens (such as NPS, OPS, and nasal swabs) that are collected by an HCP using individual vials containing transport media, from individuals suspected of COVID-19 by their HCP. Negative results from pooled testing should not be treated as definitive. If patient’s clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens included in pools with a positive or invalid result must be tested individually prior to reporting a result. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.

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.

The SARS-CoV-2 nucleic acid is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 nucleic acid; 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.

To use your product, SARS-CoV-2 nucleic acid is first extracted, isolated and purified from upper respiratory specimens (such as NPS, OPS, and nasal swabs) or BAL. The purified nucleic acid is then reverse transcribed into cDNA followed by PCR amplification combined with end-point detection of amplified DNA sequences with analyte-specific probes that are coupled to barcoded magnetic beads (BMB). The BioCode SARS-CoV-2 Assay includes the following materials or other authorized materials: BioCode Master Mix A, BioCode SARS-CoV-2 Primer Mix, BioCode RT Mix, BioCode RNA-IC2 and BioCode SARS-CoV-2 BMB-Probe Mix.

6 No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.
Your product requires the following control materials, or other authorized control materials (as may be requested under Condition J below), that are processed in the same way as the specimens and are required to be included with each batch of specimens tested with your product. All controls listed below must generate expected results in order for a test to be considered valid, as outlined in the Instructions for Use:

- RNA Internal Control (RNA-IC2) – Bacteriophage MS2 RNA is added to each sample and negative control during extraction. The RNA IC2 is used to monitor extraction, amplification and signal detection.
- Negative Control – Previously characterized negative patient sample or transport media spiked with the provided RNA-IC2. The Negative Control should go through all processing steps (extraction, amplification and detection) and is required for each assay. It is used to reveal possible non-specific priming or detection and to ensure that signals are not obtained in the absence of target sequences.

For quality control, you recommend use of external positive and negative controls, or other authorized controls, to be run as outlined in the Instructions for Use. Your product also requires the use of additional authorized materials and authorized ancillary reagents that are not included with your product and are described in the Instructions for Use.

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

- Fact Sheet for Healthcare Providers: BioCode SARS-CoV-2 Assay
- Fact Sheet for Patients: BioCode SARS-CoV-2 Assay

The above described product, when accompanied by the Instructions for Use (identified above) and the two Fact Sheets (collectively referenced as “authorized labeling”) is authorized to be distributed to and used by authorized laboratories under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of your product, when used consistent with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of your product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective for diagnosing COVID-19, when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that your product (as described in the Scope of Authorization of this letter (Section II)) meets the criteria set forth in
Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) of the Act described above and the Secretary of HHS’s corresponding declaration under Section 564(b)(1) of the Act, your product is authorized for the indication above.

III. Waiver of Certain Requirements

I am waiving the following requirements for your product during the duration of this EUA:

- Current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of your product, but excluding Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

IV. Conditions of Authorization

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

Applied BioCode (You) and Authorized Distributor(s)7

A. Your product must comply with the following labeling requirements under FDA regulations: the intended use statement (21 CFR 809.10(a)(2), (b)(2)); adequate directions for use (21 U.S.C. 352(f)), (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).

B. You and authorized distributor(s) will make your product available with the authorized labeling to authorized laboratories.

C. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Patients.

D. You and authorized distributor(s) will inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.

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7 “Authorized Distributor(s)” are identified by you, Applied BioCode, Inc., in your EUA submission as an entity allowed to distribute your product.
E. Through a process of inventory control, you and authorized distributor(s) will maintain records of the authorized laboratories to which they distribute the test and number of tests they distribute.

F. You and authorized distributor(s) will collect information on the performance of your product. You will report to FDA any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware.

G. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.

**Applied BioCode (You)**

H. You will notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).

I. You will provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent changes that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).

J. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling, and not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to the Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)-Office of In Vitro Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) and require appropriate authorization from FDA prior to implementation.

K. You will comply with the following requirements pursuant to FDA regulations: 21 CFR 820 Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

L. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.

M. If requested by FDA, you must submit lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide it within 48 hours of the request.
N. You will evaluate the analytical limit of detection and assess traceability\(^8\) of your product with any FDA-recommended reference material(s). After submission to and concurrence with the data by FDA, you will update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

O. You will further evaluate the pooling performance of your product in an FDA agreed upon post authorization study within 4 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH’s review of and concurrence with the data, you will update labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

P. You will have a process in place to track adverse events, including any occurrence of false results with your product and report to FDA pursuant to 21 CFR Part 803.

**Authorized Laboratories**

Q. Authorized laboratories using your product will include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.

R. Authorized laboratories using your product will use your product as outlined in the “BioCode 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, authorized other ancillary reagents and authorized materials required to use your product are not permitted.

S. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.

T. Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.

U. Authorized laboratories will collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and you (TechSupport@ApBioCode.com) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of your product of which they become aware.

V. All laboratory personnel using your product must be appropriately trained in RT-PCR techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling.

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\(^8\) Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.
W. Authorized laboratories using specimen pooling strategies when testing patient specimens with your product will include with test result reports for specific patients whose specimen(s) were the subject of pooling, a notice that pooling was used during testing and that "Patient specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing."

X. Authorized laboratories implementing pooling strategies for testing patient specimens must use the “Protocol for Monitoring of Specimen Pooling Testing Strategies” available in the authorized labeling to evaluate the appropriateness of continuing to use such strategies based on the recommendations in the protocol.

Y. Authorized laboratories will keep records of specimen pooling strategies implemented including type of strategy, date implemented, and quantities tested, and test result data generated as part of the Protocol for Monitoring of Specimen Pooling Testing Strategies. For the first 12 months from the date of their creation, such records will be made available to FDA within 48 business hours for inspection upon request, and will be made available within a reasonable time after 12 months from the date of their creation.

**Applied BioCode (You), Authorized Distributor(s) and Authorized Laboratories**

Z. You, authorized distributor(s), and authorized laboratories using your product will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

**Conditions Related to Printed Materials, Advertising and Promotion**

AA. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act and FDA implementing regulations.

BB. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2.

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

- This test has not been FDA cleared or approved, 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; and

- 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 authorization is terminated or revoked sooner.

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

V. Duration of Authorization

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

Sincerely,

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RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosure