



July 17, 2020

Garry A. Courtney
Director, Regulatory Affairs
Megna Health, Inc.
436 Creamery Way, Suite 200
Exton, PA 19341

Device: Rapid COVID-19 IgM/IgG Combo Test Kit

Company: Megna Health, Inc.

Indication: Qualitative detection and differentiation of IgG and IgM antibodies to SARS-CoV-2 in human serum and acid citrate dextrose (ACD) plasma. Intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. Emergency use of this test is limited to authorized laboratories.

Authorized Laboratories: Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, that meet requirements to perform moderate or high complexity tests.

Dear Mr. Courtney:

This letter is in response to your¹ request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of your product,² pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

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.³

¹ For ease of reference, this letter will use the term “you” and related terms to refer to Megna Health, Inc.

² For ease of reference, this letter will use the term “your product” to refer to the Rapid COVID-19 IgM/IgG Combo Test Kit for the indication identified above.

³ U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act*, 21 U.S.C. § 360bbb-3. 85 FR 7316 (February 7, 2020).

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

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of your product meets the criteria for 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;
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes COVID-19, and that the known and potential benefits of your product when used for such use, 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.⁴

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 and differentiation of IgM and IgG antibodies against SARS-CoV-2 in human serum and ACD plasma. The product is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity.

The product is a lateral flow assay based on the immunochromatographic method. The specimen (2 µL) is transferred directly onto the “S1” well of the cassette followed by 2 drops (80-100 µL) of sample buffer onto the “S” well. The mixture of specimen and SARS-CoV-2 antigen-coated colloidal gold particles migrates through the lateral flow strip to a region where anti-human IgM antibody is immobilized and a region where anti-human IgG antibody is immobilized. If IgM antibody against SARS-CoV-2 is present in the specimen, the particles are captured by the anti-human IgM causing the appearance of a colored line at the IgM test line region. Similarly, if IgG antibody against SARS-CoV-2 is present in the specimen, particles bind to anti-human IgG causing the appearance of a colored line at the IgG test line region. If both IgM and IgG antibodies against SARS-CoV-2 are present in the specimen, colored lines appear at both the IgM and IgG test line regions. To serve as a procedural control, a colored line will always appear

⁴ No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

in the control line region, indicating that the test has been performed correctly. The appearance of a colored line only at the C region indicates that antibodies against SARS-CoV-2 were absent. If the control line fails to appear, the test is invalid and must be repeated. The control line appears in roughly 5 minutes, and all colored lines are read visually at 15 minutes and must not be read after 20 minutes.

Your product also requires the use of external positive and negative controls. External control standards are not included with the kit. However, external controls are commercially available by contacting the manufacturer directly. The controls are comprised of inactivated negative serum and inactivated positive IgG and IgM serum. The controls are inactivated to minimize the risks not only to COVID-19, but also to HIV, HBV and HCV. Controls are available through Megna Health.

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.

Your above described product, is authorized to be accompanied with labeling entitled “Rapid COVID-19 IgM/IgG Combo Test Kit ” Instructions for Use (available at <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>), and the following product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and recipients:

- Fact Sheet for Healthcare Providers: Megna Health-Rapid COVID-19 IgM/IgG Combo Test Kit
- Fact Sheet for Recipients: Megna Health-Rapid COVID-19 IgM/IgG Combo Test Kit

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 in diagnosing recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes 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) described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1), your product is authorized for the indication above.

III. Waiver of Certain Requirements

I am waiving the following requirements for your product during the 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:

Megna Health, Inc. (You) and Authorized Distributor(s)⁵

- 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. You may request changes to the authorized labeling. Such requests will be made in consultation with, and require concurrence of, Division of Microbiology Devices (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).
- C. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Recipients.
- 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.

⁵ "Authorized Distributor(s)" are identified by you, Megna Health, Inc., in your EUA submission as an entity allowed to distribute your device.

- 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 and 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.
- H. You and authorized distributor(s) will make available the control material or other authorized control materials for purchase at the same time as your product.

Megna Health, Inc. (You)

- I. You will notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- J. You will provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent amendments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- K. You may request 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. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- L. You will comply with the following requirements under FDA regulations: Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- M. You may request changes to the Scope of Authorization (Section II in this letter) of your product. Such requests will be made in consultation with DMD/OHT7-OIR/OPEQ/CDRH, and require concurrence of, Office of Counterterrorism and Emerging Threats (OCET)/Office of the Chief Scientist (OCS)/Office of the Commissioner (OC) and DMD/OHT7-OIR/OPEQ/CDRH.
- N. You may request the addition of other ancillary methods for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

- O. You may request the addition of other specimen types for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- P. You may request the addition and/or substitution of control materials for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You may request substitution for or changes to the authorized materials used in the detection process of human antibodies against SARS-CoV-2. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- R. You will evaluate the performance and assess traceability⁶ of your product with any FDA-recommended reference material(s) or established panel(s) of characterized clinical specimens. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of and concurrence with the data, 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.
- S. You will track adverse events, including any occurrence of false results and report to FDA under 21 CFR Part 803.
- T. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must assure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.
- U. If requested by FDA, you must submit lot release procedures to FDA within 48 hours of such request, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the US.
- V. If requested by FDA, you will periodically submit new lots for testing at NCI, or by another government agency designated by FDA, to confirm continued performance characteristics across lots. In addition, FDA may request records regarding lot release data for tests to be distributed or already distributed. If such lot release data are requested by FDA, you must provide it within 48 hours of the request.
- W. You will complete the agreed upon real-time stability study for your product. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of and concurrence with the data, you will update your product labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7- OIR/OPEQ/CDRH.

Authorized Laboratories

- X. Authorized laboratories using your product will include with test result reports, all

⁶ Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.

- Y. Authorized laboratories will use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- Z. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- AA. 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.
- BB. 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 to you (info@megnahealth.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.
- CC. All laboratory personnel using your product must be appropriately trained in immunochromatographic techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling. All laboratory personnel using the assay must also be trained in and be familiar with the interpretation of results of the product.

Megna Health, Inc. (You), Authorized Distributors and Authorized Laboratories

- DD. You, authorized distributors, 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

- EE. All descriptive printed matter, including advertising and promotional materials relating to the use of your product, shall be consistent with the Fact Sheets and authorized labeling, as well as the terms set forth in this EUA and the applicable requirements set forth in the Act and FDA regulations.
- FF. No descriptive printed matter, including 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.
- GG. All descriptive printed matter, including 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;
- This test has been authorized by FDA under an EUA for use by authorized laboratories;
- This test has been authorized only for the presence of IgM and IgG antibodies against SARS-CoV-2, not for any other viruses or pathogens; and
- This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

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 diagnostic tests 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,

RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosures