U.S. FOOD & DRUG ADMINISTRATION

July 1, 2024

Laura Burke
Regulatory Compliance Manager
SalivaDirect, Inc.
396 Mansfield Street
New Haven, CT 06511

REVOKED

Device:	SalivaDirect
EUA Number	EUA202097
Company:	SalivaDirect, Inc.
Indication:	This test is authorized for the following indications for use: Qualitative detection of nucleic acid from SARS-CoV-2 in saliva collected from any individuals, including individuals without symptoms or other epidemiological reasons to suspect COVID-19, collected either: (1) without preservatives in a sterile container in the presence of a trained observer (adult trained on how to collect saliva samples), (2) at home using the SalivaDirect At-Home Collection Kit, when used consistent with its authorization, or (3) at home by individuals 18 years and older (self-collected), 14 years and older (self-collected under adult supervision using a straw or funnel), or 2 years and older (collected with adult assistance using a straw or funnel) using the SalivaDirect Unsupervised Collection Kit and dropped off at a collection site, when determined to be appropriate by a healthcare provider. Qualitative detection of nucleic acid from SARS-CoV-2 in pooled samples containing up to five individual saliva specimens (tested using specified workflows) that are collected from any individuals, including individuals without symptoms or other epidemiological reasons to suspect COVID-19, collected either: (1) without preservatives in a sterile container in the presence of a trained observer, (2) at home using the SalivaDirect At-home Collection Kit, or (3) at home using the SalivaDirect Unsupervised Collection Kit. Emergency use of this test is limited to authorized laboratories.
Authorized Laboratories:	Laboratories designated by SalivaDirect, Inc., that are certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a and meet the requirements to perform high complexity tests.

Dear Laura Burke:

On August 15, 2020, based on Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request, the Food and Drug Administration (FDA) issued a letter authorizing the emergency use of SalivaDirect, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3) for the indication stated in the letter.[1] Based on Yale School of Public Health, Department of Epidemiology of Microbial Diseases's requests, FDA reissued the letter on August 28, 2020,[2] December 16, 2020,[3] April 9, 2021,[4] May 28, 2021,[5] June 3, 2021,[6] October 29, 2021,[7] January 27, 2022,[8] and December 14, 2022,[9]

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[1] The August 15, 2020, letter authorized the SalivaDirect for the qualitative detection of nucleic acid from SARS-CoV-2 in saliva collected without preservatives in a sterile container from individuals suspected of COVID-19 by their healthcare provider. Testing was limited to laboratories designated by the Yale School of Public Health, Department of Epidemiology of Microbial Diseases, that included the Clinical Molecular Diagnostics Laboratory, Department of Pathology, Yale School of Medicine, located at 310 Cedar St., New Haven, CT 06510, that were also certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a and meet the requirements to perform high complexity tests.

[2] On August 28, 2020, the revisions to the August 15, 2020, letter clarified Conditions of Authorization L. and Q. in Section IV of the letter regarding the adverse event reporting requirements for Yale School of Public Health, Department of Epidemiology of Microbial Diseases and authorized laboratories (the Conditions were S. and X. in the August 15 letter). In addition, revisions were made to the conditions to consolidate Conditions C., J., K., L., M., N., O., and P. into new Condition I.

[3] On December 16, 2020, the revisions to the August 28, 2020, letter reflected the addition of a Research Use Only (RUO) instrument to the SalivaDirect workflow. As such, Conditions of Authorization M. in the December 16, 2020, letter was included to address verification of RUO instruments authorized for use with the SalivaDirect.

[4] On April 9, 2021, the revisions to the December 16, 2020, letter and authorized labeling included: (1) addition of the SalivaDirect Unsupervised Collection Kit for drop-off at a collection site for unsupervised saliva collection, (2) revision of the intended use to indicate that saliva collection in a sterile container is authorized in the presence of a trained observer (i.e., an adult trained in saliva collection); to add use with saliva specimens that are self-collected by individuals 18 years of age or older unsupervised at home, and dropped off at a collection site, using the SalivaDirect Unsupervised Collection Kit when determined to be appropriate by a healthcare provider or unsupervised at home using the SalivaDirect At-Home Collection Kit and mailed to a testing laboratory, when used consistent with its authorization; to add an indication for testing individuals use in individuals without symptoms or other epidemiological reasons to suspect COVID-19, when tested at least weekly and with and no more than 168 hours between tests using unsupervised saliva collection, or unsupervised saliva self-collection with the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit, (3) update the Instructions for Use (IFU) to include testing with the SalivaDirect Unsupervised Collection Kit and the SalivaDirect At-Home Collection Kit and inclusion of a limitation related to the performance with circulating variants, (4) update the HealthCare Provider Fact Sheet to include information regarding self-collection of specimens and update the HealthCare Provider and Patient Fact Sheets to reflect language used in more recent authorizations, (5) revise the Letter of Authorization to reflect language used in more recent authorizations, and add Conditions of Authorization related to specimen self-collection with SalivaDirect Unsupervised Collection Kit (V.,W., X., Y.), and the removal of Condition of Authorization M. from the December 16, 2020 letter, to develop a qualification protocol for RUO instruments, as it is fulfilled, and new Condition L. and F. in the April 9, 2021 letter.

[5] On May 28, 2021, the revisions to the April 9, 2021, letter and authorized labeling included: (1) authorization of additional authorized thermocyclers [ABI StepOne Real-Time PCR System, ABI PRISM 7000 Real-Time PCR System, ABI QuantStudio Dx, Ubiquitome Liberty16, Roche cobas Z480, Analytik Jena qTower], (2) removal of the "serial testing" limitation for asymptomatic screening based on a post-authorization asymptomatic screening study, (3) addition of the SalivaNow Assay premixed primer/probe set and UltraPlex 1-Step ToughMix RT-PCR mix for use with the SalivaDirect , (4) validation data with an RNase P probe with a Hex fluorophore to increase the flexibility of thermocyclers, (5) addition of the Hamilton Liquid Handler for automated sample pipetting, (6) addition of a vendor for the "short straw" saliva collection device, (7) addition of Conditions of Authorization L. and N., and (8) removal of Condition of Authorization L. (from the April 9, 2021 letter) which was fulfilled.

[6] On June 3, 2021, the revisions to the May 28, 2021, letter and authorized labeling included: (1) updating the Conditions of Authorization for the Laboratory in the IFU to reflect the Conditions described in the Letter of

and granted updates to the authorized labeling on August 25, 2020,[10] October 15, 2020,[11] February 5, 2021,[12] March 12, 2021,[13] and April 21, 2023.[14] In addition, FDA established

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Authorization, (2) minor changes edits in the IFU for consistency and formatting, and (3) updating the contact email address that authorized laboratories should use when reporting performance issues.

[7] On October 29, 2021, the revisions to the June 3, 2021, letter and authorized labeling included: (1) modification of the intended use to include pooling of up to five individual saliva specimens (using specified workflows) that are collected without preservatives in a sterile container in the presence of a trained observer (adult trained on how to collect saliva samples) from individuals suspected of COVID-19 by their healthcare provider or self-collected using the SalivaDirect Unsupervised Collection Kit or SalivaDirect At-home Collection Kit, and (2) addition of the Protocol for Monitoring of Specimen Pooling Strategies to the IFU, (3) addition of the following thermocyclers: Roche LightCycler 480, ABI StepOne Plus, CHAI Open qPCR, and the following automated liquid handler platforms: Tecan Fluent 780 and Tecan Fluent 480 (96 and 384 well), (4) addition of a new RT-PCR reagent and an additional N1 external positive control, (5) updates to the Conditions of Authorization to remove Condition P. of the June 3, 2021 letter (fulfilled), addition of the SalivaDirect At-home Collection Kit to Conditions V., X., Y., Z. and AA., addition of new Conditions of Authorization related to pooling (Conditions BB., CC. and DD.) and incorporate Conditions of Authorization (2) and (3) from the Viral Mutation Revision Letter – September 23, 2021 (Conditions P. and Q.), (6) updates to the Fact Sheets for Healthcare Providers and Patients related to specimen pooling, and (7) updates to the assay IFU, the Conditions of Authorization and Fact Sheets for Healthcare Providers and Patients to reflect language used in more recent authorizations, including updates to the authorized labeling to fulfill Condition of Authorization (1) in the Viral Mutation Revision Letter – September 23, 2021.

[8] On January 27, 2022, the revisions to the October 29, 2021, letter and authorized labeling included: (1) modification of the intended use to include testing of saliva specimens collected from minors, (2) addition of the Janus automated instrument, ABI 7500 thermocycler and Bacterial Bioscience reagents for use with the SalivaDirect, and (3) minor edits to the authorized labeling.

[9] On December 14, 2022, the revisions to the January 27, 2022, letter and authorized labeling included: (1) addition of the option for authorized laboratories to use pre-assembled SalivaDirect Unsupervised Collection Kit from authorized distributors and associated updates to the letter to include Conditions of Authorization associated with authorized distributors, (2) addition of four real-time PCR thermocyclers for use with the SalivaDirect assay: the Applied Biosystems ViiA 7 Real-Time PCR System (using QuantStudio Real Time PCR Software v1.3), ABI QuantStudio 3 Real-Time PCR system (using QuantStudio Design and Analysis Software v2.4.3), Liberty16 Pro (using Liberty16 App Version 1.8 (i0.8)) and the Mic (using mic pcr version 2.10.5, (3) delete Condition of Authorization N. from the January 27, 2022 letter, (4) updates to the Fact Sheet for Healthcare Providers and Fact Sheet for Patients to be consistent with language used in more recent authorizations, and (5) minor edits to the authorized labeling that were clarifying in nature.

[10] On August 25, 2020, Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request was granted to update the IFU to (1) add the Integrated DNA Technologies CDC-qualified lot of ATTO647-labeled RNaseP probe, and (2) provide some minor edits and clarifications.

[11] On October 15, 2020, Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request was granted to update the IFU to (1) add the Applied Biosystems QuantStudio 5 Real-Time PCR System as a new real-time PCR instrument, (2) add additional commercial sources of primer/probe materials, Eurofins Genomics and LGC Biosearch Technologies, and (3) provide some minor updates and clarifications.

[12] On February 5, 2021, Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request was granted to update the EUA Summary and IFU to (1) add the Quantstudio 6 and Quantstudio 7 thermocyclers to the SalivaDirect workflow, (2) add an RUO qualification protocol per a condition in the letter of authorization, and (3) update the cutoff for the ABI 7500 Fast Dx.

[13] On March 12, 2021, Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request was granted to update authorized labeling to (1) add six thermocyclers [CFX384 Touch (384-well), ABI QuantStudio 5, 6, 7 Pro, 7 Flex, and 12K Flex (384-well)], (2) add a more concentrated RT-PCR reaction mix for use with the 384-well thermocyclers, and (3) add an alternative workflow for the SalivaDirect protocol and (4) updated the Healthcare Provider Fact Sheet to reflect language used in more recent authorizations.

[14] On April 21, 2023, Yale School of Public Health, Department of Epidemiology of Microbial Diseases's request was granted to update authorized labeling to: (1) add use of the XDive Superfast Real-Time PCR System (OnsiteGene), Mic qPCR/Q (Biomolecular Systems/Quantabio (Avantor)), and the CFX Opus Real-Time PCR Detection System (BioRad) as authorized thermocyclers, (2) add use of the Myra Liquid Handling System (Bio Molecular Systems) for automated sample preparation, and (3) add Resolution Biomedical, Inc. and SimpliChek, Inc. as suppliers of the SalivaDirect Unsupervised Collection Kit.

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additional Conditions of Authorization in response to the continued emergence of new variants of SARS-CoV-2 on September 23, 2021.[15]

On April 25, 2024, you[16] requested that FDA further amend the Emergency Use Authorization (EUA). Based on that request, and having concluded that revising the December 14, 2022, 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 December 14, 2022, letter in its entirety with the revisions incorporated.[17] Accordingly, your product[18] is hereby authorized pursuant to section 564 of the Act when used pursuant to the Scope of Authorization (Section II) and Conditions of Authorization (Section IV) of this reissued letter.

On February 4, 2020, as amended on March 15, 2023, 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, or a significant potential for a public health emergency, that affects, or 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.[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.

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 contained in the EUA Summary (identified below). FDA has granted a De Novo classification request and cleared tests for the qualitative detection of nucleic acid from SARS-CoV-2, but these are not adequate and available alternatives to your product.[20]

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the

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[15] The Viral Mutation Revision Letter, September 23, 2021, can be accessed at: https://www.fda.gov/media/152406/download.

[16] For ease of reference, this letter will use the term "you" and related terms to refer to SalivaDirect, Inc.

[17] The revisions to the December 14, 2022, letter and authorized labeling include: (1) transferring ownership of the EUA from Yale School of Public Health, Department of Epidemiology of Microbial Diseases to SalivaDirect, Inc., (2) updating the Fact Sheet for Healthcare Providers and the Letter of Authorization to reflect the updates made and for consistency with language used in more recent authorizations, and (3) making minor edits to the authorized labeling that were either to fix typographical errors or were clarifying in nature.

[18] For ease of reference, this letter will use the term "your product" to refer to the SalivaDirect used for the indication identified above.

[19] 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*. February 4, 2020. 85 FR 7316 (February 7, 2020). U.S. Department of Health and Human Services, *Amended Determination of a Public Health Emergency or Significant Potential for a Public Health Emergency Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)*. March 15, 2023. 88 FR 16644 (March 20, 2023) ("Amended Determination").

[20] To date, the FDA has granted a De Novo classification request for the BioFire Respiratory Panel 2.1 (RP2.1) (Product Code: QOF; DEN200031) and has cleared various tests (Search FDAs 510(k) Premarket Notification database; https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm; Product codes: QOF, QWR, QQX) for the qualitative detection of nucleic acid from SARS-CoV-2 in respiratory clinical specimens. Available information indicates that these are not adequate and available alternatives to your product.

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 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.[21]

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.

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Authorized Product Details
Your product is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in saliva collected from any individuals, including individuals without symptoms or other epidemiological reasons to suspect COVID-19, collected either: (1) without preservatives in a sterile container in the presence of a trained observer (adult trained on how to collect saliva samples), (2) at home using the SalivaDirect At-Home Collection Kit, when used consistent with its authorization, or (3) at home from individuals 18 years and older (self-collected), 14 years and older (self-collected under adult supervision using a straw or funnel), or 2 years and older (collected with adult assistance using a straw or funnel) using the SalivaDirect Unsupervised Collection Kit and dropped off at a collection site, when determined to be appropriate by a healthcare provider.

This test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples containing up to five individual saliva specimens (tested using specified workflows) that are collected from any individuals, including individuals without symptoms or other epidemiological reasons to suspect COVID-19, collected either: (1) without preservatives in a sterile container in the presence of a trained observer, (2) at home using the SalivaDirect At-home Collection Kit, or (3) at home using the SalivaDirect Unsupervised Collection Kit. Negative results from pooled testing should not be treated as definitive. If a 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.

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

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 designated by SalivaDirect, Inc., that are certified under CLIA, 42 U.S.C. §263a and meet the requirements to perform high complexity tests.

The SalivaDirect Unsupervised Collection Kit collects viral RNA saliva specimens and can be used for short term storage of a sample. Designated laboratories have the option to either (1) use pre-assembled SalivaDirect Unsupervised Collection Kits that must be prepared as described in the Instructions for Use by authorized distributors, or (2) be responsible for preparing the collection kits as described in the Instructions for Use, and for providing the SalivaDirect Unsupervised Collection Kit to those individuals for whom testing has been ordered. The sample is dropped off at a laboratory-specified site and is not mailed or shipped. The SalivaDirect Unsupervised Collection Kit must include the following: self-collection instructions, identifying information form, one of four different devices for obtaining saliva specimens (short straw, funnel, bulb transfer pipette, pipette tip), one sterile plastic tube, one biohazard bag for specimen transport and one alcohol wipe.

The SARS-CoV-2 nucleic acid is generally detectable in saliva 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. 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. Negative results for SARS-CoV-2 RNA from saliva should be confirmed by testing of an alternative specimen type if clinically indicated.

To use your product, authorized laboratories are required to acquire and use, according to the authorized instructions for use, commercially sourced materials or other authorized materials and authorized ancillary reagents commonly used in clinical laboratories as described in the authorized labeling (described below).

Your product requires control materials, or other authorized control materials (as may be requested under Condition O. below), that are processed in the same way as the patient specimens and are required to be included with each batch of specimens tested with your product. All controls must generate expected results in order for a test to be considered valid, as outlined in the authorized labeling.

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 authorized labeling.

The above described test is authorized to be used pursuant to the "SalivaDirect Instructions for Use" (described below), and the EUA Summary (available at https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas), and accompanied by the following fact sheets pertaining to the emergency use, which you and authorized laboratories are required to make available to healthcare providers and patients:

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- Fact Sheet for Healthcare Providers: SalivaDirect, Inc. - SalivaDirect
- Fact Sheet for Patients: SalivaDirect, Inc. - SalivaDirect

The above-described test, when used pursuant to the "SalivaDirect Instructions for Use," and the EUA Summary and accompanied by 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.

The SalivaDirect Unsupervised Collection Kit with the relevant instructions from the "SalivaDirect How to Collect Saliva for COVID-19" Collection Instructions bundle, included as part of the "SalivaDirect Instructions for Use," for one of four different devices for obtaining saliva specimens (short straw, funnel, bulb transfer pipette, pipette tip) included in the kit is authorized to be distributed and used as set forth in this EUA.

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 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.

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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.

IV. Conditions of Authorization

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

authorization:

SalivaDirect, Inc. (You) and Authorized Distributor(s)[22]

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) must make available on your website(s), if applicable, the Fact Sheet for Healthcare Providers and the Fact Sheet for Patients.

C. You and authorized distributor(s) must make available all instructions related to the self-collection of saliva specimens using the SalivaDirect Unsupervised Collection Kit, both in the shipped kit and on your website.

D. Through a process of inventory control, you and authorized distributor(s) must maintain records of the authorized laboratories to which the SalivaDirect Unsupervised Collection Kit is distributed.

E. You and authorized distributor(s) must maintain customer complaint files on record. You must report to FDA any significant complaints about usability or deviations from the established performance characteristics of the product of which you become aware.

F. 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.

SalivaDirect, Inc. (You)

G. You must notify FDA of any authorized distributor(s) of the SalivaDirect Unsupervised Collection Kit, including the name, address, and phone number of any authorized distributor(s).

H. You must 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..

I. You must make your product available with the authorized labeling to authorized laboratories.

J. You must inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your

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[22] "Authorized Distributor(s)" are identified by you, SalivaDirect, Inc., in your EUA submission as an entity allowed to distribute the SalivaDirect Unsupervised Collection Kit.

product and authorized labeling.

K. You must ensure that the authorized laboratories using your product have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.

L. You must have a process in place to train saliva collection observers to ensure the safe use of the device.

M. You must maintain records of the laboratories you designate as authorized laboratories, and you must also maintain records of test usage by all such authorized laboratories.

N. You must collect information on the performance of your product. You will report to Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) (via email: CDRH-EUA-Reporting@fda.hhs.gov) 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.

O. 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. Such requests should be submitted to the DMD/OHT7/OPEQ/CDRH and require appropriate authorization from FDA prior to implementation.

P. You must evaluate the analytical limit of detection and assess traceability of your product with any FDA-recommended reference material(s) if requested by FDA.[23] After submission to and review of and concurrence with the data by FDA, FDA will update the EUA Summary to reflect the additional testing and you must update the "SalivaDirect Instructions for Use," if requested by FDA. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7/OPEQ/CDRH.

Q. You must have lot release procedures for lots of reagents needed to run the SalivaDirect, and the lot release procedures, including the study design, acceptance criteria and statistical power, must be sufficient to ensure that your product can achieve the clinical and analytical performance claimed in the authorized labeling. You must make lot numbers of qualified lots available to designated laboratories to use with your product.

R. Upon request, you must conduct post-authorization studies and/or data analysis concerning the performance of saliva specimens with your product. Such studies and/or data analysis will be agreed upon between you and FDA. After submission to FDA and DMD/OHT7/OPEQ/CDRH's review of the data, FDA will consider whether additional action is appropriate, such as revision or revocation of the EUA.

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

S. You must track adverse events, including any occurrence of false results, from testing at your institution and report to FDA pursuant to 21 CFR Part 803 via Medwatch by submitting the online FDA Form 3500 (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home) or by calling 1-800-FDA-1088.

T. You must evaluate the impact of SARS-CoV-2 viral mutations on your product's performance. Such evaluations must occur on an ongoing basis and must include any additional data analysis that is requested by FDA in response to any performance concerns you or FDA identify during routine evaluation. Additionally, if requested by FDA, you must submit records of these evaluations for FDA review within 48 hours of the request. If your evaluation identifies viral mutations that affect the stated expected performance of your device, you must notify FDA immediately (via email: CDRH-EUA-Reporting@fda.hhs.gov).

U. If requested by FDA, you must update your labeling within 7 calendar days to include any additional labeling risk mitigations identified by FDA regarding the impact of viral mutations on test performance. Such updates will be made in consultation with, and require concurrence of, DMD/OHT7/OPEQ/CDRH.

Authorized Laboratories

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

W. Authorized laboratories using your product must use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized instrument, authorized extraction methods, authorized clinical specimen types, authorized control materials, authorized ancillary reagents and authorized materials required to use your product are not permitted.

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

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

Z. Authorized laboratories must collect information on the performance of your product and report any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of your product, including with the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit, of which they become aware to you (info@salivadirectinc.org) and Medwatch by submitting the online FDA Form 3500 (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home) or by calling 1-800-FDA-1088.

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AA. 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.

BB. Authorized laboratories must make available all instructions related to the collection of saliva specimens using the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit, both in the shipped kits and on their website.

CC. Through a process of inventory control, authorized laboratories must maintain records of the numbers of the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit, they distribute.

DD. Authorized laboratories must maintain customer complaint files on record and must report to FDA (see Condition Z.) any significant complaints about usability or deviations from the established performance characteristics of the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit.

EE. When testing authorized specimens collected using the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit, authorized laboratories must follow any specimen accessioning protocols provided with the collection kit when accepting specimens for testing. Authorized laboratories testing specimens collected using the SalivaDirect Unsupervised Collection Kit or the SalivaDirect At-Home Collection Kit must have in place a suitable specimen receipt and accessioning SOP or follow the accessioning standard operating procedure provided with the collection kit when accepting specimens for testing.

FF. Authorized laboratories using specimen pooling strategies when testing patient specimens with your product must include with negative 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."

GG. 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.

HH. Authorized laboratories must 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 must be made available to FDA within 48 business hours for inspection upon request and must be made available within a reasonable time after 12 months from the date of their creation.

SalivaDirect, Inc. (You), Authorized Distributor(s) and Authorized Laboratories

REVOKED

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

Conditions Related to Printed Materials, Advertising and Promotion

JJ. 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, as applicable, and FDA implementing regulations.

KK. 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.

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

- This product 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 product 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 product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is 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.

REVOKED

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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Jeffrey E. Shuren, M.D., J.D.
Director
Center for Devices and Radiological Health
Food and Drug Administration

Enclosure

REVOKED