INTENDED USE

The SDNA-1000 Saliva Collection Device is intended for use by individuals to collect, stabilize, and maintain during transport, saliva specimens suspected of containing SARS-CoV-2 ribonucleic acid (RNA). The device may be used for unsupervised specimen self-collection by a layperson 18 years and older or for specimen collection by a healthcare worker from individuals of any age. Specimens collected using the SDNA-1000 Saliva Collection Device are transported at ambient temperature for testing at a laboratory.

Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263 using an FDA authorized in vitro diagnostic (IVD) test for the detection of SARS CoV-2 that is indicated for use with the SDNA-1000 Saliva Collection Device.

The SDNA-1000 Saliva Collection Device is only for use under the Food and Drug Administration’s Emergency Use Authorization.

DEVICE DESCRIPTION AND TEST PRINCIPLE

The SDNA-1000 Saliva Collection Device consists of a plastic 6 mL tube designed for the collection of human saliva samples, a funnel, a cap with a stem flare and a fluid chamber containing Spectrum’s patented stabilizing solution. The user deposits their saliva into the collection tube with the aid of the attached funnel, the user will remove the funnel and replace it with the shipping cap. Upon twisting and closing the cap, the stabilizing solution will release into the tube to mix with the saliva.

REAGENTS AND MATERIALS

Components manufactured by Spectrum Solutions LLC, FDA registration # 3012758946 and supplied with the collection device include:

<table>
<thead>
<tr>
<th>Components – SDNA 1000 Blister Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>2019163</td>
</tr>
</tbody>
</table>
PRODUCT MANUFACTURING

The SDNA-1000 Saliva Collection Device has been validated using only the components referenced in the EUA.

The product will be manufactured at Spectrum Solutions LLC, FDA registration #3012758946 by Spectrum Solutions LLC, personnel consistent with practices for the production of Saliva Collection Devices based on 21 CFR Part 820. Material manufactured by Spectrum Solutions, may be bottled and kitted by 1. EVCO Plastics 2. Technimark, and 3. UNIP Plastic Industries.

The current manufacturing capabilities include the ability to manufacture approximately 1.5 million devices per week; however, in the event of a surge in demand, this could be increased to 4 million devices per week within a 90-day timeframe.

The product will be distributed by contracted distributors who purchase the SDNA-1000 in bulk.
COLLECTION DEVICE STABILITY

Initial stability claims for this device are based on previous stability studies performed for a research use only version of this device. Stability studies to support in vitro diagnostic use are being conducted as follows:

- **Shelf-Life Stability- Unopened devices are currently being conducted as follows:**
  - 3, 6, 12, 24-month stability will be measured using the same testing matrix described in this application
  - Accelerated testing is being performed in addition to real-time testing described above. Devices will be stored at accelerated aging conditions (40°C with 75% RH) for different time periods (3, 6, 12, 24 months).

PERFORMANCE EVALUATION

**Usability:**

Spectrum performed a Customer Feedback Study by asking 30 participants aged 18 years and older, the following questions to answer on a scale of 1-5 after collecting a saliva sample independently.

1. Rate the overall ease of use of packaging.
2. Rate the instruction’s clarity for guiding you through sample collection
3. Rate the instruction’s clarity for guiding you through release of stabilization solution.
4. Rate the intuitiveness of the device’s contents and each component’s intended use if instructions were not provided.
5. Rate ease of identification of the required quantity of saliva.
6. Rate ease of removal of device components from tray.
7. Rate ease of attachment of the cap.
8. Rate the ease of release of solution and mixing with saliva.
9. Rate the system’s performance of preventing stabilization solution from skin contact.
10. Rate the overall apparent safety of the collection device.
11. Rate your impression of the ease of use for children or elderly users.

The average response for all questions was above a 4, with no one single respondent answering less than a 3 for any question. All samples had an adequate volume of saliva for testing. This study demonstrates adequate usability of this collection device for unsupervised self-collection of saliva samples by individuals 18 years and older.

**Sample Stability Post Collection:**

**Extended sample stability at room temperature:**

In order to further qualify sample stability following the addition of the SDNA-1000 preservation agent during a standard saliva collection procedure a study using ten positive and ten negative samples was conducted. Saliva samples were collected for routine analysis as per FDA EUA 200090/A001 from individuals qualified for COVID-19 testing. Immediately following clinical testing ten random positive and negative samples (in the SDNA-1000 device) were set aside in the accessioning lab at room temperature.
for a period of two weeks. From these samples 300 µl of saliva was used at both 7, 14 and 21-day time points for clinical analysis. The data of the original qualitative result (w/Ct values) is compared to analysis at both 7, 14 and 21 days. There was 100% correlation of qualitative results across all time points and no significant degradation of viral RNA was observed in an evaluation of Ct values.

**Viral inactivation as a function of sample preservation:**
The SDNA-1000 preservation agent was tested to determine if the components inactivate virus rendering the clinical sample non-infectious. This would result in a mitigation of risk associated with potential infection during the transportation and handling of primary saliva sample for analysis. The preservation agent used in the SDNA-1000 Saliva Collection Device contains a chaotropic agent that kills cultured eukaryotic cells, so a dialyzing procedure was used with Amicon filters to remove any buffer components for the Viral Inactivation Study.

Inactivation of SARS-2 (COVID-19) viral activity (infectivity of eukaryotic cells by cytopathic effect (CPE affect) and genome replication by RT-PCR) was measured by evaluating a primary clinical sample in the context of a feeder layer of cells which simulates an environment that would support viral infection and replication in live cells. Whole replication competent SARS-2 virus was cultured and used in a BSL3 environment for these studies.

The approach used for removing any cellular toxic components in the preservation agent was demonstrated to be an effective approach to measure virus activity in buffers that are toxic to cell culture on their own.

The stock virus was diluted 1:10 in PBS to a concentration of $10^4$ TCID₅₀/ml prior to the mixing with preservation agents. The virus was inoculated into the SDNA-1000 preservation agent to simulate a clinical saliva sample collection. Following buffer exchange the sample was serially diluted $10^0, 10^{-1}, 10^{-2}, 10^{-3}, 10^{-4}, 10^{-5}$. Each serial dilution of treated sample was used to infect 25 cm² flasks of 80% confluent Vero E6 cells and cultured for 3 days. Samples were analyzed for CPE and RT-PCR and passaged for an additional 3 days of culture. At the time of each passage the cells were observed for signs of CPE by viewing under a low magnification microscope and the results recorded. Samples were considered to show CPE when cells were rounded and detaching causing disruption to the cell sheet. A supernatant sample from each passage was taken for nucleic acid extraction and RT-PCR analysis for SARS-CoV-2. The goal of the study design was to determine whether complete inactivation of SARS-CoV-2 virus was attained. Inactivation of the SARS-CoV-2 infected sample was considered to be complete if no CPE was observed at any dilution for either passage and no decrease in Ct value observed by qPCR.

**Summary of Viral Inactivation Studies. Triplicate samples were prepared for each sample listed below.**

<table>
<thead>
<tr>
<th>Sample</th>
<th>SARS-</th>
<th>SDNA-</th>
<th>PBS</th>
<th>Amicon</th>
<th>CPE</th>
<th>RT-</th>
<th>RT-</th>
<th>RT-PCR</th>
</tr>
</thead>
</table>

4
SDNA-1000 Saliva Collection Device EUA Summary
Updated: August 4, 2021

<table>
<thead>
<tr>
<th>Name</th>
<th>CoV-2</th>
<th>1000</th>
<th>(filter to remove chaotropic agent)</th>
<th>detected</th>
<th>PCR Ct value Day 0</th>
<th>PCR Ct value Day 3</th>
<th>Ct value passage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>+</td>
<td>+</td>
<td>n/a</td>
<td>No</td>
<td>25</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>A2</td>
<td>+</td>
<td>+</td>
<td>n/a</td>
<td>No</td>
<td>29</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>B1</td>
<td>+</td>
<td>n/a</td>
<td>+</td>
<td>+++</td>
<td>14</td>
<td>Not Done</td>
<td>Not Done</td>
</tr>
<tr>
<td>B2</td>
<td>+</td>
<td>n/a</td>
<td>+</td>
<td>+++</td>
<td>17</td>
<td>Not Done</td>
<td>Not Done</td>
</tr>
<tr>
<td>C</td>
<td>+</td>
<td>n/a</td>
<td>n/a</td>
<td>-</td>
<td>+/1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>D</td>
<td>n/a</td>
<td>+</td>
<td>+</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>E</td>
<td>+</td>
<td>+</td>
<td>n/a</td>
<td>Cell Sheet Dead **</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

n/a: not added.
N/A: Not Applicable

Summary:
No evidence of viral growth in the presence of SDNA-1000 lysis buffer was detected by either evaluation of CPE or RT-PCR. The complete lack of CPE in any SARS-CoV-2 positive sample mixed with SDNA-1000 lysis buffer demonstrates inactivation of viral activity in Vero cultured cells. Additionally, the lack of viral load increase (as measured by RT-PCR) across several days of cell culture indicates that there is no COVID-19 growth or infection following exposure to the SDNA preservation agent. It was confirmed that the SDNA-1000 preservation agent itself is toxic to feeder cells, so dialysis of buffer components was required to perform viral inactivation studies. PBS controls that were spiked with live virus retained both infectivity as measured by CPE and RT-PCR following the same dialysis procedure that was used to remove any cellular toxic components in the preservation agent. The data supports the inactivation of SARS-2 in the presence of SDNA1000 preservation agent.

Clinical Validation of Saliva Samples using the SDNA-1000 Saliva Collection Device and 4 different RNA extraction platforms:
This data supports the ability of the SDNA 1000 Saliva Collection Device to be used with multiple nucleic acid extraction chemistries and then produce appropriate results in a real time RT-PCR reaction. A total of 60 clinical samples (30 positive / 30 negative), from both symptomatic and asymptomatic patients, were collected using the SDNA-1000 Saliva Collection Device. Samples were extracted for viral RNA and subsequently analyzed using the EUA authorized TaqPath RT-PCR COVID-19 Kit for clinical testing. Clinical samples were selected from retrospectively confirmed patient samples that have concordance between nasopharyngeal and saliva samples (collected in SDNA-1000 Saliva Collection Device) at the time of clinical assessment. Samples used for this study have undergone one freeze thaw cycle as primary samples were stored at -80C following original clinical analysis.
### Extraction Chemistries evaluated for SDNA 1000 Saliva Collection Device

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Chemistry</th>
<th>Part #</th>
<th>Automation Platform</th>
<th># Positive Samples</th>
<th># Negative Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perkin Elmer*</td>
<td>Viral DNA/RNA 300 Kit H96</td>
<td>CMG-1033-S</td>
<td>Chemagen 360</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>ThermoFisher</td>
<td>MagMax Viral/Pathogen II NA Extraction Kit</td>
<td>A47814</td>
<td>KingFisher</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Qiagen</td>
<td>DSP Virus/Pathogen Midi Kit</td>
<td>937055</td>
<td>QiaSymphony</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Roche</td>
<td>Magna Pure LC Total Nucleic Acid Isolation Kit</td>
<td>03038505001</td>
<td>MagnaPure 96</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

*This extraction method and assay was authorized in EUA 200090/A001 to Rutgers Clinical Genomics Laboratory

All chemistries were used as per manufactures protocol using laboratory automation validated for those specific chemistry platforms as described in the Table above.

Following extraction of 300 µl of saliva, 5 µl of each nucleic acid sample was analyzed using the ThermoFisher TaqPath RT-PCR COVID-19 Kit as described in EUA 200090/A001.

### Performance of Extraction Chemistries Evaluated for SDNA 1000 Saliva Collection Device

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Chemistry</th>
<th># Positive Samples Detected</th>
<th># Negative Samples Not-Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perkin Elmer*</td>
<td>Viral DNA/RNA 300 Kit H96</td>
<td>30/30</td>
<td>30/30</td>
</tr>
<tr>
<td>ThermoFisher</td>
<td>MagMax Viral/Pathogen II NA Extraction Kit</td>
<td>30/30</td>
<td>30/30</td>
</tr>
<tr>
<td>Qiagen</td>
<td>DSP Virus/Pathogen Midi Kit</td>
<td>29/30</td>
<td>30/30</td>
</tr>
<tr>
<td>Roche</td>
<td>Magna Pure LC Total Nucleic Acid Isolation Kit</td>
<td>30/30</td>
<td>30/30</td>
</tr>
</tbody>
</table>

*This extraction method and assay was authorized in EUA 200090/A001 to Rutgers Clinical Genomics Laboratory
- 100% negative sample concordance to previously analyzed matched clinical samples from symptomatic and asymptomatic patients
- 100% chemistry concordance for Perkin Elmer kit when compared to sample results
- 100% chemistry concordance for ThermoFisher kit when compared to sample results
- 100% chemistry concordance for Roche kit when compared to original sample results
- 98% chemistry concordance for Qiagen kit when compared to original sample results

**Toxicology and Safety Review:**
A Toxicology and Safety review was conducted using the provided ingredients and concentrations of the stabilizing solution in the SDNA-1000 Saliva Collection Device.

While the stabilizing solution of the SDNA-1000 Saliva Collection Device contains ingredients capable of eliciting serious harms, it has been determined that the design of the device appropriately mitigates these risks.

To further address the risk of harm(s) to health that could result from unsupervised use of the SDNA-1000 Saliva Collection Device, including as a part of separately authorized home collection kits, the following general safety recommendation are included in the labeling:

- Follow directions for use
- Do not ingest
- Keep out of reach of children
- Avoid contact with skin and eyes
- If contact with the body occurs, rinse with water. If irritation persists, seek medical advice.

In addition, United States Department of Transportation (USDOT) has informed Spectrum Solutions LLC that specimens collected using the SDNA-1000 Saliva Collection Device can be transported at ambient temperature for testing at a laboratory, and do not require UN3373 packaging requirements.

**WARNINGS:**

- This product has not been FDA cleared or approved, but, has been authorized by FDA under an EUA;
- This product has been authorized only for the collection and maintenance of saliva as an aid in 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 medical devices during the COVID-19 outbreak 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.