

April 11, 2022

Morteza Minaee Head of Quality Assurance and Regulatory Affairs Detect, Inc. 530 Old Whitfield Street Guilford, CT 06437

Device:

Company:

Indication:

EUA Number:

EUA210534

Detect Covid-19 Test

Detect, Inc.

Non-prescription hore use for acid from the novel core usin 19 with: e qualitative detection of nucleic

Self-college a anterio, usal (n. ...) swab samples from individuals aged 14 mars or older surfacted a VOVID-19.

Adult-c ected anterior name swab samples from individuals aged 2 ears another suspected COVID-19

Sea collect conterior read swab samples from individuals aged 14 years or old a contain collected anterior nasal swab samples from dividuals aged 2 years or older, without symptoms or other epider plogical reasons to suspect COVID-19 when tested twice per than days with at least 24 hours (and no more than 48 hours) because sts.

Dear M. za M<sup>i</sup>

Emery use 1, basic on your<sup>1</sup> request the Food and Drug Administration (FDA) issue an Emery Use 1, the nation (EUA) for the Detect Covid-19 Test pursuant to Section 564 of the Federal Food, Log, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3) for the indications

<sup>&</sup>lt;sup>1</sup> For ease of reference, this letter will use the term "you" and related terms to refer to Detect, Inc.

#### Page 2 – Morteza Minaee, Detect, Inc.

stated in the letter.<sup>2</sup> Based on your request, FDA granted updates to the authorized labeling on January 12, 2022.<sup>3</sup>

On December 14, 2021, you requested to amend this EUA. Based on that request, and having concluded that revising the October 28, 2021 EUA is appropriate to protect the public better safety under section 564(g)(2)(C) of the Act (21 U.S.C. § 360bbb-3(g)(2)(C)), FDA intersuing the October 28, 2021 letter in its entirety with the revisions incorporated.<sup>4</sup> Accordingly, your product<sup>5</sup> 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 to get letter.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the retary of the Department of Health and Human Services (HHS) determined that re is a pub health emergency that has a significant potential to affect national securi r the he and security of United States citizens living abroad, and that involves the virgs that **JVID-19** Pursuant to Section 564 of the Act, and on the basis of such the Secret terminati HHS then declared that circumstances exist justifying the au orization of use of in rger vitro diagnostics for detection and/or diagnosis of the virus t t causes COV subject to the terms of any authorization issued under Section 564 of th

FDA considered the totality of scientific information avaluate in authorizing the emergency use of your product for the indication above are summer of the proformance information FDA relied upon is included in the "Detect Govid-19 Test Conid-19 to lecular Home Test Instructions for Use For Healthcare Providers" identified elow.

<sup>&</sup>lt;sup>2</sup> The October 28, 2021, letter authoriz or the qualitative detection of nucleic acid from ovid-19 Ta the De the novel coronavirus SARS-CoV-2 that Self-collected anterior nasal (nasal) swab samples uses CO ected of COVID-19. Adult-collected anterior nasal swab samples from from individuals aged 14 years or older individuals aged 2 year der suspecte COVID-19. Self-collected anterior nasal swab samples from ected anterior nasal swab samples from individuals aged 2 years or individuals aged 14 years or adult older, without syn ms or othe iiold al reasons to suspect COVID-19 when tested twice over three days with at least 24 ars (and no more than ) between tests.

<sup>&</sup>lt;sup>3</sup> On Januar 2022, your request was granted to; (1) update the Detect Application (App) with the FDA agreed ition of Authorization Y. of the Letter of Authorization issued on October 28, 2021, that upon cha s to fulfill 🖉 ition of r-facing Frequently Asked Questions section, and (2) update the Detect Covid-19 Test included ctions for Use For Healthcare Providers to include results of the near-cutoff Covid-19 ome Test Ins fulfill Condi of Authorization U. of the Letter of Authorization issued on October 28, 2021. comple 2021, letter and authorized labeling include: (1) the option to use "Detect Covid-Octobe isions to 19 Tes ovid-19 li for Use" available to the end user electronically, (2) inclusion of a public health etect App" to fulfilled Condition of Authorization T, in the October 28, 2021 letter, (3) reporti feature for th of the kit expiration date to 8 months through real-time stability studies, (4) extension of the expiration exte Il component to 17 months based on data provided, (5) minor updates to the Fact Sheet for

althcare Providers and the Fact Sheet for Individuals for consistency with more recent authorizations, (5) updates the letter for consistency with language used in more recent authorizations, (6) addition of Condition of *prization N. and* (7) removal of Conditions of Authorization T., U., V., and Y. from the October 28, 2021 letter

that are fulfilled through the submission of data and information to FDA.. <sup>5</sup> For use of reference, this EUA will use the term "your product" to refer to the Detect Covid-19 Test used for the indication identified above.

<sup>&</sup>lt;sup>6</sup> 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 issue 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 a condition, including severe respiratory illness, to humans infected by this rus;
- 2. Based on the totality of scientific evidence available to FD, of the reasonable to believe that your product may be effective in diagnosing COVD-19, of the one known and potential benefits of your product when used for diagnosing CO 19, outwoin the known and potential risks of your product; and
- 3. There is no adequate, approved, and availate alternative to the emergency use of your product.<sup>7</sup>

### **II. Scope of Authorization**

I have concluded, pursuant to Section 4(d)(1) of the  $\lambda$  that the scope of this authorization is limited to the indication above.

### Authorized Product Details

Your product is a molecular in vite diagnostic test for the qualitative detection of nucleic acid from the novel corrections SARS-C V-2 that causes COVID-19. This test is authorized for non-prescription hope use ware lf-colleged anterior nasal (nasal) swab samples from individuals aged 14 years colder suspects SCC VID-19. This test is also authorized for non-prescription home use rate adult-collected anterior nasal swab samples from individuals aged 2 years or older of COVIDED. This test is also authorized for non-prescription home use with selfsuspect cal (nasal) swab samples from individuals aged 14 years or older, or adult nterior collecte hasal swab mples from individuals aged 2 years or older, without symptoms collected a ons to suspect COVID-19 when tested twice over three days with at ological r r epid re than 48 hours) between tests. 110*1* hours ( least

The cPS-CoV-2 viral RNA is generally detectable in anterior nasal swab specimens during the ance phase conjection. Positive results indicate the presence of viral RNA, but clinical orrelation with past medical history and other diagnostic information is necessary to determine fection status. Positive results do not rule out bacterial infection or co-infection with other virus. Individuals who test positive with the Detect Covid-19 Test should self-isolate and seek follow-up care with their physician or healthcare provider as additional testing may be necessary

<sup>&</sup>lt;sup>7</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

Negative results should be treated as presumptive and confirmation with a molecular assay performed in a laboratory, if necessary for patient management, may be performed. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or management decisions for the individual, including infection control decisions. Negative results should be considered in the context of an individual's recent exposures is and the presence of clinical signs and symptoms consistent with COVID-19.

Individuals who test negative and continue to experience COVID-19 like symptons of fever, cough and/or shortness of breath may still have SARS-CoV-2 infection and should be follow up care with their physician or healthcare provider.

Test results will be reported to relevant public health authorities in a pordance way local, stand and federal requirements, using appropriate LOINC and SNOME, updes, as a need by the Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping for SAL, Cru 2 Tests provided by the Centers for Disease Control and Prevention (CDC). Automatic test has the reporting all be performed by the Detect App and the Detect secure cloud secure.

ized materials (as may be The Detect Covid-19 Test includes the materials, o er au requested under Condition L. and N.), required to colle ares) swab sample he nternor and perform the test procedure, as described in the "Dete vid-19 Test Covid-19 Molecular Home Test Instructions for Use For Heal he "Detect Covid-19 Test Covidarerr rs" a 19 Instructions for Use." Your product so requires u able Detect Hub device, f the provided separately from you along w n the "Detect Hu Jser Manual."

Your product is performed using anter a masal swab samples from individuals aged 2 years or older. The individual using your roduct where option of follow the "Detect Covid-19 Test Covid-19 Instructions for Use" of allow dry and conic-based step-by-step Detect Covid-19 Test Covid-19 instructions by dow adding the "Detect App" mobile application (App) onto a compatible mobile supplies the phone device.<sup>8</sup>

Your product veludes an international test line (Line 2) that must generate the expected result for a test true considered valid, as our ned in the "Detect Covid-19 Test Covid-19 Molecular Home The Instruction for Use For Healthcare Providers," the "Detect Covid-19 Test Covid-19 Instructions for Use and in the step-by-step instructions provided in the Detect App.

The veling energy "Deact Covid-19 Test Covid-19 Molecular Home Test Instructions for Use For Hulthcare Physics", the "Detect Covid-19 Test Covid-19 Instructions for Use," the "Det velue User Manual" and the "Detect Covid-19 Test" box labels<sup>9</sup> (available at

compatible smart phone includes Apple iPhone running Operation System (iOS) 13 or later versions of the iOS, and Android Phones Models released after 2013 and using the Android API level 26 (Android 8 or higher) with PI or better resolution (720x1280px), including for example Samsung, Google, Motorola, Huawei, LG, Nokia, Ale and ZTE. Additional smart phone models as may be requested, and for which you receive appropriate authorization, in accordance with Condition M.

<sup>9</sup> "Detect Covid-19 Test" box labels include boxes for 1 test kit and "Detect Covid-19 Test" box labels for additional test kits numbers/options as may be requested, and for which you receive appropriate authorization, in accordance with Condition N. Detect Covid-19 Test numbers/options are described in the "Detect Covid-19 Test Covid-19 Molecular Home Test Instructions for Use For Healthcare Providers."

https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-useauthorizations-medical-devices/in-vitro-diagnostics-euas), the "Detect App" software application and the following fact sheets pertaining to the emergency use, is required to be made available as set forth in the Conditions of Authorization (Section IV), and are collectively referred to as "authorized labeling":

- Fact Sheet for Healthcare Professionals: Detect, Inc. Detect Covid-
- Fact Sheet for Individuals: Detect, Inc. Detect Covid-19 Test

The above described product, when accompanied by the authorized labeling as set for the Conditions of Authorization (Section IV) is authorized to be distributed and used under the EUA, despite the fact that it does not meet certain requirements otherwise require by applicated application.

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 where Stape of Authorization of this letter (Section II), outweigh the known and potential risk to your product.

I have concluded, pursuant to Section 564(d)(3) of the local sed on the solution of scientific evidence available to FDA, that it is reasonable to believe a 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(clas)(A) of the A

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

The emergency use convertence product order this EUA must be consistent with, and may not exceed, the term of this term including the Scope of Authorization (Section II) and the Conditions resolution (Section II). Subject to the terms of this EUA and under the circumstrates set for the Secretary of HHS's determination under Section 564(b)(1)(C) of the Accuescribed along and the Secretary of HHS's corresponding declaration under Section 564(b)(1, 0) the and the secretary of the indication above.

# . viver of prtain <sup>r</sup>quirements

I am diving the for wing 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:

### Detect, Inc. (You) and Authorized Distributor(s)<sup>10</sup>

- A. Your product must comply with the following labeling requirements: the itended use statement in 21 CFR 809.10(a)(2), (b)(2); adequate directions for use in 21 C. 352(f) and 21 CFR 809.10(b)(5), (7), and (8); appropriate limitations on the use of the vice including information required under 21 CFR 809.10(a)(4); and available information regarding performance of the device, including aquirement order 21 CFR 809.10(b)(12).
- B. You and authorized distributor(s) must make availabe the instructions for domeoading the "Detect App" software application as part of you hipped kit us are the metect Covid-19 Test" box labels (see Footnote 9) and make and the "Detect Covid-19 Test Covid-19 Instructions electronically on your website(s).
- C. You and authorized distributor(s) that the vailable the Detect Hub device with the "Detect Hub User Manual" instructions for use of the same time as your product and make the "Detect Hub User Manual" available enotronically on your website.
- D. You and authorized discributor termust maintain abords of customer complaint files and report to FDA any significant complaints about sability or deviations from the established performance degracterist. The behavior of you and authorized distributor(s) become aware.
- E. You and authorized a tributans) must inform relevant public health authorities of this EUA accluding the terms of the additions herein, and any updates made to your product are of the authorized labeling.
- F. Longhan rocess of inventory control, you and authorized distributor(s) must maintain recursion the location (e.g., pharmacies, doctor's offices, etc.) to which your product is distributed, and the number of tests distributed.
  - You and automized distributor(s) must collect information on the performance of your stand have a process in place to track adverse events, including any occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware and report any such events to FDA in accordance with 21 CFR Part 803. Serious adverse events, especially unexpected biosafety concerns, should immediately be reported to Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)-Office of In Vitro

<sup>&</sup>lt;sup>10</sup> "Authorized Distributor(s)" are identified by you, Detect, Inc., in your EUA submission as an entity allowed to distribute the Detect Covid-19 Test.

Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) (via email: <u>CDRH-EUAReporting@fda.hhs.gov</u>).

- H. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent y and does not exceed, the terms of this letter of authorization.
- I. You and authorized distributor(s) using your product must ensure that any hourds associated with this EUA are maintained until otherwise notified 10.4 DA. Surfaceords will be made available to FDA for inspection upon request.

# Detect, Inc. (You)

- J. You must notify FDA of any authorized distributor(s name, address, and phone number of any authorized
- K. You must provide authorized distributor(s) where a coauthorized distributor(s) any subsequent revision the authorized accompanying materials, including the

of your project, including the stributor(s).

This EUA and communicate to mignet events to this EUA and its orized labeling.

Test d-19 Molecular Home Test L. You must make the authorized etect Covid-Instructions for Use For Healt are Providers," "Detect Covid-19 Test Covid-19 the lact Sheet for Heal acare Professionals electronically Add anally, you must provide the opportunity to request a 19 Te Povid-19 Maccular Home Test Instructions for Use Instructions for Use," and the available on your webs copy of the "Detect Cov 7 Test Covid-19 Instructions for Use," he "Dea For Healthcare Providers, Professionals in paper form, and after such request, and Fact Sheet for Healthc the reques labeling at no additional cost. promptly pr

EUA for your product, including to the Scope of M. You request change. brization (Section II in the letter) or to the authorized labeling, including requests to Ar additional authorized labeling specific to an authorized distributor. Such ke availa beling max use another name for the product but otherwise must be itional with the apportized labeling and shall not exceed the terms of authorization of Any respect for changes to this EUA should be submitted to DMD/OHT7col this le DIR/OP1 CD A and require appropriate authorization from FDA prior to mplementa

You have request new box labels to allow additional test kits numbers/options for your product. Such additional labeling requests to this EUA should be submitted to and require concurrence of DMD/OHT7-OIR/OPEQ/CDRH prior to implementation.

You must 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).

- P. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the product released for distribution meet the clinical and analytical performance claimed in the authorized labeling.
- Q. If requested by FDA, you must submit your lot release procedures to FDA, irreading sampling protocols, testing protocols, and acceptance criteria, that you user release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide them within 48 hours of the request.
- R. You must evaluate the analytical limit of detection and assesses a ceability<sup>11</sup> of you product with any FDA-recommended reference material(s) matter submittion to an concurrence with the data by FDA, you will update your hading to reject the additional testing. Such labeling updates will be made in concurrence with, and quire concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- S. You must evaluate the clinical performance of your duct to suppor serial n clinical evaluation study screening claim in an FDA agreed upon pos thoriz within 6 months of the date of this letter (unles with DMD/OHT7he ISC age OIR/OPEQ/CDRH). After submission to and connce with the data by FDA, you must update the authorized label nal testing. Such labeling to ren e add updates will be made in consul on with, and urrence of, DMD/OHT7uire c OIR/OPEQ/CDRH.
- T. You must complete the preed upon real-time stability study for your product and notify DMD/OHT7-OIR/OPEC TDRH whe testing walts. After submission of the study data, and review and concerence when the bar by FDA, you must update your product labeling to reflect the additional testing if requested by FDA. Such labeling updates must be made in the obtaint and require concurrence of, DMD/OHT7-OIR/OPEO/CDR.
- must evaluate the impact of SARS-CoV-2 viral mutations on your product's U.Y formance uch evaluations must occur on an ongoing basis and must include any ata analysis that is requested by FDA in response to any performance tional you or FD/ dentify during routine evaluation. Additionally, if requested by con must s hit records of these evaluations for FDA review within 48 hours of FDA, ar evaluation identifies viral mutations that affect the stated expected lf. he reque berformance your device, you must notify FDA immediately (via email: CDRHeporting@fda.hhs.gov).
- V. If requested by FDA, you must update your labeling within 7 calendar days to include any additional labeling risk mitigations identified by FDA, such as those related to the impact of viral mutations on test performance. Such updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

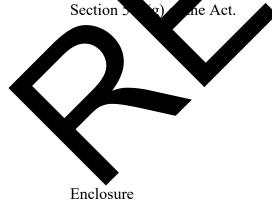
<sup>&</sup>lt;sup>11</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

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

- W. 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.
- X. No descriptive printed matter, advertising, or promotional materials related to the use of your product may represent or suggest that this test is safe or effect for the detection of SARS-CoV-2.
- Y. All descriptive printed matter, advertising, and promotional venerials relating to thuse of your product shall clearly and conspicuously state the
  - This product has not been FDA cleared or approval, but has an authorized y FDA under an EUA;
  - This product has been authorized only for the detation of nucleic and from SARS- CoV-2, not for any other viruses of authorized on the
  - The emergency use of this prod ed for the duration of the auth • declaration that circumstance the a orization of emergency use xist justn ection and/or d nosis COVID-19 under Section of in vitro diagnostics for d d, Drug and Cos tic Act, 21 U.S.C. § 360bbb-564(b)(1) of the Federal F 3(b)(1), unless the declarat is terminated o uthorization is revoked sooner.

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

# V. Duration of Authonition



Sincerely,

Jacqueline A. O'Shaughnessy, Ph.D. Acting Chief Scientist Food and Drug Administration