

# Xpert® Xpress CoV-2 *plus*

**REF** XP3SARS-COV2-10

## Instructions for Use

**For Use Under Emergency Use Authorization (EUA) Only**

For Use with GeneXpert® Dx or GeneXpert® Infinity Systems

**IVD** **R<sub>x</sub>only**



For Use Under Emergency Use  
Authorization (EUA) Only

**302-7070, Rev B. September 2022**

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See Section 25, Revision History for a description of changes.

# Xpert<sup>®</sup> Xpress CoV-2 *plus*

For use under Emergency Use Authorization (EUA) only.



## 1. Proprietary Name

Xpert<sup>®</sup> Xpress CoV-2 *plus*

## 2. Common or Usual Name

Xpert Xpress CoV-2 *plus*

## 3. Intended Use

The Xpert Xpress CoV-2 *plus* test is a rapid, real-time RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab, oropharyngeal swab or nasal wash/aspirate specimens from individuals suspected of COVID-19 by their healthcare provider, as well as anterior nasal swab specimens from any individual, including from individuals without symptoms or other reasons to suspect COVID-19.

Testing of nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab, oropharyngeal swab or nasal wash/aspirate specimens using the Xpert Xpress CoV-2 *plus* test run on the GeneXpert Dx and GeneXpert Infinity systems is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet requirements to perform high or moderate complexity tests.

Testing of nasopharyngeal swab, anterior nasal swab or mid-turbinate nasal swab specimens using the Xpert Xpress CoV-2 *plus* test run on the GeneXpert Xpress System (Tablet and Hub Configurations) is limited to laboratories certified under CLIA that meet requirements to perform high, moderate, or waived complexity tests. Testing of these specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Results are for the detection of SARS-CoV-2 RNA. The SARS-CoV-2 RNA is generally detectable in upper respiratory specimens during the acute phase of infection. Positive results are indicative of active infection with SARS-CoV-2; 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. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the Xpert Xpress CoV-2 *plus* test is intended for use by trained operators who are proficient in performing tests using either GeneXpert Dx, GeneXpert Infinity and/or GeneXpert Xpress systems. The Xpert Xpress CoV-2 *plus* test is only for use under the Food and Drug Administration's Emergency Use Authorization.

## 4. Summary and Explanation

An outbreak of respiratory illness of unknown etiology in Wuhan City, Hubei Province, China was initially reported to the World Health Organization (WHO) on December 31, 2019.<sup>1</sup> Chinese authorities identified a novel coronavirus (2019-nCoV), which has resulted in thousands of confirmed human infections that have spread globally, resulting in a pandemic of coronavirus disease 2019 (COVID-19). Cases of severe illness and some deaths have been reported. The International Committee on Taxonomy of Viruses (ICTV) renamed the virus SARS-CoV-2.<sup>2</sup> COVID-19 is associated with a variety of clinical outcomes, including asymptomatic infection, mild upper respiratory infection, severe lower respiratory disease including pneumonia and respiratory failure, and in some cases, death.

The Xpert Xpress CoV-2 *plus* is a molecular in vitro diagnostic test that aids in the detection and diagnosis of SARS-CoV-2 and is based on widely used nucleic acid amplification technology. The Xpert Xpress CoV-2 *plus* test contains primers and probes and internal controls used in RT-PCR for the in vitro qualitative detection of SARS-CoV-2 RNA in nasopharyngeal

swab, anterior nasal swab, mid-turbinate nasal swab, oropharyngeal swab or nasal wash/aspirate specimens. The term “qualified laboratories” refers to laboratories in which all users, analysts, and any person reporting results from use of this device are proficient in performing real-time RT-PCR assays.

## 5. Principle of the Procedure

The Xpert Xpress CoV-2 *plus* test is an automated in vitro diagnostic test for qualitative detection of nucleic acid from SARS-CoV-2. The Xpert Xpress CoV-2 *plus* test is performed on GeneXpert Instrument Systems. The primers and probes in the Xpert Xpress CoV-2 *plus* test are designed to amplify and detect unique sequences in the nucleocapsid (N), envelope (E) and RNA-dependent RNA polymerase (RdRP) genes of the SARS-CoV-2 virus genome.

The GeneXpert Instrument Systems automate and integrate sample preparation, nucleic acid extraction and amplification, and detection of the target sequences in simple or complex samples using real-time PCR assays. The systems consist of an instrument, computer, and preloaded software for running tests and viewing the results. The systems require the use of single-use disposable cartridges that hold the RT-PCR reagents and host the RT-PCR process. Because the cartridges are self-contained, cross-contamination between samples is minimized. For a full description of the systems, see the *GeneXpert Dx System Operator Manual* or the *GeneXpert Infinity System Operator Manual*.

The Xpert Xpress CoV-2 *plus* test includes reagents for the detection of RNA from SARS-CoV-2 in nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab, oropharyngeal swab or nasal wash/aspirate specimens. A Sample Processing Control (SPC) and a Probe Check Control (PCC) are also included in the cartridge utilized by the GeneXpert instrument. The SPC is present to control for adequate processing of the sample and to monitor for the presence of potential inhibitor(s) in the RT-PCR reaction. The SPC also ensures that the RT-PCR reaction conditions (temperature and time) are appropriate for the amplification reaction and that the RT-PCR reagents are functional. The PCC verifies reagent rehydration, PCR tube filling, and confirms that all reaction components are present in the cartridge including monitoring for probe integrity and dye stability.

The specimen is collected and placed into a viral transport tube containing 3 mL viral transport medium, 3mL saline or 2 mL eNAT™. The specimen is briefly mixed by rapidly inverting the collection tube 5 times. Using the supplied transfer pipette, the sample is transferred to the sample chamber of the Xpert Xpress CoV-2 *plus* cartridge. The GeneXpert cartridge is loaded onto the GeneXpert Instrument System, which performs hands-off, automated sample processing, and real-time RT-PCR for detection of viral RNA.

## 6. Materials Provided

The Xpert Xpress CoV-2 *plus* kit contains sufficient reagents to process 10 specimens or quality control samples. The kit contains the following:

<b>Xpert Xpress CoV-2 <i>plus</i> Cartridges with Integrated Reaction Tubes</b>	<b>10</b>
Bead 1, Bead 2, and Bead 3 (freeze-dried)	1 of each per cartridge
Lysis Reagent (Guanidinium Thiocyanate)	1.0 mL per cartridge
Binding Reagent	1.0 mL per cartridge
Elution Reagent	2.0 mL per cartridge
Wash Reagent	0.5 mL per cartridge
<b>Disposable Transfer Pipettes</b>	<b>10-12 per kit</b>
<b>Flyer</b>	<b>1 per kit</b>
Instructions to locate (and import) the ADF and documentation such as the Product Insert on <a href="http://www.cepheid.com">www.cepheid.com</a> .	
<b>Quick Reference Instructions</b>	<b>2 per kit</b>
For use with the GeneXpert Xpress System only software	

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**Not** Safety Data Sheets (SDS) are available at [www.cepheid.com](http://www.cepheid.com) or [www.cepheidinternational.com](http://www.cepheidinternational.com) under the **SUPPORT** tab.

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**Not** The bovine serum albumin (BSA) in the beads within this product was produced and manufactured exclusively from bovine plasma sourced in the United States. No ruminant protein or other animal protein was fed to the animals; the animals passed ante- and post-mortem testing. During processing, there was no mixing of the material with other animal materials.

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## 7. Storage and Handling

- Store the Xpert Xpress CoV-2 *plus* test cartridges at 2–28 °C.
- Do not open the cartridge lid until you are ready to perform testing.
- Do not use a cartridge that is wet or has leaked.

## 8. Materials Required but not Provided

- GeneXpert Dx System or GeneXpert Infinity System (catalog number varies by configuration): GeneXpert instrument, computer, barcode scanner, and appropriate GeneXpert System operator manual.
- For GeneXpert Dx System: GeneXpert Dx software version 4.7b or higher.
- For GeneXpert Infinity-80 and Infinity-48s systems: Xpertise software version 6.4b or higher.

## 9. Materials Available but not Provided

### ZeptoMetrix® External Controls

- SARS-Related Coronavirus 2 (SARS-CoV-2) External Run Control, Catalog# NATSARS(COV2)-ERC
- SARS Associated Coronavirus 2 (SARS-CoV-2) Negative Control, Catalog# NATSARS(COV2)-NEG

### eNAT Molecular Collection and Preservation Medium from Copan Italia S.p.A (Brescia, IT)

- eNAT Molecular Collection and Preservation Medium, Copan Catalog # 6U073S01
- eNAT Molecular Collection and Preservation Medium, Copan Catalog # 6U074S01

## 10. Warnings and Precautions

### 10.1. General

- For *in vitro* diagnostic use.
- For use under emergency use authorization only.
- For prescription use only
- This product has not been FDA cleared or approved but has been authorized 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 virus or pathogens.
- 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.
- Positive results are indicative of presence of SARS-CoV-2-RNA.
- Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.
- Performance characteristics of this test have been established with the specimen types listed in the Intended Use Section only. The performance of this assay with other specimen types or samples has not been evaluated.
- Treat all biological specimens, including used cartridges, as if capable of transmitting infectious agents. Because it is often impossible to know which might be infectious, all biological specimens should be treated

using standard

precautions. Guidelines for specimen handling are available from the U.S. Centers for Disease Control and Prevention<sup>3</sup> and the Clinical and Laboratory Standards Institute.<sup>4</sup>

- Follow safety procedures set by your institution for working with chemicals and handling biological specimens.
- Refer to Copan eNAT® Package Insert for safety and handling information.
- Avoid direct contact between guanidine thiocyanate and sodium hypochlorite (bleach) or other highly reactive reagents such as acids and bases. These mixtures could release noxious gas.
- Consult your institution's environmental waste personnel on proper disposal of used cartridges, which may contain amplified material. This material may exhibit characteristics of federal EPA Resource Conservation and Recovery Act (RCRA) hazardous waste requiring specific disposal requirements. Check state and local regulations as they may differ from federal disposal regulations. Institutions should check the hazardous waste disposal requirements within their respective countries.
- Testing of nasopharyngeal swab, anterior nasal swab, nasal wash/aspirate, mid-turbinate nasal swab or oropharyngeal swab specimens using the Xpert Xpress CoV-2 plus test run on the GeneXpert Dx and GeneXpert Infinity systems, is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet requirements to perform high or moderate complexity tests.
- Testing of nasopharyngeal swab, mid-turbinate nasal swab or anterior nasal swab specimens using the Xpert Xpress CoV-2 plus test run on the GeneXpert Xpress System (Tablet and Hub Configurations), is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

## 10.2. Specimens

Maintain proper storage conditions during specimen transport to ensure the integrity of the specimen (see Section 12, Specimen Collection, Transport, and Storage). Specimen stability under shipping conditions other than those recommended has not been evaluated.

## 10.3. Assay/Reagent

- Do not open the Xpert Xpress CoV-2 *plus* cartridge lid except when adding specimen.
- Do not use a cartridge that has been dropped after removing it from the packaging.
- Do not shake the cartridge. Shaking or dropping the cartridge after opening the cartridge lid may yield non-determinate results.
- Do not place the sample ID label on the cartridge lid or on the barcode label on the cartridge.
- Do not use a cartridge with a damaged barcode label.
- Do not use a cartridge that has a damaged reaction tube.
- Do not use reagents beyond their expiry date
- Each single-use Xpert Xpress CoV-2 *plus* cartridge is used to process one test. Do not reuse processed cartridges.
- Each single-use disposable pipette is used to transfer one specimen. Do not reuse disposable pipettes.
- Do not use a cartridge if it appears wet or if the lid seal appears to have been broken.
- Wear clean lab coats and gloves. Change gloves between the handling of each specimen.
- In the event of a spill of specimens or controls, wear gloves and absorb the spill with paper towels. Then, thoroughly clean the contaminated area with a 10% freshly prepared household chlorine bleach. Allow a minimum of two minutes of contact time. Ensure the work area is dry before using 70% denatured ethanol to remove bleach residue. Allow surface to dry completely before proceeding. Or, follow your institution's standard procedures for a contamination or spill event. For equipment, follow the manufacturer's recommendations for decontamination of equipment.
- Biological specimens, transfer devices, and used cartridges should be considered capable of transmitting infectious agents requiring standard precautions. Follow your institution's environmental waste procedures for proper disposal of used cartridges and unused reagents. These materials may exhibit characteristics of chemical hazardous waste requiring specific disposal. If country or regional regulations do not provide clear direction on proper disposal, biological specimens and used cartridges should be disposed per WHO [World Health Organization] medical waste handling and disposal guidelines.

## 11. Chemical Hazards<sup>5,6</sup>

- **Signal Word: WARNING**
- **UN GHS Hazard Statements**
  - Harmful if swallowed.
  - May be harmful in contact with skin.
  - Causes eye irritation.
- **UN GHS Precautionary Statements**
  - **Prevention**
    - Wash hands thoroughly after handling.
  - **Response**
    - Call a POISON CENTER or doctor/physician if you feel unwell.
    - If skin irritation occurs: Get medical advice/attention.
    - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
    - If eye irritation persists: Get medical advice/attention.

## 12. Specimen Collection, Transport, and Storage

Proper specimen collection, storage, and transport are critical to the performance of this test. Inadequate specimen collection, improper specimen handling and/or transport may yield a false result. See Section 12.1 for nasopharyngeal swab collection procedure, Section 12.2 for oropharyngeal swab collection procedure, Section 12.3 for anterior nasal swab collection procedure, Section 12.4 for mid-turbinate nasal swab collection procedure, and Section 12.5 for nasal wash/aspirate procedure.

Nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab and nasal wash/aspirate specimens can be stored at room temperature (15–30 °C) for up to 48 hours in viral transport medium, saline or eNAT medium until testing is performed on the GeneXpert Instrument Systems. Alternatively, nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab and nasal wash/aspirate specimens can be stored refrigerated (2–8 °C) up to seven days in viral transport medium, saline or eNAT medium until testing is performed on the GeneXpert Instrument Systems.

For oropharyngeal swab specimen transport and storage requirements and additional information, refer to the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) at <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

### 12.1. Nasopharyngeal Swab Collection Procedure

1. Insert the swab into either nostril, passing it into the posterior nasopharynx (see Figure 1).



**Figure 1. Nasopharyngeal Swab Collection**

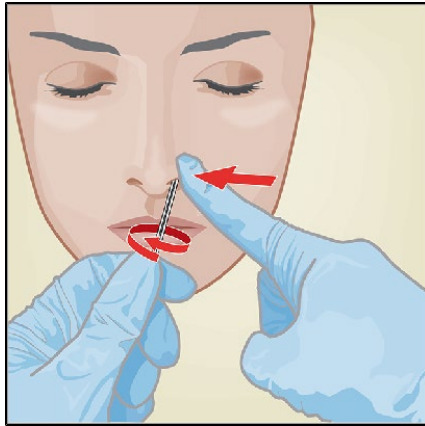
2. Rotate swab by firmly brushing against the nasopharynx several times.
3. Remove and place the swab into the tube containing 3 mL of viral transport medium, 3 mL saline or 2 mL eNAT.
4. Break swab at the indicated break line and cap the specimen collection tube tightly.

## 12.2. Oropharyngeal Swab Collection Procedure

1. Swab the posterior pharynx, tonsils, and other inflamed areas. Avoid touching the tongue, cheeks, and teeth with the swab when collecting specimens.
2. Remove and place the swab into the tube containing 3 mL of viral transport medium, 3 mL saline or 2 mL of eNAT. Break swab at the indicated break line and cap the specimen collection tube tightly.

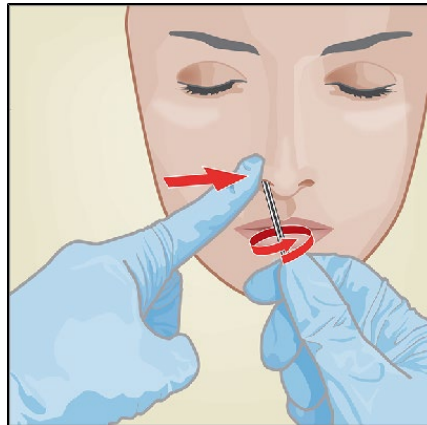
## 12.3. Anterior Nasal Swab Collection Procedure

1. Insert a nasal swab 1 to 1.5 cm into a nostril. Rotate the swab against the inside of the nostril for 3 seconds while applying pressure with a finger to the outside of the nostril (see Figure 2).



**Figure 2. Nasal Swab Collection for First Nostril**

2. Repeat on the other nostril with the same swab, using external pressure on the outside of the other nostril (see Figure 3). To avoid specimen contamination, do not touch the swab tip to anything other than the inside of the nostril.



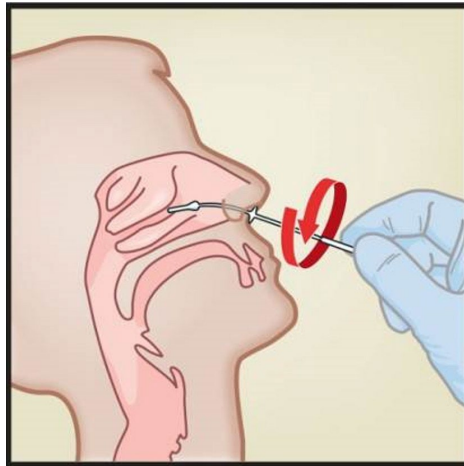
**Figure 3. Nasal Swab Collection for Second Nostril**

3. Remove and place the swab into the tube containing 3 mL of viral transport medium, 3 mL saline or 2 mL eNAT. Break swab at the indicated break line and cap the specimen collection tube tightly.



## 12.4. Mid-Turbinate Nasal Swab Collection Procedure

1. Insert the mid-turbinate nasal swab into either nostril, passing it into the mid-turbinate area (see Figure 4).



**Figure 4. Mid-Turbinate Nasal Swab Specimen Collection**

2. Rotate swab by firmly brushing against the mid-turbinate area several times.
3. Remove and place the swab into the tube containing 3 mL of viral transport medium, 3 mL saline or 2 mL eNAT.
4. Break swab at the indicated break line and cap the specimen collection tube tightly.

## 12.5. Nasal Wash/Aspirate Collection Procedure

Using a clean 300  $\mu$ L transfer pipette (supplied), transfer 600  $\mu$ L of the sample (two draws, using the same transfer pipette) into the 3 mL viral transport medium tube, 3 mL saline or 2 mL of eNAT and then cap the tube.

# 13. Procedure

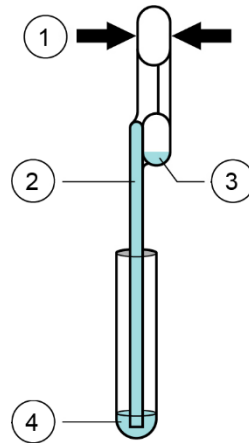
## 13.1. Preparing the Cartridge

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**Note Important:** Start the test within 30 minutes of adding the sample to the cartridge.

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1. Remove a cartridge from the package.
2. Check the specimen transport tube is closed.
3. Mix specimen by rapidly inverting the specimen transport tube 5 times. Open the cap on the specimen transport tube.
4. Open the cartridge lid.
5. Remove the transfer pipette from the wrapper.
6. Squeeze the top bulb of the transfer pipette completely and place the pipette tip in the specimen transport tube (see Figure 5).



**Figure 5. Transfer Pipette**

Number	Description
1	Squeeze here
2	Pipette
3	Overflow Reservoir Bulb
4	Sample

7. Slowly release the top bulb of the pipette to fill the pipette before removing from the tube. After filling pipette, excess sample will be seen in the overflow reservoir bulb of the pipette (see Figure 5). Check that the pipette does not contain bubbles.
8. To transfer the sample to the cartridge, squeeze the top bulb of the transfer pipette completely again to empty the contents of the pipette into the large opening (Sample Chamber) of the cartridge shown in Figure 6. Dispose of the used pipette.



**Figure 6. Xpert Xpress CoV-2 plus Cartridge (Top View)**

**Not**

Dispense the entire volume of liquid into the sample chamber. False negative results may occur if insufficient sample volume is added to the cartridge.

9. Close the cartridge lid.

## 13.2. External Controls

External controls described in Section 9 are available but not provided and may be used in accordance with local, state, and federal accrediting organizations, as applicable.

To run a control using the Xpert Xpress CoV-2 *plus* test, perform the following steps:

1. Mix control by rapidly inverting the external control tube 5 times.
2. Open the cap on the external control tube.
3. Open the cartridge lid.
4. Using a clean transfer pipette, transfer one draw of the external control sample into the large opening (Sample Chamber) in the cartridge shown in Figure 6. Close cartridge lid, and start the test.
  - For the GeneXpert Dx System, see Section 13.3.
  - For the GeneXpert Infinity System, see Section 13.4.

## 13.3. GeneXpert Dx System

### 13.3.1 Starting the Test

#### Important

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**Before you start the test, make sure that the system is running GeneXpert Dx software version 4.7b or higher and that the correct assay definition file is imported into the software.**

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This section lists the basic steps for running the test. For detailed instructions, see the *GeneXpert Dx System Operator Manual*.

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**Note** The steps you follow can be different if the system administrator changed the default workflow of the system.

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1. Turn on the GeneXpert Dx System, then turn on the computer and log on. The GeneXpert software will launch automatically. If it does not, double-click the GeneXpert Dx software shortcut icon on the Windows® desktop.
  2. Log on using your username and password.
  3. In the **GeneXpert System** window, click **Create Test**. The **Create Test** window displays. The **Scan Patient ID barcode** dialog box displays.
  4. Scan or type in the Patient ID. If typing the Patient ID, make sure the Patient ID is typed correctly. The Patient ID is associated with the test results and displays in the **View Results** window and all the reports. The **Scan Sample ID barcode** dialog box displays.
  5. Scan or type in the Sample ID. If typing the Sample ID, make sure the Sample ID is typed correctly. The Sample ID is associated with the test results and displays in the **View Results** window and all the reports. The **Scan Cartridge Barcode** dialog box displays.
  6. Scan the barcode on the cartridge. Using the barcode information, the software automatically fills the boxes for the following fields: Select Assay, Reagent Lot ID, Cartridge SN, and Expiration Date.
- 

**Note** If the barcode on the cartridge does not scan, then repeat the test with a new cartridge. If you have scanned the cartridge barcode in the software and the assay definition file is not available, a screen displays indicating the assay definition file is not loaded on the system. If this screen displays, contact Cepheid Technical Support.

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7. Click **Start Test**. In the dialog box that displays, type your password, if required.
8. Open the instrument module door with the blinking green light and load the cartridge.
9. Close the door. The test starts and the green light stops blinking.  
When the test is finished, the light turns off.
10. Wait until the system releases the door lock before opening the module door, then remove the cartridge.
11. Dispose of the used cartridges in the appropriate specimen waste containers according to your institution's standard practices.

## 13.3.2 Viewing and Printing Results

This section lists the basic steps for viewing and printing results. For more detailed instructions on how to view and print the results, see the *GeneXpert Dx System Operator Manual*.

1. Click the **View Results** icon to view results.
2. Upon completion of the test, click the **Report** button of the **View Results** window to view and/or generate a PDF report file.

## 13.4. GeneXpert Infinity System

### 13.4.1. Starting the Test

**Important**

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**Before you start the test, make sure that the system is running Xpertise software version 6.4b or higher and that the correct assay definition file is imported into the software.**

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This section lists the basic steps for running the test. For detailed instructions, see the *GeneXpert Infinity System Operator Manual*.

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**Note** The steps you follow can be different if the system administrator changed the default workflow of the system.

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1. Power up the instrument. The Xpertise software will launch automatically. If it does not, double-click the Xpertise software shortcut icon on the Windows® desktop.
  2. Log on to the computer, then log on the GeneXpert Xpertise software using your user name and password.
  3. In the **Xpertise Software Home** workspace, click **Orders** and in the **Orders** workspace, click **Order Test**. The **Order Test - Patient ID** workspace displays.
  4. Scan or type in the Patient ID. If typing the Patient ID, make sure the Patient ID is typed correctly. The Patient ID is associated with the test results and displays in the **View Results** window and all the reports.
  5. Enter any additional information required by your institution, and click the **CONTINUE** button. The **Order Test - Sample ID** workspace displays.
  6. Scan or type in the Sample ID. If typing the Sample ID, make sure the Sample ID is typed correctly. The Sample ID is associated with the test results and displays in the **View Results** window and all the reports.
  7. Click the **CONTINUE** button. The **Order Test - Assay** workspace displays.
  8. Scan the barcode on the cartridge. Using the barcode information, the software automatically fills the boxes for the following fields: Select Assay, Reagent Lot ID, Cartridge SN, and Expiration Date. After the cartridge is scanned, the **Order Test - Test Information** workspace displays.
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**Note** If the barcode on the cartridge does not scan, then repeat the test with a new cartridge. If you have scanned the cartridge barcode in the software and the assay definition file is not available, a screen displays indicating the assaydefinition file is not loaded on the system. If this screen displays, contact Cepheid Technical Support.

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9. Verify that the information is correct and click **Submit**. In the dialog box that displays, type your password, if required.
10. Place the cartridge on the conveyor belt. The cartridge automatically loads, the test runs, and the used cartridge are placed into the waste container.

### 13.4.2. Viewing and Printing Results

This section lists the basic steps for viewing and printing results. For more detailed instructions on how to view and print the results, see the *GeneXpert Infinity System Operator Manual*.

1. In the **Xpertise Software Home** workspace, click the **RESULTS** icon. The Results menu displays.
2. In the Results menu, select the **VIEW RESULTS** button. The **View Results** workspace displays showing the test results.
3. Click the **REPORT** button to view and/or generate a PDF report file.

## 14. Quality Controls

### 14.1. Internal Controls

Each cartridge includes a Sample Processing Control (SPC) and Probe Check Control (PCC).

**Sample Processing Control (SPC)** – Ensures that the sample was processed correctly. The SPC verifies that sample processing is adequate. Additionally, this control detects sample-associated inhibition of the real-time PCR assay, ensures that the PCR reaction conditions (temperature and time) are appropriate for the amplification reaction, and that the PCR reagents are functional. The SPC should be positive in a negative sample and can be negative or positive in a positive sample. The SPC passes if it meets the validated acceptance criteria.

**Probe Check Control (PCC)** – Before the start of the PCR reaction, the GeneXpert System measures the fluorescence signal from the probes to monitor bead rehydration, reaction tube filling, probe integrity, and dye stability. The PCC passes if it meets the validated acceptance criteria.

### 14.2. External Controls

External controls may be used in accordance with local, state and federal accrediting organizations as applicable.

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Cepheid recommends that all laboratories perform external QC with each new lot and shipment of reagents, at a minimum, while running the Xpert Xpress CoV-2 *plus* test under Emergency Use Authorization (EUA).

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## 15. Interpretation of Results

The results are interpreted automatically by the GeneXpert System and are clearly shown in the **View Results** window. Xpert Xpress CoV-2 *plus* test provides test results based on the detection of three gene targets according to the algorithms shown in Table 1.

**Table 1. Xpert Xpress CoV-2 *plus* Possible Results**

Result Text	N2	E	RdRP	SPC
SARS-CoV-2 POSITIVE	+	+	+	+/-
SARS-CoV-2 POSITIVE	+	+/-	+/-	+/-
SARS-CoV-2 POSITIVE	+/-	+	+/-	+/-
SARS-CoV-2 POSITIVE	+/-	+/-	+	+/-
SARS-CoV-2 NEGATIVE	-	-	-	+
INVALID	-	-	-	-

See Table 2 to interpret test result statements for the Xpert Xpress CoV-2 *plus* test.

**Table 2. Xpert Xpress CoV-2 *plus* Test Results and Interpretation**

<b>Result</b>	<b>Interpretation</b>
<b>SARS-CoV-2 POSITIVE</b>	<p>SARS-CoV-2 target RNA is detected.</p> <ul style="list-style-type: none"> <li>• The SARS-CoV-2 signal has a Ct within the valid range and endpoint above the minimum setting for one or more nucleic acid targets (N2, E, RdRP).</li> <li>• SPC: NA; SPC is ignored because coronavirus target amplification occurred.</li> <li>• Probe Check: PASS; all probe check results pass.</li> </ul>
<b>SARS-CoV-2 NEGATIVE</b>	<p>SARS-CoV-2 target RNA is not detected.</p> <ul style="list-style-type: none"> <li>• The SARS-CoV-2 signals for nucleic acid targets (N2, E and RdRP) do not have a Ct within the valid range and endpoint above the minimum setting.</li> <li>• SPC: PASS; SPC has a Ct within the valid range and endpoint above the minimum setting.</li> <li>• Probe Check: PASS; all probe check results pass.</li> </ul>
<b>INVALID</b>	<p>SPC does not meet acceptance criteria. Presence or absence of SARS-CoV-2 nucleic acids cannot be determined. Repeat test according to Section 16.2.</p> <ul style="list-style-type: none"> <li>• SPC: FAIL; SPC and SARS-CoV-2 signals do not have a Ct within valid range and endpoint below minimum setting.</li> <li>• Probe Check: PASS; all probe check results pass.</li> </ul>
<b>ERROR</b>	<p>Presence or absence of SARS-CoV-2 cannot be determined. Repeat test according to Section 16.2.</p> <ul style="list-style-type: none"> <li>• SARS-CoV-2: NO RESULT</li> <li>• SPC: NO RESULT</li> <li>• Probe Check: FAIL<sup>a</sup>; all or one of the probe check results fail.</li> </ul>
<b>NO RESULT</b>	<p>Presence or absence of SARS-CoV-2 cannot be determined. Repeat test according to Section 16.2. A <b>NO RESULT</b> indicates that insufficient data were collected. For example, the operator stopped a test that was in progress.</p> <ul style="list-style-type: none"> <li>• SARS-CoV-2: NO RESULT</li> <li>• SPC: NO RESULT</li> <li>• Probe Check: NA (not applicable).</li> </ul>

<sup>a</sup> If the probe check passed, the error is caused by the maximum pressure limit exceeding the acceptable range or by a system component failure.

The Xpert Xpress CoV-2 *plus* test includes an Early Assay Termination (EAT) function which will provide earlier time to results in high titer specimens if the signal from the target nucleic acid reaches a predetermined threshold before the PCR cycles have been completed. When SARS CoV-2 titers are high enough to initiate the EAT function, the SPC and/or other target amplification curves may not be seen and their results may not be reported.

## 16. Retests

### 16.1. Reasons to Repeat the Assay

If any of the test results mentioned below occur, repeat the test once according to instructions in Section 16.2.

- An **INVALID** result indicates that the control SPC failed. The sample was not properly processed, PCR is inhibited, or the sample was not properly collected.
- An **ERROR** result could be due to, but not limited to, Probe Check Control failure, system component failure, or the maximum pressure limits were exceeded.
- A **NO RESULT** indicates that insufficient data were collected. For example, cartridge failed integrity test, the operator stopped a test that was in progress, or a power failure occurred.

If an External Control fails to perform as expected, repeat external control test and/or contact Cepheid for assistance.

### 16.2. Retest Procedure

To retest a non-determinate result (**INVALID**, **NO RESULT**, or **ERROR**), use a new cartridge.

Use the leftover sample from the original specimen transport medium tube or new external control tube.

1. Put on a clean pair of gloves. Obtain a new Xpert Xpress CoV-2 *plus* cartridge and a new transfer pipette.
2. Check the specimen transport tube or external control tube is closed.
3. Mix the sample by rapidly inverting the specimen transport medium tube or external control tube 5 times. Open the cap on the specimen transport tube or external control tube.
4. Open the cartridge lid.
5. Using a clean transfer pipette (supplied), transfer sample (one draw) to the sample chamber with the large opening in the cartridge.
6. Close the cartridge lid.

## 17. Limitations

- Performance of the Xpert Xpress CoV-2 *plus* for individuals suspected of COVID-19 has only been established in nasopharyngeal swab and anterior nasal swab specimens. Specimen types other than nasopharyngeal swab and anterior nasal swab have not been assessed and performance characteristics are unknown.
- Performance of Xpert Xpress CoV-2 *plus* for asymptomatic screening population has only been established in anterior nasal swab specimens. Specimen types other than anterior nasal swab have not been assessed and performance characteristics are unknown.
- Nasopharyngeal swab, oropharyngeal swab and anterior nasal swab samples collected into saline should not be frozen.
- The performance of this test was established based on the evaluation of a limited number of clinical specimens. Clinical performance has not been established with all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARS-CoV-2 and their prevalence, which change over time.
- The performance of this device has not been assessed in a population vaccinated against COVID-19 or treated with COVID-19 therapies.
- Negative results do not preclude SARS-CoV-2 and should not be used as the sole basis for treatment or other patient management decisions.
- Results from the Xpert Xpress CoV-2 *plus* test should be correlated with the clinical history, epidemiological data, and other data available to the clinician evaluating the patient.
- As with any molecular test, mutations within the target regions of Xpert Xpress CoV-2 *plus* could affect primer and/or probe binding and result in failure to detect the presence of virus.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.
- The performance of this test was validated using the procedures provided in this package insert only. Modifications to these procedures may alter the performance of the test.
- Erroneous test results might occur from improper specimen collection; failure to follow the recommended sample collection, handling, and storage procedures; technical error; or sample mix-up. Careful compliance with the instructions in this insert is necessary to avoid erroneous results.
- Viral nucleic acid may persist *in vivo*, independent of virus infectivity. Detection of analyte target(s) does not imply that the corresponding virus(es) are infectious or are the causative agents for clinical symptoms.
- This test has been evaluated for use with human specimen material only.
- This test is a qualitative test and does not provide the quantitative value of detected organism present.
- This test has not been evaluated for monitoring treatment of infection.
- This test has not been evaluated for screening of blood or blood products for the presence of SARS-CoV-2.
- The effect of interfering substances has only been evaluated for those listed within the labeling. Interference by substances other than those described can lead to erroneous results.
- The E gene targeted by the Xpert Xpress CoV-2 *plus* test can detect, in addition to SARS-CoV-2, other coronavirus species within the *Sarbecovirus* subgenus.
- Cross-reactivity with respiratory tract organisms other than those described herein can lead to erroneous results.



## 18. Conditions of Authorization for Laboratory and Patient Care Settings

The Cepheid Xpert Xpress CoV-2 *plus* Letter of Authorization, along with the authorized Fact Sheet for Healthcare Providers, the authorized Fact Sheet for Patients and authorized labeling are available on the FDA website:

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas>

However, to assist clinical laboratories and/or Patient Care Settings using the Xpert Xpress CoV-2 *plus* (referred to in the Letter of Authorization as “Your Product”), the relevant Conditions of Authorization are listed below.

- Authorized laboratories<sup>1</sup> 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.
- Authorized laboratories using your product must use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized instruments, authorized extraction methods, authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- 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.
- Authorized laboratories using your product must 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 Cepheid (+1 888 838 3222 or techsupport@cepheid.com) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the test of which they become aware.
- All operators using your product must be appropriately trained in performing and interpreting the results of your product, use appropriate personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling.
- Cepheid, authorized distributors, 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.

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<sup>1</sup> The letter of authorization refers to “authorized laboratories” as follows: (1) testing of nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab, oropharyngeal swab or nasal wash/aspirate specimens using the Xpert Xpress CoV-2 *plus* test run on the GeneXpert Dx and GeneXpert Infinity systems is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet requirements to perform high or moderate complexity tests and (2) testing of nasopharyngeal swab, anterior nasal swab or mid-turbinate nasal swab specimens using the Xpert Xpress CoV-2 *plus* test run on the GeneXpert Xpress System (Tablet and Hub Configurations) is limited to laboratories certified under CLIA that meet requirements to perform high, moderate, or waived complexity tests. Testing of these specimens is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

## 19. Clinical Evaluation

### 19.1. Clinical Evaluation—Performance of Xpert Xpress CoV-2 plus Test on NPS and NS Specimens Collected from Individuals Suspected of COVID-19

The performance of the Xpert Xpress CoV-2 *plus* test was evaluated using archived clinical nasopharyngeal (NPS) and anterior nasal swab (NS) specimens in viral transport medium or universal transport medium. Archived specimens were selected consecutively by date and previously known analyte result. A total of 164 NP swab and 111 NS specimens were tested with Xpert Xpress CoV-2 *plus* side by side with an FDA authorized SARS-CoV-2 RT-PCR test in a randomized and blinded fashion.

Positive Percent Agreement (PPA), Negative Percent Agreement (NPA), and non-determinate rate were determined by comparing the results of the Xpert Xpress CoV-2 *plus* test relative to the results of a SARS-CoV-2 FDA authorized RT-PCR test for the SARS-CoV-2 target.

For the NPS specimens, Xpert Xpress CoV-2 *plus* demonstrated a PPA and NPA of 100.0% and 96.5% for SARS-CoV-2, respectively (Table 3). The initial non-determinate rate for the Xpert Xpress CoV-2 *plus* test was 1.8% (3/164). On repeat testing, all three (3) specimens yielded valid results. The final non-determinate rate for the Xpert Xpress CoV-2 *plus* test was 0.0% (0/164).

**Table 3. Xpert Xpress CoV-2 plus Performance Results Using NPS Specimens**

Target	Number of Specimens	TP	FP	TN	FN	PPA (95% CI)	NPA (95% CI)
SARS-CoV-2	164	79	3	82	0	100.0% (95.4% - 100.0%)	96.5% (90.1% - 98.8%)

TP: True Positive; FP: False Positive; TN: True Negative; FN: False Negative; CI: Confidence Interval

For the NS specimens, Xpert Xpress CoV-2 *plus* demonstrated a PPA and NPA of 100.0% and 100.0% for SARS-CoV-2, respectively (Table 4). The initial non-determinate rate for the Xpert Xpress CoV-2 *plus* test with NS specimens was 2.7% (3/111). On repeat testing, all three (3) specimens yielded valid results. The final non-determinate rate for the Xpert Xpress CoV-2 *plus* test was 0.0% (0/111).

**Table 4. Xpert Xpress CoV-2 plus Performance Results Using NS Specimens**

Target	Number of Specimens	TP	FP	TN	FN	PPA (95% CI)	NPA (95% CI)
SARS-CoV-2	111	46	0	65	0	100.0% (92.3% - 100.0%)	100.0% (94.4% - 100.0%)

TP: True Positive; FP: False Positive; TN: True Negative; FN: False Negative; CI: Confidence Interval

### 19.2. Clinical Evaluation— Performance of Xpert Xpress CoV-2 plus Test on Specimens Collected from Asymptomatic Screening Population

A total of 125 archived frozen de-identified clinical NS specimens from individuals without symptoms or other reasons to suspect COVID-19 were evaluated. These specimens were selected consecutively by date and previously known analyte result. The specimens from the asymptomatic screening individuals were tested with Xpert Xpress CoV-2 *plus* side by side with an FDA authorized SARS-CoV-2 RT-PCR test in a randomized and blinded fashion. The Xpert Xpress CoV-2 *plus* demonstrated a PPA and NPA of 100.0% and 99.0% for SARS-CoV-2, respectively (Table 5). The non-determinate rate for the Xpert Xpress CoV-2 *plus* test was 0% (0/125).

**Table 5. Xpert Xpress CoV-2 plus Performance Results Using NS Specimens from Asymptomatic Screening Individuals**

Target	Number of Specimens	TP	FP	TN	FN	PPA (95% CI)	NPA (95% CI)
SARS-CoV-2	125	20	1	104	0	100.0% (83.9% - 100.0%)	99.0% (94.8% - 99.8%)

TP: True Positive; FP: False Positive; TN: True Negative; FN: False Negative; CI: Confidence Interval

## 20. Analytical Performance

### 20.1. Analytical Sensitivity (Limit of Detection)

The analytical sensitivity of the Xpert Xpress CoV-2 *plus* test was first estimated using two reagent lots by testing limiting dilutions of one strain of NATtrol SARS-CoV-2 virus diluted into pooled negative clinical NPS-UTM/VTM matrix, following the guidance in Clinical and Laboratory Standards Institute (CLSI) document EP17-A2. LoD was estimated by considering each target gene (E, N2, and RdRP) in addition to the overall positivity rate for the Xpert Xpress CoV-2 *plus* test. The estimated LoD value as determined by Probit regression analysis was based on the weakest target gene (N2) and verified using two lots of Xpert Xpress CoV-2 *plus* reagents in replicates of 20 for two clinical NPS matrices (UTM/VTM, saline, eNAT). The concentration level with observed hit rates greater than or equal to 95% in the LoD determination study were 403, 200 and 70 copies/mL for the N2 target, RdRP target and E target, respectively. The claimed LoD is 403 copies/mL (Table 6).

**Table 6. Xpert Xpress CoV-2 *plus* Limit of Detection in NPS-UTM/VTM Matrix**

Concentration (copies/mL)	E gene			N2 gene			RdRP gene		
	# Positive	% Positive	Mean Ct	# Positive	% Positive	Mean Ct	# Positive	% Positive	Mean Ct
10	4	20	39.0	0	0	0.0	1	5	42.7
20 <sup>a</sup>	12	60	39.2	0	0	0.0	10	50	41.7
30	16	80	39.2	0	0	0.0	14	70	41.0
40	16	80	37.8	0	0	0.0	16	80	40.8
50	18	90	38.1	2	10	42.3	18	90	40.6
70	19	95	37.9	2	10	43.1	17	85	39.8
100	20	100	36.7	5	25	41.7	18	90	39.5
200	20	100	35.8	14	70	40.6	19	95	38.3
300	20	100	35.3	19	95	39.5	20	100	37.6
400	20	100	34.9	18	90	39.9	20	100	37.2
500	20	100	34.6	19	95	38.2	20	100	37.0
600 <sup>b</sup>	20	100	34.1	20	100	38.0	20	100	36.4
700 <sup>c</sup>	20	100	34.2	20	100	38.0	20	100	36.5
800 <sup>c</sup>	20	100	34.0	20	100	38.0	20	100	36.4

a. One of 20 replicates tested reported INVALID. The run was successfully repeated to obtain 20 valid replicates.

b. One of 20 replicates tested reported ERROR. The run was successfully repeated to obtain 20 valid replicates

c. One of 20 replicates tested reported NO RESULT. The run was successfully repeated to obtain 20 valid replicates

### 20.2. Analytical Reactivity (Inclusivity)

The inclusivity of Xpert Xpress CoV-2 *plus* primers was evaluated on June 30<sup>th</sup>, 2022 using *in silico* analysis of the assay amplicons in relation to 11,650,640 SARS-CoV-2 sequences available in the GISAID gene database for three targets, E, N2 and RdRP. The 11,650,640 SARS-CoV-2 sequences were separated into the lineages of interest based on the Pango Lineage assigned to each genome by GISAID, and those with ambiguous nucleotides were removed. Thus, the following inclusivity analyses focuses on the combined, non-ambiguous sequences from the variants of interest and variants of concern as of June 30<sup>th</sup>, 2022. These constituted 10,469,612 sequences for the E target, 10,587,381 sequences for the N2 target and 10,333,656 sequences for the RdRP target. Table 7 summarizes the effective predicted inclusivity for E, N2 and RdRP amplicons for the variants of interests and concern.

**Table 7. Predicted Inclusivity for E, N2 and RdRP Amplicons for SARS-CoV-2 Variants of Interests and Concern**

SARS-CoV-2 Target Amplicon	Exact Match	1 Mismatch <sup>a</sup>	2 or More Mismatches	Predicted Inclusivity
E	10,420,248 of 10,469,612 total (99.5%)	48,562 (0.5%)	802 (0.01%)	100%
N2	10,386,068 of 10,587,381 total (98.1%)	196,336 (1.9%)	4,977 (0.05%)	99.95%
RdRP	10,247,146 of 10,333,656 total (99.2%)	85,373 (0.8%)	1,137 (0.01%)	100%

a. Single-nucleotide mismatches are predicted to not impact the performance of the test.

The *in silico* inclusivity of the Xpert Xpress CoV-2 *plus* probe oligonucleotides for E, N2 and RdRP were also assessed against the top 20 most frequent matches in the GISAID EpiCoV sequence database as of June 15th, 2022, which constituted 10,310, 839 for the E target, 10,428,014 for the N2 target and 10,178,602 for the RdRP target. For each of the probe oligonucleotides used in the Xpert Xpress CoV-2 *plus* test, Table 8 summarizes the number sequences as well as the corresponding percentage of sequences from this dataset with exact match, 1 mismatch/insertion, and 2 or more mismatches/insertions in the alignment.

**Table 8. Predicted Inclusivity for E, N2 and RdRP Probes for SARS-CoV-2 Variants of Interests and Concern**

SARS-CoV-2 Target Probe	Exact Match	1 Mismatch/Insertion <sup>a</sup>	2 or More Mismatches/Insertions	Predicted Inclusivity
E	10,300,688 of 10,310,839 total (99.9%)	9,853 (0.1%)	22 (0.0002%)	100%
N2	10,351,581 of 10,428,014 total (99.3%)	72,957 (0.7%)	0 (0%)	100%
RdRP	0	10,140,254 of 10,178,602 total (99.6%)	37,492 (0.4%)	99.6%

a. Single-nucleotide mismatches/insertions are predicted to not impact the performance of the test.

In addition to the *in silico* analysis of the SARS-CoV-2 primers and probes for inclusivity, the inclusivity of the Xpert Xpress CoV-2 *plus* test was evaluated by bench testing against multiple strains of SARS-CoV-2 at levels near the analytical LoD. A total of 25 strains comprised of 5 SARS-CoV-2 virus strains and 20 SARS-CoV-2 in vitro RNA transcripts representing variant strains were tested in this study with the Xpert Xpress CoV-2 *plus* test. Three replicates were tested for each strain. All SARS-CoV-2 strains tested positive in all three replicates. Results are shown in Table 9.

**Table 9. Analytical Reactivity (Inclusivity) of the Xpert Xpress CoV-2 *plus* Test**

SARS-CoV-2 Strain	Tested Titer	Final SARS-CoV-2 Result Call-Out	Number of Positive Results Obtained out of the Total Number of Replicates Tested		
			E	N2	RdRP
2019-nCoV/Italy-INMII <sup>a</sup>	5 TCID <sub>50</sub> /mL	POS	3/3	3/3	3/3
England/204820464/2020 <sup>a</sup>	0.5 TCID <sub>50</sub> /mL	POS <sup>c</sup>	3/4	3/4	3/4
Hong Kong/VM20001061/2020 <sup>a</sup>	0.25 TCID <sub>50</sub> /mL	POS	3/3	3/3	3/3
South Africa/KRISP-K005325/2020 <sup>a</sup>	0.25 TCID <sub>50</sub> /mL	POS	3/3	3/3	3/3
USA/CA_CDC_5574/2020 <sup>a</sup>	0.25 TCID <sub>50</sub> /mL	POS	3/3	3/3	3/3
Australia/VIC01/2020 <sup>b</sup>	1.2e3 copies/mL	POS	3/3	3/3	3/3
Wuhan-Hu-1 <sup>b</sup>	1.2e3 copies/mL	POS	3/3	3/3	3/3
Japan/Hu_DP_Kng_19-020/2020 <sup>b</sup>	1.2e3 copies/mL	POS	3/3	3/3	3/3
USA/TX1/2020 <sup>b</sup>	1.2e3 copies/mL	POS	3/3	3/3	3/3
USA/MN2-MDH2/2020 <sup>b</sup>	1.2e3 copies/mL	POS	3/3	3/3	3/3
USA/CA9/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
France/HF2393/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
Taiwan/NTU02/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3

SARS-CoV-2 Strain	Tested Titer	Final SARS-CoV-2 Result Call-Out	Number of Positive Results Obtained out of the Total Number of Replicates Tested		
			E	N2	RdRP
USA/WA2/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
USA/CA-PC101P/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
Iceland/5/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
England/SHEF-C05B2/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
Belgium/ULG/10004/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
England/205041766/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
England/MILK-9E05B3/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
South Africa/KRISP-EC-K005299/2020 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
Japan/IC-0564/2021 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
India/CT-ILSGS00361/2021 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
India/MH-NCCS-P1162000182735/2021 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3
India/MH-SEQ-221_S66_R1_001/2021 <sup>b</sup>	1.2e3 copies/ml	POS	3/3	3/3	3/3

- Heat-inactivated viral culture fluid (intact viral particles)
- Synthetic, *in vitro* RNA transcript, TWIST controls
- One of 3 replicates reported ERROR. The run was successfully repeated to obtain 3 valid replicates.

### 20.3. Analytical Specificity (Exclusivity)

The analytical specificity/cross-reactivity of the Xpert Xpress CoV-2 *plus* included evaluation of the SARS-CoV-2 test primer and probes with potentially cross-reactive microorganisms by *in silico* analysis. The analysis was conducted by mapping the primers and probes of Xpert Xpress CoV-2 *plus* individually to the microorganism sequences downloaded from the GISAID database. The E primers and probes are not specific for SARS-CoV-2 and will detect Human and Bat SARS-coronavirus. Other than that, no potential unintended cross reactivity with other organisms listed in Table 10 is expected based on the *in silico* analysis.

**Table 10. Microorganisms Analyzed in the *in silico* Analysis for the SARS-CoV-2 Target**

Microorganisms from the Same Genetic Family	High Priority Organisms
Human coronavirus 229E	Adenovirus (e.g., C1 Ad. 71)
Human coronavirus OC43	Cytomegalovirus
Human coronavirus HKU1	Enterovirus (e.g., EV68)
Human coronavirus NL63	Epstein-Barr virus
SARS-coronavirus	Human Metapneumovirus (hMPV)
MERS-coronavirus	Influenza A
Bat coronavirus	Influenza B
	Measles
	Mumps
	Parainfluenza virus 1-4
	Parechovirus
	Respiratory syncytial virus
	Rhinovirus
	<i>Bacillus anthracis</i> (Anthrax)
	<i>Bordetella pertussis</i>
	<i>Bordetella parapertussis</i>
	<i>Chlamydia pneumoniae</i>
	<i>Chlamydia psittaci</i>
	<i>Corynebacterium diphtheriae</i>
	<i>Coxiella burnetii</i> (Q-Fever)
	<i>Escherichia coli</i>

Microorganisms from the Same Genetic Family	High Priority Organisms
	<i>Fusobacterium necrophorum</i>
	<i>Haemophilus influenzae</i>
	<i>Lactobacillus</i> sp.
	<i>Legionella non-pneumophila</i>
	<i>Legionella pneumophila</i>
	<i>Leptospira</i>
	<i>Moraxella catarrhalis</i>
	<i>Mycobacterium tuberculosis</i>
	<i>Mycoplasma genitalium</i>
	<i>Mycoplasma pneumoniae</i>
	<i>Neisseria elongata</i>
	<i>Neisseria meningitidis</i>
	<i>Pneumocystis jirovecii</i> (PJP)
	<i>Pseudomonas aeruginosa</i>
	<i>Staphylococcus aureus</i>
	<i>Staphylococcus epidermidis</i>
	<i>Streptococcus salivarius</i>
	<i>Streptococcus pneumoniae</i>
	<i>Streptococcus pyogenes</i>
	<i>Aspergillus</i> sp
	<i>Candida albicans</i>

In addition to the *in silico* analysis of the SARS-CoV-2 primers and probes for cross-reactivity, the analytical specificity of the Xpert Xpress CoV-2 *plus* test was evaluated by bench-testing a panel of 55 microorganisms comprising 4 human coronaviruses, 1 MERS-Coronavirus, 1 SARS-Coronavirus, 19 other respiratory viruses, 26 respiratory bacteria, 2 yeast strains, 1 fungal strain, and 1 human nasal wash fluid representing a diverse microbial flora in the human respiratory tract. The panel was tested in different pools of microorganisms; if a pool produced a positive result, then each member of the pool would have been tested individually. Three replicates of each pool were tested. A sample was considered negative if all three replicates were negative. The bacterial and yeast strains were tested at concentrations of  $\geq 1 \times 10^6$  CFU/ mL with the exception of *Chlamydia pneumoniae* which was tested at  $1.1 \times 10^6$  IFU/mL and *Lactobacillus reuteri* which was tested at  $1.1 \times 10^6$  copies/mL of genomic DNA. Viruses were tested at concentrations of  $\geq 1 \times 10^5$  TCID<sub>50</sub>/mL. The results of the analytical specificity/exclusivity study demonstrate that the primer/probe sets included in the Xpert Xpress CoV-2 *plus* does not cross-react with the nucleic acids from non-intended respiratory microorganisms and phylogenetically related human coronavirus species. The one exception was the SARS-coronavirus, Urbani which yielded the expected test result of SARS-CoV-2 POSITIVE. We expected cross-reactivity for the E gene target with the SARS-coronavirus Urbani strain which has the highly conserved E gene target shared among coronaviruses in the B lineage *Betacoronavirus*. Results are shown in Table 11.

**Table 11. Analytical Specificity (Exclusivity) of the Xpert Xpress CoV-2 *plus* Test**

Respiratory Microorganisms	Test Group	Tested Concentration	Final SARS-CoV-2 Result Call-Out	Number of Positive Results Obtained out of the Total Number of Replicates Tested		
				E	N2	RdRP
Human Coronavirus, 229E	1	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Human Coronavirus, OC43		1.1e5 TCID <sub>50</sub> /mL				
MERS-Coronavirus		1.1e5 TCID <sub>50</sub> /mL				
Human Coronavirus, NL63	2	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Human Coronavirus, HKU1 <sup>a</sup>	3	1.1e6 genome copies/mL	NEG	0/3	0/3	0/3
SARS-Coronavirus, Urbani <sup>a</sup>	4	1.1e6 genome copies/mL	POS	3/3	0/3	0/3
Influenza A H1N1 (pdm2009), Michigan/272/2017	5	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Influenza B (Victoria Lineage), Hawaii/01/2018 (NA D197N)		1.1e5 TCID <sub>50</sub> /mL				

Respiratory Microorganisms	Test Group	Tested Concentration	Final SARS-CoV-2 Result Call-Out	Number of Positive Results Obtained out of the Total Number of Replicates Tested		
				E	N2	RdRP
RSV-A, Strain: 4/2015 Isolate #1		1.1e5 TCID <sub>50</sub> /mL				
Adenovirus Type 1	6	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Adenovirus Type 7A		1.1e5 TCID <sub>50</sub> /mL				
Cytomegalovirus		1.1e5 TCID <sub>50</sub> /mL				
Echovirus		1.1e5 TCID <sub>50</sub> /mL				
Enterovirus, D68 strain US/KY/14-18953	7	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Epstein Barr Virus (Human Herpes Virus 4 [Hhv-4])		1.1e5 TCID <sub>50</sub> /mL				
Herpes Simplex Virus (HSV) type 1		1.1e5 TCID <sub>50</sub> /mL				
Human metapneumovirus (hMPV-5, type B1)		1.1e5 TCID <sub>50</sub> /mL				
Measles		1.1e5 TCID <sub>50</sub> /mL				
Mumps virus		1.1e5 TCID <sub>50</sub> /mL				
Human parainfluenza Type 1	8	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3
Human parainfluenza Type 2		1.1e5 TCID <sub>50</sub> /mL				
Human parainfluenza Type 3		1.1e5 TCID <sub>50</sub> /mL				
Human parainfluenza Type 4		1.1e5 TCID <sub>50</sub> /mL				
Rhinovirus, Type 1A		1.1e5 TCID <sub>50</sub> /mL				
<i>Acinetobacter baumannii</i>	9	1.1e6 CFU/mL	NEG	0/3	0/3	0/3
<i>Burkholderia cepacia</i>		1.1e6 CFU/mL				
<i>Candida albicans</i>		1.1e6 CFU/mL				
<i>Candida parapsilosis</i>		1.1e6 CFU/mL				
<i>Bordetella pertussis</i>		1.1e6 CFU/mL				
<i>Chlamydia pneumoniae</i>		1.1e6 IFU/mL				
<i>Citrobacter freundii</i>		1.1e6 CFU/mL				
<i>Corynebacterium xerosis</i>	10	1.1e6 CFU/mL	NEG	0/3	0/3	0/3
<i>Escherichia coli</i>		1.1e6 CFU/mL				
<i>Enterococcus faecalis</i>		1.1e6 CFU/mL				
<i>Hemophilus influenzae</i>		1.1e6 CFU/mL				
<i>Legionella spp.</i>		1.1e6 CFU/mL				
<i>Moraxella catarrhalis</i>		1.1e6 CFU/mL				
<i>Mycobacterium tuberculosis (avirulent)</i>	11	1.1e6 CFU/mL	NEG	0/3	0/3	0/3
<i>Mycoplasma pneumoniae</i>		1.1e6 CFU/mL				
<i>Neisseria mucosa</i>		1.1e6 CFU/mL				
<i>Propionibacterium acnes</i> (= <i>Cutibacterium acnes</i> ) Z144		1.1e6 CFU/mL				
<i>Pseudomonas aeruginosa</i> , Z139		1.1e6 CFU/mL				
<i>Staphylococcus aureus</i>		1.1e6 CFU/mL				
<i>Staphylococcus epidermidis</i>	12	1.1e6 CFU/mL	NEG	0/3	0/3	0/3

Respiratory Microorganisms	Test Group	Tested Concentration	Final SARS-CoV-2 Result Call-Out	Number of Positive Results Obtained out of the Total Number of Replicates Tested		
				E	N2	RdRP
<i>Staphylococcus haemolyticus</i>		1.1e6 CFU/mL				
<i>Streptococcus agalactiae</i>		1.1e6 CFU/mL				
<i>Streptococcus pneumoniae</i>		1.1e6 CFU/mL				
<i>Streptococcus pyogenes</i>		1.1e6 CFU/mL				
<i>Streptococcus salivarius</i>		1.1e6 CFU/mL				
<i>Streptococcus sanguinis</i>		1.1e6 CFU/mL				
Pneumocystis jirovecii (PJP)		1.1e6 CFU/mL				
<i>Lactobacillus reuteri</i> , F275 <sup>b</sup>	13	1.1e6 genome copies/mL	NEG	0/3	0/3	0/3
<i>Neisseria meningitidis</i> <sup>b</sup>		1.1e6 genome copies/mL				
Pooled human nasal wash	14	n/a	NEG	0/3	0/3	0/3
Influenza C	15	1.1e5 TCID <sub>50</sub> /mL	NEG	0/3	0/3	0/3

a. RNA specimens were tested in Tris-EDTA+((NH<sub>4</sub>)<sub>2</sub>)(SO<sub>4</sub>) buffer using an ADF without sample preparation.

b. DNA specimens were tested in simulated NPS/NS background matrix using the full sample preparation ADF

## 20.4. Microbial Interference

Microbial interference of the Xpert Xpress CoV-2 *plus* test caused by the presence of bacterial or viral strains that might be encountered in human upper respiratory tract specimens was evaluated by testing a panel of 10 commensal microorganisms, consisting of 7 viral strains and 3 bacterial strains. Contrived samples consisted of SARS-CoV-2 virus seeded at 3x the LoD into simulated nasopharyngeal swab (NPS)/ anterior nasal swab (NS) matrix in the presence of the seven (7) commensal virus strains (Adenovirus Type 1C, Human Coronavirus OC43, Rhinovirus Type 1A, Human metapneumovirus, Human parainfluenza Types 1, 2, and 3 spiked at 1x10<sup>5</sup> units/mL) or three (3) commensal bacterial strains (*Haemophilus influenzae*, *Staphylococcus aureus*, *Staphylococcus epidermidis*) spiked at 1x10<sup>7</sup> CFU/mL.

Replicates of 8 positive samples were tested with SARS-CoV-2 virus and each potential microbial interference strain combination. All 8 of 8 positive replicate samples were correctly identified as SARS-CoV-2 POSITIVE using the Xpert Xpress CoV-2 *plus* test. The one exception was Rhinovirus Type1A for which one of 8 replicates reported as ERROR. The run was successfully repeated to obtain 8 valid replicates. No interference by the listed above commensal viral or bacterial strains was reported at the concentrations tested.

## 20.5. Potentially Interfering Substances

Substances that could be present in the nasopharynx (or introduced during specimen collection and handling) and potentially interfere with accurate detection of SARS-CoV-2 were evaluated with direct testing on the Xpert Xpress CoV-2 *plus*. Potentially interfering substances in the nasal passage and nasopharynx may include, but are not limited to: blood, nasal secretions or mucus, and nasal and throat medications used to relieve congestion, nasal dryness, irritation, or asthma and allergy symptoms, as well as antibiotics and antivirals.

Positive and negative samples were prepared in simulated nasopharyngeal swab (NPS)/ anterior nasal swab (NS) matrix. Negative samples (N = 8) were tested in the presence of each substance to determine the effect on the performance of the sample processing control (SPC). Positive samples (N = 8) were tested per substance with SARS-CoV-2 virus spiked at 3x the LoD. The controls were samples with SARS-CoV-2 virus spiked at 3x LoD into simulated NPS/ NS matrix containing no potentially interfering substance. The substances, with active ingredients, that were evaluated are listed in Table 12. For substances that resulted in an INVALID test result, the concentration of the substance was reduced by half and re-tested. The results for the negative and positive samples are presented in Table 13 and Table 14, respectively.



**Table 12. Potentially Interfering Substances Tested**

Substance ID	Substance/Class	Substance/Active Ingredient	Concentrations Tested
No substance	Control	Simulated NPS/NS Matrix	100% (v/v)
Afrin	Nasal Spray	Oxymetazoline (0.05%)	15% (v/v)
Albuterol Sulfate	Beta-adrenergic bronchodilator	Albuterol Sulfate (5mg/mL)	0.83 mg/mL (equivalent to 1 dose per day)
BD Universal Transport Medium	Transport Media	BD Universal Transport Medium	100% (v/v)
Blood	Blood	Blood (Human)	2% (v/v)
Copan Swab M	Transport Media	Copan Swab M	100% (v/v)
FluMist	FluMist®	Live intranasal influenza virus vaccine	6.7% (v/v)
Fluticasone Propionate Nasal Spray	Nasal corticosteroid	Fluticasone Propionate	5 µg/mL; 2.5 µg/mL
Ibuprofen	Analgesic (nonsteroidal anti-inflammatory drugs (NSAID))	Ibuprofen	21.9 mg/dL
Menthol	Throat lozenges, oral anesthetic and analgesic	Benzocaine, Menthol	1.7 mg/mL
Mucin (Type II)	Mucin	Purified Mucin protein (Porcine submaxillary gland, type II)	0.1% (w/v); 0.05% (w/v)
Mucin (Type I-S)	Mucin	Purified Mucin protein (Bovine submaxillary gland, type I-S)	2.5 mg/mL; 1.25 mg/mL
Mupirocin	Antibiotic, nasal ointment	Mupirocin (2%)	10 mg/mL
Human peripheral blood mononuclear cells (PBMC)	Human peripheral blood mononuclear cells (PBMC)	Human peripheral blood mononuclear cells (PBMC)	1x10 <sup>3</sup> cells/µL
PHNY	Nasal Drops	Phenylephrine (1%)	15% (v/v)
Remel M4RT	Transport Media	Remel M4RT	100% (v/v)
Remel M5	Transport Media	Remel M5	100% (v/v)
Saline	Saline Nasal Spray	Sodium Chloride (0.65%)	15% (v/v)
Snuff	Tobacco	Nicotine	1% (w/v); 0.5% (w/v)
Tamiflu	Anti-viral drugs	Zanamivir	7.5 mg/mL
Tobramycin	Antibacterial, systemic	Tobramycin	4 µg/mL
Zicam	Nasal Gel	Luffa operculata, Galphimia glauca, Histaminum hydrochloricum Sulfur (0.05%)	15% (w/v)
Zinc	Zinc supplement	Zinc Gluconate	0.1 µg/mL

The results from the study (Tables 13 and 14) show that all 22 of the potentially interfering substances at the concentrations tested showed no clinically significant interference on assay performance. For substances that reported an INVALID test result (fluticasone propionate (positive and negative), mucin type II (negative only), mucin type I-S (negative only), Snuff (negative only)), the concentration of the substance was reduced by half and no interference was observed.

**Table 13. SARS-CoV-2 Negative Samples Tested in the Presence of Potentially Interfering Substances**

Substance	Concentration Tested	Number of Correct Results / Number Tested
<b>Simulated NPS/NS Matrix (No substance)</b>	<b>100% (v/v)</b>	<b>8/8</b>
Afrin	15% (v/v)	8/8
Albuterol Sulfate	0.83 mg/mL	8/8
BD Universal Transport Medium	N/A	8/8
Blood	2% (v/v)	8/8
Copan Swab M	N/A	8/8
FluMist®	6.7% (v/v)	8/8
Fluticasone Propionate Nasal Spray	5 µg/mL	7/8 <sup>a</sup>
	2.5 µg/mL	8/8 <sup>b</sup>
Ibuprofen	21.9 mg/dL	8/8
Menthol	1.7 mg/mL	8/8
Mucin (Type II)	0.1% (w/v)	7/8 <sup>a</sup>
	0.05% (w/v)	8/8 <sup>b</sup>
Mucin (Type I-S)	2.5 mg/mL	7/8 <sup>a</sup>
	1.25 mg/mL	8/8 <sup>b</sup>
Mupirocin	10 mg/mL	8/8
Human Peripheral Blood Mononuclear Cells (PBMC)	1x10 <sup>3</sup> cells/µL	8/8
PHNY	15% (v/v)	8/8
Remel M4RT	N/A	8/8
Remel M5	N/A	8/8
Saline	15% (v/v)	8/8
Snuff	1% (w/v)	7/8 <sup>a</sup>
	0.5% (w/v)	8/8 <sup>b</sup>
Tamiflu	7.5 mg/mL	8/8
Tobramycin	4 µg/mL	8/8
Zicam	15% (w/v)	8/8
Zinc	0.1 µg/mL	8/8

- a. One of 8 replicates reported INVALID for fluticasone propionate nasal spray, mucin type II, mucin type I-S, and Snuff.
- b. For each of the four substances that reported INVALID (fluticasone propionate nasal spray, mucin type II, mucin type I-S, and Snuff), the concentration of each substance was decreased by half and tested with n=8 cartridges such that 8/8 replicates reported valid test results of “SARS-CoV-2 NEGATIVE”.

**Table 14. SARS-CoV-2 Positive Samples Tested in the Presence of Potentially Interfering Substances**

Substance	Concentration Tested	Number of Correct Results/Number Tested			
		SARS-CoV-2 (USA/WA/1/2020)	E	N2	RdRP
Control Simulated NPS/NS Matrix (No substance)	100% (v/v)	8/8	8/8	8/8	8/8
Afrin	15% (v/v)	8/8	8/8	8/8	8/8
Albuterol Sulfate	0.83 mg/mL	8/8	8/8	8/8	8/8
BD Universal Transport Medium	N/A	8/8	8/8	8/8	8/8
Blood	2% (v/v)	8/8	8/8	8/8	8/8
Copan 3U045N.PH (Cepheid Swab/M)	N/A	8/8	8/8	8/8	8/8
FluMist	6.7% (v/v)	8/8	8/8	8/8	8/8

Substance	Concentration Tested	Number of Correct Results/Number Tested			
		SARS-CoV-2 (USA/WA/1/2020)	E	N2	RdRP
Fluticasone Propionate Nasal Spray	5 µg/mL	7/8 <sup>a</sup>	7/8 <sup>a</sup>	7/8 <sup>a</sup>	7/8 <sup>a</sup>
	2.5 µg/mL	8/8 <sup>b</sup>	8/8 <sup>b</sup>	8/8 <sup>b</sup>	8/8 <sup>b</sup>
Ibuprofen	21.9 mg/dL	8/8	8/8	8/8	8/8
Menthol	1.7 mg/mL	8/8	8/8	8/8	8/8
Mucin (Type II)	0.1% (w/v)	8/8	8/8	8/8	8/8
Mucin (Type I-S)	2.5mg/mL	8/8	8/8	8/8	8/8
Mupirocin	10 mg/mL	8/8	8/8	8/8	8/8
Human peripheral blood mononuclear cells (PBMC)	1x10 <sup>3</sup> cells/µL	8/8	8/8	8/8	8/8
PHNY	15% (v/v)	8/8	8/8	8/8	8/8
Remel M4RT	N/A	8/8	8/8	8/8	8/8
Remel M5	N/A	8/8	8/8	8/8	8/8
Saline	15% (v/v)	8/8	8/8	8/8	8/8
Snuff	1% (w/v)	8/8	8/8	8/8	8/8
Tamiflu	7.5 mg/mL	8/8	8/8	8/8	8/8
Tobramycin	4 µg/mL	8/8	8/8	8/8	8/8
Zicam	15% (w/v)	8/8	8/8	8/8	8/8
Zinc	0.1 µg/mL	8/8	8/8	8/8	8/8

- a. With 5 µg/mL of Fluticasone propionate nasal spray, one of 8 replicates reported INVALID. The target genes were assigned a Ct of 45 for statistical analysis. No clinically significant difference was observed between the control mean Ct for each target gene and the test mean Ct for each target gene.
- b. For the substance that reported INVALID (fluticasone propionate nasal spray), the concentration was decreased by half and no interference was observed.

## 20.6. Carry-Over Contamination

A study was conducted to assess whether the single-use, self-contained Xpert Xpress CoV-2 *plus* cartridge prevents specimen and amplicon carryover by testing a negative sample immediately after testing of a very high positive sample in the same GeneXpert module. The negative sample used in this study consisted of simulated NPS/NS matrix and the positive sample consisted of high SARS-CoV-2 virus concentration (inactivated SARS-CoV-2 USA-WA1/2020 at 5e4 copies/mL) seeded into negative NPS/NS matrix. The negative sample was tested in a GeneXpert module at the start of the study. Following the initial testing of the negative sample, the high positive sample was processed in the same GeneXpert module immediately followed by another negative sample. This was repeated 20 times in the same module, resulting in 20 positives and 21 negatives for the module. The study was repeated using a second GeneXpert module for a total of 40 positive and 42 negative samples. All 40 positive samples were correctly reported as **SARS-CoV-2 POSITIVE** and all 42 negative samples were correctly reported as **SARS-CoV-2 NEGATIVE** with the Xpert Xpress CoV-2 *plus* test. No specimen or amplicon carry-over contamination was observed in this study.

## 21. References

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6. Occupational Safety and Health Standards, Hazard Communication, Toxic and Hazard Substances (March 26, 2012) (29C.F.R., pt. 1910, subpt. Z).

## 22. Cepheid Headquarters Locations

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## 23. Technical Assistance

### Before Contacting Us

Collect the following information before contacting Cepheid Technical Support:

- Product name
- Lot number
- Serial number of the instrument
- Error messages (if any)
- Software version and, if applicable, Computer Service Tag Number

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## 24. Table of Symbols

Symbol	Meaning
	Catalog number
	<i>In vitro</i> diagnostic medical device
	Do not reuse
	Batch code
	Consult instructions for use
	Caution
	Manufacturer
	Country of manufacture
	Contains sufficient for <i>n</i> tests
	Control
	Expiration date
	Temperature limitation
	Biological risks
	For prescription use only



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**For Use Under Emergency Use Authorization (EUA) Only**

## 25. Revision History

**Description of Changes:** 302-7070, Rev. A to B

**Purpose:** Amendment to the Emergency Use Authorization of the Xpert Xpress CoV-2 *plus*

Section	Description of Change
Throughout	Updated format for Instructions for Use
20.2	Updated <i>in silico</i> inclusivity with data from analysis as of June 30, 2022
20.3	Updated Table 10 to include additional high priority microorganisms analyzed by <i>in silico</i> exclusivity analysis
20.5	Corrected the number of replicates reported for Zinc in Table 13
25	Updated Revision History section