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Evaluation Process – private sector engagement

FIND is a non-for-profit foundation, whose mission is to find diagnostic solutions to overcome diseases of poverty in lower- and middle-income countries. It works closely with the private and public sectors and receives funding from donors and some of its industry partners. It has internal fire walls, policies and processes to protect it against any undue influence in its work or the publication of its findings.

More information on our policy and guidelines for working with private sector partners can be found here: https://www.finddx.org/policies/

For the COVID-19 response, FIND has commissioned independent evaluations of in vitro diagnostics following an Expression of Interest (EOI) process available on FIND’s webpage by which all test submissions were scored according to their regulatory status and time to market; the manufacturing and distribution capacity of the supplier; and the supplier-reported clinical and analytical performance.

Document History

<table>
<thead>
<tr>
<th>Document Version</th>
<th>Date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>16 October 2020</td>
<td>Interim version</td>
</tr>
</tbody>
</table>
2 Product Info:

<table>
<thead>
<tr>
<th>Manufacturer Name</th>
<th>RapiGEN Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test name</td>
<td>BIOCREDIT COVID-19 Ag</td>
</tr>
<tr>
<td>Product Code(s)</td>
<td>G61RHA20</td>
</tr>
<tr>
<td>Pack size(s)</td>
<td>20</td>
</tr>
<tr>
<td>Contents of kit</td>
<td>Test device sealed in a foil pouch with a desiccant, assay diluent tube, filter cap, sterilized swab, IFU</td>
</tr>
</tbody>
</table>
| Equipment and consumables required, but not provided | Equipment: Timer, refrigerator (optional, for storage of specimens prior to testing, if applicable)  
Consumables: PPE |
| Product Storage (temperature range) | 1-40°C |
| Shelf-life (months) | 24 months |
| Manufacturing Site (country) | Republic of Korea |

3 Study details:

| Study design: | Prospective diagnostic evaluation studies across multiple, independent sites to determine the accuracy of COVID-19 antigen RDTs, using consecutive enrolment. Interim analyses are performed at 25% and 50% enrolment, and the evaluation is stopped if tests do not meet 95% specificity. Presence of symptoms, date of symptom onset and hospitalization status is collected for all enrolled participants. |
| Index assays: | Novel lateral flow format tests that detect recombinant SARS-CoV-2 antigens. |
| Reference method: | Results of the index test are compared to the routine, diagnostic RT-PCR result, which is used for clinical management |
| Limit of detection: | Analytical sensitivity, i.e. Limit of detection, was performed at the Liverpool School of Tropical Medicine and/or the Institute of Virology, Charité-Universitätsmedizin Berlin in which standardized serial dilutions of cultured viral isolate were prepared. Dilutions were done in triplicate and the LOD was defined as the last dilution where all repeats were interpreted as positive. |
| Clinical Performance: | Sensitivity was calculated as the proportion of true positive results detected by RapiGEN BIOCREDIT COVID-19 Ag among all positives by the reference method, and reported as a percentage |
Specificity was calculated as the proportion of true negative specimens, identified as negative by RapiGEN BIOCREDIT COVID-19 Ag among all negatives by the reference method, and reported as a percentage. The 95% confidence intervals were calculated in order to assess the level of uncertainty introduced by sample size, using the Wilson’s score method.

### Ease of Use

A System usability survey and ease of use questionnaire assessing the quality of the test, test preparation, ease of test execution, procedure time, ease of result interpretation, storage conditions and perceived settings of use was completed by operators and a final score out of 100 was calculated.

### 4 Evaluation Details

<table>
<thead>
<tr>
<th>Country of Collaborator</th>
<th>Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of clinical site(s) (city, town)</td>
<td>Marica, state of Rio de Janeiro</td>
</tr>
<tr>
<td>Health care level of site(s)</td>
<td>Community testing clinic</td>
</tr>
<tr>
<td>Study period (date to date)</td>
<td>27 July – 16 September 2020</td>
</tr>
<tr>
<td>Study cohort inclusion/exclusion</td>
<td>Adults in community meeting national suspect definition Provided informed consent</td>
</tr>
<tr>
<td>Sample type, antigen test</td>
<td>Nasopharyngeal swab</td>
</tr>
<tr>
<td>Reference PCR Method</td>
<td>Lab-developed assay based on the US CDC protocol, which targets two regions (N1 and N2) of the nucleocapsid (N) gene of SARS-CoV-2 (<a href="https://www.fda.gov/media/134922/download">https://www.fda.gov/media/134922/download</a>)</td>
</tr>
<tr>
<td>Sample type, PCR test</td>
<td>Nasopharyngeal swab</td>
</tr>
</tbody>
</table>

### 5 Results

#### 5.1 Study Cohort (NOTE: if multiple sites, one column per site/country)

<table>
<thead>
<tr>
<th>Country</th>
<th>Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total N (valid PCR results)</td>
<td>476</td>
</tr>
<tr>
<td>Age [mean (min-max), N]</td>
<td>44.8 (0-106), 473</td>
</tr>
</tbody>
</table>
Gender [%F, (n/N)] | 46.7%, (221/473)
Symptoms present [%Yes, (n/N)] | 98.7%, (470/476)
Hospitalized (n, % Yes) | Not available
Days from symptom onset [median (Q1-Q3); N] | 5 (4-7); 470
  - Days < 0-3 (n, %) | 95, 20%
  - Days 4-7 (n, %) | 296, 63%
  - Days 8+ (n, %) | 79, 17%
Positivity [%, (n/N)] | 25%, (117/476)
PCR Ct [median (Q1-Q3); N] | 25.6 (20.4-31.1); 117
  - Ct > 33 (n, %) | 20, 17%
  - Ct > 30 (n, %) | 34, 29%
  - Ct > 25 (n, %) | 62, 53%

5.2 Estimations of Clinical and Analytical Performance

<table>
<thead>
<tr>
<th>Country</th>
<th>Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Sensitivity (95% CI), N</td>
<td>74.4% (65.8, 81.4), 117</td>
</tr>
<tr>
<td>Sensitivity days ≤7, N</td>
<td>77.6% (68.3, 84.7), 98</td>
</tr>
<tr>
<td>Sensitivity Ct ≤ 33, N</td>
<td>82.5% (73.7, 88.8), 97</td>
</tr>
<tr>
<td>Sensitivity Ct ≤ 25, N</td>
<td>90.9% (80.5, 96.1), 55</td>
</tr>
<tr>
<td>Clinical Specificity (95% CI), N</td>
<td>98.95 (97.2, 99.6), 359</td>
</tr>
<tr>
<td>Invalid rate (%, n/N)</td>
<td>0% (0/476)</td>
</tr>
<tr>
<td>Analytical Sensitivity (pfu/ml)</td>
<td>5 x 10⁴ pfu/ml ~ 7.14 x 10⁴ TCID₅₀/ml (LSTM)¹</td>
</tr>
</tbody>
</table>

Note: We found the verified LOD to be 20-35 times lower than the supplier reported LOD of 10³.54 – 10³.56 TCID₅₀/ml, which is the equivalent of 1.4-2.5x10³ pfu/ml, using a different viral strain.

5.3 Ease of Use

| RapiGEN, Inc. | PENDING [XX] out of 100 | [#] operators, [countr(ies)] |