

# Pilot® COVID-19 At-Home Test

## Healthcare Provider Instructions for Use

**For In Vitro Diagnostic Use.**

**For use under an FDA Emergency Use Authorization (EUA) only.**

**For use with anterior nasal swab specimens.**

**For FDA Emergency Use Authorization (EUA) only.**

- For more information on EUAs please visit: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- For the most up to date information on COVID-19, please visit: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

## Intended Use

The Pilot® COVID-19 At-Home Test is a lateral flow immunoassay device intended for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus.

This test is authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 14 years or older, or adult collected anterior nasal (nares) swab samples from individuals aged 2 years or older. This test is authorized for individuals with symptoms of COVID-19 within the first 6 days of symptom onset when tested at least twice over three days with at least 48 hours between tests, and for individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested at least three times over five days with at least 48 hours between tests.

This test can be performed with or without the supervision of a telehealth proctor.

The Pilot® COVID-19 At-Home Test does not differentiate between SARS-CoV and SARS-CoV-2.

Results are for the identification of SARS-CoV-2 nucleocapsid protein antigen which is generally detectable in anterior nasal (nares) swabs during the acute phase of infection. Positive results indicate the presence of viral antigens, but clinical correlation with patient history and other diagnostic information is necessary to determine 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.

Individuals who test positive with the Pilot® COVID-19 At-Home Test should self-isolate and seek follow-up care with their physician or healthcare provider as additional testing may be necessary.

All negative results are presumptive and confirmation with a molecular assay, if necessary, for patient management, may be performed. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control measures such as isolating from others and wearing masks.

Negative results should be considered in the context of an individual's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19.

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

Individuals should provide all results obtained with this product to their healthcare provider for public health reporting and to receive appropriate medical care. All healthcare providers will report all test results they receive from individuals who use the authorized product to relevant public health authorities in accordance with local, state, and federal requirements using appropriate LOINC and SNOMED codes, as defined by the Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping for SARS-CoV-2 Tests provided by CDC.

The Pilot® COVID-19 At-Home Test is authorized for non-prescription self-use and/or as applicable, for an adult lay user testing another aged 2 years or older in a non-laboratory setting.

The Pilot® COVID-19 At-Home Test is only for use under the Food and Drug Administration's Emergency Use Authorization. This product has not been FDA cleared or approved.

## Principle of the test

The Pilot® COVID-19 At-Home Test has two pre-coated lines: A "C" Control line and a "T" Test line on the surface of the nitrocellulose membrane. Neither the control line nor the test line is visible in the test window before applying the sample. Mouse monoclonal anti-SARS-CoV-2 antibody is coated on the test line region and mouse monoclonal anti-Chicken IgY antibody is coated on the control line region. Mouse monoclonal anti-SARS-CoV-2 antibody conjugated with color particles is used as a detector for the SARS-CoV-2 antigen. During the test, the SARS-CoV-2 antigen in the sample interacts with monoclonal anti-SARS-CoV-2 antibody conjugated with color particles making an antigen-antibody color particle complex. This complex migrates on the membrane via capillary action to the test line, where it is captured by the mouse monoclonal anti-SARS-CoV-2 antibody. A colored test line becomes visible in the result window if SARS-CoV-2 antigens are present in the sample.

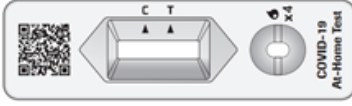



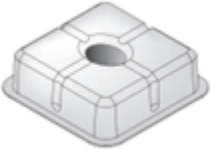

## Reagents

- mAb anti-COVID-19 antibody
- mAb anti-chicken-IgY
- mAb anti-COVID-19 antibody-gold conjugate
- purified chicken-IgY-gold conjugate

## Materials provided

- Test device
- Tube with liquid
- Nozzle cap
- Sterile swab
- Tube holder
- Quick Reference Instructions

Note: This test comes in a 1 test (order no.: 09620702160), 4 test (order no.: 09666672160) or 25 test (order no.: 09620729160) quantity. The number of items supplied in the kit will vary depending on which kit is purchased.

<p>Test device</p> 	<p>Tube with liquid</p> 	<p>Nozzle cap</p> 
<p>Sterile swab</p> 	<p>Tube Holder</p> 	<p>Quick Reference Instructions</p> 

### Materials required (but not provided)

- Timer

**Optional** (for use with telehealth proctor): Internet enabled device with audio and video capabilities

## Warnings and Precautions

- Read all instructions carefully before performing the test. Failure to follow the instructions may result in inaccurate test results.
- In the USA, this product has not been FDA cleared or approved, but has been authorized by FDA under an Emergency Use Authorization.
- This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses 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.
- **Serial testing should be performed in individuals with negative results at least twice over three days (with 48 hours between tests) for symptomatic individuals and three times over five days (with at least 48 hours between tests) for asymptomatic individuals. You may need to purchase additional tests to perform this serial (repeat) testing.**
- If you have had symptoms longer than 6 days you should consider testing at least three times over five days with at least 48 hours between tests.
- An anterior nasal swab sample can be self-collected by an individual age 14 years and older. Children age 2 to 13 years should be tested by an adult.
- Do not use on anyone under 2 years of age.
- Wear a safety mask or other face-covering when collecting a specimen from a child or another individual.
- Do not use if any of the test kit contents or packaging is damaged.
- Test components are single-use. Do not re-use.
- Do not use kit past its expiration date.
- Do not open the kit contents until ready for use.
- Do not touch the swab tip.
- Testing should commence immediately after opening the sealed pouches.
- **Do not read test results before 20 minutes or after 30 minutes. Results read before 20 minutes or after 30 minutes may lead to a false positive, false negative, or invalid result.**
- The control line may show up within a few minutes of starting the test. It may take up to 20 minutes for a test line to show up.
- Make sure there is sufficient light when testing and reading the test results.
- The test result readout has not been validated for use with a video camera and faint bands may not be visible to a telehealth proctor due to differences between cameras.
- Do not use nasal sprays for at least 30 minutes before collecting a nasal sample.
- In the event of a spillage, ensure it is cleaned thoroughly using a suitable disinfectant.
- If you suspect the presence of blood on the swab, discard the swab, make sure you are not bleeding, and repeat the test with a fresh swab.
- Remove any piercings from the nose before starting the test.
- Do not use on anyone who is prone to nosebleeds or has had facial injuries or head injuries/surgery in the past six months.
- **Keep testing kit and kit components away from children and pets before and after use. Avoid contact with your skin and eyes. Do not ingest any kit components. The reagent solution contains harmful chemicals (see table below). If the solution contacts your skin and eyes, flush with large**



amounts of water. If irritation persists, seek medical advice: <https://www.poisonhelp.org> or 1-800-222-1222.

Chemical Name/ CAS	Hazard Category (mixture)	Hazard Statement for Mixture	Labeling of Harm(s)
Sodium chloride / 7647-14-5 L-Arginine / 74-79-3	Category 2	Eye irritation	May cause eye irritation
Polidocanol / 9002-92-0 ProClin® 300	Category 3	Skin irritation	Causes mild skin irritation

- If the reagent solution contacts the skin or eye, flush with plenty of water. If irritation persists, seek medical advice. <https://www.poison.org/contact-us> or 1-800-222-1222.
- For more information on EUAs please visit: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- For the most up to date information on COVID-19, please visit: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

## Limitations

- The performance of this test was established based on the evaluation of a limited number of clinical specimens collected in December 2021 and February - March 2022. The clinical performance has not been established for 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.
- There is a higher chance of false negative results with antigen tests than with laboratory-based molecular tests due to the sensitivity of the test technology. This means that there is a higher chance this test will give a false negative result in an individual with COVID-19 as compared to a molecular test, especially in samples with low viral load.
- All COVID-19 antigen test negative results are presumptive and confirmation with a molecular assay may be necessary.
- If the patient continues to have symptoms of COVID-19, and both the patient's first and second tests are negative, the patient may not have COVID-19, however additional follow-up may be needed.
- If the test is positive, then proteins from the virus that causes COVID-19 have been found in the sample and the individual likely has COVID-19.
- This test is read visually and has not been validated for use by those with impaired vision or color-impaired vision.
- Incorrect test results may occur if a specimen is incorrectly collected or handled.

- This test detects both viable (live) and nonviable SARS-CoV-2. Test performance depends on the amount of virus (antigens) in the sample and may or may not correlate with viral culture results performed on the same sample.
- This device is only used for testing direct human anterior nasal swab specimens. Viral transport media (VTM) should not be used with this test.
- The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after six days since symptoms onset are more likely to be negative compared to RT-PCR.
- A negative test result may occur if the level of antigen in a sample is below the detection limit of the test or if the sample was collected improperly.
- The performance of the Pilot® COVID-19 At-Home Test was evaluated using the procedures provided in these Instructions for Use (IFU) only. Modifications to these procedures may alter the performance of the test.
- Failure to follow the Test Procedure may adversely affect test performance and/or invalidate the test result.
- Test results must be evaluated in conjunction with other clinical data available to the physician.
- Positive test results do not rule out co-infections with other pathogens.
- Negative test results are not intended to rule in other non-SARS viral or bacterial infections.

## Storage and Stability

Store the kit at 36-86 °F / 2-30 °C and protect from direct sunlight. The expiry date of the materials is indicated on the external packaging. Do not freeze the kit.

For more information on expiration dating of COVID-19 antigen tests, please refer to <http://www.fda.gov/covid-tests>.

## Test Procedure and Results Interpretation

Read instructions carefully before performing a test. Failure to follow directions may produce inaccurate test results.

### Prepare to perform the test

1. Bring test kit to room temperature (59-86 °F / 15-30 °C).

- Wash your hands with soap and water, or use hand sanitizer before performing the test. Make sure you rinse thoroughly and your hands are dry before starting.



- Check the test expiry date indicated on the external packaging. Do not use if the expiry date has passed.

**NOTE:** Testing should commence immediately after opening the sealed pouches.



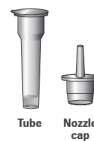
- Open foil pouch 1 by tearing along the tear-line. Remove the test device and desiccant package from the foil pouch. Place the test device on a flat surface.

- Ensure that the test device is intact and that there are no green beads in the desiccant package (white and yellow beads are expected). Do not open the desiccant package.

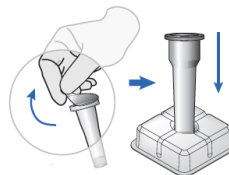


## Test procedure

- Open foil pouch 2 and place one tube and one nozzle cap on the table.



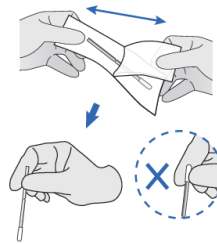
Open the seal of the tube carefully without spilling the liquid inside the tube. Place the tube in the tube holder.



**If any liquid spills, do not use the tube.**

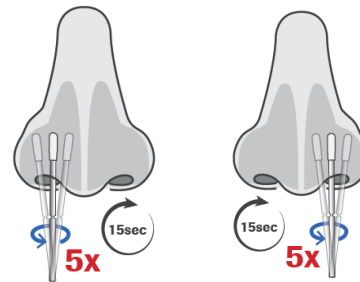


- Remove the swab from the packaging. Ensure that you only touch the handle of the swab and not the soft pad at the tip.



- Holding the stick end of the swab, gently insert the foam end of the swab into the nostril approximately ¼ of an inch.

- \*\*Swab Both Nostrils\*\***  
Firmly and slowly rotate the swab **at least 5 times**, brushing against the inside walls of the nostril, for a total of 15 seconds.



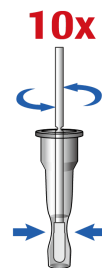
**\*\*Do not just spin the swab.\*\***

Gently remove the swab and, using the **same** swab, repeat in the second nostril with the same end of the swab.

**WARNING! Inaccurate test results may occur if the nasal swab specimen is not properly collected.**

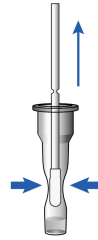
**NOTE:** With children, the maximum depth of insertion into the nostril may be less than ¼ of an inch, and you may need to have a second person to hold the child's head while swabbing.

- Insert the swab into the tube until the soft pad is in the liquid. Squeeze the tube at the bottom and hold it tight. Then stir the swab **more than 10 times**. This is to transfer the biological material from the swab to the liquid



6. Remove the swab **while** squeezing the sides of the tube to extract the liquid from the swab.

**WARNING! Failure to squeeze the tube can lead to incorrect results due to excess buffer in the swab.**

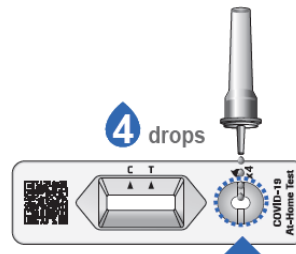


7. Dispose of the swab and seal the tube securely with the nozzle cap.



8. Hold the tube upright above the sample well. **Drop 4 drops** onto the sample well.

**\*\*Do not apply the liquid in the rectangular result window\*\***



9. Set the timer and read the test result at 20 minutes. Do not read the result before 20 minutes **or** after 30 minutes.

**WARNING! Do not move or lift the test device during this time.**



**Read at 20 mins.  
Do not read after 30 mins.**

**NOTE:** Dispose of the used test in the household trash. Do not flush or pour test liquids down a drain.

## Read and interpret the results

**WARNING! Inaccurate test interpretations may occur if results are read before 20 minutes or after 30 minutes.**

Look at the result window and locate the letters C and T on the top side of the window. A colored line should always appear at the C position; this is the control line and signals that the test is working properly.



### Negative result

If the Control (C) line is visible, but the Test (T) line is not visible, the test is negative.

**To increase the chance that the negative result for COVID-19 is accurate, you should:**

- **Test again in 48 hours if the individual has symptoms on the first day of testing.**
- **Test 2 more times at least 48 hours apart if the individual does not have symptoms on the first day of testing.**

A negative test result indicates that the virus that causes COVID-19 was not detected in the sample. A negative result does not rule out COVID-19. There is a higher chance of false negative results with antigen tests compared to laboratory-based tests such as PCR tests. If the test is negative but COVID-19-like symptoms, e.g., fever, cough, and/or shortness of breath continue, follow up testing for SARS-CoV-2 with a molecular test or testing for other respiratory disease should be considered. If applicable, seek follow up care with the primary health care provider.

All negative results should be treated as presumptive and confirmation with a molecular assay may be necessary if there is a high likelihood of SARS-CoV-2 infection, such as in an individual with a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions.



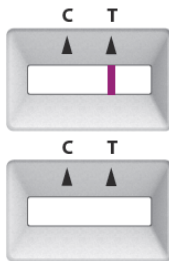
**Positive result**

If the Control (C) line and the Test (T) line are visible, the test is positive. Any faint visible, colored test (T) line with the control line (C) should be read as positive.

**Repeat testing does not need to be performed if patients have a positive result at any time.**

A positive test result means that the virus that causes COVID-19 was detected in the sample, and it is very likely the individual has COVID-19 and is contagious. Please contact the patient's doctor/primary care physician (if applicable) and the local health authority immediately and instruct your patient to adhere to the local guidelines regarding self-isolation. There is a very small chance that this test can give a positive result that is incorrect (a false positive).

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. Individuals who test positive with the Pilot® COVID-19 At-Home Test should self-isolate and seek follow up care with their physician or healthcare provider as additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of COVID-19, such as in individuals without known exposures to COVID-19 or residing in communities with low prevalence of infection.



**Invalid result**

If the control (C) line is not visible, the test is invalid. Re-test with a new swab and new test device.

If your test result is still invalid, please contact Roche HCP Support 1-866-987-6243.

Repeat testing is needed to improve test accuracy. Please follow the table below when interpreting test results.

Status on first day of Testing	First Result Day 1	Second Result Day 3	Third Result Day 5	Interpretation
<b>With Symptoms</b>	Positive	N/A	N/A	Positive for COVID-19
	Negative	Positive	N/A	Positive for COVID-19
	Negative	Negative	N/A	Negative for COVID-19
<b>Without Symptoms</b>	Positive	N/A	N/A	Positive for COVID-19
	Negative	Positive	N/A	Positive for COVID-19
	Negative	Negative	Positive	Positive for COVID-19
	Negative	Negative	Negative	Negative for COVID-19

Results should be considered in the context of an individual's recent exposures, history, and the presence of clinical signs and symptoms consistent with COVID-19.

Note: For more information on the Pilot® COVID-19 At-Home Test and using the mobile app to record and report your test results, please visit the following website: <https://go.roche.com/COVID-Home-Test>.

## Clinical Evaluation

The clinical performance of the Pilot® COVID-19 At-Home Test was evaluated in a prospective, all-comer's study at 5 clinical sites in the United State. Patients or legal guardians of patients above 2 years of age visiting the study sites seeking testing and presenting symptoms suspicious of COVID-19 were approached to participate in the study. Those beyond 7 days since the onset of symptoms were excluded. Participants aged 14 years or older followed the Quick Reference Instructions provided in the test kit to self-collect an anterior nasal (nares) swab sample and performed the test using the Pilot® COVID-19 At-Home Test. Participants younger than 14 years of age were sampled and tested by an

adult participant (e.g., parent or legal guardian). A bilateral mid-turbinate nasal swab sample was also taken from each study participant by a healthcare professional for testing on a high-sensitivity, FDA EUA-authorized RT-PCR method as the comparator.

In total, 168 participants were enrolled in this study, and valid rapid antigen and RT-PCR results were obtained for 158 participants. The Pilot® COVID-19 At-Home Test correctly identified 41 out of 44 SARS-CoV-2-positive individuals, and 114 out of 114 SARS-CoV-2-negative individuals. The relative diagnostic sensitivity and specificity of Pilot® COVID-19 At-Home Test were calculated in comparison to the comparator method and summarized in the tables below. This study did not include repeat testing, and the reported performance data were obtained when this test was used as a single test.

**Performance summary against an authorized RT-PCR comparator method.**

		RT-PCR Results		
		Positive	Negative	Total
SARS-CoV-2 Antigen Test Results	Positive	41	0	41
	Negative	3**	114	117
	Total	44	114	158
Relative sensitivity		93.2 % (95 % CI*: 81.8 to 97.7 %)		
Relative specificity		100 % (95 % CI*: 96.7 - 100 %)		

\* The two-sided 95% confidence interval was calculated using the Wilson Method.

\*\* The three discordant (false-negative) samples were re-tested on a different high-sensitivity, FDA EUA-authorized RT-PCR method, and all samples tested negative on this.

**Relative sensitivity stratified by days post symptoms onset.**

DPSO	RT-PCR Positives	Rapid Antigen Positives
0-1	3	2
2	17	15
3	10	10
4	12	12
5	1	1
6	1	1



All	44	41
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#### Performance stratified by age groups

Age group	RT-PCR Positives	Rapid Antigen Positives
< 14	6	5
14 - 24	8	8
>24 - 64	29	27
≥ 65	1	1
All	44	41

Another prospective clinical study was conducted between January 2021 and May 2022 as a component of the Rapid Acceleration of Diagnostics (RADx<sup>®</sup>) initiative from the National Institutes of Health (NIH). A total of 7,361 individuals were enrolled via a decentralized clinical study design, with a broad geographical representation of the United States. Per inclusion criteria, all individuals were asymptomatic upon enrollment in the study and at least 14 days prior to it and did not have a SARS-CoV-2 infection in the three months prior to enrollment. Participants were assigned to one of three EUA authorized SARS-CoV-2 OTC rapid antigen tests to conduct serial testing (every 48 hours) for 15 days. If an antigen test was positive, the serial-antigen testing result is considered positive.

At each rapid antigen testing time point, study subjects also collected a nasal swab for comparator testing using a home collection kit (using a 15-minute normalization window between swabs). SARS-CoV-2 infection status was determined by a composite comparator method on the day of the first antigen test, using at least two highly sensitive EUA RT-PCRs. If results of the first two molecular test were discordant a third highly sensitive EUA RT-PCR test was performed, and the final test result was based upon the majority rule.

Study participants reported symptom status throughout the study using the MyDataHelps app. Two-day serial antigen testing is defined as performing two antigen tests 36 - 48 hours apart. Three-day serial antigen testing is defined as performing three antigen tests over five days with at least 48 hours between each test.

Out of the 7,361 participants enrolled in the study, 5,609 were eligible for analysis. Among eligible participants, 154 tested positive for SARS-CoV-2 infection based on RT-PCR, of which 97 (62%) were asymptomatic on the first day of their infection, whereas 57 (39%) reported symptoms on the first day of infection. Pre-symptomatic subjects were included in the positive percent agreement (PPA) of asymptomatic individuals, if they were asymptomatic on the first day of antigen testing, regardless of whether they developed symptoms at any time after the first day of testing.

Performance of the antigen test with serial testing in individuals is described in the following table.

**Data establishing PPA of COVID-19 antigen serial testing compared to the molecular comparator single day testing throughout the course of infection with serial testing. Data is from all antigen tests in study combined:**

DAYS AFTER FIRST PCR POSITIVE TEST RESULT	ASYMPTOMATIC ON FIRST DAY OF TESTING			SYMPTOMATIC ON FIRST DAY OF TESTING		
	Ag Positive / PCR Positive (Antigen Test Performance % PPA)					
	1 Test	2 Tests	3 Tests	1 Test	2 Tests	3 Tests
0	9/97 (9.3 %)	35/89 (39.3 %)	44/78 (56.4 %)	34/57 (59.6 %)	47/51 (92.2 %)	44/47 (93.6 %)
2	17/34 (50.0 %)	23/34 (67.6 %)	25/32 (78.1 %)	58/62 (93.5 %)	59/60 (98.3 %)	43/43 (100 %)
4	16/21 (76.2 %)	15/20 (75.0 %)	13/15 (86.7 %)	55/58 (94.8 %)	53/54 (98.1 %)	39/40 (97.5 %)
6	20/28 (71.4 %)	21/27 (77.8 %)	16/18 (88.9 %)	27/34 (79.4 %)	26/33 (78.8 %)	22/27 (81.5 %)
8	13/23 (56.5 %)	13/22 (59.1 %)	4/11 (36.4 %)	12/17 (70.6 %)	12/17 (70.6 %)	7/11 (63.6 %)
10	5/9 (55.6 %)	5/8 (62.5 %)		4/9 (44.4 %)	3/7 (42.9 %)	

1 Test = one (1) test performed on the noted days after first PCR positive test result. Day 0 is the first day of documented infection with SARS-CoV-2.

2 Tests = two (2) tests performed an average of 48 hours apart. The first test performed on the indicated day and the second test performed 48 hours later.

3 Tests = three (3) tests performance an average of 48 hours apart. The first test performed on the indicated day, the second test performed 48 hours later, and a final test performed 48 hours after the second test.





## ANALYTICAL PERFORMANCE

### Limit of Detection (LoD)

The SARS-CoV-2 positive specimen was prepared by spiking inactivated SARS-CoV-2 (isolate USA-WA1/2020) into pooled negative nasal matrix (PNM) that was confirmed to be negative with PCR. A serial dilution of specimens was tested by applying a sample volume of 50 µL to each nasal swab before elution and sample application was performed according to the test procedure described in the IFU. The LoD was determined to be  $1.4 \times 10^3$  TCID<sub>50</sub>/mL. Based upon the testing procedure for this study the LoD of  $1.4 \times 10^3$  TCID<sub>50</sub>/mL equates to  $7.0 \times 10^1$  TCID<sub>50</sub>/swab.

### Omicron Testing

The performance of this test device in the detection of the Omicron variant of SARS-CoV-2 was evaluated in a dilution series of clinical specimens which were positive for the Omicron variant. This testing was conducted by the National Institutes of Health (NIH) as a component of the Rapid Acceleration of Diagnostics (RADx®) initiative. Specimen pools were prepared by the RADx team using pooled clinical samples from currently circulating Omicron strains and tested by RADx® to assess performance with the Omicron variant. Results from this dilution series cannot be compared to any devices tested with a different specimen pool and do not indicate that a test will have different clinical performance compared to other EUA authorized tests. Compared to an EUA authorized RT-PCR method, the Pilot® COVID-19 At-Home Test detected 100% of live virus Omicron samples at a Ct-value of 27.7 (n=5). Testing was also compared to two additional EUA authorized OTC antigen tests (Assay #1 and Assay #2). Omicron dilutions at lower viral concentrations (Ct-values higher than 27.7) were not detected by the Pilot® COVID-19 At-Home Test in this study.

Omicron Live Pool 1		Test Assay #1	Test Assay #2	Pilot® COVID-19 At-Home Test
Dilutions	Avg N2 Ct (N=9)	Percent Positive N=5	Percent Positive N=5	Percent Positive N=5
Dilution 1	19.4	100	100	100
Dilution 2	20.6	100	100	100
Dilution 3	21.6	100	100	100
Dilution 4	22.4	100	100	100
Dilution 5	23.3	100	100	100

Dilution 6	24.5	0	100	100
Dilution 7	25.6	0	100	100
Dilution 8	26.5	0	0	100
Dilution 9	27.7	0	0	100
Dilution 10	28.5	0	0	0
Dilution 11	29.4	0	0	0
Dilution 12	30.3	0	0	0

### Cross-reactivity

No cross-reactivity was observed for the following microorganisms at the indicated concentrations, except for SARS-coronavirus, which exhibited cross-reactivity when tested at  $1.58 \times 10^4$  TCID<sub>50</sub>/mL. A titration of SARS-CoV was performed to determine the concentration at which cross reactivity was no longer observed. Cross reactivity was no longer observed for SARS-CoV at  $1.58 \times 10^1$  TCID<sub>50</sub>/mL. These results are not unexpected as the Pilot® COVID-19 At-Home Test targets the nucleocapsid protein, which is present in both the SARS-CoV and SARS-CoV-2 viruses and is highly homologous. All microorganisms were spiked into PNM.

Microorganism / Specimen	Concentration Tested for Cross Reactivity	Result
Human coronavirus 229E	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Human coronavirus OC43	$8.50 \times 10^4$ TCID <sub>50</sub> /mL	NEG
Human coronavirus NL63	$1.17 \times 10^5$ TCID <sub>50</sub> /mL	NEG

SARS-coronavirus	$1.58 \times 10^4$ TCID <sub>50</sub> /mL	POS
SARS-coronavirus (1:1000)	$1.58 \times 10^1$ TCID <sub>50</sub> /mL	NEG
MERS-coronavirus	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Adenovirus	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Human metapneumovirus 4 Type B2	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Parainfluenza virus 1	$5.50 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Parainfluenza virus 2	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Parainfluenza virus 3	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Parainfluenza virus 4b	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Influenza A	$1.43 \times 10^5$ CEID <sub>50</sub> /mL	NEG
Influenza B	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
Enterovirus 68	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG

Respiratory syncytial virus	$1.43 \times 10^5$ PFU/mL	NEG
Rhinovirus	$1.43 \times 10^5$ TCID <sub>50</sub> /mL	NEG
<i>Haemophilus influenzae</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Streptococcus pneumoniae</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Streptococcus pyogenes</i>	$2.59 \times 10^6$ CFU/mL	NEG
<i>Candida albicans</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Bordetella pertussis</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Mycoplasma pneumoniae</i>	$2.57 \times 10^8$ CFU/mL	NEG
<i>Chlamydia pneumoniae</i>	$1.00 \times 10^6$ IFU/mL	NEG
<i>Legionella pneumophila</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Mycobacterium tuberculosis</i>	$1.00 \times 10^8$ CFU/mL	NEG
<i>Pneumocystis carinii</i>	$1.00 \times 10^6$ nuclei/mL	NEG



<i>P. jiroveci</i> - <i>S. cerevisiae</i>	$8.10 \times 10^5$ CFU/mL	NEG
<i>Staphylococcus aureus subsp. aureus</i>	$1.00 \times 10^6$ CFU/mL	NEG
<i>Staphylococcus epidermidis</i>	$1.00 \times 10^6$ CFU/mL	NEG
Pooled Negative Matrix	N/A	NEG

### Microbial interference

For the microorganisms which did not demonstrate cross-reactivity, additional microbial interference testing with SARS-CoV-2 positive samples spiked into pooled negative nasal matrix were performed and no microbial interference was observed at the indicated concentrations.

### Endogenous / exogenous cross-reactivity study

No cross-reactivity was observed for the following substances at the indicated concentrations. Each substance was spiked into pooled negative nasal matrix for testing.

Potentially Interfering Substance	Concentration	Result
Human Whole Blood (EDTA tube)	4% v/v	NEG
Mucin (Porcine Stomach, type II)	0.5%	NEG
Chloraseptic (Menthol/Benzocaine)	1.5 mg/mL	NEG

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Naso GEL (NeilMed)	5% v/v	NEG
Nasal Drops (Phenylephrine)	15% v/v	NEG
Nasal Spray (Oxymetazoline)	15% v/v	NEG
Nasal Spray (Cromolyn)	15% v/v	NEG
Zicam	5% v/v	NEG
Homeopathic (Alkalol)	10% v/v	NEG
Sore Throat Phenol Spray	15% v/v	NEG
Tobramycin	4 µg/mL	NEG
Mupirocin	10 mg/mL	NEG
Tamiflu (Oseltamivir Phosphate)	5 mg/mL	NEG
Fluticasone Propionate	5% v/v	NEG
Body & Hand Lotion (Cerave)	0.5% w/v	NEG



Body Lotion with 1.2% Dimethicone	0.5% w/v	NEG
Hand Lotion (Eucerin)	5% w/v	NEG
Hand Sanitizer with Aloe, 62% Ethyl Alcohol	5% v/v	NEG
Hand Sanitizer Cream Lotion (Vaseline)	15% v/v	NEG
Hand Sanitizer, 80% Ethanol, Fast Drying	15% v/v	NEG
Hand Soap Liquid Gel (Soft Soap)	10% w/v	NEG

### Endogenous / exogenous interference substances study

For the substances listed above, additional endogenous / exogenous interference studies were performed with samples containing SARS-CoV-2 in pooled negative nasal matrix. Each substance was spiked into a positive sample and no endogenous / exogenous interference was found, except for hand soap liquid gel, which caused a false negative result at a concentration of 10% w/v and 5% w/v. A positive result (no interference) was observed at a concentration of 1% w/v.

### High-Dose Hook Effect

SARS-CoV-2 cultured virus was spiked into pooled negative nasal matrix. SARS-CoV-2 cultured virus did not show hook effect at the virus stock concentration of  $2.80 \times 10^6$  TCID<sub>50</sub>/mL.

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