Dr.	5.1	.2e	Federal Office of Public Health
Ema	ail:	5.1.2e	Dadmin.bag.ch
cc:	5.1.2e	Dswiss	smicrobiology.ch

#### 22. December 2020

## Technical validation report Rapid COVID-19 Antigen test

Assay name: MP COVID-19 Antigen Rapid Test

Assay Lot number: 20112502

Company: MP Biomedicals Germany GmbH

Distributor: 5.1.2e (5.1.2e @lucerna-chem.ch)

#### Summary

The MP COVID-19 Antigen Rapid Test has passed the validation criteria as described by the Swiss Society of Microbiology. At Ct-values of 23, 26 and 29, the MP COVID-19 Antigen Rapid Test assay showed a technical sensitivity of 100%, 100% and 81% compared to a reference standard showing a technical sensitivity of 100%, 100% and 81%, respectively. The technical specificity was 100%.

### Interpretation of technical sensitivity and specificity

Technical sensitivities at Ct 23, 26 and 29, as well as the overall specificity is shown in **Table 1. Figure 1** shows the percentage of antigen positivity in relation to Ct values over a range of 100 PCR-positive clinical samples. In order to detect 90% and 80% of PCR positive samples, the **MP COVID-19 Antigen Rapid Test** required a minimum Ct 27.03 and 30.54, respectively, in contrast the reference standard requires a minimum Ct of 28.20 and 30.54.

	Sensitivity	Specificity		
	Ct 23	Ct 26	Ct 29	
Reference	100%	100%	81%	100%
Wondfo	100%	100%	81%	100%

**Table 1.** Technical sensitivity and specificity, expressed in percentage. For sensitivities at Ct 23, 26 and 29 a threshold of 95%, 90% and 80% has to be reached. Overall specificity needed to be at least 99%

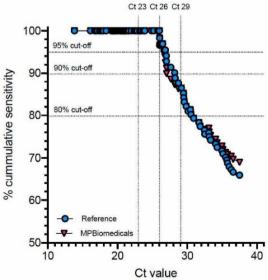
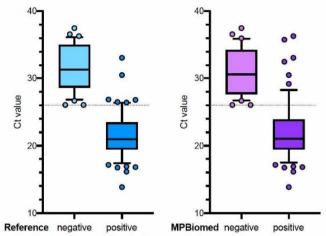


Figure 1. Percentage of antigen positivity compared to Ct values of samples.

The median Ct values in antigen positive samples were 21.06 for the MP COVID-19 Antigen Rapid Test assay and 21.01 for the reference standard (Figure 2).



**Figure 2.** Ct values of SARS-CoV-2 specific rapid antigen positive and negative tested samples from routine diagnostics. Boxes show median and interquartile range, whiskers show 10-90<sup>th</sup> percentile.

## Samples tested from serial dilution

The serial dilution from positive samples indicates that the MP COVID-19 Antigen Rapid Test assay had a 1-titer higher sensitivity. The minimal positivity of 23.3 and 23.1 has been reached.

	Ct	21.1	21.9	23.3	24.4	25.1	26.1	27.7
Cell culture supernatant	MP	+	+	+	+	-	-	-
	Reference	+	+	+	+	(+)	-	
	Ct	21.4	22.3	23.1	24.1	25.5	26.4	27.3
Clinical sample	MP	+	+	+	+	-	-	-
18.00	Reference	+	+	+	(+)	-	-	-

**Table 2.** Serial dilution of 2 highly positive sample in a back-to-back comparison. +, clear positive reaction, (+) faint band, and – negative. Green shade indicates the range within a test has to be positive.

#### Methods

The technical performance was validated in (i) 100 PCR-positive and 200 PCR-negative samples and (ii) in a serial dilution against a reference standard in order to determine and compare the diagnostic limits of detection.

In general samples were used from the routine diagnostic of the validating laboratory. To allow for a cross-laboratory comparison, 5 SARS-CoV-2 PCR-positive samples were used from aliquoted samples of one single laboratory and distributed to all laboratories. In addition, 50 SARS-CoV-2 PCR negative samples with other respiratory viruses were used and tested by all laboratories. These samples included the following viruses: Coronaviruses (229, HKU1, OC43, NL63, n=3 each), Parainfluenza 1-4 (n=3 each), Rhino/Enteroviruses (n=5 each), Influenza A and B (n=6 each), RSV (n=6 each), and human Metapneumovirus (n=3).

Reference standard: Standard Q COVID-19 Rapid Antigen Test from SD Biosensor/Roche

Reference Lot number: QCO3020105

PCR System: Cobas 6800, Roche, E-Gene was considered for Ct-values

## Minimal acceptance criteria to successfully pass the validation:

- Cumulative sensitivity at Ct 23 (approx. 10'000'000 c/mL), at least 95%
- Cumulative sensitivity at Ct 26 (approx. 1'000'000 c/mL), at least 90%
- Cumulative sensitivity at Ct 29 (approx. 100'000 c/mL), at least 80%
- Overall specificity, at least 99%
- Serial dilution has to detect up to Ct 23.3 and 23.1, respectively.

# This validation report was released for the FOPH In behalf of the Swiss Society of Microbiology

Members of the core validation team:

- 5.1.2e Clinical Bacteriology and Mycology, University Hospital Basel
  5.1.2e Clinical Microbiology, Cantonal Hospital of Aarau
  Clinical Microbiology, University Hospital Lausanne
- 5.1.2e Clinical Virology, University Hospital Basel
- 5.1.2e ADMed Microbiologie, La Chaux-de-Fonds