

EN

INSTRUCTIONS FOR USE

ViroQ[®] SARS-FluA/B-RSV



Test kit for the qualitative detection of SARS-CoV-2, Influenza A/B and RSV RNA

Electronic instructions for use see www.bag-diagnostics.com

REF	728267	ViroQ [®] SARS-FluA/B-RSV	96 tests
REF	728268	ViroQ [®] SARS-FluA/B-RSV	480 tests

For use with		
Specimen Types	RNA extraction kits / automated extraction instruments	Real-time PCR instruments
Sputum (LRT)	QIAGEN QIAamp Viral RNA Mini QIAcube Kit / QIAcube	Bio-Rad CFX96 Touch™ Real-Time PCR Detection System
Nasopharyngeal (NP) swabs		
Oropharyngeal (OP) swabs	QIAGEN EZ1 Virus Mini Kit V2.0	Roche LightCycler® 480 System II
Nasal swab		
Anterior nasal swab	Thermo Fisher Thermo KingFisher MagMAX Viral/PathogenNucleic Acid Isolation Kit	Applied Biosystems QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast, laptop
Mid-turbinate nasal swabs (UTR N)		

Important Note: For some cyclers a color compensation or dye calibration is needed to run the ViroQ[®] SARS-FluA/B-RSV test. Please check the continually updated list on our website via the button "Cycler settings":

https://www.bag-diagnostics.com/files/img/Special_Requirements_for_RT-PCR_Systems.pdf

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CONTENTS

1.	INTENDED USE	2
2.	PRODUCT DESCRIPTION.....	2
3.	TEST PRINCIPLE.....	2
4.	MATERIAL.....	3
4.1	Content of the ViroQ SARS-FluA/B-RSV kit.....	3
4.2	Additionally required reagents and devices.....	3
4.3	Validated cyclers and reaction tubes.....	4
5.	STORAGE AND STABILITY.....	4
6.	TEST PROCEDURE.....	5
6.1	Safety conditions and special remarks	5
6.2	RNA Isolation.....	5
6.3	Reagent preparation.....	5
6.4	Amplification.....	6
6.5	Cycler settings.....	7
6.6	Interpretation of results.....	10
7.	SPECIFIC PERFORMANCE CHARACTERISTICS	13
7.1	Limit of detection.....	13
7.2	Clinical Evaluation	13
7.3	Cross-Reactivity.....	14
8.	WARNINGS AND PRECAUTIONS.....	16
9.	LIMITATIONS OF THE METHOD	16
10.	INTERNAL QUALITY CONTROL	17
11.	TROUBLESHOOTING.....	17
12.	TRADEMARKS USED IN THIS DOCUMENT/PRODUCT	18
13.	EXPLANATION OF SYMBOLS USED ON THE LABELS.....	18
14.	LITERATURE	19

1. INTENDED USE

The ViroQ® SARS-FluA/B-RSV Kit is used for qualitative detection of SARS-CoV-2, Influenza A, Influenza B and RSV (Respiratory Syncytial Virus) RNA in respiratory specimens such as sputum (LRT), nasopharyngeal (NP), oropharyngeal (OP), nasal, anterior nasal and mid-turbinate nasal swab (UTR) based on reverse transcription of the RNA and subsequent amplification in real-time PCR. The test is performed by qualified personnel in specialised labs.

2. PRODUCT DESCRIPTION

The ViroQ® SARS-FluA/B-RSV Kit is used for the *in vitro* detection of SARS-CoV-2, Influenza A, Influenza B and RSV (Respiratory Syncytial Virus) RNA in respiratory specimens such as sputum (LRT), nasopharyngeal (NP), oropharyngeal (OP), nasal, anterior nasal and mid-turbinate nasal swab (UTR). The kit is based on a one step reaction with real-time PCR technology. An efficient cDNA synthesis from RNA coupled with a real-time PCR the ViroQ® SARS-FluA/B-RSV Kit makes it possible to perform the test in one tube. The kit contains primers and fluorescent probes to amplify and detect gene fragments for SARS-CoV-2, Influenza A, Influenza B and RSV. In addition, it contains an internal control securing that the sampling of respiratory specimen was performed correctly and that the amplification worked.

3. TEST PRINCIPLE

The test is performed with RNA as starting material. The RNA is converted into cDNA with a reverse transcriptase enzyme and afterwards amplified in a PCR. The primers were designed for the selective amplification of the transcribed cDNA of the viral genes. For SARS-CoV-2 the genes RdRP (RNA-dependend RNA-Polymerase) and N (Nucleocapsid) are amplified (RdRP Gen: Institut Pasteur Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2. https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2;). For Influenza A the Matrix segment (M1, Segment 7), for Influenza B the nonstructural protein segment (NS1) and for RSV the N gene (Nucleocapsid) are amplified. The amplicons are detected with likewise specific fluorescent dye-labelled hydrolysis probes (TaqMan® probes).

If amplicons are present, the probes are hydrolyzed by the Taq polymerase and a fluorescence signal is generated that increases proportionally with the amount of the PCR product. The fluorescence signals are measured by the optical detection unit of the real-time PCR cyclers.

The test is performed in a single PCR reaction that detects the viral genes RdRP and N of SARS-CoV-2, the Matrix segment (M1) of Influenza A, the nonstructural protein segment (NS1) of Influenza B, the N gene of RSV and an universally expressed human housekeeping gene (Rnase P) with different fluorescent colors. The detection of Rnase P indicates the correct sampling, RNA-Isolation and RT-PCR-amplification.

4. MATERIAL

4.1 Content of the ViroQ® SARS-FluA/B-RSV kit

- **ViroQ | ENZYME** ViroQ® Enzyme, lyophilized, contains Reverse Transcriptase, Taq Polymerase, dNTPs
- **ViroQ | SOLV** ViroQ® Solvent, ready to use, contains reconstitution buffer for the ViroQ® Enzyme
- **ViroQ | MIX | FSR** ViroQ® Mix FSR, ready to use, contains, primers, probes, storage buffer
- **ViroQ | CFX | IC | MIX** ViroQ® CFX IC-Mix, contains probe of the internal control with a special fluorophor suitable for the CFX cycler
- **ViroQ | LC | IC | MIX** ViroQ® LC IC-Mix, contains probe of the internal control with a special fluorophor suitable for the LightCycler®
- **ViroQ | QS | IC | MIX** ViroQ® QS IC-Mix, contains probe of the internal control with a special fluorophor suitable for the QuantStudio® 6 cycler
- **FSR | CONTROL | +** ViroQ® Pos Ctrl FSR, positive control, dried, contains human mRNA, virus reference RNA
- **IFU | OR | eIFU** Instructions for use or electronic instructions for use

4.2 Additionally required reagents and devices

- Reagents for RNA isolation (validated RNA isolation kits see 6.2)
- Real-time PCR Cycler (validated cyclers see 4.3)
- Real-time PCR reaction tubes with caps or foils (validated products see 4.3)
- RNA/RNase free H₂O
- Piston pipettes (0,5 – 1000 µl) and tips
- Color Compensation Kit for LightCycler® 480 I+II, 2.0 (REF 728258 ViroQ® CC Light Cycler®, provided by BAG Diagnostics)
- Color Calibration Kit for QuantStudio, StepOne, ABI 7500, ViiA7, (REF 728260 RT CC Universal Applied Biosystems®, provided by BAG Diagnostics)

4.3 Validated cyclers and reaction tubes

Cycler	Real-time-PCR reaction tubes	Real-time-PCR closing system
CFX96 Touch™ Real-Time PCR Detection System Comp. Bio-Rad	Vari-Strip™ 8 Well PCR Tube Strips Product No. 4ti-0753 Comp. 4titude / Azenta Life Sciences	Crystal Strips™ Product No. 4ti-0755/120 Comp. 4titude / Azenta Life Sciences
	FrameStar® Break-A-Way PCR Plate, Low Profile, 96 white wells, black frame Product No. 4ti-1201 Comp. 4titude / Azenta Life Sciences	qPCR Seal Product No. 4ti-0560 Comp. 4titude / Azenta Life Sciences
	Hard-Shell® 96-Well PCR Plates, Low Profile, thin wall, skirted, white/white Product No. HSP9655 Comp. Bio-Rad	0.2 ml Flat PCR Tube 8-Cap Strips, optical, ultraclear Product No. TCS0803 Comp. Bio-Rad
LightCycler® 480 System II Comp. Roche	LightCycler® 480 Multiwell Plate 96, white Product No. 04729692001 Comp. Roche	qPCR Seal Product No. 4ti-0560 Comp. 4titude / Azenta Life Sciences
	Vari-Strip™ 8 Well PCR Tube Strips Product No. 4ti-0753 Comp. 4titude / Azenta Life Sciences	Crystal Strips™ Product No. 4ti-0755/120 Comp. 4titude / Azenta Life Sciences
QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast, laptop Comp. Applied Biosystems	Vari-Strip™ 8 Well PCR Tube Strips Product No. 4ti-0753 Comp. 4titude / Azenta Life Sciences	Crystal Strips™ Product No. 4ti-0755/120 Comp. 4titude / Azenta Life Sciences
	FrameStar® 96 Well Semi-Skirted, PCR Plate, ABI® FastPlate Style, white wells, clear frame Product No. 4ti-0911 Comp. 4titude / Azenta Life Sciences	qPCR seal, Product No. 4ti-0560 Comp. 4titude / Azenta Life Sciences

Special Note: If other real-time cyclers, reactions tubes and closing systems are used they must be validated by the user.

5. STORAGE AND STABILITY

The kits are shipped without cooling. Upon receipt store all reagents in temperature monitored devices at $\leq -20^{\circ}\text{C}$. The expiry date is indicated on the label of each reagent. The expiry date indicated on the outer label refers to the reagent with the shortest stability contained in the kit. The reagents ViroQ® Enzyme and ViroQ® Solvent can be stored at room temperature until expiry date, as long as the enzyme lyophilisate is not solved with the reconstitution buffer. After solving it can be used upon 12 month. Repeated thawing and freezing of already solved reagents (more than twice) should be avoided, as this might affect the performance of the assay. For intermittent use the reagents should be aliquoted.

In use stability: After removal from the freezer the reagents of the ViroQ® SARS-FluA/B-RSV kit have been shown to be stable at ambient temperature for 6 hours before setting up the PCR provided that the reagents are not disposed too long to light. The pipetted PCR plates (RTU, ready to use) without sample material (RNA) can be stored in the fridge in the dark for up to 2 hours before the PCR run is started.

6. TEST PROCEDURE

6.1 Safety conditions and special remarks

Molecular genetic techniques are particularly sensitive and should be performed by well trained personnel experienced in molecular genetic techniques.

Special safety conditions must be observed in order to avoid contamination and thus false reactions:

- Wear gloves during work (powder-free, if possible).
- Use new tips with each pipetting step (with integrated filter).
- If possible, use separate working areas for pre-amplification (RNA isolation and PCR set up) and post-amplification (detection).
- Use devices and other materials only at the respective places and do not exchange them.

6.2 RNA Isolation

The sample material for the isolation of RNA must be sent in appropriate sample collection systems. For correct sampling follow the instructions given by the WHO under the following link <https://www.who.int/csr/sars/sampling/en/>.

It is recommended to use **CE** IvD certified kits for the RNA isolation.

Validated RNA isolation kits:

- QIAGEN QIAamp® Viral RNA Mini QIAcube Kit
- QIAGEN EZ1 Virus Mini Kit V2.0
- Thermo Fisher Thermo KingFisher MagMAX Viral/PathogenNucleic Acid Isolation Kit

If the established standard method of the lab is used for RNA isolation and this are not the above mentioned kits, it must be validated by the user.

6.3 Reagent preparation

ViroQ® Enzyme

The enzyme mix reagent ViroQ® Enzyme is lyophilized. Before use dissolve ViroQ® Enzyme with 400 µl ViroQ® Solvent by pipetting up and down.

ViroQ® Pos Ctrl FSR

The positive control reagent ViroQ® Pos Ctrl FSR is dried. Before use dissolve ViroQ® Pos Ctrl FSR with 30 µl RNA/RNase-free H₂O by pipetting up and down, allow complete rehydration for 15 minutes and then mix thoroughly by vortexing.

6.4 Amplification

Reaction tubes recommended by the manufacturer of the realtime cyclor or the materials recommended in chapter 4.3 should be used.

For each sample the following reagents are pipetted into a reaction tube:

4 µl	ViroQ® Enzyme
2 µl	ViroQ® Mix FSR (Primer and Probes)
2 µl	ViroQ® IC-Mix* (Probe) / CFX or LC or QS
5 µl**	RNA Sample
7 µl	RNA/RNase free H ₂ O

* CFX96 Touch™ Real-Time PCR-Detektionssystem:	ViroQ® CFX IC-Mix
LightCycler® 480 System II:	ViroQ® LC IC-Mix
QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast, laptop:	ViroQ® QS IC-Mix

** In case of very low expected concentration of virus copies the volume of the sample can be increased, while decreasing the amount of water.

Special Note: The internal amplification control will be detected in different fluorescence channels depending on the real-time PCR cyclor used for the run. Therefore the suitable ViroQ® IC-Mix should be used, because it is containing the probe for the internal amplification control labelled with different fluorophors. Please check the filter of the real-time PCR cyclor used. The wave length of the fluorophors are shown in a table in chapter [6.6 Interpretation of results](#).

The reaction volume for each real-time PCR test is 20 µl.

If a premix of ViroQ® Enzyme, ViroQ® Mix FSR, ViroQ® CFX/LC/QS IC-Mix and RNA/RNase free H₂O is prepared for more than one sample please allow for a reasonable additional amount for pipetting losses.

To perform the positive control (PTC) use the ViroQ® Pos Ctrl FSR instead of sample RNA. To perform a no template control (NTC) prepare a PCR reaction with RNA/RNase free H₂O instead of sample RNA.

Close the reaction tubes and briefly spin down the liquid. Ensure that no bubbles are present in the wells. If bubbles are observed, gently tap the reaction tube on the bench to remove the bubbles.

Start the PCR program with the following parameters:

Step	Time	Temperature	No. of cycles
Reverse Transcription	15 min	48°C	1 cycle
Polymerase activation	3 min	96°C	1 cycle
Denaturation	3 sec	95°C	42 cycles
Annealing + Extension	15 sec + reading	60°C	

The following real-time cyclers have been validated for the ViroQ® SARS-FluA/B-RSV kit. Please note the cycler-specific settings described under [6.5 Cycler settings](#):

Bio-Rad: CFX96 Touch™ Real-Time PCR Detection System

Roche: LightCycler® 480 System II

Applied Biosystems: QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast, laptop

Special Note

If other realtime cyclers are used they have to be validated by the user.

6.5 Cycler settings

Bio-Rad CFX96 Touch™ Real-Time PCR Detection System

For use on the CFX96 Touch™, the following specific settings must be made. Before starting the run, a check mark must be set for "All Channels". The lid temperature is set to 105°C. The default ramp rate is used.



Roche LightCycler® 480 II

For use on the LightCycler® 480 II, the following specific settings must be made. When programming the PCR program, the corresponding ramp rate must also be set.

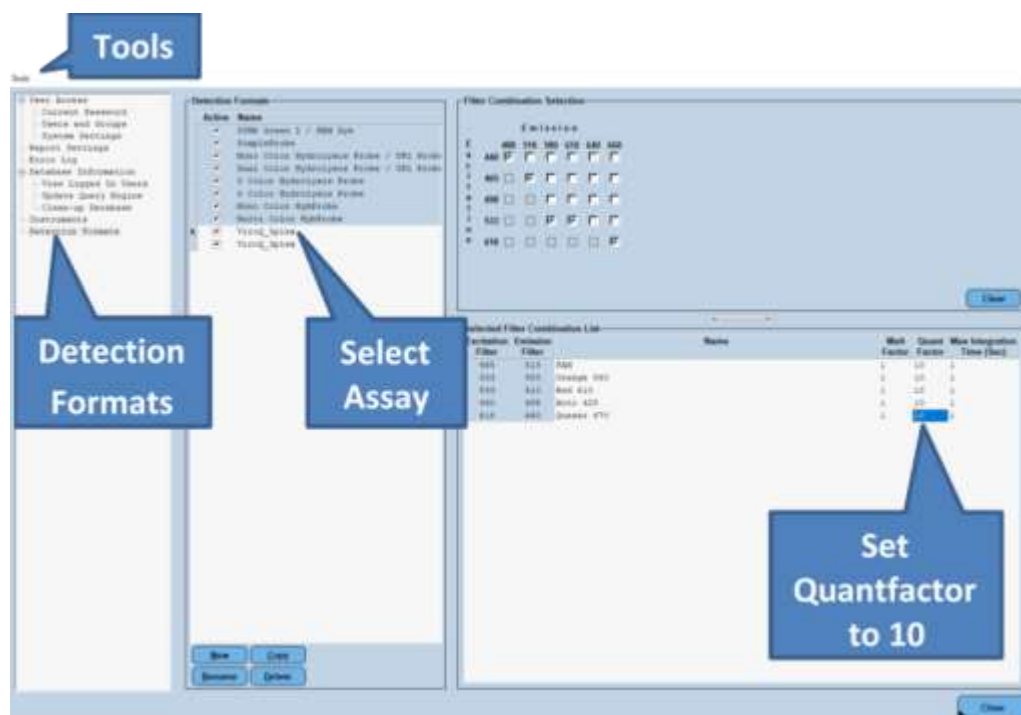
Step	Time	Temperature	Ramp rate	No. of cycles
Reverse Transcription	15 min	48°C	4.4°C/s	1 cycle
Polymerase activation	3 min	96°C	4.4°C/s	1 cycle
Denaturation	3 sec	95°C	2.2°C/s	42 cycles
Annealing + Extension	15 sec + reading	60°C	2.2°C/s	

The following filter settings must be made:

Excitation Filter	Emission Filter	Name	Melt Factor	Quant Factor	Max Integration Time (sec)
533	580	Orange560	1	10	1
533	610	Red610	1	10	1
618	660	Quasar670	1	10	1
465	510	FAM	1	10	1
440	488	Atto425	1	10	1

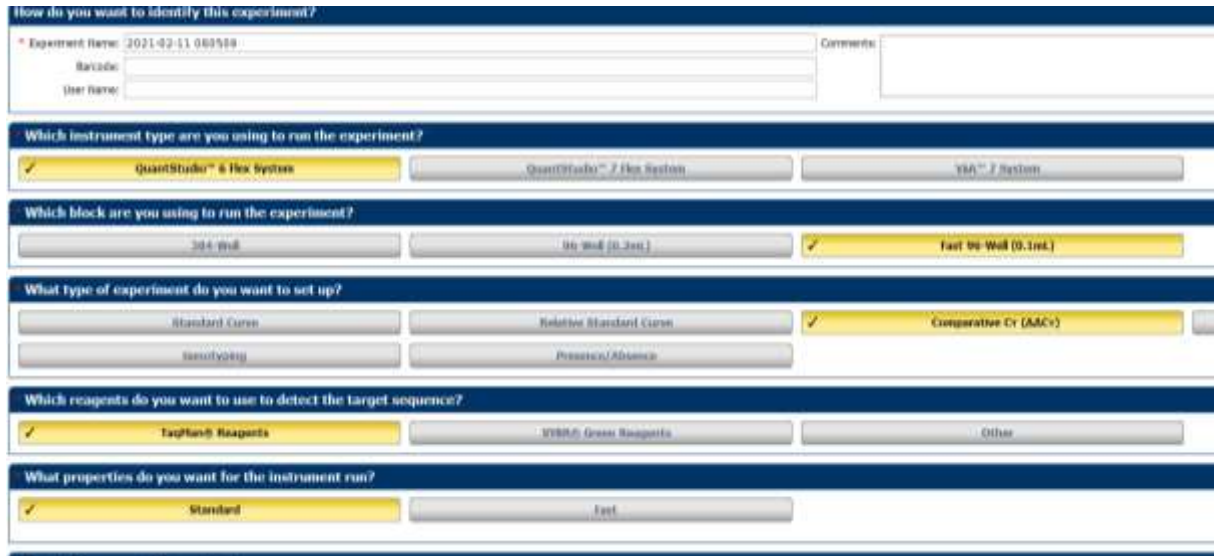
To get to the filter settings, please carry out the following steps:

Go to Tools → Detection Formats → Select Assay → set the settings for example Quantfactor to 10



Applied Biosystems QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast

For use on the QuantStudio™ 6 the following specific settings must be made. These check marks must be set for „Experiment properties“.



In "Define", the target name, reporter and quencher must be selected as assigned by the laboratory during color calibration. Below is an example of these settings.

Target Name	Reporter	Quencher
FAM	FAM	NFQ-MGB
Orange560	O560_50	NFQ-MGB
Quasar670	Q670_C1	NFQ-MGB
TAMRA	TAMRA	NFQ-MGB
Red610	RED610_C1	NFQ-MGB

When programming the PCR program, the corresponding ramp rate must also be set.

Step	Time	Temperature	Ramp rate	No. of cycles
Reverse Transcription	15 min	48°C	2.2°C/s	1 cycle
Polymerase activation	3 min	96°C	2.2°C/s	1 cycle
Denaturation	3 sec	95°C	2.2°C/s	42 cycles
Annealing + Extension	15 sec + reading	60°C	2.2°C/s	

6.6 Interpretation of results

Assessment of clinical specimen test results should be performed after the positive and negative controls have been examined and determined to be valid and acceptable. If the controls are not valid, the patient results cannot be interpreted.

For all reactions in the multiplex PCR mix a Ct cutoff is used to define positive reactions. If the Ct-value is inconclusive it can be helpful to review the fluorescent curves.

All tests, except the negative control (NTC), must show a fluorescence signal in the channel with the internal control. SARS-CoV-2 positive samples must show a positive signal in the FAM channel (RdRP gene & N gene). Influenza positive samples must show a positive signal in either the CFO560 / HEX / VIC / JOE channel or in the Q670 / CY5 channel (M1 or NS1). RSV positive samples must show a positive result in the CFR610 / Texas Red / ROX channel (N gene). The positive control must show an amplification signal in each channel within the defined Ct-values.

Channel	Specificity of the primer/probe mixes
FAM	SARS-CoV-2 / RdRP gene (RNA-dependend RNA-Polymerase) & N gene (Nucleocapsid)
CFO560 / HEX / VIC / JOE	Influenza A (H1N1pdm09 & H3N2) / Matrix segment (M1)
Q670 / CY5	Influenza B (Yamagata & Victoria) / Nonstructural protein segment (NS1)
CFR610 / Texas Red / ROX	RSV / N gene (Nucleocapsid)
Atto425 / Q705 / TAMRA	Cell control / Rnase P

Special note for tests done on QuantStudio™ 6

The internal cell control marked with the TAMRA dye is slightly bleaching into the CFR610 Channel which leads to low background signals of approximately 300.000 ΔRn . For the interpretation of the CFR610 signals, where the RSV is detected, the threshold needs to be set to 600.000 ΔRn to avoid the background giving positive signals below a Ct value of 35. Weak RSV positive samples at the limit of detection (LOD) have a ΔRn of 1.500.000, which is significantly higher than the background.

The amplification signals for the different specificities of negative samples should be outside the defined Ct-values for the corresponding channels.

The negative control (NTC) is used as contamination control. If RNA or contaminating amplicon is inadvertently added to the NTC reaction a positive signal will occur. If the Ct is less than 35 it should be considered as possible contamination. Amplification signals above Ct 35 in the NTC could be PCR artefacts and can be disregarded taking into consideration the final RFU and the shape of the curve (see also below for interpretation of results between Ct 35 and Ct 42). If PCR contamination is suspected, it is advisable to follow local decontamination guidelines and to exchange the reagents.

For valid results all Ct values ≤ 35 are rated as positive for clinical samples (see table below).

	Channel	Ct-Level	Inspect	Wave length in nm
RSV	Red (CFR610)	≤ 35	>35-42	Excitation: 690 Emission: 705
SARS-CoV-2	Green (FAM)	≤ 35	>35-42	Excitation: 495 Emission: 520
Influenza A	Orange (CFO560)	≤ 35	>35-42	Excitation: 538 Emission: 559
Influenza B	Red (Q670)	≤ 35	>35-42	Excitation: 647 Emission: 670
Cell control with ViroQ® CFX IC-Mix	Red (Q705)	$\leq 35^*$	>35-42**	Excitation: 590 Emission: 610
Cell control with ViroQ® LC IC-Mix	Blue (Atto425)	$\leq 35^*$	>35-42**	Excitation: 437 Emission: 483
Cell control with ViroQ® QS IC-Mix	Red (TAMRA)	$\leq 35^*$	>35-42**	Excitation: 557 Emission: 591

* A high concentration/load of detectable viral RNA in the sample can lead to reduced or absent cell control signals.

** Insufficient concentration/load of human cell material. Inappropriate sampling or sample shipment.

Regardless of the Ct values a positive reaction should have a sigmoidal curve and a sufficient end RFU. The RFU is cyclor dependent – the final RFU of the positive control can be used to get the approximate value that is normal for the final RFU on a given cyclor. The positive control can also be used as an example for the correct sigmoidal shape of the curve. Therefore, samples with a Ct value of > 35 and low RFU should be checked for a sigmoidal shape of the curve and the plausibility of the reaction. Samples with an inconclusive result should be repeated and interpreted taking into consideration the clinical course of the patient. If there are questions regarding the adaptation of the threshold or borderline Ct values please contact the technical support of BAG Diagnostics (phone: +49 (0)6404 925125, email: info@bag-diagnostics.com) or your local sales representative.

The positive control ViroQ® Pos Ctrl FSR must be positive for all four viruses detected with the kit. The expected Ct values for the positive control are summarized in the following table:

Specificity	Channel	Ct range
RSV	Red (CFR610)	28-36
SARS-CoV-2	Green (FAM)	25-33
Influenza A	Orange (CFO560)	28-35
Influenza B	Red (Q670)	28-35
Cell control	Red (Q705) / Blue (Atto425) / Red (TAMRA)	28-35

The following table shows the interpretation of the amplification results for up to one coinfection. Further coinfections are possible, but with a very low probability of occurrence and, therefore, not shown in the table:

FAM SARS-CoV-2	CFO560 Influenza A	Q670 Influenza B	CFR610 RSV	Atto425 / Q705 / TAMRA cell control	Result
+	-	-	-	+*	SARS-CoV-2 specific RNA detected.
-	+	-	-	+*	Influenza A specific RNA detected.
-	-	+	-	+*	Influenza B specific RNA detected.
-	-	-	+	+*	RSV specific RNA detected.
+	+	-	-	+*	SARS-CoV-2 and Influenza A specific RNA detected.
+	-	+	-	+*	SARS-CoV-2 and Influenza B specific RNA detected.
+	-	-	+	+*	SARS-CoV-2 and RSV specific RNA detected.
-	+	+	-	+*	Influenza A and Influenza B specific RNA detected.
-	+	-	+	+*	Influenza A and RSV specific RNA detected.
-	-	+	+	+*	Influenza B and RSV specific RNA detected.
-	-	-	-	+	SARS-CoV-2, Influenza A, Influenza B or RSV specific RNA not detected. The sample does not contain detectable or sufficient amounts of copies (LoD) of specific RNA.
-	-	-	-	-**	Invalid result due to real-time PCR inhibition or reagent failure. Repeat RNA isolation and/or testing from original sample.

* A high concentration/load of detectable viral RNA in the sample can lead to reduced or absent cell control signals.

** Insufficient concentration/load of human cell material. Inappropriate sampling or sample shipment.

7. SPECIFIC PERFORMANCE CHARACTERISTICS

The combination of primers and probes ensures a reliable identification of SARS-CoV-2, Influenza A, Influenza B or RSV specific RNA. The accuracy and reproducibility of the specificity of the test kit is verified for each lot with pre-typed reference samples.

7.1 Limit of detection

The lowest SARS-CoV-2, Influenza A, Influenza B or RSV RNA concentration that is successfully detected with a probability of 95% or higher defines the Limit of Detection (LoD). The LoD was evaluated with five different dilutions of a reference virus RNA which were each tested 20 times. According to this experiment the analytical sensitivity of the ViroQ® SARS-FluA/B-RSV RT-PCR is 5-7 copies / 20 µl reaction using the LightCycler® 480 II System.

- SARS-CoV-2: 5 copies / 20 µl reaction
- Influenza A: 6 copies / 20 µl reaction
- Influenza B: 7 copies / 20 µl reaction
- RSV: 7 copies / 20 µl reaction

7.2 Clinical Evaluation

For the ViroQ® SARS-FluA/B-RSV kit a performance evaluation study was performed with 165 pre-typed RNA samples. 91 SARS-CoV-2 pretyped RNA samples and 74 Influenza A, Influenza B and RSV pretyped RNA samples were tested. The results from the study were compared to the results that were obtained by a clinical lab in routine testing with test kits from another manufacturer.

Discrepant results were resolved using a third test and several retests. The final evaluation of the results for a sample was used for the calculation of the diagnostic specificity and sensitivity of the test.

Results for SARS-CoV-2:

91 samples for SARS-CoV-2 were tested.

		Reference	
		Positive	Negative
ViroQ® SARS-FluA/B-RSV	Positive	39	0
	Negative	0	52

Diagnostic specificity: 100%
 Diagnostic sensitivity: 100%

Results for Influenza A:

74 samples were tested for Influenza A. Two samples were invalid and excluded from the evaluation. One sample was excluded due to an issue in transfer.

		Reference	
		Positive	Negative
ViroQ® SARS-FluA/B-RSV	Positive	30	0
	Negative	1*	40

Diagnostic specificity: 100%
Diagnostic sensitivity: 96,8%

* 1 sample was tested false negative. Tests with other kits gave weak results of CT over 38.

Results for Influenza B:

74 samples were tested for Influenza B. Two samples were invalid and excluded from the evaluation. One sample was excluded due to an issue in transfer.

		Reference	
		Positive	Negative
ViroQ® SARS-FluA/B-RSV	Positive	10	0
	Negative	0	61

Diagnostic specificity: 100%
Diagnostic sensitivity: 100%

Results for RSV:

74 samples were tested for RSV. Two samples were invalid and excluded from the evaluation. One sample was excluded due to an issue in transfer.

		Reference	
		Positive	Negative
ViroQ® SARS-FluA/B-RSV	Positive	26	0
	Negative	0	45

Diagnostic specificity: 100%
Diagnostic sensitivity: 100%

7.3 Cross-Reactivity

An *in silico* examination showed that the target regions of the genes of the various viruses detected in the ViroQ® SARS-FluA/B-RSV kit did not cross-react with other viruses.

To demonstrate the analytical specificity and exclusivity of the ViroQ® SARS-FluA/B-RSV Kit, a control panel containing 22 respiratory pathogens (intact virus particles and bacterial cells) was used. RNA was extracted from each pool contained in the panel (see table below) and tested with the ViroQ® SARS-FluA/B-RSV Kit.

Respiratory control panel					
	Pool 1	Pool 2	Pool 3	Pool 4	Pool 5
Adenovirus Type 3	✓				
Coronavirus OC43	✓				
Human Metapneumovirus (Peru6-2003)**	✓				
Parainfluenza Type 2	✓				
<i>B. pertussis</i> (A639)	✓				
Coronavirus NL63		✓			
Bocavirus-Lambda (recombinant, Isolate 2)		✓			
Influenza A H1 (A/New Caledonia/20/99)		✓			
Parainfluenza Type 3		✓			
Coronavirus 229E			✓		
Rhinovirus (1A)			✓		
Influenza A H3 (A/Brisbane/10/07)			✓		
<i>C. pneumoniae</i> (CWL-029)			✓		
Influenza B (B/Florida/02/06)				✓	
Parainfluenza Type 4A				✓	
Respiratory Syncytial Virus B (CH93(18)-18)				✓	
<i>M. pneumoniae</i> (M129)				✓	
Coronavirus HKU-1 (recombinant)				✓	
Influenza A H1N1 (A/NY/02/09)					✓
Parainfluenza Type 1					✓
Respiratory Syncytial Virus A (2006 Isolate)					✓
<i>L. pneumophila</i> (Philadelphia)					✓

Results of the tests with the control panel	
Fluorescence channel specific for	Fluorescence signals with RNA isolated from the control panel, in the respective channels
SARS-CoV-2 RNA	No fluorescence signals with RNA from all pools
Influenza A RNA	Only fluorescence signals with RNA from pools containing Influenza A. No fluorescence signals with RNA from the other pools.
Influenza B RNA	Only fluorescence signals with RNA from pools containing Influenza B. No fluorescence signals with RNA from the other pools.
RSV RNA	Only fluorescence signals with RNA from pools containing RSV. No fluorescence signals with RNA from the other pools.

8. WARNINGS AND PRECAUTIONS

ViroQ® SARS-FluA/B-RSV is designed for in-vitro-diagnostic purposes and should be used by properly trained, qualified staff only. All work should be performed using Good Laboratory Practices.

Biological material used for extraction of RNA, e.g. respiratory specimen, should be handled as potentially infectious. When handling biological material appropriate safety precautions are recommended (do not pipet by mouth; wear disposable gloves and mouth-nose-protection while handling biological material and performing the test; disinfect hands when finished the test).

Biological material should be inactivated before disposal (e.g. in an autoclave). Disposables should be autoclaved or incinerated after use.

Spillage of potentially infectious materials should be removed immediately with absorbent paper tissue and the contaminated areas swabbed with a suitable standard disinfectant or 70% alcohol.

Material used to clean spills, including gloves, should be inactivated before disposal (e.g. in an autoclave).

Disposal of all samples, unused reagents and waste should be in accordance with country, federal, state and local regulations.

Microbial contamination of the reagents while taking aliquots should be avoided. It is recommended to use sterile one way pipettes and tips. Reagents that look cloudy or show any signs of microbial contamination must not be used.

The ViroQ® Solvent contains the hazardous substance Tetramethylammonium chloride at a concentration of 2,5 - < 10% and glycerol at a concentration of 1 - 5%.

The following hazardous material labeling is applicable:



Symbol: Warning



Symbol: Health Hazard

See chapter 13 for hazard and precaution statements.

A Material Safety Data Sheet resp. a declaration on Material Safety Data Sheets (MSDS) is available to download at www.bag-diagnostics.com.

9. LIMITATIONS OF THE METHOD

Mutations or polymorphisms in the primer and probe binding sites may cause false negative results.

Because of the high susceptibility of the RT-PCR method for cross contaminations special care should be taken during RNA isolation.

The presence of PCR inhibitors may cause invalid results with this product. A negative result does not exclude a possible infection, as results are dependent on appropriate specimen collection, the absence of inhibitors and the defined LoD.

Extreme care should be taken to prevent contamination of the kit reagents and other laboratory materials and equipment with amplicons, RNA or DNA. Regular wipe tests and negative controls with RNA/RNase free H₂O with each assay are strongly recommended.

In the no template control with RNA/RNase free H₂O there must not be any fluorescent signal (Ct > N.A.). In the case of signal development in the negative control please refer to Chapter 6.6 and and if necessary, decontaminate the PCR working place and exchange the reagents.

All instruments (e.g. pipettes, real time cyclers) must be calibrated according to the manufacturers instructions.

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

10. INTERNAL QUALITY CONTROL

Internal quality control of new lots of the ViroQ® SARS-FluA/B-RSV kit can be performed using a combination of RNA samples known to be positive or negative for the different specificities. Negative controls to detect possible contaminations are recommended. Use a PCR reaction with RNA/RNase free H₂O as a NTC for this purpose.

11. TROUBLESHOOTING

Symptom	Possible reason	Potential solution
Bad or no signal	Presence of an inhibitor.	Use fresh reagents.
	No RNA in the reaction.	Repeat test. Take care of correct pipetting.
	Fluorescent probes or primers degraded.	Use fresh ViroQ® Mix Avoid exposition to light and frequent thawing and freezing. Observe storage conditions!
	Bubbles in the PCR reaction, remaining liquid at the inner wall of the tube.	Careful pipetting. Spin down PCR plate.
	Incompatible or low quality RT-PCR plastic ware.	Use compatible and high quality plastic ware (see chapter 4.3).
	Evaporation of the reagents due to incorrect closing of the PCR tubes.	Make sure that the PCR tubes are closed properly. Be careful at the edges of sealing foils.
Signal in the negative control	Contamination with RNA or DNA in the negative control	Repeat the negative control. Decontaminate the workplace.






12. TRADEMARKS USED IN THIS DOCUMENT/PRODUCT



TaqMan® is a trademark of Roche Molecular Systems Inc.

Cal Fluor® is a registered trade mark of LGC Biosearch Technologies

Quasar® is a registered trade mark of LGC Biosearch Technologies

13. EXPLANATION OF SYMBOLS USED ON THE LABELS

	Sufficient for n tests
	Storage temperature / Upper limit of temperature
	Use by
	Consult instructions for use
	Manufacturer
DRY	Dried
CONT	Content, contains
FSR CONTROL +	Positive control for ViroQ® SARS-FluA/B-RSV
IFU	Instructions for use
OR	or
eIFU	Electronic instruction for use
IVD	For in vitro diagnostic use
LOT	Batch code
LYOPH	Lyophilized
REF	Catalogue number
ViroQ ENZYME	Enzyme mix for ViroQ® products
ViroQ MIX FSR	Primermix for ViroQ® SARS-FluA/B-RSV
ViroQ CFX IC MIX	Additional probe mix for ViroQ® SARS-FluA/B-RSV when using Real-time PCR-Cycler CFX96 Touch™ Real-Time PCR Detection System
ViroQ LC IC MIX	Additional probe mix for ViroQ® SARS-FluA/B-RSV when using Real-time PCR-Cycler LightCycler® 480 System II
ViroQ QS IC MIX	Additional probe mix for ViroQ® SARS-FluA/B-RSV when using Real-time PCR-Cycler QuantStudio™ 6 Flex Real-Time PCR-System 96-Well Fast, laptop
ViroQ SOLV	Solvent for ViroQ® enzyme mix

Warning	
 	H302 Harmful if swallowed.
	H371 May cause damage to organs (central nervous system) if swallowed.
	H412 Harmful to aquatic life, with long lasting effects.
	P101 If medical advice is required, have product container or label at hand.
	P102 Keep out of reach of children.
	P103 Read carefully and follow all instructions.
	P260 Do not breathe dust/fume/gas/mist/vapours/spray.
	P273 Avoid release to the environment.
	P301+P312 IF SWALLOWED: Call POISON CENTER/doctor if you feel unwell.
	P330 Rinse mouth.
	P405 Store locked up.
	P501 Dispose contents/container in accordance with local/national regulations.

14. LITERATURE

Institut Pasteur Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2. https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2

Peter M. Howley, David M. Knipe; Fields Virology Emerging Viruses; Ausgabe 7; Wolters Kluwer Health, 2020; ISBN 1975112555, 9781975112554

Phoebe Lostroh; Molecular and Cellular Biology of Viruses; Ausgabe 1; CRC Press Inc, 2019; ISBN 978-0-8153-4523-7

van Elden LJ, van Loon AM, van der Beek A, Hendriksen KA, Hoepelman AI, van Kraaij MG, Schipper P, Nijhuis M.; Applicability of a real-time quantitative PCR assay for diagnosis of respiratory syncytial virus infection in immunocompromised adults.; J Clin Microbiol. 2003 Sep;41(9):4378-81. doi: 10.1128/jcm.41.9.4378-4381.2003. Erratum in: J Clin Microbiol. 2005 Aug;43(8):4308. PMID: 12958272; PMCID: PMC193825.

Peaper DR, Landry ML.; Rapid diagnosis of influenza: state of the art.; Clin Lab Med. 2014 Jun;34(2):365-85. doi: 10.1016/j.cll.2014.02.009. PMID: 24856533; PMCID: PMC7172071.

Further information is provided on our website <http://www.bag-diagnostics.com>

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