

April 12, 2021

Sang Joon Han  
Associate Principal Scientist / R&D Division  
Access Bio, Inc.  
65 Clyde Road Suite A  
Somerset, NJ 08873

Device: *CareStart* COVID-19 Antigen  
EUA Number: EUA202625  
Company: Access Bio, Inc.  
Indication: Qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal or anterior nasal swab specimens directly collected from individuals suspected of COVID-19 by their healthcare provider within five days of symptom onset, or from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over two or three days with at least 24 hours and no more than 48 hours between tests.  
Emergency use of this test is limited to authorized laboratories.  
Authorized Laboratories: Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform high, moderate or waived complexity tests. This test 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.

Dear Sang Joon Han:

On October 8, 2020, based on your<sup>1</sup> request the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of your *CareStart* COVID-19 Antigen test for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal swab specimens directly collected, or collected in BD universal transport media, from individuals suspected of COVID-19 by their healthcare provider within five days of symptom onset, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).<sup>2</sup> Based on your request, the October 8, 2020, letter was revised

---

<sup>1</sup> For ease of reference, this letter will use the term “you” and related terms to refer to Access Bio, Inc.

<sup>2</sup> In this case testing was limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that met the requirements to perform high, moderate or waived complexity tests.

and reissued by FDA on February 1, 2021.<sup>3</sup> FDA subsequently granted updates to the CareStart COVID-19 Antigen test at your request on March 15, 2021.<sup>4</sup>

On April 1, 2021, you requested to amend your EUA. Based on that request, and having concluded that revising the February 1, 2021, EUA is appropriate to protect the public health or safety under section 564(g)(2)(C) of the Act (21 U.S.C. § 360bbb-3(g)(2)(C)), FDA is reissuing the February 1, 2021, letter in its entirety with revisions incorporated.<sup>5</sup> Pursuant to section 564 of the Act and the Scope of Authorization (Section II) and Conditions of Authorization (Section IV) of this reissued letter, your product<sup>6</sup> is now authorized for use consistent with the indication described above.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 subject to the terms of any authorization issued under Section 564(a) of the Act.<sup>7</sup>

FDA considered the totality of scientific information available in authorizing the emergency use of your product for the indication above. A summary of the performance information FDA relied upon is contained in the Instructions for Use (identified below).

---

This test was 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.

<sup>3</sup> The revisions to the October 8, 2020, letter and authorized labeling included: (1) updating the intended use to include use in direct anterior nasal swab specimens and remove use with nasopharyngeal swabs collected in BD universal transport media, (2) updating the intended use and limitations section to include language around performance of the test with respect to newly emerging strain variants of SARS-CoV-2, (3) updating the clinical performance with data from a new clinical study performed to fulfill Condition of Authorization P. in the October 8, 2020, letter, (4) adding the authorized distributor brand name *KarmaCare* COVID-19 Antigen and associated labeling, and (5) updating the healthcare provider and patient fact sheets accordingly.

<sup>4</sup> On March 15, 2021, your request was granted to update the shelf-life expiration date of the CareStart COVID-19 Antigen test to nine months at 1–30°C based on the results of your real-time stability study.

<sup>5</sup> The revisions to the February 1, 2021, letter and authorized labeling include: (1) revisions to the intended use and authorized labeling documents, including the Fact Sheet for Healthcare Providers and Fact Sheet for Patients to reflect current information known about serial testing as outlined in the March 16, 2021, FDA “Supplemental Template for Developers of Molecular and Antigen Diagnostic COVID-19 Tests for Screening with Serial Testing” (<https://www.fda.gov/media/146695/download>), which includes testing of individuals without symptoms or other epidemiological reasons to suspect COVID-19, (2) remove from the intended use language around performance of the test with respect to newly emerging strain variants of SARS-CoV-2 to be consistent with more recent authorizations, (3) removal of the authorized distributor brand name *KarmaCare* COVID-19 Antigen and associated labeling, and (4) updates to the Conditions of Authorization to require a post-authorization clinical study to support the serial testing claim.

<sup>6</sup> For ease of reference, this letter will use the term “your product” to refer to the *CareStart* COVID-19 Antigen used for the indication identified above.

<sup>7</sup> U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act*, 21 U.S.C. § 360bbb-3. 85 FR 7316 (February 7, 2020).

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of your product, described in the Scope of Authorization of this letter (Section II), subject to the terms of this authorization.

### **I. Criteria for Issuance of Authorization**

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing COVID-19 and that the known and potential benefits of your product when used for such a use, outweigh the known and potential risks of your product; and
3. There is no adequate, approved, and available alternative to the emergency use of your product.<sup>8</sup>

### **II. Scope of Authorization**

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the indication above.

#### **Authorized Product Details**

Your product is a visually read a lateral flow immunochromatographic assay for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal or anterior nasal swab specimens directly collected from individuals suspected of COVID-19 by their healthcare provider within five days of symptom onset, or from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over two or three days with at least 24 hours and no more than 48 hours between tests. The SARS-CoV-2 viral antigen is generally detectable in nasopharyngeal or anterior nasal swab specimens during the acute phase of infection. Positive results indicate the presence of viral antigens, but the clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out a bacterial infection or co-infection with other viruses.

Negative results should be treated as presumptive, and 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. Negative results should be considered in the context of a patient's recent exposures, history, and the presence of clinical signs and symptoms consistent with COVID-19, and confirmed with a molecular assay, if necessary, for patient management. For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary, if there is a high likelihood of SARS-CoV-2 infection, such as in an individual

---

<sup>8</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

with a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to SARS-CoV-2 or residing in communities with low prevalence of infection.

Testing is limited to laboratories certified under CLIA that meet the requirements to perform moderate, high or waived complexity tests. This test is authorized for use at the POC, i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

To use your product, the patient sample (the direct swab) is transferred to the extraction vial, during which time the virus particles in the sample are disrupted, exposing internal viral nucleoproteins. Extracted swab sample is then added to the sample well of the test device to initiate the test. When the swab sample migrates in the test strip, SARS-CoV-2 viral antigens bind to anti-SARS-CoV-2 nucleocapsid protein antibodies conjugated to indicator and capture particles in the test strip forming an immune complex. The immune complex is then captured by the test line on the nitrocellulose membrane as it migrates through the strip. Test results are interpreted at 10 minutes.

The *CareStart* COVID-19 Antigen test includes the following materials or other authorized materials: Test devices, Extraction vials and caps, Nasal (or Nasopharyngeal) swabs, Positive control swab, Negative control swab, Package insert, and Quick Reference Instructions (QRI).

Your product requires various types of quality control, including the Internal Quality Control and the External Control materials, or other authorized control materials (as may be requested under Condition K. below), that are processed in the same way as the patient samples. All controls listed below must generate expected results in order for a test to be considered valid, as outlined in the Instructions for Use:

- Positive Control Swab: Recombinant SARS-CoV-2 nucleocapsid protein antigen is dried on the foam-tipped head
- Negative Control Swab: Blank Universal Viral Transport media (BD UVT) is dried on the foam-tipped head

Your product also requires the use of additional authorized materials and authorized ancillary reagents that are not included with your product and are described in the Instructions for Use.

The labeling labeling entitled “*CareStart* COVID-19 Antigen Package Insert (Instructions for Use)” and the “Quick Reference Instructions for *CareStart* COVID-19 Antigen” (available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>), and the following fact sheets pertaining to the emergency use, which are required to be made available as set forth in the Conditions of Authorization (Section IV), are collectively referred to as “authorized labeling”:

- Fact Sheet for Healthcare Providers: Access Bio, Inc.- *CareStart* COVID-19 Antigen

- Fact Sheet for Patients: Access Bio, Inc.- *CareStart* COVID-19 Antigen

The above described product, when accompanied by the authorized labeling as set forth in the Conditions of Authorization (Section IV), is authorized to be distributed to and used by authorized laboratories under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of your product, when used consistent with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of your product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective in diagnosing COVID-19, when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that your product (as described in the Scope of Authorization of this letter (Section II)) meets the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) of the Act described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1) of the Act, your product is authorized for the indication above.

### **III. Waiver of Certain Requirements**

I am waiving the following requirements for your product during the duration of this EUA:

- Current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of your product, but excluding Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

### **IV. Conditions of Authorization**

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

#### **Access Bio, Inc. (You) and Authorized Distributor(s)<sup>9</sup>**

---

<sup>9</sup> "Authorized Distributor(s)" are identified by you, Access Bio, Inc., in your EUA submission as an entity allowed

- A. Your product must comply with the following labeling requirements under FDA regulations: the intended use statement (21 CFR 809.10(a)(2), (b)(2)); adequate directions for use (21 U.S.C. 352(f)), (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).
- B. You and authorized distributor(s) must make your product available with the authorized labeling to authorized laboratories.
- C. You and authorized distributor(s) must make available on your website(s) the authorized labeling.
- D. You and authorized distributor(s) must include a physical copy of the authorized “Quick Reference Instructions for *CareStart* COVID-19 Antigen” and “*CareStart* COVID-19 Antigen Package Insert (Instructions for Use)” with each shipped kit of your product to authorized laboratories.
- E. You and authorized distributor(s) must inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product, authorized labeling and authorized Fact Sheets.
- F. Through a process of inventory control, you and authorized distributor(s) must maintain records of the authorized laboratories to which they distribute the test and number of tests they distribute.
- G. You and authorized distributor(s) must collect information on the performance of your product. You will report to FDA any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware.
- H. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.

**Access Bio, Inc. (You)**

- I. You must notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- J. You must provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent amendments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).

- K. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling, and not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to the Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)-Office of In Vitro Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) and require appropriate authorization from FDA prior to implementation.
- L. You must comply with the following requirements under FDA regulations: Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- M. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.
- N. If requested by FDA, you must submit lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide it within 48 hours of the request.
- O. You must evaluate the analytical limit of detection and assess traceability<sup>10</sup> of your product with any FDA-recommended reference material(s). After submission to and concurrence with the data by FDA, you will update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- P. You must evaluate the clinical performance of your product to support the serial screening claim in an FDA agreed upon post authorization clinical evaluation study within 6 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to and concurrence with the data by FDA, you must update the authorized labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You must have a process in place to track adverse events, including any occurrence of false results with your product, and report to FDA pursuant to 21 CFR Part 803.

### **Authorized Laboratories**

- R. Authorized laboratories using your product must include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for

---

<sup>10</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

disseminating these Fact Sheets may be used, which may include mass media.

- S. 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.
- T. Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- U. 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.
- V. Authorized laboratories 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](mailto:CDRH-EUA-Reporting@fda.hhs.gov)) and you (Technical Support at +1-888-898-1270 or [TShelp@accessbio.net](mailto:TShelp@accessbio.net)) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of your product of which they become aware.
- W. 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.

**Access Bio, Inc. (You), Authorized Distributor(s) and Authorized Laboratories**

- X. You, 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.

**Conditions Related to Printed Materials, Advertising and Promotion**

- Y. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act and FDA implementing regulations.
- Z. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2.
- AA. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall clearly and conspicuously state that:
  - 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 proteins from SARS-CoV-2, not for any other viruses or pathogens; and
- 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.

The emergency use of your product as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

#### **V. Duration of Authorization**

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,

---

RADM Denise M. Hinton  
Chief Scientist  
Food and Drug Administration

Enclosure