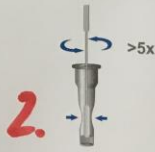


2a Collecting and preparing a sample (Nasopharyngeal swab)

1. Insert a sterile swab into the patient's nostril, swab the surface of the posterior nasopharynx. Withdraw the swab from the nasal cavity.



2. Insert the swab into an extraction buffer tube. While squeezing the buffer tube, stir the swab more than 5 times.



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

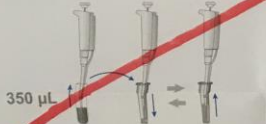


4. Press the nozzle cap tightly onto the tube. Continue with **3 Performing a test**.



2b Preparing a sample from viral transport media

1. Using a micropipette, collect 350 µL of sample from the collection cup or viral transport medium (VTM). Mix the sample with the extraction buffer as shown.



2. Press the nozzle cap tightly onto the tube. Continue with **3 Performing a test**.



3 Performing a test

1. Apply 3 drops of extracted sample to the specimen well of the test device.



2. Read the test result at 15 to 30 min.

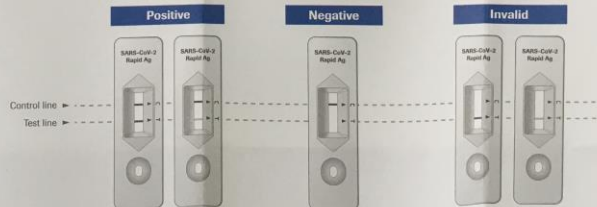
WARNING! Risk of incorrect results. Do not read the test result after 30 min.



4 Interpreting results

1. A colored line appears in the top section of the result window to show that the test is working properly. This is the control line (C). Even if the control line is faint, the test should be considered to have been performed properly. If no control line is visible the test is invalid.

2. In case of a positive result, a colored line appears in the lower section of the result window. This is the test line (T). Even if the test line is very faint or not uniform, the test result should be interpreted as a positive result.



Note:

- The presence of any test line no matter how faint, together with a control line, should be considered as a positive result.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination, and other findings.