

September 23, 2020

Frank Lou  
Director  
Azure Biotech Inc.  
Representing: Assure Tech. (Hangzhou) Co., Ltd.  
5250 Gulfton St. #2C  
Houston, TX 77081

Device: Assure COVID-19 IgG/IgM Rapid Test Device

Company: Assure Tech. (Hangzhou) Co., Ltd.

Indication: Qualitative detection and differentiation of IgM and IgG antibodies to SARS-CoV-2 in human venous whole blood (sodium EDTA), serum, plasma (sodium EDTA) and fingerstick whole blood. Intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. Emergency use of this test is limited to authorized laboratories.

Authorized Laboratories: Use of this test with all authorized specimen types is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, that meet requirements to perform moderate or high complexity tests.

This test is also authorized for use with fingerstick whole blood specimens only 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 Mr. Lou:

On July 6, based on your<sup>1</sup> request, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of your product,<sup>2</sup> pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).<sup>3</sup>

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<sup>1</sup> For ease of reference, this letter will use the term “you” and related terms to refer to Assure Tech. (Hangzhou) Co., Ltd.

<sup>2</sup> For ease of reference, this letter will use the term “your product” to refer to the Assure COVID-19 IgG/IgM Rapid Test Device for the indication identified above.

<sup>3</sup> The July 6, 2020, authorization was for use of your product for qualitative detection and differentiation of IgM and IgG antibodies to SARS-CoV-2 in human venous whole blood (sodium EDTA), serum, or plasma (sodium EDTA).

On August 16, 2020, you requested to revise the Scope of Authorization to add a new indication for use. Based on that request, and having concluded that revising the July 6, 2020, 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 July 6, 2020, letter in its entirety with the revisions incorporated.<sup>4</sup> Accordingly, your product is hereby authorized pursuant to section 564 of the Act when used pursuant to the Scope of Authorization (Section II) and Conditions of Authorization (Section IV) of this reissued letter.

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>5</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).

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 recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes COVID-19, and that the known and potential benefits of your product when used for such use, outweigh the known and potential risks of your product; and

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Your product was intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. Testing was limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, that meet requirements to perform moderate or high complexity tests.

<sup>4</sup> The revisions to the July 6, 2020, letter include: 1) addition of fingerstick specimen type, 2) addition of POC laboratories as authorized laboratories, and 3) conforming updates to the authorized labeling.

<sup>5</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).

3. There is no adequate, approved, and available alternative to the emergency use of your product.<sup>6</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 rapid lateral flow chromatographic immunoassay intended for the qualitative detection and differentiation of IgM and IgG antibodies to SARS-CoV-2 in human venous whole blood (sodium EDTA), serum, plasma (sodium EDTA) and fingerstick whole blood specimens. The product is intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. Emergency use of this product is limited to authorized laboratories as described on the first page. In particular, when used at the POC, this test is only authorized to detect and differentiate IgM and IgG antibodies to SARS-CoV-2 in human fingerstick whole blood specimens. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity.

To use your product with human venous whole blood (sodium EDTA), serum, or plasma (sodium EDTA) specimens, the device cassette, specimen, buffer, and/or controls should be equilibrated to room temperature. Venous whole blood is centrifuged and processed by appropriately trained laboratory personnel for serum or plasma in a laboratory that meets the requirements under CLIA to perform moderate or high complexity tests. Using the provided disposable pipette, serum or plasma (approximately 5 µL) or venous whole blood is transferred to the specimen well. Two drops of buffer are then added to the specimen well. Fingerstick whole blood samples do not require any processing and users are required to follow the Instructions for Use when evaluating this specimen type. For all specimen types, wait for 15 minutes and read the test results. An IgM positive result occurs when a colored line appears at the IgM test region and the colored line in the control region changes from blue to red, indicating that IgM against SARS-CoV-2 is present. An IgG positive result occurs when a colored line appears at the IgG test region and the colored line in the control region changes from blue to red, indicating that IgG against SARS-CoV-2 is present. A positive result for both IgM and IgG occurs when colored lines occur at both IgM and IgG test regions as well as a blue to red color change in the line at the control region. A negative result occurs when the colored line in the control region changes from blue to red but no colored line appears in the IgM and IgG test regions, indicating that IgM and IgG antibodies against SARS-CoV-2 were not detected. An invalid result occurs when the colored line in the control region remains completely or partially blue indicating that the test should be repeated.

Your product requires the following internal control, that is processed along with the sample on the device cassette. The internal control listed below must generate expected results in order for a test to be considered valid, as outlined in the Instructions for Use:

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<sup>6</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

- Internal Control – The control line should change from blue to red on each strip for every test and checks that flow of reagents is satisfactory.

Your product also requires the use of external positive and negative controls, or other authorized control materials (as may be requested under Condition K below), that are not included with the kit but are available for purchase from you and are run as outlined in the “Assure COVID-19 IgG/IgM Rapid Test Device” Instructions for Use:

- Positive Control: Lyophilized anti-SARS-CoV-2 IgG and anti-SARS-CoV-2 IgM, resuspended with one vial of negative serum as described in the Instructions for Use.
- Negative Control: Lyophilized negative human serum resuspended as described in Instructions for Use.

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.

Your above described product is authorized to be accompanied with labeling entitled “Assure COVID-19 IgG/IgM Rapid Test Device” Instructions for Use and the “Quick Reference Instructions of COVID-19 IgG/IgM Rapid Test Device” (available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>), and the following product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and recipients:

- Fact Sheet for Healthcare Providers: Azure Biotech Inc. - Assure COVID-19 IgG/IgM Rapid Test Device
- Fact Sheet for Recipients: Azure Biotech Inc. - Assure COVID-19 IgG/IgM Rapid Test Device

The above described product, when accompanied by the Instructions for Use (identified above) and the two Fact Sheets (collectively referenced as “authorized labeling”) 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 recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive immune response to the virus that causes 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:

#### **Assure Tech. (Hangzhou) Co., Ltd. (You) and Authorized Distributor(s)<sup>7</sup>**

- 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) will make your product available with the authorized labeling to authorized laboratories.
- C. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Recipients.
- D. You and authorized distributor(s) will inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.

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<sup>7</sup> “Authorized Distributor(s)” are identified by you, Assure Tech. (Hangzhou) Co., Ltd., in your EUA submission as an entity allowed to distribute your device.

- E. Through a process of inventory control, you and authorized distributor(s) will maintain records of the authorized laboratories to which they distribute the test and number of tests they distribute.
- F. You and authorized distributor(s) will collect information on the performance of your product. You will report to FDA any suspected occurrence of false positive and false negative results and significant deviations from the established performance characteristics of the product of which you become aware.
- G. 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.

**Assure Tech. (Hangzhou) Co., Ltd. (You)**

- H. You will notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- I. You will 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).
- J. You will 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, CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- 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 will evaluate the performance and assess traceability<sup>8</sup> of your product with any FDA-recommended reference material(s) or established panel(s) of characterized clinical specimens. 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.
- M. You will track adverse events, including any occurrence of false results and report to

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<sup>8</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

FDA pursuant to 21 CFR Part 803.

- N. 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.
- O. 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.
- P. If requested by FDA, you will periodically submit new lots for testing at the National Cancer Institute, or by another government agency designated by FDA, to confirm continued performance characteristics across lots. In addition, FDA may request records regarding lot release data for tests to be distributed or already distributed. If such lot release data are requested by FDA, you must provide it within 48 hours of the request
- Q. You will complete the agreed upon real-time stability study for your product. 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.

#### **Authorized Laboratories**

- R. Authorized laboratories using your product will include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- S. Authorized laboratories will use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the 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 will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- U. Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- V. Authorized laboratories will 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 ([contact@direagent.com](mailto:contact@direagent.com)) 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 laboratory personnel using your product must be appropriately trained in immunochromatographic techniques and use appropriate laboratory and personal

protective equipment when handling this kit, and use your product in accordance with the authorized labeling. All laboratory personnel using the assay must also be trained in and be familiar with the interpretation of results of the product.

**Assure Tech. (Hangzhou) Co., Ltd. (You), Authorized Distributors and Authorized Laboratories**

- X. You, authorized distributors, and authorized laboratories using your product will 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, including 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 the applicable requirements set forth in the Act and FDA regulations.
- Z. No descriptive printed matter, including 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, including advertising and promotional materials, relating to the use of your product, shall clearly and conspicuously state that:
- This test has not been FDA cleared or approved;
  - This test has been authorized by FDA under an EUA for use by authorized laboratories;
  - This test has been authorized only for the presence of IgM and IgG antibodies against SARS-CoV-2, not for any other viruses or pathogens; and
  - This test 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 authorization is terminated or 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



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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,

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RADM Denise M. Hinton  
Chief Scientist  
Food and Drug Administration

Enclosure