

Package Insert

cobas[®] Influenza A/B & RSV

Nucleic acid test for use on the cobas[®] Liat[®] System



For In Vitro Diagnostic Use

CLIA Complexity: WAIVED

For use with nasopharyngeal swab specimens.

A Certificate of Waiver is required to perform this test in a CLIA Waived setting. To obtain CLIA waiver information and a Certificate of Waiver, please contact your state health department. Additional CLIA waiver information is available at the Centers for Medicare and Medicaid website at www.cms.hhs.gov/CLIA.

Failure to follow the instructions or modification to the test system instructions will result in the test no longer meeting the requirements for waived classification.

 Operator should carefully read this entire package insert before using the cobas[®] Influenza A/B & RSV assay. Follow all instructions to ensure correct assay performance.

NOTE: The cobas[®] Liat[®] System consists of the cobas[®] Liat[®] Analyzer together with a disposable assay tube that holds the reagents required to perform a test on cobas[®] Liat[®] Analyzer. For the remainder of this Package Insert, the cobas[®] Liat[®] System may be referred to as the System and the cobas[®] Liat[®] Analyzer may be referred to as the Analyzer.

I. Intended Use

The cobas[®] Influenza A/B & RSV Nucleic Acid Test for Use on the cobas[®] Liat[®] System (cobas[®] Influenza A/B & RSV) is an automated multiplex real-time RT-PCR assay for the rapid *in vitro* qualitative detection and discrimination of Influenza A virus, Influenza B virus and respiratory syncytial virus (RSV) RNA in nasopharyngeal swab specimens from patients with signs and symptoms of respiratory infection in conjunction with clinical and epidemiological risk factors. The test is intended for use as an aid in the differential diagnosis of Influenza A, Influenza B, and RSV in humans and is not intended to detect Influenza C.

Negative results do not preclude Influenza virus or RSV infection and should not be used as the sole basis for treatment or other patient management decisions. Conversely, positive results do not rule-out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.

Performance characteristics for Influenza A were established during the 2013-2014 and the 2014-2015 influenza seasons when Influenza A/H3 and A/H1N1 pandemic were the predominant Influenza A viruses in circulation. When other Influenza A viruses are emerging, performance characteristics may vary.

If infection with a novel Influenza A virus is suspected based on current clinical and epidemiological screening criteria recommended by public health authorities, specimens should be collected with appropriate infection control precautions for novel virulent Influenza viruses and sent to state or local health department for testing. Viral culture should not be attempted in these cases unless a BSL3+ facility is available to receive and culture specimens.



II. Summary and Explanation

Influenza and RSV are the leading causes of respiratory infections. Influenza viruses consist of three types: Influenza A, Influenza B and Influenza C. Influenza A viruses are further classified by two membrane proteins, hemagglutinin (H) and neuraminidase (N). In the U.S., Influenza A/H1N1, A/H3N2 and Influenza B are the predominant seasonal viruses. Symptoms of Influenza include fever, chills, headache, malaise, cough, coryza, nausea, vomiting, and diarrhea.

RSV is a common virus that leads to mild, cold-like symptoms in adults, but can cause severe illness in infants, young children, the elderly, and adults with chronic heart or lung disease. Symptoms of RSV infections include nasal congestion, sore throat, cough, sputum production, difficulty breathing, and fever.

Signs and symptoms of Influenza and RSV infections overlap extensively with other infectious causes. Automated and rapid assays that identify patients infected with Influenza and RSV can aid in effective control, proper choice of treatment, and prevention of outbreaks.

III. Principle of the Procedure

The **cobas[®] Liat[®] Influenza A/B & RSV** assay is an automated *in vitro* diagnostic test for the qualitative detection of Influenza A, Influenza B, and RSV RNA in nasopharyngeal (NP) swab specimens. The sample-to-result time is ~20 minutes.

The assay is performed on the Analyzer which automates and integrates sample purification, nucleic acid amplification, and detection of the target sequence in biological samples using real-time PCR assays. The assay targets a well-conserved region of the matrix gene of Influenza A (Inf A target), the non-structure protein gene of Influenza B (Inf B target), and the matrix gene of RSV (RSV target). An Internal Process Control (IPC) is also included. The IPC is present to control for adequate processing of the target virus through all steps of the assay process and to monitor the presence of inhibitors in the RT-PCR reactions.

The System consists of an instrument and preloaded software for running tests and viewing the results. The system requires the use of a single-use disposable **cobas[®] Influenza A/B & RSV** assay tube that holds the nucleic acid purification and RT-PCR reagents, and hosts the sample preparation and RT-PCR processes.

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IV. Reagents and Instruments

A. Materials Provided



The cobas[®] Influenza A/B & RSV assay Pack (Cat # 08160104190) contains sufficient reagents to process 20 specimens or quality control samples. The pack contains 20 sets of a cobas[®] Influenza A/B & RSV assay tube and a transfer pipette. A Package Insert Barcode Card (Cat # 07997060001) with lot-specific barcode is also included.

B. Equipment

cobas[®] Liat[®] Analyzer, Cat # 07341920190

C. Materials Required but Not Provided

- Acceptable collection kits include Universal Transport Medium (UTM) Swab Collection Kits (BD Cat # 220531 or Copan Cat # 305C), each kit containing a Collection Swab and an assay tube containing 3 mL of UTM, or equivalent.
- **CONTROL** cobas[®] Influenza A/B & RSV Quality Control Kit, Cat # 07402686190, containing:
 - cobas[®] Influenza A/B & RSV Positive Control (Positive Control), Cat # 07758537001
 - cobas[®] Dilution UTM (Negative Control), Cat # 08053669001
 - Transfer Pipette, Cat # 07898541001
 - Control Kit Barcode Card, Cat # 08165564001

V. Storage and Handling



- Store the cobas[®] Influenza A/B & RSV assay tube at 2-8°C.
- Do not use kits or reagents beyond their expiration dates.
- Do not open individual assay tube packaging until you are ready to perform testing.

VI. Warnings and Precautions

- For *in vitro* diagnostic use only.
- Caution: Federal Law restricts this device to sale by or on the order of a licensed practitioner.
-  • Treat all biological specimens, including used **cobas[®]** Influenza A/B & RSV assay tubes and pipettes, as if capable of transmitting infectious agents. Because it is often impossible to know which specimens might be infectious, all biological specimens should be treated with universal precautions. Guidelines for specimen handling are available from the U.S. Centers for Disease Control and Prevention and the Clinical and Laboratory Standards Institute.
- Follow your institution's safety procedures for working with chemicals and handling biological samples.
- Do not substitute UTM with other reagents.
- Do not use a damaged **cobas[®]** Influenza A/B & RSV assay tube. Do not use a **cobas[®]** Influenza A/B & RSV assay tube that has been dropped after removal from its foil pouch.
- Do not open individual assay tube packaging until you are ready to perform testing.
-  • Each single-use **cobas[®]** Influenza A/B & RSV assay tube is used to process one test. Do not reuse a spent **cobas[®]** Influenza A/B & RSV assay tube. If a **cobas[®]** Influenza A/B & RSV assay tube is not housed in a sleeve, or if the assay tube sample compartment already contains liquid, this assay tube has been spent; do NOT use such assay tubes.
- Do not open the cap of the **cobas[®]** Influenza A/B & RSV assay tube during or after the run on the Analyzer.
- Dispose of a used **cobas[®]** Influenza A/B & RSV assay tube, pipette and specimen tubes according to your institution's safety guidelines for hazardous material.
- Due to the high sensitivity of the assays run on the Analyzer contamination of the work area with previous positive samples may cause false positive results. Handle samples according to standard laboratory practices. Clean instruments and surrounding surfaces according to instructions provided in the cleaning section of the instrument User Manual.
- Sample collection should be performed by specifically trained personnel using the recommended swabs. Inadequate or inappropriate sample collection, storage, and transport may yield false test results.
- Use only the transfer pipettes contained in the **cobas[®]** Influenza A/B & RSV assay Kit and **cobas[®]** Influenza A/B & RSV Quality Control Kit. Use of alternative transfer pipettes may lead to invalid results.

VII. Specimen Collection, Handling, and Storage

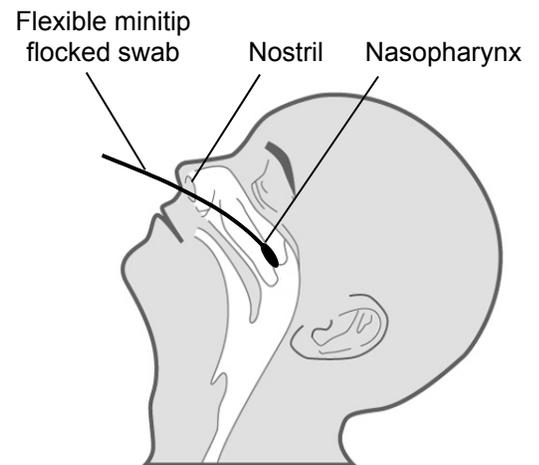
A. Nasopharyngeal Swab Collection

Materials:

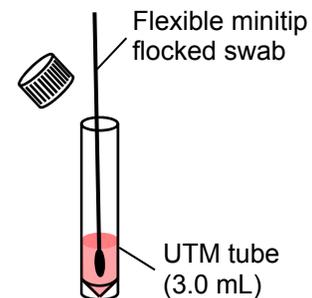
- Sterile flexible minitip flocked swab with a synthetic tip (e.g. Dacron, nylon, or rayon) and an aluminum or plastic shaft. DO NOT use cotton or calcium alginate swabs, or swabs with wood shafts.
- Tube containing 3 mL of UTM.

Procedure:

1. Instruct the patient to blow their nose.
2. Place the patient in a seated position with head against a fixed object (e.g. a wall) to prevent the patient from pulling away during this procedure.
3. Tilt the patient's head back at a 70 degree angle (see Figure).
4. Insert the swab into one nostril straight back (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (resistance will be met).
 - a. The distance from the nose to the ear gives an estimate of the distance the swab should be inserted.
 - b. Do not force the swab, if obstruction is encountered before reaching the nasopharynx, remove the swab and try the other nostril.
5. Rotate the swab gently for 5-10 seconds to loosen the epithelial cells.
6. Remove the swab and immediately insert the swab into the transport media tube. Place the swab head at least ½ inch below the surface of the media, and swirl the swab in the media. Break the swab shaft and leave the swab in the tube. Attach the cap securely.



Nasopharyngeal Swab Area



Place swab into UTM tube

B. Specimen Handling & Storage

- Specimen should be tested immediately after collection. Specimens not tested immediately may be refrigerated (2-8°C) for up to 72 hours.
- Specimens should be transported at 2-8°C or kept on wet ice while in transit. For long duration transport or storage, specimens should be frozen at -70°C or colder and transported on dry ice. Storage at -20°C is less satisfactory than storage at 4°C or -70°C. Ensure that all applicable regulations for the transport of etiologic agents are met. Ensure frozen samples are completely thawed before testing.

VIII. Assay Procedure

Note:

- Consult the **cobas[®] Liat[®] System Operator's Manual** on the detailed operations of the System.
- To avoid error and sample cross contamination, change gloves between samples and work on one sample at a time. DO NOT add multiple samples into multiple **cobas[®] Influenza A/B & RSV** assay tubes at the same time.

A. Add **cobas[®] Influenza A/B & RSV** assay tube Lot

Before using a new lot of **cobas[®] Influenza A/B & RSV** assay tubes, the Add Lot procedure must be performed on the Analyzer to validate the **cobas[®] Influenza A/B & RSV** assay tube lot at your site. The procedure comprises running a negative and a positive control sample.

The Analyzer will prompt you to add the lot if you try to run an assay from a new un-validated lot. You can also compare the lot number on the **cobas[®] Influenza A/B & RSV** assay tube against the list of validated assay tube lots in step 1 below to check if the lot was previously added.

 *Helpful Hint:* Four barcodes are needed for this procedure. Make sure to scan the correct barcode when prompted by the Analyzer.

- Package Insert Barcode: On the Package Insert Barcode Card contained in this **cobas[®] Influenza A/B & RSV** assay tube Pack. This barcode is lot-specific; match the lot number next to the barcode with the lot number on the **cobas[®] Influenza A/B & RSV** assay tubes.
- **cobas[®] Influenza A/B & RSV** assay tube Barcode: on the **cobas[®] Influenza A/B & RSV** assay tube sleeve.
- Negative Control Barcode: on the Quality Control (QC) Kit Barcode Card contained in the QC Kit. Match the lot number next to the barcode with the lot number on the Dilution UTM tube.
- Positive Control Barcode: on the QC Kit Barcode Card contained in the QC Kit. Match the lot number next to the barcode with the lot number on the Positive Control tube.

Materials:

- From **cobas[®] Influenza A/B & RSV** assay tube Pack:
 - < Package Insert Barcode Card
 - < 2 **cobas[®] Influenza A/B & RSV** assay tubes
- From **cobas[®] Influenza A/B & RSV** Quality Control (QC) Kit:
 - < Negative Control: Negative Control Barcode, (see Control Kit Barcode Card), 1 Dilution UTM tube (used as the negative control sample)
 - < Positive Control: Positive Control Barcode, (see Control Kit Barcode Card), 1 Positive Control tube, 1 Dilution UTM tube (used to mix with the positive control), 1 transfer pipette

Package Insert

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Nucleic acid test for use on the cobas[®] Liat[®] System



Procedure:

1. Prepare and test Negative Control sample

a. Obtain:

- < Package Insert Barcode on the Package Insert Barcode Card contained in the cobas[®] Influenza A/B & RSV assay tube Pack
- < Negative Control Barcode on the Control Kit Barcode Card
- < 1 Dilution UTM tube (used as the negative control sample)
- < 1 cobas[®] Influenza A/B & RSV assay tube from this lot

b. Select **Assay Menu** on the main menu of the Analyzer.

c. Select **New Lot** at the bottom of the list.

d. Select **Scan** and scan the Package Insert Barcode on the Package Insert Barcode Card from the cobas[®] Influenza A/B & RSV assay tube Pack.

e. Select **Scan** and scan the Negative Control Barcode on the Control Kit Barcode Card. The Analyzer will prompt “Add Negative Control & scan Liat Tube ID.”

f. Take a Dilution UTM tube from the QC Kit; this is used as the negative control sample. Hold the Dilution UTM tube by the tube cap and shake down the liquid in the tube using a quick, sharp, downward wrist motion (as if shaking down a mercury thermometer). Visually check that the Dilution UTM has pooled at the bottom of the tube. If not, repeat the shake down procedure.

g. Using the Dilution UTM as sample, run the assay following the Running cobas[®] Influenza A/B & RSV assay Procedure, steps B.2.b-h (Add Sample) and B.3 (Insert cobas[®] Influenza A/B & RSV assay tube).

h. If “Negative Control Result Accepted” is displayed at the end of the run, select **OK**. If the result is rejected, repeat the negative control run (step A.1)

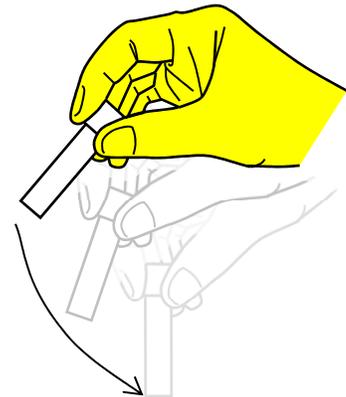
i. Select **Back**.

2. Prepare Positive Control sample

a. Take the following from the QC kit:

- < 1 transfer pipette (Use only the transfer pipette contained in the QC kit. Use of alternative transfer pipettes may lead to invalid results.)
- < 1 Positive Control tube, containing a pellet of dried chemically-inactivated Influenza A, Influenza B, and RSV at the bottom of the tube
- < 1 Dilution UTM tube, containing a unit dose of UTM to be mixed with the positive control

b. Hold the Dilution UTM tube by the tube cap and shake down the liquid in the tube using a quick, sharp, downward wrist motion (as if shaking down a mercury thermometer). Visually check that the liquid has pooled at the bottom of the tube. If not, repeat the shake down procedure.



Shake down the contents in a tube using a quick, sharp, downward wrist motion.

- c. Using the provided transfer pipette, transfer the UTM liquid from the Dilution UTM tube into the Positive Control tube:
 - i. Check that the Positive Control pellet is at the bottom of the tube prior to addition of the Dilution UTM. Do not use the Positive Control if a pellet is not visible prior to rehydration.
 - 
 ii. Squeeze the bulb of pipette until the bulb is fully flat. While holding the bulb fully flat, insert the pipette tip into the liquid just below the liquid surface in the Dilution UTM tube.
 - iii. Slowly release the bulb completely while keeping the pipette tip below the liquid surface. You will see the liquid UTM rising into the pipette. After releasing the bulb completely, withdraw the pipette from the Dilution UTM tube. A small volume of liquid may remain in the tube after the bulb is fully released.
 - iv. Insert pipette into the Positive Control tube until the pipette tip is at the bottom of the tube.
 - v. Slowly squeeze the bulb to empty the contents of pipette. Avoid creating bubbles in the sample. Do not release the pipette bulb.
 - 
 vi. While still squeezing the pipette bulb, withdraw the pipette from the tube. Dispose of the transfer pipette according to your institution's guidelines for safe disposal of hazardous material. Do not reuse transfer pipettes.
 - vii. Cap the Positive Control tube. Hold the Positive Control tube by the cap and shake down the liquid in the tube using a quick, sharp, downward wrist motion.
- d. Let the Positive Control tube sit for 5 minutes. During this time, the dried positive control material within the tube will begin to dissolve.

3. Test Positive Control sample

- a. Obtain:
 - < Positive Control Barcode on the Control Kit Barcode Card
 - < 1 **cobas[®]** Influenza A/B & RSV assay tube from this lot
- b. On the Analyzer, select **Scan** and scan the Positive Control Barcode on the Control Kit Barcode Card. The Analyzer will prompt “*Add Positive Control & scan Liat Tube ID.*”
- c. After the Positive Control tube from step A.2 has sat for 5 minutes, use the transfer pipette from the **cobas[®]** Influenza A/B & RSV assay tube pouch to slowly pipette the sample up and down 10 times to dissolve and mix the positive control sample. Avoid generating bubbles.
- d. Using the Positive Control as a sample, run the assay following the Running **cobas[®]** Influenza A/B & RSV assay Procedure, steps B.2.b-h (Add Sample) and B.3 (Insert **cobas[®]** Influenza A/B & RSV assay tube).
- e. If “*Positive Control Result Accepted. Lot ... added*” is displayed at the end of the run, select **OK** to return to the assay menu. If the result is rejected, repeat the positive control run (steps A.2 and A.3).

After Add Lot is completed on one Analyzer use the Advanced Tools Key to transfer the lot information to the other Analyzers at your site. This allows the other Analyzers to use this **cobas[®]** Influenza A/B & RSV assay tube lot without performing Add Lot on each Analyzer. Follow the Advanced Tools Key Instructions for Use, and perform a “Sync Lot” on the Analyzer on which the Add Lot was performed. Then, repeat the “Sync Lot” procedure on each of the other Analyzers.

B. Running **cobas[®] Influenza A/B & RSV assay**

The recommended environmental operating conditions for the **cobas[®] Influenza A/B & RSV Assay** are 15-32°C, 15-80% relative humidity, and ≤2,000m (6,500 feet) above sea level.

Materials: **cobas[®] Influenza A/B & RSV assay tube** from a lot that has been added to the Analyzer. See Section A for Add **cobas[®] Influenza A/B & RSV assay tube** Lot instructions.

Procedure:

1. Scan Barcode

Tear open the foil packaging of the **cobas[®] Influenza A/B & RSV assay tube** and remove the assay tube and the transfer pipette.

- a. Select **Run Assay** on the main menu of the Analyzer using the touch screen or function button.
- b. Select **Scan** and scan the **cobas[®] Influenza A/B & RSV assay tube** barcode on the assay tube sleeve by placing the assay tube on the table and sliding the assay tube towards the Analyzer until the red scan light is over the entire barcode.
- c. Select **Scan** again and scan the Patient or Sample barcode, or select **Enter** and type in a Sample or Patient ID. The Analyzer will prompt “Add UTM sample & re-scan tube ID.”

2. Add Sample

Use the transfer pipette to load ~200 µL of the sample into the **cobas[®] Influenza A/B & RSV assay tube**. You do not need to measure the sample volume; the Analyzer will adjust the sample volume if more sample was loaded, or output an error if not enough sample was loaded.



- a. Unscrew the sample tube cap. Lift the cap and any attached swab to allow a pipette to be inserted into the sample tube. Avoid lifting the swab completely out of the sample tube.
- b. Obtain the transfer pipette from the **cobas[®] Liat[®] assay tube** foil packaging. Firmly squeeze the bulb of the pipette until the bulb is fully flat.
- c. While holding the pipette bulb fully flat, insert the pipette tip into the sample just below the liquid surface.
- d. Slowly release the bulb while keeping the pipette tip below the liquid surface. This will draw up ~200 µL of sample into the pipette. After releasing the bulb completely, withdraw the pipette from the sample.
- e. Unscrew the cap from the **cobas[®] Influenza A/B & RSV assay tube**.
- f. While watching through the viewing window in the sleeve, carefully insert the pipette into the **cobas[®] Influenza A/B & RSV assay tube**. Place the pipette tip near the bottom of the sample compartment.



- g. Slowly squeeze the bulb to empty the contents of the pipette into the **cobas[®] Influenza A/B & RSV assay tube**. Avoid creating bubbles in the sample. Do not release the pipette bulb.

Note: Do not puncture the **cobas[®] Liat[®] assay tube** or the seal at the bottom. If you do puncture the seal at the bottom of the sample compartment, discard both the **cobas[®] Influenza A/B & RSV assay tube** and the transfer pipette according to your institution's



guidelines for safe disposal of hazardous material and repeat the test starting at Step 2.a. with a new transfer pipette and **cobas[®] Influenza A/B & RSV** assay tube.

- h. While still holding the pipette bulb, withdraw the pipette from the assay tube. Screw the cap back on the **cobas[®] Influenza A/B & RSV** assay tube. Dispose of the transfer pipette according to your institution's guidelines for safe disposal of hazardous material. Do not reuse transfer pipettes.

Note: Start the **cobas[®] Liat[®]** assay run on the Analyzer as soon as possible, but no later than 4 hours after adding the sample to the **cobas[®] Influenza A/B & RSV** assay tube.

3. Insert **cobas[®] Influenza A/B & RSV** assay tube

- a. Select **Scan** and re-scan the **cobas[®] Influenza A/B & RSV** assay tube barcode. The assay tube entry door on top of the Analyzer will open automatically.
- b. Remove the **cobas[®] Influenza A/B & RSV** assay tube sleeve.
- c. Immediately insert the **cobas[®] Influenza A/B & RSV** assay tube into the Analyzer until the tube clicks into place. The **cobas[®] Influenza A/B & RSV** assay tube only fits in one way. If the tube is not inserted by the time the door closes, re-scan the **cobas[®] Influenza A/B & RSV** assay tube barcode (step 3a) and insert the **cobas[®] Influenza A/B & RSV** assay tube again. Once the **cobas[®] Influenza A/B & RSV** assay tube is properly inserted, the Analyzer will close the door automatically and begin the test.

4. View Result

During the test, the Analyzer displays the running status and estimated time remaining. Once the test is complete, the Analyzer displays the message, "Please remove the tube slowly..." and opens the tube entry door automatically.

- a. Lift the **cobas[®] Influenza A/B & RSV** assay tube out of the Analyzer and dispose of the used assay tube according to your institution's safety guidelines for hazardous material.
- b. Select **Report** to see the Result Report.
- c. Select **Print** to print the report (if applicable).

Select **Back**, and then **Main** to return to the main menu for the next test.

C. Viewing and Interpreting Results

The Analyzer reports results as "Detected," "Not Detected," or "Indeterminate" for each of Influenza A, Influenza B, and RSV, or "Assay Invalid."

The Analyzer automatically interprets the results from measured fluorescent signals. Embedded calculation algorithms determine the PCR cycle threshold (Ct) and evaluate the Ct against the valid range to generate a positive or negative PCR result.

Additionally, pattern recognition algorithms inspect the PCR curves to determine if the curve pattern is within specifications or abnormal. For example, if Influenza A is detected but its PCR curve is determined to be abnormal, the result is called "Influenza A Indeterminate. Repeat Assay."

Like the viral targets, the IPC target is also evaluated in every assay run. In the case that Influenza A, Influenza B, and RSV targets are not detected, the IPC target must be detected for the result to be called "Not Detected," if the IPC is also not detected or if the IPC PCR curve is abnormal, the result is called "Assay Invalid. Repeat Assay." In some cases, high concentration of

Package Insert**cobas[®] Influenza A/B & RSV**Nucleic acid test for use on the **cobas[®] Liat[®] System**

one or more target viruses may inhibit the amplification of IPC or other targets. IPC is not taken into consideration when a target virus is detected.

The following table shows the “Report Results” and the corresponding interpretation.

Interpretation of Results

Result Report		Interpretation
Influenza A	Influenza A Not Detected	Negative test for Influenza A (no Influenza A RNA detected)
	Influenza A Detected	Positive test for Influenza A (Influenza A RNA present)
	Influenza A Indeterminate. Repeat Assay.	Presence or absence of Influenza A cannot be determined. Repeat assay with same sample or, if possible, new sample.
Influenza B	Influenza B Not Detected	Negative test for Influenza B (no Influenza B RNA detected)
	Influenza B Detected	Positive test for Influenza B (Influenza B RNA present)
	Influenza B Indeterminate. Repeat Assay.	Presence or absence of Influenza B cannot be determined. Repeat assay with same sample or, if possible, new sample.
RSV	RSV Not Detected	Negative test for RSV (no RSV RNA detected)
	RSV Detected	Positive test for RSV (RSV RNA present)
	RSV Indeterminate. Repeat Assay.	Presence or absence of RSV cannot be determined. Repeat assay with same sample or, if possible, new sample.
Assay Invalid. Repeat Assay		Presence or absence of Influenza A, Influenza B, and RSV cannot be determined. Repeat assay with same sample or, if possible, new sample.
[Error]. Assay Aborted		Presence or absence of target viruses cannot be determined. Repeat assay.

Package Insert

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Nucleic acid test for use on the cobas[®] Liat[®] System



The following failure codes described in the following table can be displayed on the result report based on interpretation and calculation process of the test result.

Failure Code	Sample and External Controls	Negative Control (Add Lot)	Positive Control (Add Lot)
g0*	IC Negative or Invalid. Repeat Run	IC Negative or Invalid. Repeat Run	IC Negative or Invalid. Repeat Run
g1			
g2			
g3			
g4			
x4	At least one or more Target Invalid. Repeat Run	N/A	N/A
FP	N/A	At least one Target is Positive or Invalid. Repeat Run	N/A
b0	N/A	N/A	At least one Target is Negative or Invalid. Repeat Run
b1			
b2			
b3			
b4			
a0	N/A	N/A	At least one Target is Negative or Invalid. Repeat Run
a1			
a2			
a3			
a4			
r0	N/A	N/A	At least one Target is Negative or Invalid. Repeat Run
r1			
r2			
r3			
r4			

Note*: Failure code g0 does not appear for Positive Control (Add Lot).

D. Reasons to Repeat the Assay

If the test result is “Indeterminate” for a target virus or “Invalid”, repeat the assay with the same patient specimen, or if possible, collect a new specimen from the patient and repeat the assay using the new specimen. Specimens that have repeat “Indeterminate” or “Invalid” results should be sent to a laboratory for confirmatory testing.

If an “Error” is reported by the Analyzer and/or the assay is aborted, repeat the test. Contact your Roche Service Representative if repeat “Errors” are reported.

Dual infections of Influenza A and Influenza B are rare. If the test result is “Influenza A Detected” and “Influenza B Detected”, the assay should be repeated with the same patient specimen, or if possible, with a newly collected specimen. Specimens that have repeat “Influenza A Detected” and “Influenza B Detected” results should be sent to a laboratory for confirmatory testing.



E. Quality Control CONTROL

Internal Process Control (IPC): is an encapsulated RNA that is included in each **cobas[®] Influenza A/B & RSV** assay tube to verify adequate processing of target viruses. The IPC verifies that sample purification of the target viruses has occurred and verifies that the specimen processing is adequate. Additionally, this control detects specimen-associated inhibition of the RT-PCR reactions. The IPC should be positive in a negative sample and can be negative or positive in a positive sample.

External Controls: provide additional quality control to monitor the integrity of reagents, the functionality of the Analyzer and to ensure that the test procedure is followed correctly. External Controls are run during the Add **cobas[®] Influenza A/B & RSV** assay tube Lot procedure (Section A). Additional External Controls should be tested in accordance with local, state, federal and/or accrediting organization requirements as applicable. If the controls do not perform as expected, do not test patient specimens; contact your Roche Service Representative.

Negative Control

Materials:

- < 1 **cobas[®] Influenza A/B & RSV** assay tube
- < From QC Kit: 1 Dilution UTM tube (used as the negative control sample), and Negative Control Barcode on the Control Kit Barcode Card.

Procedure:

The Dilution UTM is used as the sample for the Negative Control run.

1. Take a Dilution UTM tube from the QC Kit.
2. Hold the Dilution UTM tube by the tube cap and shake down the liquid in the tube using a quick, sharp, downward wrist motion (as if shaking down a mercury thermometer). Visually check that the Dilution UTM has pooled at the bottom of the tube. If not, repeat the shake down procedure.
3. Using the Dilution UTM as sample, run the assay following the Running **cobas[®] Influenza A/B & RSV** assay procedure steps B.2.b-h (Add Sample) and B.3 (Insert **cobas[®] Influenza A/B & RSV** assay tube). Scan the Negative Control Barcode on the Control Kit Barcode Card as the Sample ID.
4. View the Results Report by touching or clicking **Report** after the completion of the assay. The Report Result must be "Influenza A Not Detected," "Influenza B Not Detected," and "RSV Not Detected" for the negative control to pass.

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Positive Control

Materials:

- < 1 cobas[®] Influenza A/B & RSV assay tube
- < From QC Kit: 1 Positive Control tube, 1 Dilution UTM tube (used to mix with the positive control), 1 transfer pipette, and Positive Control Barcode on the Control Kit Barcode Card.

Procedure:

The Positive Control is a unit-dose of dried chemically-inactivated Influenza A, Influenza B, and RSV. Follow the directions below to dissolve the positive control in Dilution UTM and run it on the cobas[®] Influenza A/B & RSV assay.

1. Follow step A.2. of the Add cobas[®] Influenza A/B & RSV assay tube Lot Procedure to prepare the Positive Control sample.
2. After the Positive Control tube from step A.2 has sat for 5 minutes, use a transfer pipette from the cobas[®] Influenza A/B & RSV assay tube package to slowly pipette the sample up and down 10 times to dissolve and mix the positive control sample.
3. Using the Positive Control as sample, run the assay following the Running cobas[®] Influenza A/B & RSV assay Procedure steps B.2.b-h (Add Sample) and B.3 (Insert cobas[®] Influenza A/B & RSV assay tube). Scan the Positive Control Barcode on the Control Kit Barcode Card as the Sample ID.
4. View the Results Report by touching or clicking **Report** after the completion of the assay. The Report Result must be "Influenza A Detected," "Influenza B Detected," and "RSV Detected" for the positive control to pass.

IX. Limitations

- The performance of the cobas[®] Influenza A/B & RSV assay was evaluated using the procedures provided in this package insert only. Modifications to these procedures may alter the performance of the test.
- As with other tests, negative results do not preclude Influenza A, Influenza B, or RSV infection and should not be used as the sole basis for treatment or other patient management decisions. Results from the cobas[®] Influenza A/B & RSV assay should be interpreted in conjunction with other laboratory and clinical data available to the clinician.
- Analyte targets (viral nucleic acid) may persist *in vivo*, independent of virus viability. Detection of analyte target(s) does not imply that the corresponding virus(es) are infectious, or are the causative agents for clinical symptoms.
- This test has been evaluated for use with human specimen material only.
- False negative results may occur if a specimen is improperly collected, transported or handled.
- False negative results may occur if inadequate numbers of organisms are present in the specimen.
- False negative results may occur if one or more target viruses inhibits amplification of other targets.
- If the virus mutates in the target regions, Influenza viruses A or B or RSV may not be detected or may be detected less predictably.

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cobas[®] Influenza A/B & RSV

Nucleic acid test for use on the cobas[®] Liat[®] System



- This test has not been evaluated for patients without signs and symptoms of Influenza and RSV infection.
- This test is a qualitative test and does not provide the quantitative value of detected organism present.
- Cross-reactivity with respiratory tract organisms other than those tested can lead to erroneous results.
- This assay has not been evaluated for patients receiving intranasal administered Influenza vaccine.
- This assay has not been evaluated for immunocompromised individuals.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

X. Expected Values

The rate of positivity found in influenza testing is dependent on many factors including the method of specimen collection, the test method used, geographic location, and the disease prevalence in specific localities. In the cobas[®] Influenza A/B & RSV assay prospective clinical study, a total of 313 specimens were determined to be evaluable during the 2013-2014 influenza season from January 2014 to May 2014. The number and percentage of influenza A, influenza B and RSV positive cases per specified age group, as determined by the cobas[®] Influenza A/B & RSV assay, are presented in the tables below:

Age Group	Number of Nasopharyngeal Swab Specimens	Number of Influenza A Positives	Influenza A Positivity Rate
≤ 5 years	135	5	3.7%
6 to 21 years	124	10	8.1%
22 to 59 years	45	3	6.7%
≥ 60 years	9	1	11.1%
Total	313	19	6.1%

Age Group	Number of Nasopharyngeal Swab Specimens	Number of Influenza B Positives	Influenza B Positivity Rate
≤ 5 years	135	4	3.0%
6 to 21 years	124	11	8.9%
22 to 59 years	45	5	11.1%
≥ 60 years	9	0	0.0%
Total	313	20	6.4%

Age Group	Number of Nasopharyngeal Swab Specimens	Number of RSV Positives	RSV Positivity Rate
≤ 5 years	135	8	5.9%
6 to 21 years	124	2	1.6%
22 to 59 years	45	3	6.7%
≥ 60 years	9	0	0.0%
Total	313	13	4.2%

Package Insert**cobas[®] Influenza A/B & RSV**Nucleic acid test for use on the **cobas[®] Liat[®] System**

A total of 1048 specimens were determined to be evaluable during the 2014-2015 influenza season from October 2014 to April 2015. The number and percentage of influenza A, influenza B and RSV positive cases per specified age group, as determined by the **cobas[®] Influenza A/B & RSV** assay, are presented in the tables below:

Age Group	Number of Nasopharyngeal Swab Specimens	Number of Influenza A Positives	Influenza A Positivity Rate
≤ 5 years	185	21	11.4%
6 to 21 years	284	78	27.5%
22 to 59 years	460	76	16.5%
≥ 60 years	119	29	24.4%
Total	1048	204	19.5%

Age Group	Number of Nasopharyngeal Swab Specimens	Number of Influenza B Positives	Influenza B Positivity Rate
≤ 5 years	185	1	0.5%
6 to 21 years	284	7	2.5%
22 to 59 years	460	18	3.9%
≥ 60 years	119	3	2.5%
Total	1048	29	2.8%

Age Group	Number of Nasopharyngeal Swab Specimens	Number of RSV Positives	RSV Positivity Rate
≤ 5 years	185	54	29.2%
6 to 21 years	284	17	6.0%
22 to 59 years	460	23	5.0%
≥ 60 years	119	6	5.0%
Total	1048	100	9.5%



XI. Performance Characteristics

A. Clinical Studies

The **cobas[®] Influenza A/B & RSV** assay was evaluated at 12 CLIA waived healthcare facilities. Prospective nasopharyngeal swab (NPS) specimens were collected from patients with signs and symptoms of respiratory infection in the US during the 2013-2014 and 2014-2015 flu seasons, and were tested prospectively at the study sites. Additionally, retrospective NPS specimens were obtained from 2 reference laboratories and were distributed to and tested at 3 of the 12 sites. The retrospective specimens were worked into the daily workload of those sites for testing.

Each patient's specimen was tested by the **cobas[®] Influenza A/B & RSV** and an FDA-cleared laboratory-based multiplexed real-time reverse transcriptase PCR (RT-PCR) test (comparator test). The **cobas[®] Influenza A/B & RSV** assay results were compared against the results from the comparator test. A total of 1,350 prospective NPS specimens and 292 retrospective NPS specimens were included in the performance analysis.

For prospective specimens, a total of 1,421 subjects were enrolled in this study. Of these, 41 specimens did not meet eligibility criteria. Additionally, 17 and 13 specimens were excluded due to invalid results from the Analyzer and the comparator tests, respectively. As such, a total of 1,350 prospective nasopharyngeal swab (NPS) specimens were included in the performance analysis. Compared to the comparator test, the **cobas[®] Influenza A/B & RSV** assay demonstrated positive agreement of 98.3%, 95.2% and 97.0% for Inf A, Inf B and RSV, respectively; and negative agreement of 96.0%, 99.4% and 98.7% for Inf A, Inf B, and RSV, respectively.

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Nucleic acid test for use on the cobas[®] Liat[®] System



Prospective NPS Specimens

		Comparator Test		Total
		Positive	Negative	
Liat	Positive	172	47 ^a	219
	Negative	3	1128	1131
Total		175	1175	1350

	%	95% CI
Positive Agreement	98.3%	(95.1% - 99.4%)
Negative Agreement	96.0%	(94.7% - 97.0%)

^a Forty-one cobas[®] Influenza A/B & RSV positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 18 were positive and 23 were negative by PCR/sequencing.

		Comparator Test		Total
		Positive	Negative	
Liat	Positive	40	8 ^a	48
	Negative	2	1300	1302
Total		42	1308	1350

	%	95% CI
Positive Agreement	95.2%	(84.2% - 98.7%)
Negative Agreement	99.4%	(98.8% - 99.7%)

^a Six cobas[®] Influenza A/B & RSV positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 5 were positive and 1 was negative by PCR/sequencing.

		Comparator Test		Total
		Positive	Negative	
Liat	Positive	96	16 ^a	112
	Negative	3	1235	1238
Total		99	1251	1350

	%	95% CI
Positive Agreement	97.0%	(91.5% - 99.0%)
Negative Agreement	98.7%	(97.9% - 99.2%)

^a Fifteen cobas[®] Influenza A/B & RSV positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 3 were positive and 12 were negative by PCR/sequencing.

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cobas[®] Influenza A/B & RSV

Nucleic acid test for use on the cobas[®] Liat[®] System



For retrospective specimens, a total of 300 specimens were tested at clinical sites. Of these, 5 and 3 specimens were excluded due to invalid results from the System and the comparator tests, respectively. As such, a total of 292 retrospective nasopharyngeal swab (NPS) specimens were included in the performance analysis. Compared to the comparator test, the cobas[®] Influenza A/B & RSV assay demonstrated positive agreement of 98.7%, 99.0% and 98.8% for Inf A, Inf B and RSV, respectively; and negative agreement of 99.1%, 99.5% and 96.6% for Inf A, Inf B, and RSV, respectively.

Retrospective NPS Specimens

Inf A		Comparator Test		Total
		Positive	Negative	
Liat	Positive	76	2 ^a	78
	Negative	1	213	214
Total		77	215	292

	%	95% CI
Positive Agreement	98.7%	(93.0% - 99.8%)
Negative Agreement	99.1%	(96.7% - 99.7%)

^a One cobas[®] Influenza A/B & RSV positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. The 1 sample was negative by PCR/sequencing.

Inf B		Comparator Test		Total
		Positive	Negative	
Liat	Positive	97	1	98
	Negative	1	193	194
Total		98	194	292

	%	95% CI
Positive Agreement	99.0%	(94.4% - 99.8%)
Negative Agreement	99.5%	(97.1% - 99.9%)

RSV		Comparator Test		Total
		Positive	Negative	
Liat	Positive	83	7 ^a	90
	Negative	1	201	202
Total		84	208	292

	%	95% CI
Positive Agreement	98.8%	(93.6% - 99.8%)
Negative Agreement	96.6%	(93.2% - 98.4%)

^a Six cobas[®] Influenza A/B & RSV positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, all 6 were positive by PCR/sequencing.

During the clinical study testing of prospective and retrospective specimens, the cobas[®] Influenza A/B & RSV assay initial invalid rate was 1.8% (29/1,656 specimens, 95% CI: 1.2% - 2.5%). Of these 29 specimens with initial invalid results, 5 specimens had 2 invalid or aborted runs, 16 specimens had 1 invalid run and were not repeated due to unavailability of residual samples, and 8 specimens had an initial invalid run and a repeat test per product instructions for use yielded a valid result.

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Nucleic acid test for use on the **cobas[®] Liat[®] System**



B. Reproducibility

Reproducibility study assesses the total variability of the **cobas[®] Influenza A/B & RSV** assay across operators, study sites, testing days, Analyzers, and **cobas[®] Influenza A/B & RSV** assay tube lots. The **cobas[®] Influenza A/B & RSV** assay was evaluated at 3 sites. Two operators at each of the 3 sites tested a 10 member reproducibility panel in triplicate on 5 different days, for a total of ~900 runs (10 panel members × 3 replicates × 2 operators × 5 days × 3 sites). Nine Analyzers and 3 **cobas[®] Influenza A/B & RSV** assay tube lots were used. The reproducibility panel comprises a high negative (C₅), a low positive (C₉₅), and a moderate positive (C₁₀₀) for each of Influenza A, Influenza B and RSV, in addition to a negative sample. For a given virus, the expected result for the true negative and the high negative panel member is “Not Detected,” while the expected result for the low positive and moderate positive panel member is “Detected.” Percent agreement with expected result, mean Ct, and Ct %CV for each site are shown in the tables below.

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Nucleic acid test for use on the cobas[®] Liat[®] System



Influenza A Reproducibility

	Site 1			Site 2			Site 3			Total	
Sample	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	95% CI
Negative	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
Flu A High Negative (C5)	29 / 30	37.0	-	30 / 30	-	-	29 / 30	35.7	-	88 / 90 (97.8%)	92.3% - 99.4%
Flu A Low Positive (C95)	30 / 30	32.7	2.9%	30 / 30	32.1	1.6%	30 / 30	32.3	1.6%	90 / 90 (100.0%)	95.9% - 100.0%
Flu A Moderate Positive (C100)	30 / 30	30.4	1.0%	30 / 30	30.0	1.2%	30 / 30	30.1	0.9%	90 / 90 (100.0%)	95.9% - 100.0%
Flu B High Negative (C5)	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
Flu B Low Positive (C95)	30 / 30	-	-	30 / 30	-	-	29 / 29 [†]	-	-	89 / 89 (100.0%)	95.9% - 100.0%
Flu B Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
RSV High Negative (C5)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
RSV Low Positive (C95)	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
RSV Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Total Agreement	299 / 300 (99.7%)			303 / 303 (100.0%)			298 / 299 (99.7%)			900 / 902 (99.8%)	99.2% - 99.9%

[†] One of 30 Flu B Low Positive (C95) replicates yielded an “Assay Invalid. Repeat Assay” result, and was not repeated.

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Nucleic acid test for use on the cobas[®] Liat[®] System



Influenza B Reproducibility

	Site 1			Site 2			Site 3			Total	
Sample	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	95% CI
Negative	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
Flu A High Negative (C5)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu A Low Positive (C95)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu A Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu B High Negative (C5)	29 / 30	35.1	-	31 / 31	-	-	30 / 30	-	-	90 / 91 (98.9%)	94.0% - 99.8%
Flu B Low Positive (C95)	30 / 30	31.9	1.8%	30 / 30	31.6	1.4%	29 / 29 [†]	31.6	1.5%	89 / 89 (100.0%)	95.9% - 100.0%
Flu B Moderate Positive (C100)	30 / 30	30.8	1.3%	30 / 30	30.4	1.4%	30 / 30	30.5	1.3%	90 / 90 (100.0%)	95.9% - 100.0%
RSV High Negative (C5)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
RSV Low Positive (C95)	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
RSV Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Total Agreement	299 / 300 (99.7%)			303 / 303 (100.0%)			299 / 299 (100.0%)			901 / 902 (99.9%)	99.4% - 100.0%

[†] One of 30 Flu B Low Positive (C95) replicates yielded an “Assay Invalid. Repeat Assay” result, and was not repeated.

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Nucleic acid test for use on the cobas[®] Liat[®] System



RSV Reproducibility

	Site 1			Site 2			Site 3			Total	
Sample	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	Ct Avg	Ct %CV	Agreement w/ expected result	95% CI
Negative	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
Flu A High Negative (C5)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu A Low Positive (C95)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu A Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
Flu B High Negative (C5)	30 / 30	-	-	31 / 31	-	-	30 / 30	-	-	91 / 91 (100.0%)	96.0% - 100.0%
Flu B Low Positive (C95)	30 / 30	-	-	30 / 30	-	-	29 / 29 [†]	-	-	89 / 89 (100.0%)	95.9% - 100.0%
Flu B Moderate Positive (C100)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
RSV High Negative (C5)	30 / 30	-	-	30 / 30	-	-	30 / 30	-	-	90 / 90 (100.0%)	95.9% - 100.0%
RSV Low Positive (C95)	29 / 30	33.0	3.7%	31 / 31	32.8	3.4%	30 / 30	32.8	2.7%	90 / 91 (98.9%)	94.0% - 99.8%
RSV Moderate Positive (C100)	30 / 30	30.6	2.9%	30 / 30	30.9	1.6%	30 / 30	30.5	2.5%	90 / 90 (100.0%)	95.9% - 100.0%
Total Agreement	299 / 300 (99.7%)			303 / 303 (100.0%)			299 / 299 (100.0%)			901 / 902 (99.9%)	99.4% - 100.0%

[†] One of 30 Flu B Low Positive (C95) replicates yielded an “Assay Invalid. Repeat Assay” result, and was not repeated.

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Nucleic acid test for use on the cobas[®] Liat[®] System



C. Limit of Detection

The Limit of Detection (LOD) of the cobas[®] Influenza A/B & RSV assay was evaluated using 3 strains of Influenza A, 2 strains of Influenza B, and 2 strains of RSV. The LOD was determined by limiting dilution studies using these titered viruses. The viruses were spiked into negative nasopharyngeal swab (NPS) in UTM sample matrix, and then tested using the cobas[®] Influenza A/B & RSV assay. The LOD was determined as the lowest virus concentration that was detected $\geq 95\%$ of the time (i.e. concentration at which at least 19 out of 20 replicates tested positive). The LOD was 2×10^{-3} - 2×10^{-2} TCID₅₀/mL for Influenza A strains, 2×10^{-3} - 4×10^{-3} TCID₅₀/mL for Influenza B strains, and 4×10^{-1} TCID₅₀/mL for RSV strains.

Virus Strain	LOD (TCID ₅₀ /mL)
A/Brisbane/10/07	2.0×10^{-2}
A/Brisbane/59/07	2.0×10^{-3}
A/NY/01/2009	2.0×10^{-2}
B/Florida/04/06	2.0×10^{-3}
B/Malaysia/2506/04	4.0×10^{-3}
RSV A	4.0×10^{-1}
RSV B	4.0×10^{-1}

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cobas[®] Influenza A/B & RSV

Nucleic acid test for use on the **cobas[®] Liat[®] System**



D. Analytical Reactivity

The reactivity study evaluates the ability to detect Influenza and RSV strains representing temporal and geographical diversity. The **cobas[®] Influenza A/B & RSV** assay was evaluated with 28 Influenza A, 15 Influenza B, and 7 RSV strains. Influenza A strains included 14 Influenza A/H1 strains (including 3 H1N1 pdm09 strains), 12 Influenza A/H3 strains (including 1 H3N2v strain), 1 Influenza A/H7N9 strains, and 1 Influenza A/H5N1 reassortant strain. Influenza B strains included that from both the Victoria lineage and Yamagata lineage. RSV strains included both RSV Type A and Type B strains. The **cobas[®] Influenza A/B & RSV** assay detected all strains at the concentrations tested.

Virus Strain	Type / Subtype	Test Concentration	Inf A Result	Inf B Result	RSV Result
A/Aichi/2/68	Influenza A/H3N2	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/Alice	Influenza A/H3N2	5.0×10 ¹ CEID ₅₀ /mL	+	-	-
A/Anhui/1/2013	Influenza A/H7N9 (Eurasian lineage)	1.0×10 ³ TCID ₅₀ /mL	+	-	-
A/Brisbane/10/07	Influenza A/H3N2	2.0×10 ⁻² TCID ₅₀ /mL	+	-	-
A/Brisbane/59/07	Influenza A/H1N1	2.0×10 ⁻³ TCID ₅₀ /mL	+	-	-
A/Cambodia/X0810301/2013 (H5N1)-PR8-IDCDC-RG34B	Influenza A/H5N1 reassortant	2.5×10 ¹ CEID ₅₀ /mL	+	-	-
A/Denver/1/57	Influenza A/H1N1	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/FM/1/47	Influenza A/H1N1	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/H3/Perth/16/09	Influenza A/H3N2	2.5×10 ⁻¹ TCID ₅₀ /mL	+	-	-
A/Hong Kong/8/68	Influenza A/H3N2	1.0×10 ² TCID ₅₀ /mL	+	-	-
A/Indiana/8/2011	Influenza A/H3N2v	5.0×10 ⁻¹ TCID ₅₀ /mL	+	-	-
A/Mal/302/54	Influenza A/H1N1	4.0×10 ² CEID ₅₀ /mL	+	-	-
A/MRC2	Influenza A/H3	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/New Caledonia/20/99	Influenza A/H1N1	1.0×10 ² TCID ₅₀ /mL	+	-	-
A/New Jersey/8/76	Influenza A/H1N1	1.0×10 ¹ CEID ₅₀ /mL	+	-	-
A/NY/01/2009	Influenza A/H1N1 pdm09	2.0×10 ⁻² TCID ₅₀ /mL	+	-	-
A/NY/02/2009	Influenza A/H1N1 pdm09	2.5×10 ⁻² TCID ₅₀ /mL	+	-	-
A/NY/03/2009	Influenza A/H1N1 pdm09	2.0×10 ⁻¹ TCID ₅₀ /mL	+	-	-
A/Port Chalmers/1/73	Influenza A/H3N2	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/PR/8/34	Influenza A/H1N1	5.0×10 ⁰ TCID ₅₀ /mL	+	-	-
A/Solomon Island/3/2006	Influenza A/H1N1	5.0×10 ⁻² TCID ₅₀ /mL	+	-	-
A/Swine/1976/31	Influenza A/H1N1	1.0×10 ¹ CEID ₅₀ /mL	+	-	-
A/Swine/Iowa/15/30	Influenza A/H1N1	1.0×10 ² CEID ₅₀ /mL	+	-	-

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cobas[®] Influenza A/B & RSV

Nucleic acid test for use on the **cobas[®] Liat[®] System**



Virus Strain	Type / Subtype	Test Concentration	Inf A Result	Inf B Result	RSV Result
A/Texas/50/2012	Influenza A/H3N2	1.0×10 ⁻¹ TCID ₅₀ /mL	+	-	-
A/Victoria/3/75	Influenza A/H3N2	1.0×10 ² CEID ₅₀ /mL	+	-	-
A/Victoria/361/2011	Influenza A/H3N2	2.0×10 ⁻² TCID ₅₀ /mL	+	-	-
A/Weiss/43	Influenza A/H1N1	1.0×10 ³ TCID ₅₀ /mL	+	-	-
A/Wisconsin/67/05	Influenza A/H3N2	5.0×10 ⁻¹ TCID ₅₀ /mL	+	-	-
B/Allen/45	Influenza B	5.0×10 ⁻¹ TCID ₅₀ /mL	-	+	-
B/Brisbane/60/2008	Influenza B (Victoria lineage)	1.0×10 ⁻² TCID ₅₀ /mL	-	+	-
B/Florida/04/06	Influenza B (Yamagata lineage)	2.0×10 ⁻³ TCID ₅₀ /mL	-	+	-
B/Florida/07/04	Influenza B (Yamagata lineage)	5.0×10 ⁻² TCID ₅₀ /mL	-	+	-
B/GL/1739/54	Influenza B	2.0×10 ⁰ TCID ₅₀ /mL	-	+	-
B/HongKong/5/72	Influenza B	2.5×10 ⁻¹ TCID ₅₀ /mL	-	+	-
B/Lee/40	Influenza B	2.5×10 ⁻¹ TCID ₅₀ /mL	-	+	-
B/Malaysia/2506/04	Influenza B (Victoria lineage)	4.0×10 ⁻³ TCID ₅₀ /mL	-	+	-
B/Maryland/1/59	Influenza B	5.0×10 ⁻² TCID ₅₀ /mL	-	+	-
B/Mass/3/66	Influenza B	1.0×10 ¹ TCID ₅₀ /mL	-	+	-
B/Massachusetts/2/2012	Influenza B (Yamagata lineage)	5.0×10 ⁻³ TCID ₅₀ /mL	-	+	-
B/Nevada/03/2011	Influenza B (Victoria lineage)	2.5×10 ⁻¹ CEID ₅₀ /mL	-	+	-
B/Taiwan/2/62	Influenza B	1.0×10 ⁰ TCID ₅₀ /mL	-	+	-
B/Texas/6/2011	Influenza B (Yamagata lineage)	1.0×10 ⁻¹ TCID ₅₀ /mL	-	+	-
B/Wisconsin/1/2010	Influenza B (Yamagata lineage)	5.0×10 ⁻¹ TCID ₅₀ /mL	-	+	-
RSV A 2006 isolate	RSV A	4.0×10 ⁻¹ TCID ₅₀ /mL	-	-	+
RSV A Long	RSV A	1.0×10 ² TCID ₅₀ /mL	-	-	+
RSV A2	RSV A	1.0×10 ⁰ TCID ₅₀ /mL	-	-	+
RSV B 9320	RSV B	1.0×10 ⁰ TCID ₅₀ /mL	-	-	+
RSV B Ch93(18)-18	RSV B	4.0×10 ⁻¹ TCID ₅₀ /mL	-	-	+
RSV B Wash/18537	RSV B	1.0×10 ⁰ TCID ₅₀ /mL	-	-	+
RSV B WV/14617/85	RSV B	1.0×10 ⁻¹ TCID ₅₀ /mL	-	-	+

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E. Cross Reactivity

Cross reactivity study evaluates potential cross-reactivity with non-influenza and non-RSV microorganisms that may be present in nasopharyngeal swab samples. The cobas[®] Influenza A/B & RSV assay was evaluated against a panel comprising human genomic DNA and 35 microorganisms. Bacteria and *Candida albicans* were tested at $\geq 10^6$ CFU/mL. Viruses were tested at $\geq 10^5$ TCID₅₀/mL, or the highest available concentration. The cobas[®] Influenza A/B & RSV assay showed no cross reactivity for the human genomic DNA or the microorganisms at the concentrations tested.

Microorganism	Test Concentration	Inf A Result	Inf B Result	RSV Result
Adenovirus Type 1	9.0×10^5 TCID ₅₀ /mL	–	–	–
Adenovirus Type 7	1.4×10^5 TCID ₅₀ /mL	–	–	–
Cytomegalovirus	4.5×10^4 TCID ₅₀ /mL	–	–	–
Epstein Barr Virus	2.5×10^5 TCID ₅₀ /mL	–	–	–
Herpes Simplex Virus	1.4×10^5 TCID ₅₀ /mL	–	–	–
Human Coronavirus 229E	8.0×10^3 TCID ₅₀ /mL	–	–	–
Human Coronavirus OC43	8.0×10^4 TCID ₅₀ /mL	–	–	–
Human Enterovirus 68	1.0×10^5 TCID ₅₀ /mL	–	–	–
Human Metapneumovirus	7.0×10^3 TCID ₅₀ /mL	–	–	–
Human Parainfluenza Type 1	3.7×10^5 TCID ₅₀ /mL	–	–	–
Human Parainfluenza Type 2	7.5×10^5 TCID ₅₀ /mL	–	–	–
Human Parainfluenza Type 3	4.5×10^5 TCID ₅₀ /mL	–	–	–
Human Rhinovirus Type 1A	8.0×10^5 TCID ₅₀ /mL	–	–	–
Measles	8.0×10^4 TCID ₅₀ /mL	–	–	–
Mumps Virus	8.0×10^4 TCID ₅₀ /mL	–	–	–
Varicella-Zoster Virus	4.4×10^3 TCID ₅₀ /mL	–	–	–
<i>Bordetella pertussis</i>	2.2×10^6 CFU/mL	–	–	–
<i>Candida albicans</i>	4.2×10^6 CFU/mL	–	–	–
<i>Chlamydia pneumoniae</i>	8.0×10^4 TCID ₅₀ /mL	–	–	–
<i>Corynebacterium sp</i>	3.6×10^6 CFU/mL	–	–	–
<i>Escherichia coli</i>	1.9×10^6 CFU/mL	–	–	–
<i>Haemophilus influenzae</i>	2.3×10^6 CFU/mL	–	–	–
<i>Lactobacillus sp</i>	1.9×10^6 CFU/mL	–	–	–
<i>Legionella pneumophila</i>	6.7×10^6 CFU/mL	–	–	–
<i>Moraxella catarrhalis</i>	2.5×10^6 CFU/mL	–	–	–
<i>Mycobacterium tuberculosis</i>	2.8×10^6 copies/mL [†]	–	–	–
<i>Mycoplasma pneumoniae</i>	2.9×10^6 copies/mL [†]	–	–	–
<i>Neisseria elongate</i>	2.0×10^6 CFU/mL	–	–	–

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Microorganism	Test Concentration	Inf A Result	Inf B Result	RSV Result
<i>Neisseria meningitidis</i>	2.2×10 ⁶ CFU/mL	–	–	–
<i>Pseudomonas aeruginosa</i>	2.3×10 ⁶ CFU/mL	–	–	–
<i>Staphylococcus aureus</i>	2.4×10 ⁶ CFU/mL	–	–	–
<i>Staphylococcus epidermidis</i>	1.9×10 ⁶ CFU/mL	–	–	–
<i>Streptococcus pneumoniae</i>	1.8×10 ⁶ CFU/mL	–	–	–
<i>Streptococcus pyogenes</i>	2.5×10 ⁶ CFU/mL	–	–	–
<i>Streptococcus salivarius</i>	4.3×10 ⁶ CFU/mL	–	–	–
Human genomic DNA	1.0×10 ⁴ copies/mL	–	–	–

[†] Testing was performed with genomic DNA due to difficulties in propagation of these bacteria.

F. Interfering Microorganisms

Interfering microorganism study evaluates whether non-influenza and non-RSV microorganisms that may be present in nasopharyngeal swab samples can interfere in the detection of Influenza A, Influenza B or RSV by the cobas[®] Influenza A/B & RSV assay. The panel comprising human genomic DNA and 35 microorganisms tested in the cross-reactivity study was tested for potential interference. Bacteria and *Candida albicans* were tested at ≥10⁶ CFU/mL and viruses were tested at ≥10⁵ TCID₅₀/mL or the highest available concentration, in the presence of 1 Influenza A strain, 1 Influenza B strain and 1 RSV strain at 3x LOD concentration in negative NPS in UTM matrix. Results show that the presence of human genomic DNA or the microorganisms at the concentrations tested did not interfere with the detection of Influenza A, Influenza B, or RSV.

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Microorganism	Test Concentration	1 Flu A, 1 Flu B & 1 RSV strain at 3x LOD		
		Inf A Result	Inf B Result	RSV Result
Adenovirus Type 1	9.0×10 ⁵ TCID ₅₀ /mL	+	+	+
Adenovirus Type 7	1.4×10 ⁵ TCID ₅₀ /mL	+	+	+
Cytomegalovirus	4.5×10 ⁴ TCID ₅₀ /mL	+	+	+
Epstein Barr Virus	2.5×10 ⁵ TCID ₅₀ /mL	+	+	+
Herpes Simplex Virus	1.4×10 ⁵ TCID ₅₀ /mL	+	+	+
Human Coronavirus 229E	8.0×10 ³ TCID ₅₀ /mL	+	+	+
Human Coronavirus OC43	8.0×10 ⁴ TCID ₅₀ /mL	+	+	+
Human Enterovirus 68	1.0×10 ⁵ TCID ₅₀ /mL	+	+	+
Human Metapneumovirus	7.0×10 ³ TCID ₅₀ /mL	+	+	+
Human Parainfluenza Type 1	3.7×10 ⁵ TCID ₅₀ /mL	+	+	+
Human Parainfluenza Type 2	7.5×10 ⁵ TCID ₅₀ /mL	+	+	+
Human Parainfluenza Type 3	4.5×10 ⁵ TCID ₅₀ /mL	+	+	+
Human Rhinovirus Type 1A	8.0×10 ⁵ TCID ₅₀ /mL	+	+	+
Measles	8.0×10 ⁴ TCID ₅₀ /mL	+	+	+
Mumps Virus	8.0×10 ⁴ TCID ₅₀ /mL	+	+	+
Varicella-Zoster Virus	4.4×10 ³ TCID ₅₀ /mL	+	+	+
<i>Bordetella pertussis</i>	2.2×10 ⁶ CFU/mL	+	+	+
<i>Candida albicans</i>	4.2×10 ⁶ CFU/mL	+	+	+
<i>Chlamydia pneumoniae</i>	8.0×10 ⁴ TCID ₅₀ /mL	+	+	+
<i>Corynebacterium sp</i>	3.6×10 ⁶ CFU/mL	+	+	+
<i>Escherichia coli</i>	1.9×10 ⁶ CFU/mL	+	+	+
<i>Haemophilus influenzae</i>	2.3×10 ⁶ CFU/mL	+	+	+
<i>Lactobacillus sp</i>	1.9×10 ⁶ CFU/mL	+	+	+
<i>Legionella pneumophila</i>	6.7×10 ⁶ CFU/mL	+	+	+
<i>Moraxella catarrhalis</i>	2.5×10 ⁶ CFU/mL	+	+	+
<i>Mycobacterium tuberculosis</i>	2.8×10 ⁶ copies/mL [†]	+	+	+
<i>Mycoplasma pneumoniae</i>	2.9×10 ⁶ copies/mL [†]	+	+	+
<i>Neisseria elongata</i>	2.0×10 ⁶ CFU/mL	+	+	+
<i>Neisseria meningitidis</i>	2.2×10 ⁶ CFU/mL	+	+	+
<i>Pseudomonas aeruginosa</i>	2.3×10 ⁶ CFU/mL	+	+	+
<i>Staphylococcus aureus</i>	2.4×10 ⁶ CFU/mL	+	+	+
<i>Staphylococcus epidermidis</i>	1.9×10 ⁶ CFU/mL	+	+	+
<i>Streptococcus pneumoniae</i>	1.8×10 ⁶ CFU/mL	+	+	+
<i>Streptococcus pyogenes</i>	2.5×10 ⁶ CFU/mL	+	+	+
<i>Streptococcus salivarius</i>	4.3×10 ⁶ CFU/mL	+	+	+
Human Genomic DNA	1.0×10 ⁴ copies/mL	+	+	+

[†] Testing was performed with genomic DNA due to difficulties in propagation of these bacteria.

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G. Interfering Substances

The cobas[®] Influenza A/B & RSV assay was evaluated with potentially interfering substances that may be encountered in respiratory specimens. Medically and/or physiologically relevant concentrations of potential interferents were tested with 2 Influenza A strains, 2 Influenza B strains, and 2 RSV strains at 3x LOD. Results showed that substances at the concentrations tested did not interfere in the detection of Influenza A, Influenza B, and RSV.

Potential Interferent	Active Ingredient	Concentration
Mucin: bovine submaxillary gland, type I-S	Purified mucin protein	5 mg/mL
Blood	-	5% (v/v)
Nasal spray – Afrin	Oxymetazoline	5% (v/v)
Nasal corticosteroids – Veramyst	Fluticasone	5% (v/v)
Nasal gel – Zicam	Galphimia glauca, Histaminum hydrochloricum, Luffa operculata, Sulphur	5% (v/v)
Throat lozenges, oral anesthetic and analgesic – Cepacol	Benzocaine, Menthol	5 mg/mL
Antibiotic, nasal ointment – Bactroban	Mupirocin	5 mg/mL
Antiviral drug – Relenza	Zanamivir	5 mg/mL
Antiviral drug – Tamiflu	Oseltamivir	7.5 mg/mL
Antimicrobial, systemic	Tobramycin	4 µg/mL



H. CLIA Waiver Study

As described in Section XI, the accuracy of the **cobas[®] Influenza A/B & RSV** assay was evaluated at 12 CLIA waived intended use sites. A total of 38 untrained operators representative of intended use operators at CLIA waived sites participated in the study. Prospective nasopharyngeal swab (NPS) specimens were collected from patients with signs and symptoms of respiratory infection in the US during the 2013-2014 and 2014-2015 flu seasons, and were tested prospectively at the study sites. Retrospective NPS specimens were obtained from 2 reference laboratories and were distributed to and tested at 3 of the 12 CLIA waived intended use sites. The retrospective specimens were worked into the daily workload of those sites for testing.

The **cobas[®] Influenza A/B & RSV** assay results were compared against that from an FDA-cleared laboratory-based multiplexed real-time reverse transcriptase PCR (RT-PCR) test (comparator test). A total of 1642 NPS specimens (1,350 prospective specimens and 292 retrospective specimens) were included in the performance analysis. The study demonstrated positive agreement of 98.4%, 97.9%, and 97.8% for Influenza A, Influenza B and RSV, respectively; and negative agreement of 96.5%, 99.4%, and 98.4% for Influenza A, Influenza B, and RSV, respectively.

		Comparator Test		
		Positive	Negative	Total
Liat	Positive	248	49 ^a	297
	Negative	4	1341	1345
Total		252	1390	1642

	%	95% CI
Positive Agreement	98.4%	(96.0% - 99.4%)
Negative Agreement	96.5%	(95.4% - 97.3%)

^a Forty-two **cobas[®] Influenza A/B & RSV** positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 18 were positive and 24 were negative by PCR/sequencing.

		Comparator Test		
		Positive	Negative	Total
Liat	Positive	137	9 ^a	146
	Negative	3	1493	1496
Total		140	1502	1642

	%	95% CI
Positive Agreement	97.9%	(93.9% - 99.3%)
Negative Agreement	99.4%	(98.9% - 99.7%)

^a Six **cobas[®] Influenza A/B & RSV** positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 5 were positive and 1 was negative by PCR/sequencing.

		Comparator Test		
		Positive	Negative	Total
Liat	Positive	179	23 ^a	202
	Negative	4	1436	1440
Total		183	1459	1642

	%	95% CI
Positive Agreement	97.8%	(94.5% - 99.1%)
Negative Agreement	98.4%	(97.6% - 98.9%)

^a Twenty-one **cobas[®] Influenza A/B & RSV** positive, lab-based RT-PCR negative specimens were tested by PCR/sequencing. Of these, 9 were positive and 12 were negative by PCR/sequencing.

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Additionally, a Device Performance with Analyte Concentrations Near Cutoff study was performed to assess the capability of CLIA waived site intended operators to test true negative, weak negative and weak positive samples and obtain accurate results. Influenza A, Influenza B, and RSV weak positive and weak negative concentrations were determined by dilution studies performed by professional operators using an FDA-cleared laboratory-based RT-PCR test. The weak negative sample is defined as the target concentration at which the professional operators of the laboratory-based RT-PCR test obtained negative results 95-99% of the time. The weak positive sample is defined as the target concentration at which the professional operators of the laboratory-based RT-PCR test obtained positive results 95-99% of the time. For a given target virus, the expected result for the true negative and the weak negative samples is “Not Detected,” while the expected result for the weak positive samples is “Detected.”

At least 60 weak positive and 60 weak negative samples for each of Influenza A, Influenza B and RSV, along with 90 true negative samples, were distributed equally among 3 CLIA waived sites and tested by intended operators using the **cobas[®] Influenza A/B & RSV** assay. The **cobas[®] Influenza A/B & RSV** assay yielded the expected results for 100% of Influenza A, Influenza B and RSV weak positive samples and true negative samples. For Influenza A, Influenza B and RSV weak negative samples, the **cobas[®] Influenza A/B & RSV** assay yielded the expected results in 27%, 0% and 3% of samples, respectively. Given that the weak negative samples indeed contain the target viruses, the higher than the expected positive detection rates by the **cobas[®] Influenza A/B & RSV** assay in the weak negative samples seem to suggest that the **cobas[®] Influenza A/B & RSV** assay has higher analytical sensitivity than the FDA-cleared laboratory-based RT-PCR test that was used in the characterization of the samples in this study.

Overall, the results demonstrate that CLIA waived site intended operators were able to test true negative, weak negative and weak positive samples using the **cobas[®] Influenza A/B & RSV** assay and obtain accurate results.

Sample Level	Untrained Intended Operators using the cobas[®] Influenza A/B & RSV assay								
	Inf A Detected	Inf A Not Detected	Inf B Detected	Inf B Not Detected	RSV Detected	RSV Not Detected	Inf A Agreement (95% CI)	Inf B Agreement (95% CI)	RSV Agreement (95% CI)
True Neg.	-	91 / 91	-	91 / 91	-	91 / 91	100% (96%-100%)	100% (96%-100%)	100% (96%-100%)
Inf A Weak Neg.	44 / 60	16 / 60	-	60 / 60	-	60 / 60	27% (17%-39%)	100% (94%-100%)	100% (94%-100%)
Inf A Weak Pos.	60 / 60	-	-	60 / 60	-	60 / 60	100% (94%-100%)	100% (94%-100%)	100% (94%-100%)
Inf B Weak Neg.	-	61 / 61	61 / 61	-	-	61 / 61	100% (94%-100%)	0% (0%-6%)	100% (94%-100%)
Inf B Weak Pos.	-	61 / 61	61 / 61	-	-	61 / 61	100% (94%-100%)	100% (94%-100%)	100% (94%-100%)
RSV Weak Neg	-	60 / 60	-	60 / 60	58 / 60	2 / 60	100% (94%-100%)	100% (94%-100%)	3% (1%-11%)
RSV Weak Pos.	-	60 / 60	-	60 / 60	60 / 60	-	100% (94%-100%)	100% (94%-100%)	100% (94%-100%)

Using risk analysis as a guide, analytical flex studies were conducted. The studies demonstrated that the test is insensitive to stresses of environmental conditions and potential user errors.

XII. Table of Symbols

Symbol	Used For	Symbol	Used For
	Consult instructions for use		Serial number
	<i>In Vitro</i> Diagnostic Medical Device		Use-by date
	Temperature Limit		Control
	Biological Risks		Negative Control
	Do not reuse		Positive Control
	Contains sufficient for <n> tests		Authorized Representative in the European community
	Catalog number		Distributed by
	Batch code		Manufacturer
	This product fulfills the requirements of Directive 98/79/EC on <i>in vitro</i> diagnostic medical devices		

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XIII. Manufacturer

Technical Support

If you have any questions or problems, please contact your Roche Service representative.

Test system problems may also be reported to the FDA through the MedWatch medical products reporting program (phone: 1-800-FDA-1088; fax: 1-800-FDA-0178; <http://www.fda.gov/medwatch>).

Trademarks and Patents

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