



June 11, 2021

Ron H. Lollar  
Quidel Corporation  
2005 East State Street, Suite 100  
Athens, OH 45701

Device: Sofia SARS Antigen FIA

Company: Quidel Corporation

EUA Number: EUA200742

Indication: Qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in direct anterior nasal swab specimens from individuals who are either suspected of COVID-19 by their healthcare provider within the first five days of the onset of symptoms, or from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over two or three days with at least 24 hours and no more than 36 hours between tests. Emergency use of this test is limited to authorized laboratories using the Sofia, Sofia 2 or Sofia Q instruments.

Authorized Laboratories: Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform high, moderate, or waived complexity tests. This test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Dear Mr. Lollar:

On May 8, 2020, based on your<sup>1</sup> request that the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the Sofia 2 SARS Antigen FIA for the qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasopharyngeal (NP) and nasal (NS) swab specimens directly or after the swabs have been added to viral transport media from individuals who are suspected of COVID-19 by their healthcare provider, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

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

Emergency use of this test was limited to authorized laboratories<sup>2</sup> and other authorized testing locations using the Sofia 2 Instrument. Based on your request FDA granted updates to the authorized labeling at your request on June 9, 2020 and July 17, 2020.<sup>3,4</sup> In addition, based on your request, the May 8, 2020, letter was revised and reissued by FDA on April 1, 2021.<sup>5</sup>

On March 31, 2021, you requested to amend your EUA. Based on that request, and having concluded that revising the April 1, 2021, EUA is appropriate to protect the public health or safety under section 564(g)(2)(C) of the Act (21 U.S.C. § 360bbb-3(g)(2)(C)), FDA is reissuing the April 1, 2021, letter in its entirety with the revisions incorporated.<sup>6</sup> Pursuant to section 564 of the Act and the Scope of Authorization (Section II) and Conditions of Authorization (Section IV) of this reissued letter, your product<sup>7</sup> is now authorized for use consistent with the indication described above.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of

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<sup>2</sup> The May 8, 2020, letter defined “Authorized Laboratories” as laboratories “certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform high, moderate, or waived complexity tests. This test was authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.”

<sup>3</sup> On June 9, 2020, your request was granted to updated the authorized labeling to: (1) specify in the Intended Use specific transport media, either Copan UTM or the CDC’s formulation of VTM, for use with the test, (2) add the Sofia Instrument in addition to the Sofia 2 Instrument and include the additional performance testing, (3) update the name of the test from “Sofia 2 SARS Antigen FIA” to the “Sofia SARS Antigen FIA”, (4) add results of cross reactivity, endogenous interference substances, and some additional clinical data requested as part of the conditions of authorization, (5) update the Healthcare Provider and Patient Fact Sheets, accordingly, and (6) other minor edits and clarifications.

<sup>4</sup> On July 17, 2020, your request was granted to updated the authorized labeling to: (1) claim use of only direct nasopharyngeal (NP) and nasal (NS) swab specimens and remove the use of viral transport media (VTM) in the intended use and associated updated to the IFU, (2) update the clinical performance section in the IFU to include direct nasal performance and remove studies relating to spiked swabs and frozen VTM, (3) include in the intended use testing of individuals “within the first five days of the onset of symptoms,” (4) update the Healthcare Provider and Patient Fact Sheets, accordingly, and (5) other minor edits and clarifications.

<sup>5</sup> On April 1, 2021, the revisions to the May 8, 2020, letter and authorized labeling included: (1) revisions to the intended use and authorized labeling documents, including the Fact Sheet for Healthcare Providers and Fact Sheet for Patients to reflect current information known about serial testing as outlined in the March 16, 2021, FDA “Supplemental Template for Developers of Molecular and Antigen Diagnostic COVID-19 Tests for Screening with Serial Testing” (<https://www.fda.gov/media/146695/download>), which includes testing of individuals without symptoms or other epidemiological reasons to suspect COVID-19, (2) revisions to the intended use and authorized labeling documents, including the Fact Sheet for Healthcare Providers and Fact Sheet for Patients to remove nasopharyngeal (NP) swab specimens as an authorized specimen, and (3) updates to the Conditions of Authorization to require a post-authorization clinical study to support the serial testing claim, consolidation of several conditions in new condition K below, new conditions related to lot release, deletion of conditions previously fulfilled (on June 9, 2020), and to use language consistent with recent authorizations.

<sup>6</sup> The revisions to the April 1, 2021, letter and authorized labeling include: (1) revisions to the intended use and authorized labeling documents, to include use of the Sofia Q instrument, the Sofia Q instrument instruction manual, and associated Sofia Q application (App) for use with the Sofia SARS Antigen FIA, and (2) minor updates to web links provided in the Fact Sheet for Healthcare Providers.

<sup>7</sup> For ease of reference, this letter will use the term “your product” to refer to the Sofia SARS Antigen FIA used for the indication identified above.

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>8</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 included in the “Sofia SARS Antigen FIA” 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 COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, outweigh the known and potential risks of your product; and,
3. There is no adequate, approved, and available alternative to the emergency use of your product.<sup>9</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 lateral flow immunofluorescent sandwich assay that is used with the Sofia, Sofia 2 and Sofia Q Instrument intended for the qualitative detection of the nucleocapsid protein antigen in direct anterior nasal swab specimens from individuals who are either suspected of COVID-19 by their healthcare provider within the first five days of the onset of symptoms, or

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<sup>8</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).

<sup>9</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over two or three days with at least 24 hours and no more than 36 hours between tests. Your product does not differentiate between SARS-CoV and SARS-CoV-2. The SARS-CoV-2 nucleocapsid protein antigen is generally detectable in upper respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of viral antigens, but clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. Negative results should be treated as presumptive, do not rule out SARS-CoV-2 infection, and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Negative results should be considered in the context of a patient's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19, and confirmed with a molecular assay, if necessary, for patient management. For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary, if there is a high likelihood of SARS-CoV-2 infection, such in an individual with as a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to SARS-CoV-2 or residing in communities with low prevalence of infection.

Testing of anterior nasal swab specimens using your product run on either the Sofia or Sofia 2 instruments as outlined in the "Sofia SARS Antigen FIA" Instructions for Use, is limited to laboratories certified under CLIA, 42 U.S.C. §263a, that meet the requirements to perform high, moderate, or waived complexity tests. This test is authorized for use at the POC, i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

To use your product, the specimen is first placed in the Reagent Tube, during which time virus particles present in the specimen are disrupted, exposing internal viral nucleoproteins. After disruption, the specimen is dispensed into the sample well of the lateral flow Test Cassette. From the sample well, the sample migrates through a test strip containing various unique chemical environments. If SARS-CoV or SARS-CoV-2 viral antigen is present, they will be trapped in a specific location. Test results of the lateral flow Test Cassettes are read using either the Sofia, Sofia 2 or Sofia Q (when used in combination with the Sofia Q" instrument manual and the Sofia Q App downloaded on a compatible smart phone)<sup>10</sup> instruments at 15 minutes, or other authorized instrument. The Sofia SARS Antigen FIA test includes the following materials or other authorized materials: Individually Packaged Test Cassettes, Reagent Tubes, Reagent Solution, Sterile Nasal Swabs, Small, Clear 120 µL Fixed Volume Pipettes, SARS Positive Control Swab, and Negative Control Swab.

Your product requires the following control materials, or other authorized control materials (as may be requested under Condition K. below), that are processed in the same way as the specimens and are run as outlined in the Instructions for Use:

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<sup>10</sup> Compatible smart phone includes Apple iPhone 8 and newer models, running Operation System (OS) 13 or later versions of the OS, and additional smart phone models as may be requested, and for which you receive appropriate authorization, in accordance with Condition K below.

- SARS Positive Control Swab - swab is coated with non-infectious recombinant SARS antigens. The positive control is used to monitor for failures of test cassette reagents and reaction conditions.
- Negative Control Swab - swab is coated with heat-inactivated, non-infectious Streptococcus C antigen.

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

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

- Fact Sheet for Healthcare Providers: Sofia SARS Antigen FIA – Quidel Corporation
- Fact Sheet for Patients: Sofia SARS Antigen FIA – Quidel Corporation

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

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

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

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

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

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

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

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

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

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

#### **Quidel Corporation (You) and Authorized Distributor(s)<sup>11</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)); any appropriate limitations on the use of the device including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).
- B. You and authorized distributor(s) must make your product available with the authorized labeling to authorized laboratories.
- C. You and authorized distributor(s) must make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Patients.
- D. You and authorized distributor(s) must include a physical copy of the authorized “Sofia SARS Antigen FIA” Instructions for Use and the “Sofia SARS Antigen FIA Quick Reference Instructions” with each shipped product to authorized laboratories, and must make the authorized “Sofia Q” instrument manual labeling electronically available with the opportunity to request a copy in paper form, and after such request, you must promptly provide the requested information without additional cost.
- E. You and authorized distributor(s) must inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.

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<sup>11</sup> “Authorized Distributor(s)” are identified by you, Quidel Corporation, in your EUA submission as an entity allowed to distribute your product.

- F. Through a process of inventory control, you and authorized distributor(s) must maintain records of the authorized laboratories to which they distribute the test and number of tests they distribute.
- G. You and authorized distributor(s) must collect information on the performance of your product. You must report 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) (via email: [CDRH-EUA-Reporting@fda.hhs.gov](mailto:CDRH-EUA-Reporting@fda.hhs.gov)) 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.
- H. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.

**Quidel Corporation (You)**

- I. You must notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- J. You must provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent amendments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- K. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling, and shall not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to DMD/OHT7-OIR/OPEQ/CDRH and require appropriate authorization from FDA prior to implementation.
- L. You must comply with the following requirements under FDA regulations: 21 CFR 820 Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- M. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.
- N. If requested by FDA, you must submit lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your

product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide it within 48 hours of the request.

- O. You must evaluate the analytical limit of detection and assess traceability<sup>12</sup> of your product with any FDA-recommended reference material(s). After submission to and concurrence with the data by FDA, you must update labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- P. You must evaluate the clinical performance of your product to support the serial screening claim in an FDA agreed upon post authorization clinical evaluation study within 4 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to and concurrence with the data by FDA, you must update the authorized labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You must have a process in place to track adverse events, including any occurrence of false results and report to FDA in accordance with 21 CFR Part 803.

#### **Authorized Laboratories**

- R. Authorized laboratories using your product must include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- S. Authorized laboratories using your product must use your product as outlined in the authorized labeling. Deviations from the authorized procedures, including the authorized instruments, authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- T. Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- U. Authorized laboratories using your product must have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- V. Authorized laboratories must collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: [CDRH-EUA-Reporting@fda.hhs.gov](mailto:CDRH-EUA-Reporting@fda.hhs.gov)) and you ([QDL.COVID2.test.event.report@quidel.com](mailto:QDL.COVID2.test.event.report@quidel.com)), or via phone by contacting Quidel Customer Support Services at 800.874.1517 (in the U.S.) or 858.552.1100) 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.

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<sup>12</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.



- W. All operators using your product must be appropriately trained in performing and interpreting the results of your product, use appropriate personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling.

**Quidel Corporation (You), Authorized Distributor(s) and Authorized Laboratories**

- X. You, authorized distributor(s), and authorized laboratories using your product must ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

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

- Y. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act and FDA implementing regulations.
- Z. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2.
- AA. All descriptive printed matter, advertising and promotional materials relating to the use of your product shall clearly and conspicuously state that:
- This product has not been FDA cleared or approved; but has been authorized for emergency use by FDA under an EUA for use by authorized laboratories;
  - This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens; and,
  - The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.

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

**V. Duration of Authorization**

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostics for detection and/or diagnosis of the

virus that causes 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