

ViroReal[®] Kit Influenza A/B

Instructions for Use



CE

IVD For *in vitro* diagnostic use

REF DHUV00253

Σ 50 reactions



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Explanation of symbols

	Batch code		Use by date
	Catalogue number		Manufacturer
	Contains sufficient for <n> tests		Temperature limit (Store at)
	This product fulfils the requirements of the European Directive 98/79 EC for <i>in vitro</i> diagnostic medical devices		In vitro diagnostic medical device
	Consult instructions for use		Unique device identifier
	Keep away from sunlight		Contents
	Corrosion, GHS05		Exclamation mark, GHS07

1. Intended purpose

ViroReal® Kit Influenza A/B is a non-automated IVD test, based on one-step reverse transcription real-time PCR (RT-PCR), for the qualitative detection of RNA of the matrix protein gene of influenza A virus and the hemagglutinin gene of influenza B virus.

Proper specimens are RNA extracts of samples from the human upper respiratory tract (nasal swabs, nasopharyngeal swabs and oropharyngeal swabs).

This test is suitable for patients of all ages with suspected influenza A or B virus infection and is intended as an aid in the diagnosis of these pathogens in combination with patient history and additional clinical information.

The test is for professional use only and the use is limited to qualified personnel instructed in real-time PCR and *in vitro* diagnostic procedures.

2. Product description

ViroReal® Kit Influenza A/B is a real-time PCR test and detects RNA of the matrix protein gene of influenza A virus and the hemagglutinin gene of influenza B virus.

A probe-specific amplification-curve in the FAM channel (530 nm) indicates the amplification of influenza A virus specific RNA. A probe-specific amplification-curve in the VIC channel (554 nm) indicates the amplification of influenza B virus specific RNA. An internal RNA positive control (RNA IPC) is detected in Cy5 channel and is used as RNA extraction as well as RT-PCR inhibition control. The target for the RNA IPC (artificial target RNA) is added during extraction of the sample.

This test has been validated with the ABI® 7500 instrument (fast cycle parameters are not supported, Thermo Fisher Scientific) and was also tested with QuantStudio™ 7 Pro (Thermo Fisher Scientific), MIC instrument (bio molecular systems) and LightCycler® 480 II (Roche Diagnostics). It is also compatible with other real-time PCR instruments which detect and differentiate fluorescence in FAM, VIC and Cy5 channel (e.g., QuantStudio™ 5, Mx3005P® (Agilent), qTOWER³G (Analytik Jena), cobas z 480 Analyzer (Roche)).

When using PCR-platforms not tested by ingenetix, an evaluation of the multiplex-PCR shall be done. Keep in mind that some PCR-platforms first have to be calibrated with the corresponding dye before performing multiplex-PCR.

Ingenetix ViroReal®, BactoReal®, MycoReal®, PanReal and ParoReal Kits are optimized to run under the same thermal cycling conditions. RNA and DNA can be analysed in one run.

3. Pathogen information

Influenza is an acute infectious disease caused by influenza virus A, B or, to a much lesser extent, influenza virus C. Influenza viruses are enveloped viruses with single-stranded, segmented RNA with negative polarity as genome. These viruses can be found worldwide. Epidemics and pandemics are mainly caused by influenza virus A, due to antigenic drift of the hemagglutinin and neuraminidase molecules. Type B and C influenza viruses are isolated almost exclusively from humans, while influenza A viruses infect a wide variety of warm-blooded animals.

4. Principle of one-step reverse transcription real-time PCR

The test is based on multiplex one-step reverse transcription real-time PCR (RT-PCR) by 5'-nuclease-assay technology. In a first step, a specific RNA sequence is transcribed into cDNA and subsequently the DNA is amplified. The generated PCR-products are detected by an oligonucleotide-probe labelled with a fluorescent dye (FAM, VIC, Cy5). This allows the sequence-specific detection of PCR amplicates.

During PCR, primers are extended by *Taq* polymerase and probes hybridized to the target are cleaved by the 5'-exonuclease activity of *Taq* polymerase. According to the accumulation of PCR product, the fluorescence of the probe increases with each PCR cycle. The change in fluorescence of the different dyes

is recorded cycle by cycle in the real-time PCR instrument in the closed reaction tube at different fluorescence wavelengths.

The Ct value (Ct = Cycle threshold, Cq = Quantification cycle, Cp = Crossing point) describes the cycle at which the fluorescence rises significantly above the background fluorescence.

5. Contents of the kit, stability and storage

Labelling	Content	Amount	Storage
Influenza A/B + IPC3 Assay Mix (green cap)	Primer + probes for detection of - Influenza A virus (FAM) - Influenza B virus (VIC) - RNA IPC (Cy5)	1 x 50 µl	-25 to -15 °C
RNA IPC Target (orange cap)	Target for RNA IPC (internal RNA positive control system)	1 x 200 µl	-25 to -15 °C
Influenza A/B Positive Control (red cap)	RNA positive control (approx. 10 ³ copies/µl each)	1 x 300 µl	-25 to -15 °C
RNA Reaction Mix (white cap)	RNA reaction mix	1 x 250 µl	-25 to -15 °C
Nuclease-free water (blue cap)	Nuclease-free water	1 x 1000 µl	-25 to -15 °C

RNA Reaction Mix: The Master Mix provided with the kit has been designed for reliable, high-sensitivity one-step reverse transcription real-time PCR even in the presence of common reaction inhibitors. The Master Mix contains a thermostable MMLV Reverse Transcriptase, an RNase inhibitor, a highly purified Taq Polymerase for rapid hot-start PCR, dNTPs, ROX™ dye (passive reference) and buffer components – additives optimized to handle RT-PCR inhibitors.

Delivery and Storage

Shipment of the kit is with dry ice.

The kit is stable until the expiry date stated on the label. Store kit protected from light.

Quality Control Release Testing

In accordance with the ISO 13485-certified Quality Management System of ingenetix, each lot is tested against predetermined specifications to ensure consistent product quality.

Quality control is performed with two artificial RNAs representing parts of the pathogen RNA. The RNA concentration was determined using a standard curve of a plasmid containing parts of the pathogen sequence. The DNA concentration of the plasmid was determined at an OD of 260 nm and the copy number was calculated.

6. Additionally required materials and devices

- Reagents and devices for RNA-extraction appropriate for the listed sample material (see 9. Preparation of the samples)
- Optional: Nuclease-free water for dilution of RNA IPC Target
- Powder-free disposable gloves
- Pipettes (adjustable)
- Filter pipette tips
- Real-time PCR instrument which is able to detect and differentiate fluorescence in FAM, VIC and Cy5 channel.
- Appropriate 96 well reaction plates or reaction tubes with corresponding (optical) closing material.

7. Precautions and safety information

- For *in vitro* diagnostic use. The use of this kit is limited to qualified personnel instructed in real-time PCR and *in vitro* diagnostic procedures.
- Transportation of clinical specimens must comply with local regulations for the transport of etiologic agents.
- Improper collection, transport or storage of specimens may hinder the ability of the assay to detect the target sequences.
- The real-time PCR instrument should be serviced and cleaned regularly.
- Clean benches and devices periodically.
- Use sterile filter pipette tips and powder-free disposable gloves.
- Specimens should be handled as if infectious in accordance with safe laboratory procedures. Wear protective powder-free disposable gloves when handling kit reagents and specimens.
- Use separate areas for specimen preparation, reagent preparation and amplification. Supplies and equipment must be dedicated to each of these separate areas and ensure workflow in the laboratory from pre- to post-PCR.
- Be careful when handling samples and positive control to avoid cross contamination. Change gloves after handling of samples or positive control.
- Store positive or potentially positive material separately from reagents.
- Prevent contamination of work equipment and reagents with DNA/RNA, nuclease or amplification products by good laboratory practice.
- Quality of RNA has a profound impact on the test performance. Ensure that the used RNA extraction system is compatible with RT real-time PCR technology.
- For a valid interpretation of results, a negative control must be included during RNA-extraction (e.g., extraction of water instead of sample material) and tested per PCR-run, in order to exclude false-positive results due to contamination with pathogen RNA during extraction.
- Optional: include a negative control of PCR per PCR-run (nuclease-free water instead of sample, NTC).
- Do not mix reagents of different kits and lots and check expiry date of the kits.
- Use established laboratory practices according to your local safety regulations for discarding specimens, reagents and waste disposal.
- **Caution:** RNA IPC Target is stored in RNA/DNA stabilizer which contains DTT/Guanidinium thiocyanate/Triton X-100 (see MSDS, www.ingenetix.com).

8. Limitations

- Reliable results with this test are only achieved by appropriate specimen collection, transport and storage, as well as an appropriate RNA extraction procedure.
- RNA extraction and influenza virus detection have been validated for nasopharyngeal swabs with this kit. Test performance with other specimen types has not yet been assessed.
- A negative test result does not exclude the possibility of influenza infection, because test results may be affected by improper specimen collection, technical error, specimen mix-up or viral quantities below the assay sensitivity. The presence of PCR inhibitors may lead to invalid results.
- For this kit highly specific primers and probes have been selected. However, false-negative or less sensitive results might be obtained due to sequence heterogeneity within the target region of yet unknown clinical subtypes.
- Results should be interpreted in context of other clinical and laboratory findings.

9. Preparation of samples

ViroReal® Kit Influenza A/B is suitable for analysis of RNA extracts of samples from the upper human respiratory tract (nasal swabs, nasopharyngeal swabs and oropharyngeal swabs).

Sample collection and storage:

- Samples from the respiratory tract can be stored in microcentrifuge tubes. Swabs are stored either dry or in isotonic saline solution (NaCl 0.9%, not provided). Swabs can be collected with swab material proper for PCR (e.g., sterile polyester or rayon swabs with aluminium or plastic shaft). It is recommended to process samples immediately after collection. Store samples at 2-8 °C for no longer than 48 hours. Do not freeze samples prior to extraction.

Purified RNA should be stored at -25 to -15 °C or at -80 °C.

Extract samples with an RNA extraction system compatible with RT real-time PCR technology and appropriate for the sample material. Extract RNA from 140-200 µl sample (depending on the extraction method) and elute in approx. 50 µl.

- For manual extraction recommended: QIAamp Viral RNA Mini Kit (Qiagen)

When using extraction methods not recommended by ingenetix, an evaluation of the extraction method must be performed.

Always include an extraction negative control during RNA-extraction (e.g., extraction of water instead of sample material).

Quality control for RNA extraction and RT PCR inhibition

The RNA IPC system (internal RNA positive control) is used as a control for RNA extraction, identifies possible RT PCR inhibition and confirms the integrity of kit reagents. An artificial RNA (IPC Target, approx. 6×10^5 copies/µl) is added during extraction and detected in Cy5 channel. The RNA IPC Target is stored in RNA/DNA stabilizer. This stabilizer crystallizes by repeated freeze/thaw cycles and can be dissolved again by briefly warming up to approx. 50 °C.

→ **For control of RNA extraction and RT real-time PCR:** the RNA IPC Target must be added during extraction. Spike 1 µl of undiluted RNA IPC Target (orange cap) into the sample material after the lysis buffer was added (or spike to the sample after the lysis buffer has been pipetted to the sample), then continue the extraction procedure.

Caution: The undiluted RNA IPC Target shall not be added to sample material in the absence of lysis buffer, as degradation may occur. It must be added to the lysis buffer.

→ If the RNA IPC Target has not been added during extraction, it can be added at a later stage to the PCR master mix as quality control for the RT PCR reaction. In this case, freshly dilute the RNA IPC target 1:500 with nuclease-free water and add 1 µl of the dilution/PCR reaction (approx. 1200 target copies).

Caution: The RNA IPC Target shall not be added to the master mix undiluted.

10. Preparation of real-time PCR

- Include one positive control (red cap), one extraction negative control and optional one negative control of PCR (nuclease-free water) per PCR run.
- It is generally recommended to analyse samples in duplicates, which increases the probability of pathogen detection and facilitates interpretation of results.
- Best use RNA immediately after extraction and always keep it on ice. Alternatively, use RNA stored at -80 °C to -15 °C. Thaw RNA on ice, avoid prolonged exposure to room temperature and immediately refreeze the RNA after use.
- Just before use, thaw the RNA Reaction Mix on ice, and invert 2 to 3 times to ensure a homogenous solution. The RNA Reaction Mix does not freeze at -20°C, but gelling may occur. The RNA reaction mix should not be warmed to room temperature. Thaw the other kit components completely at room temperature. When thawed, mix components carefully, centrifuge briefly with low speed and subsequently put on ice. Prepare Master Mix for RT-PCR on ice.
- **Positive Control**
→ As positive control, use 10 µl of the Positive Control (red cap). Always, pipette positive control at last. Influenza A/B Positive Control is a mixture of two *in vitro* synthesized RNAs. It contains an RNA fragment of influenza A virus and of influenza B virus with a concentration of approx. 10³ copies/µl each. It has to be stored at -20 °C. Before use, gently mix Positive Control, do not vortex. To avoid frequent freeze/thaw cycles, it can also be temporarily stored at 4 °C if used several times on the same day.

10.1. Pipetting scheme

		Per sample
Preparation of Master Mix (mix well)	Nuclease-free Water*	4.0 µl
	RNA Reaction Mix	5.0 µl
	Influenza A/B + IPC3 Assay Mix	1.0 µl
	Total volume Master Mix	10.0 µl
Preparation of PCR	Master Mix	10.0 µl
	RNA-Sample*	10.0 µl
	Total volume	20.0 µl

*10 µl sample can be used. When using a volume other than 10 µl, the volume of nuclease free water has to be adjusted accordingly.

→ **If RNA IPC Target was not added during extraction:** Freshly dilute the RNA IPC Target (orange cap) **1:500** with nuclease-free water and add 1 µl per sample directly to the master mix. In this case, the RNA IPC target is used as a quality control for the RT PCR reaction.

Caution: The use of more than 1 µl 1:500 diluted RNA IPC Target per reaction causes inhibition of the real-time PCR reaction.

- Prepare the Master Mix according to the number of samples, calculating an additional volume of approx. 10% to account for pipetting loss.
- Pipette 10 µl of the prepared Master Mix per sample into the well of the optical reaction plate.
- Then add 10 µl of the extracted sample or controls. Pipette the positive control at last.
- Seal the plate with a suitable optical sealing material.
- Vortex the sealed plate for 1-2 seconds and briefly centrifuge the plate.

10.2. Programming of temperature profile

Further information on programming the real-time PCR instrument can be found in the respective operator's manual. Keep in mind that some PCR-platforms have to be calibrated with the corresponding dye before performing a multiplex-PCR.

Temperature Profile:

Program 1	Program 2	Program 3
Cycles: 1 Analysis: None	Cycles: 1 Analysis: None	Cycles: 45 Analysis: Quantification Acquisition at 60°C
50 °C 15 min	95 °C 2 min ¹	95 °C 5 sec 60 °C 1 min

For ABI® 7500, QuantStudio™ 5/6/7:
Ramp speed: "Standard", without "fast cycling"

¹The previous temperature profile with 20 sec in program 2 can still be used.

Note: This temperature profile can be used for all ingenetix ViroReal®, BactoReal®, MycoReal®, ParoReal and PanReal kits for the detection of RNA or DNA.

Select detection channels:

FAM-TAMRA: Detection of influenza A virus

VIC-NONE: Detection of influenza B virus

Cy5-NONE: Detection of RNA IPC

Passive reference dye, if needed (depends on device): ROX (e.g., ABI® 7500, QuantStudio™ 5/6/7, Mx3005P®)

For MIC Instrument (bio molecular systems):

FAM: Green

VIC: Yellow

Cy5: Red

No ROX as passive reference dye needed

For cobas z 480 Analyzer (Roche):

FAM: Excitation at 465 nm, Emission at 510 nm

VIC: Excitation at 540 nm, Emission at 580 nm

Cy5: Excitation at 610 nm, Emission at 670 nm

Detection format: 3 Color Hydrolysis Probe, no passive reference dye needed.

For LightCycler® 480 II (Roche):

FAM: Excitation at 465, Emission at 510 nm

VIC: Excitation at 533, Emission at 580 nm

Cy5: Excitation at 618, Emission at 660 nm

After analysis of Cy5 channel, a color compensation for FAM and VIC has to be selected from the Roche database.

Detection format: 3 Color Hydrolysis Probe, no passive reference dye needed.

11. Interpretation of PCR-data

For the analysis of the PCR results, select the fluorescence display options FAM and VIC channel for the pathogen target and Cy5 channel for the RNA IPC Target. Please note that some PCR platforms require a color compensation for a multiplex PCR with FAM, VIC and Cy5.

Samples with Cq-values < 45 in the fluorescence channel for the pathogen are considered positive (quantification cycle (Cq) = cycle threshold (Ct) = crossing point (Cp)).

Samples without amplification curves (no Cq values, undetermined) are regarded as negative. No RNA was detected in these samples because there is no infection with influenza A virus or influenza B virus or the pathogen RNA concentration is below the detection limit of the test.

IMPORTANT: Please, also check amplification curves, not only Cq-values. Samples should be inspected both in logarithmic (Roche instrument: Abs Quant/Fit Points) and linear scale view and compared with the negative control. Adjust the Threshold (noise band), if necessary. After you have saved the new settings, export the data. For the cobas z 480 Analyzer, export tables per dye.

Table 1 shows the criteria for valid positive and negative controls. Table 2 shows interpretation of data with clinical samples.

11.1. Controls

Table 1 Criteria for valid positive and negative controls, RNA IPC Target was added during extraction

	Cq FAM channel Influenza A virus	Cq VIC channel Influenza B virus	Cq Cy5 channel RNA IPC target ¹	Interpretation	Action
Positive control	24-26	25-27	Negative	Valid	-
Positive control	Negative	Negative	Negative	Invalid	See 12.1
Positive control	24-26	Negative	Negative	Invalid	See 12.1
Positive control	Negative	25-27	Negative	Invalid	See 12.1
Positive control	24-26	25-27	Positive	Invalid	See 12.4
Extraction negative control	Negative	Negative	22-26 ²	Valid	-
Extraction negative control	Negative	Negative	Negative	Invalid	See 12.1
Extraction negative control	Positive	Positive	22-26 ²	Invalid	See 12.3
Extraction negative control	Positive	Negative	22-26 ²	Invalid	See 12.3
Extraction negative control	Negative	Positive	22-26 ²	Invalid	See 12.3
Negative control ³	Negative	Negative	Negative	Valid	-
Negative control ³	Positive	Positive	Negative	Invalid	See 12.2
Negative control ³	Negative	Positive	Negative	Invalid	See 12.2
Negative control ³	Positive	Negative	Negative	Invalid	See 12.2
Negative control ³	Negative	Negative	Positive	Invalid	See 12.4

¹ If the RNA IPC Target was added directly to the master mix, all samples in the Cy5 channel must be positive.

² Cq values of the IPC are dependent on the extraction method. If the RNA IPC Target is added 1:500 to the master mix, Cq values are 27-30.

³ Optional

Assessment of clinical specimen test results should be performed after the positive and negative controls have been examined and determined to be valid. If results of controls are not valid, no interpretation of results with clinical samples is possible.

11.2. Clinical samples

Samples with positive Cq-values are considered positive, see Table 2.

Table 2 Interpretation of data with clinical samples

	Cq FAM channel Influenza A virus	Cq VIC channel Influenza B virus	Cq Cy5 channel RNA IPC target	Interpretation	Action
Clinical sample	Negative	Negative	22-26 ¹	Negative	-
Clinical sample	Positive	Positive	Positive/Negative ²	Positive for Influenza A virus + Influenza B virus	-
Clinical sample	Positive	Negative	Positive/Negative ²	Influenza A virus	-
Clinical sample	Negative	Positive	Positive/Negative ²	Influenza B virus	-
Clinical sample	Negative	Negative	Negative	Invalid	See 12.5

¹ A positive signal of the RNA IPC excludes potential PCR inhibition. However, IPC Cq-values should show comparable results among samples. A shift of Cq- values can indicate a partial inhibition of PCR. Cq values of the IPC are dependent on the extraction method. If the RNA IPC Target is added 1:500 to the master mix, Cq values are 27-30.

² High pathogen load in the sample can lead to a reduced or absent fluorescence signal of the RNA IPC.

In case of invalid data, analysis has to be repeated with the remaining or newly extracted RNA sample (see 12. Troubleshooting).

12. Troubleshooting

12.1. No virus specific signal with positive control and with IPC (FAM, VIC and Cy5 channel)

- Incorrect programming of the temperature profile or incorrect setting of detection channels on the real-time PCR instrument.
 - Compare temperature profile and setting of detection channels with details specified in the protocol.
- Incorrect configuration of the PCR reaction.
 - → Check your pipetting steps with the pipetting scheme and repeat PCR, if necessary.
 - The RNA may have been degraded.
- The RNA IPC Target was added undiluted directly to the mastermix and not freshly diluted 1:500. The PCR reaction is therefore inhibited.
 - Freshly dilute RNA IPC Target 1:500 and repeat PCR.
- No Positive Control was added.
 - Repeat PCR in case all clinical samples are negative.
- For control of the reverse transcription real-time PCR only, 1 µl of freshly 1:500 diluted RNA IPC Target has to be added to the mastermix. If the RNA IPC Target has been forgotten to be added:
 - Freshly dilute RNA IPC Target and repeat PCR.
- For control of RNA extraction and PCR inhibition, the undiluted RNA IPC Target must be added during extraction to the lysis buffer. If no RNA IPC Target was added to lysis buffer during extraction:
 - Repeat RNA extraction.

12.2. Virus specific signal (FAM and/or VIC channel) with negative control

- A contamination occurred during preparation of the RT-PCR.
 - Repeat the RT-PCR with new reagents in replicates.
 - Strictly pipette positive control at last.
 - Make sure that workspace and instruments are cleaned at regular intervals.

12.3. Virus specific signal (FAM and/or VIC channel) with negative control of extraction

- A contamination occurred during extraction.
 - Repeat RNA extraction and RT-PCR using new reagents.
 - Make sure that workspace and instruments are cleaned at regular intervals.

12.4. IPC specific signal (Cy5 channel) with negative control and positive control

- The RNA IPC Target has been added to lysis buffer during extraction, but there is IPC specific signal with negative control and positive control: Contamination with the RNA IPC Target.
→ Make sure that workspace and instruments are cleaned at regular intervals.

12.5. No signal with IPC and no virus specific signal with sample (Cy5 and FAM and/or VIC channel)

- Incorrect assignment of detection channels in sample.
→ Please verify the correct assignment of detection channels.
- Incorrect RT-PCR conditions.
→ Check the RT-PCR conditions and repeat the RT-PCR, if necessary.
- The RNA might be degraded.
- If RNA IPC Target was added during extraction:
 - Inhibition of RT-PCR may have occurred.
 - RNA extraction was unsuccessful.
 - The RNA IPC target was not added to the lysis buffer of the sample.
 - The extracted sample was not added to the RT-PCR reaction.
→ No statement is possible. Verify you use a recommended method for RNA isolation and re-examine the single steps of the RNA extraction.
- → If no operating mistakes during RNA extractions can be retraced, it is recommended to repeat the RT-PCR with lower amounts of RNA-eluate (1/5 or 1/10 of sample volume + the adequate volume of nuclease-free water).

13. Specifications and performance evaluation

13.1. Test performance with different rel-time PCR instruments

Performance of ViroReal® Kit Influenza A/B with an ABI® 7500 Real-time PCR System (Thermo Fisher Scientific) is shown in Figure 1.

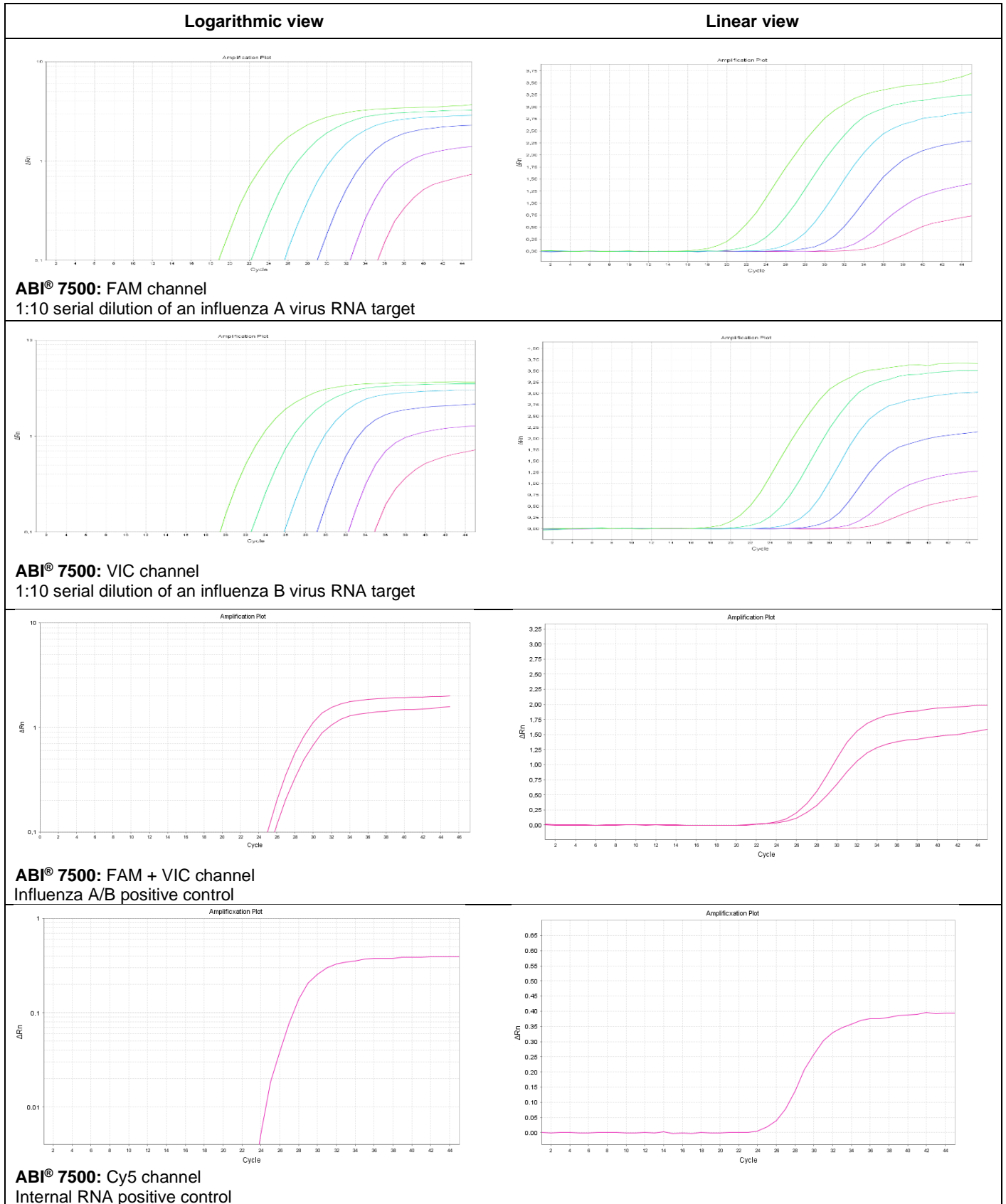


Figure 1 Performance of ViroReal® Kit Influenza A/B with ABI® 7500

This test has been validated with the ABI® 7500 Real-time PCR System (Thermo Fisher Scientific) and tested with a LightCycler® 480 Instrument II (Roche), MIC instrument (bio molecular systems) and QuantStudio™ 7 Pro (Thermo Fisher Scientific), but is also compatible with other real-time PCR instruments which detect and differentiate fluorescence in FAM, VIC and Cy5 channel.

13.2. Limit of detection, LoD

Method: The limit of detection (LoD₉₅ = smallest number of copies of target RNA which can be detected in 95% of cases) was determined by testing two certified reference RNA samples with known concentrations of influenza A virus and influenza B virus. Twenty replicates of at four different concentrations around the expected detection limit were tested (20, 15, 10 and 5 copies/reaction). Calculation was performed with a non-linear (logistic) curve fit using GraphPad Prism Software.

Result: The LoD₉₅ is 5.7 target copies/reaction for influenza A virus and 6.0 target copies/reaction for influenza B virus.

13.3. Linearity and dynamic measuring range

Method: Linearity of ViroReal® Kit Influenza A/B was determined with 10-fold dilution series ($10^6 - 10^1$ target copies/reaction) of synthetic RNAs representing a fragment of influenza A virus and influenza B virus RNA, respectively. The number of determinations (n) per dilution was four.

Result: The assay shows linearity for influenza A virus between 10 - 1,000,000 target copies/reaction with a slope of -3.434 ± 0.03884 and an R^2 of 0.99 and linearity for influenza B virus between 10 - 1,000,000 target copies/reaction with a slope of -3.166 ± 0.02417 and an R^2 of 0.99 (Figure 2).

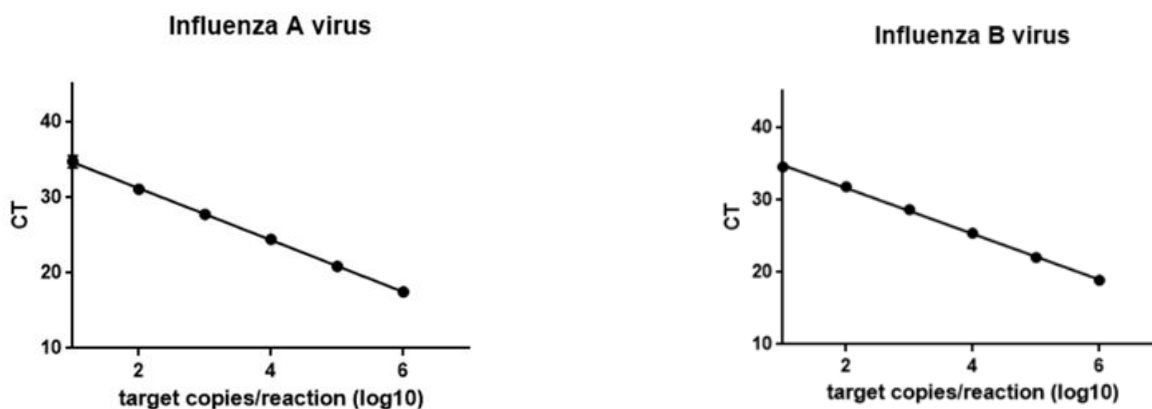


Figure 2 Ten-fold dilution series of influenza A virus and influenza A virus RNA plotted against CT

13.4. Precision

Method: Precision within a run (intra-assay), between multiple runs (inter-assay) and between two lots (inter-lot) was determined.

Result: For influenza A virus, the mean values of the coefficients of variation (CV%) are 0.8% for intra-assay precision, 1.9% for inter-assay precision and 0.9% for inter-lot precision. For influenza B virus, the mean values of the coefficients of variation (CV%) are 0.4% for intra-assay precision, 0.7% for inter-assay precision and 0.3% for inter-lot precision.

13.5. Analytical specificity

Method BLAST analysis: The selection of highly specific primers and probes ensures analytical specificity. The specificity of primer and probes was validated *in silico* using the Basic Local Alignment Tool (BLAST) against the NCBI database. Primers and probes have been checked for possible homologies to currently published sequences. This analysis validates the detection of so far known known influenza A and B virus strains.

Result: For the matrix protein gene of the influenza A virus a highly conserved region in known influenza A virus strains was chosen as target region. The matrix protein is one of the slowest-evolving proteins encoded by the influenza virus genome. False-negative or less sensitive results might be obtained due to sequence

heterogeneity within the target region of some subtypes of influenza A virus, mainly those infecting cats, birds and swine.

For the hemagglutinin protein gene of the influenza B virus a highly conserved region in known influenza B virus strains was chosen as target region. BLAST analyses revealed no relevant mismatches in primer and probe binding sites of so far known strains.

Method testing inclusivity: RNA of defined influenza A virus isolates (n=6) and influenza B virus isolates (n=8) has been tested

Result: All isolates were detected.

Method testing exclusivity: Analytical specificity has been further evaluated by testing genomic DNA or RNA of viruses (enterovirus D68, adenovirus, RSV A, MPV A, rhinovirus A, MERS CoV, HCoV 229E, HCoV NL63, HCoV OC43, SARS 2003, SARS-CoV-2).

Result: No cross-reactions have been observed.

13.6. Diagnostic evaluation

Method:

For diagnostic evaluation, 24 influenza A isolates and 6 nasopharyngeal swabs positive for influenza A were tested with an Assay Mix containing primers and probe for the detection of the matrix protein gene of influenza A virus (singleplex detection).

Furthermore, 9 influenza B isolates, 4 nasopharyngeal swabs positive for influenza B and 13 nasopharyngeal swabs negative for influenza B were tested with an Assay Mix containing primers and probe for the detection of the hemagglutinin gene of influenza B virus (singleplex detection).

Results:

Influenza A Assay Mix: The presence of influenza A was confirmed in all samples. No signal was observed with 13 influenza A-negative samples. No cross-reactions were observed with 10 isolates of influenza B (Table 3, Table 4).

Influenza B Assay Mix: The presence or absence of influenza B was correctly confirmed in all samples (Table 5, Table 6).

Table 3 Results of diagnostic evaluation

	Reference			Total
		pos	neg	
Influenza A Assay Mix	pos	30	0	30
	neg	0	23	23
	Total	30	23	53

Table 4 Summary diagnostic evaluation

	Value	95% CI
Sensitivity	100%	88.43% to 100%
Specificity	100%	85.18% to 100%
NPV	100%	85.18% to 100%
PPV	100%	88.43% to 100%
Prevalence	64%	

Table 5 Results of diagnostic evaluation

	Reference			Total
		pos	neg	
Influenza B Assay Mix	pos	13	0	13
	neg	0	30	30
Total		13	30	43

Table 6 Summary diagnostic evaluation

	Value	95% CI
Sensitivity	100%	75.29% to 100.00%
Specificity	100%	88.43% to 100.00%
NPV	100%	88.43% to 100.00%
PPV	100%	75.29% to 100.00%
Prevalence	30%	

14. References

Taubenberger JK and Morens DM. 2008. The pathology of influenza virus infections. Annu Rev Pathol. 3: 499-522.

15. Revision history

Revision	Date	Description

Note:

Any serious incident that has occurred in relation to the product shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Technical support

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