

July 31, 2020

Matthew Gee Sr. Manager, Regulatory Affairs Siemens Healthcare Diagnostics Inc. 511 Benedict Ave. Tarrytown, NY 10591

Device: Atellica IM SARS-CoV-2 IgG (COV2G)

Company: Siemens Healthcare Diagnostics In

Indication: Qualitative and semi-quantitative detective of IgG and bodies to

SARS-CoV-2 in human serum and place and (potactium EDTA and lithium heparin) using the Applicant Analyza. Intended for use as an aid in identifying indicating indicating recent or prior infection. Emergency use of this has a limited at authorized laboratories.

Authorized Laboratories: Laboratories and e Clinical Laboratory Improvement

Amendme s of 1988 (NA), 2 U.S.C. 263a, that meet requirements to perform oderate or high complexity tests.

Dear Mr. Gee:

This letter is in respons to your trues that the Food and Drug Administration (FDA) issue an Emergency Use Mathorization (EUA), or emergency use of your product,² pursuant to Section 564 of the cederal God, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

On February 2020, I resuant a Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United Letter Auzens. And 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 determed 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.³

¹ For ease of reference, this letter will use the term "you" and related terms to refer to Siemens Healthcare Diagnostics Inc.

² For ease of reference, this letter will use the term "your product" to refer to the Atellica IM SARS-CoV-2 IgG (COV2G) assay for the indication identified above.

³ 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*

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 of condition including severe respiratory illness, to humans infected by this cus;
- 2. Based on the totality of scientific evidence available to FD at is reasonable to Elieve that your product may be effective in diagnosing recent a prior in sction as SARS-CoV-2 by identifying individuals with an adaptive inhouse restance to the virus that causes COVID-19, and that the known and potential beneated your product when used for such use, outweigh the known and potential rises of your product and
- 3. There is no adequate, approved, and available altered the emergency use of your product. 4

II. Scope of Authorization

I have concluded, pursuant to Section 56-(d)(1) of the let, that the scope of this authorization is limited to the indication above.

Authorized Product Deta

Your product is a quantative and semi-quantitative test intended for the detection of IgG antibodies against ARS-CW-2 in human serum and plasma (potassium EDTA and lithium heparin) using the wallight IM Analyzer. Your product is intended for use as an aid in identifying individuals at the analytic implanted response to SARS-CoV-2, indicating recent or prior infection at this time, it was nown for how long antibodies persist following infection and if the product bould not be a supered as an indication or degree of immunity or protection from reinfection.

Your product is an automated sandwich immunoassay using acridinium ester chemiluminescent technology. The Solid Phase contains a preformed complex of streptavidin-coated microparticles and biotinylated SARS-CoV-2 recombinant antigen. This reagent is used to capture anti-SARS-CoV-2 antibodies in the specimen. The Lite Reagent contains acridinium-ester-labeled antihuman IgG mouse monoclonal antibody used to detect SARS-CoV-2 IgG antibodies bound to

Cosmetic Act, 21 U.S.C. § 360bbb-3. 85 FR 7316 (February 7, 2020).

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

the Solid Phase. A direct relationship exists between the amount of SARS-CoV-2 IgG antibodies present in the specimen and the amount of relative light units (RLUs) detected by the system. The product reports results in Index Values established with the calibrators and as Nonreactive or Reactive determined according to the Index Value:

- Nonreactive <1.0 Index. These specimens are considered negative for SARS-CoV-2 antibodies. Report nonreactive patient results as < 1.00 Index.
- Reactive ≥ 1.0 Index. These specimens are considered positive for SARS-CoV-2 antibodies. Report reactive results with a numeric Index Value for semi-quantitative measurements.

For quality control, your product requires the following authorized control materials or ther authorized control materials, which are not provided with your product:

• Atellica IM SARS-CoV-2 IgG Quality Control (CC 2G QC consist of an external negative and positive control, and Atellica IM "SAR Co 2 IgG Quality Control (COV2G QC)" instruction for use, and must be run as a fined in the Instructions for Use for your product, described below.

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

Your above described product is authorized to be accompanied with labeling entitled "Atellica IM SARS-CoV-2 IgG (COV2G) Instructions for Use" and "Atellica IM SARS-CoV-2 IgG Quality Control (COV2G QC)" (available https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-at-stations), and the following product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and recip. To:

- Fact Sbook for Healthcare Providers: Siemens Healthcare Atellica IM SARS-CoV-2 IgG VOV2
- Fact Shee of Recipier's: Siemens Healthcare Atellica IM SARS-CoV-2 IgG

The above described additional accompanied by the Instructions for Use (identified above) and the translated Sheets (collectively referenced as "authorized labeling") is authorized to be distributed by authorized laboratories under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

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

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective in diagnosing recent or prior infection with SARS-CoV-2 by identifying individuals with an adaptive

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immune response to the virus that causes COVID-19, when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

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

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section 1). 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 Station 564(b)(1 C) described above and the Secretary of HHS's corresponding declaration under Section 5 -(b)(1), your product is authorized for the indication above.

III. Waiver of Certain Requirements

I am waiving the following requirements for your product luring the urate n of this EUA:

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

IV. Conditions of Authorization

Pursuant to Section 56 (e) of the Act (a) establishing the following conditions on this authorization:

Siemens Healthcan Dignostice Inc. (You) and Authorized Distributor(s)⁵

- A. Your product must caply with the following labeling requirements under FDA regulations the intended use statement (21 CFR 809.10(a)(2), (b)(2)); adequate coors for use (21 U.S.C. 352(f)), (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR 809.10 (4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).
- B. You and authorized distributor(s) will make your product available with the authorized labeling to authorized laboratories. You may request changes to the authorized labeling. Such requests will be made in consultation with, and require concurrence of,

⁵ "Authorized Distributor(s)" are identified by you, Siemens Healthcare Diagnostics Inc., in your EUA submission as an entity allowed to distribute your device.

Division of Microbiology Devices/Office of Health Technology-7 – Office of In Vitro Diagnostics and Radiological Health/ Office of Product Evaluation and Quality/ Center for Devices and Radiological Health (DMD/OHT7-OIR/OPEQ/CDRH).

- C. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Recipients.
- D. You and authorized distributor(s) will inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.
- E. Through a process of inventory control, you and authorized districtor(s) will necessary the test and number of tests they distribute.
- F. You and authorized distributor(s) will collect information of a performance of your product. You will report to FDA any suspected of surrence of false positive and false negative results and significant deviations from the established performance characteristics of the product of which you accompanies.
- G. You and authorized distributor(s) are authorized smake available additional information relating to the emerger y use of our product that is consistent with, and does not exceed, the terms of this etter of authorization.
- H. You and authorized distributor(s) All make available the control material, Atellica IM COV2G QC, or other authority deconditions rials, at the same time as your product.

Siemens Healthcare Diognos Inc. (You)

- I. You will not by FDA of any authorized distributor(s) of your product, including the name, add ass, and some number of any authorized distributor(s).
- J. You was rovide authorized distributor(s) with a copy of this EUA and communicate to athorized distributions) any subsequent amendments made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- K. You ay request to make available additional authorized labeling specific to an author. It distributor. Such additional labeling may use another name for the product, but otherwise must be consistent with the authorized labeling, and not exceed the terms of authorization of this letter. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- L. You will comply with the following requirements under FDA regulations: Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

- M. You may request changes to the Scope of Authorization (Section II in this letter) of your product. Such requests will be made in consultation with DMD/OHT7-OIR/OPEQ/CDRH, and require concurrence of, Office of Counterterrorism and Emerging Threats (OCET)/Office of the Chief Scientist (OCS)/Office of the Commissioner (OC) and DMD/OHT7-OIR/OPEQ/CDRH.
- N. You may request the addition of other instruments and associated software for use with your product. Such requests will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- O. You may request the addition of other ancillary methods for use will your project. Such requests will be made in consultation with, and require concurred of, DMD/O T7-OIR/OPEQ/CDRH.
- P. You may request the addition of other specimen types of use with your product. Such requests will be made in consultation with, and require anchorage of DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You may request the addition and/or substitution of control materials for use with your product. Such requests will be made in constant and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- R. You may request substitution for r changes to be authorized materials used in the detection process of human antib dies against \$ ARS-CoV-2. Such requests will be made in consultation with, and require concurrance of, DMD/OHT7-OIR/OPEQ/CDRH.
- S. You will evaluate the performance and assess traceability of your product with any FDA-recommended research terial(s) or established panel(s) of characterized clinical speciments. After such is on to FDA and DMD/OHT7-OIR/OPEQ/CDRH's review of any concurrence with the data, you will update your labeling to reflect the additional assing, such labeling updates will be made in consultation with, and require concurrence of MD/OH*7-OIR/OPEQ/CDRH.
- T. Valeques d by F. Jou will participate in the National Cancer Institute study on the valuation of your product. After submission to FDA and DMD/OHT7-2/AEQ/CDAH's review of and concurrence with the data, you will update your product labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7- OIR/OPEQ/CDRH.
- U. You will track adverse events, including any occurrence of false results and report to FDA under 21 CFR Part 803.

⁶ Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

- V. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must assure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.
- W. If requested by FDA, you must submit lot release procedures to FDA within 48 hours of such request, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the US.
- X. If requested by FDA, you will periodically submit new lots for testing at NCI, or by another government agency designated by FDA, to confirm continued mance characteristics across lots. In addition, FDA may request records regarding localease data for tests to be distributed or already distributed. If such lot is passe data are requested by FDA, you must provide it within 48 hours of the requestions.
- Y. You will complete the agreed upon real-time stability andy for your process. After submission to FDA and DMD/OHT7-OIR/OPEQ/CDL Vs receive of and concurrence with the data, you will update your product labeling to reach the additional testing. Such labeling updates will be made in consultation with, and equil concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

Authorized Laboratories

- Z. Authorized laboratories using your product who include with test result reports, all authorized Fact Sheets. Under expent circumstances, other appropriate methods for disseminating these Fact Sheets in the used, y lich may include mass media.
- AA. Authorized laboratories will use your product as outlined in the authorized labeling. Deviations is the authorized procedures, including the authorized clinical specimen type authorized control materials, authorized other ancillary reagents and authorized platerials required to use your product are not permitted.
- BB. Author a laborate ies that receive your product will notify the relevant public heart a borith of the antent to run your product prior to initiating testing.
- C aborized laboratories using your product will have a process in place for any test results to healthcare providers and relevant public health authorities, as appropriate.
- DD. Authorized laboratories will collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and you (https://www.siemens-healthineers.com/en-us/ or by phone to 1-877-229-3711) 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.
- EE. All laboratory personnel using your product must be appropriately trained in

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

Siemens Healthcare Diagnostics Inc. (You), Authorized Distributors and Authorized Laboratories

FF. You, authorized distributors, and authorized laboratories using your product will ensure that any records associated with this EUA are maintained until the size notified by FDA. Such records will be made available to FDA for inspection upon records.

Conditions Related to Advertising and Promotion

- GG. All descriptive printed matter, including adverting and comoting materials relating to the use of your product, shall be consistent with the athorized labeling, as well as the terms set forth in this EUA and the approache is airement set forth in the Act and FDA regulations.
- HH. No descriptive printed matter, including at the promotional materials relating to the use of your product, may represelve suggest that this test is safe or effective for the detection of SARS 20V-2.
- II. All descriptive printed mater, including dvertising and promotional materials relating to the use of your platucity hall clearly and conspicuously state that:
 - This test has not been F. A cleared or approved;
 - This technas been aux and d by FDA under an EUA for use by authorized laboratories;
 - This has been althorized only for the presence of IgG antibodies against RS-c V-2, at for any other viruses or pathogens; and
 - exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal od, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

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

V. Duration of Authorization

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This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

