



**Diagnostic Kit for IgG/IgM Antibody to SARS-Cov-2**  
**(Colloidal Gold)**



#### ABOUT COVID-19 RAPID TEST KIT

This test has CE Marking for professional use only. The Novacheck® COVID-19 quick test identifies the body's response to the corona virus after the onset of infection and gives a qualitative yes / no result within 15 minutes. Implementing rapid screening for COVID-19 saves a lot of time and cost compared to laboratory screening and will help control the spread of the virus by identifying the infection quickly and accurately. The test kit is easy to use, just like a blood glucose test, it just needs a drop of blood sample from the finger. In addition to whole blood, the test kit can also be run with serum or plasma samples.

#### Why Do We Need Antibody Tests for COVID-19?

Diagnosing viral infections currently relies on two major methodologies: Reverse Transcription Quantitative Polymerase Chain Reaction (RT-qPCR) and serological immunoassays that detect viral-specific antibodies (IgM and IgG) or antigens. Although, RT-qPCR is a highly sensitive test for SARS-CoV-2 (the virus that causes COVID-19) it has its limitations. RT-qPCR requires high-quality nasopharyngeal swabs containing sufficient amounts of viral RNA. This can be a challenge because the amount of viral RNA not only varies tremendously between patients, it can also vary within the same patient depending on the timing of the test and the start of the infection and/or the onset of symptoms. In addition, nasopharyngeal swabs are not only very unpleasant to the patient, the sampling techniques vary significantly from nurse to nurse. Without sufficient viral RNA RT-qPCR can return a false negative test result. RT-qPCR also requires highly trained personnel to perform complex RNA extraction steps and PCR. Normally, this would not be a problem when testing a few thousand samples. RT-qPCR becomes an issue when dealing with a global pandemic with potentially millions of people to test. This leads to delays in testing as medical facilities become overwhelmed with requests.



It provides significant time and cost savings compared to laboratory methods.

01

Helps control Viral transmission

04

It gives fast results in 15 minutes. Easy to use and read without the need for expert equipment.

02

It is an ideal kit as a means of triage and elimination.

05

Identifies infection even in mild or asymptomatic cases

03

Sensitivity: %92,08; (%95 CI: %87,52- %95,07)  
Specificity: %97,89; (%95 CI: %95,90- %98,93)  
Total clinical coincidence rate: %95,88  
(%95 CI: %93,94- %97,21)

06

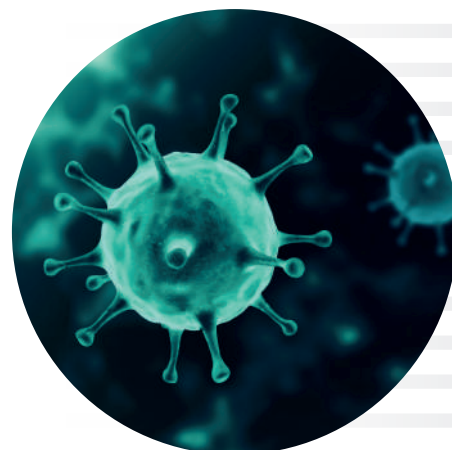
#### Benefits Of Covid-19 Rapid Test Kit





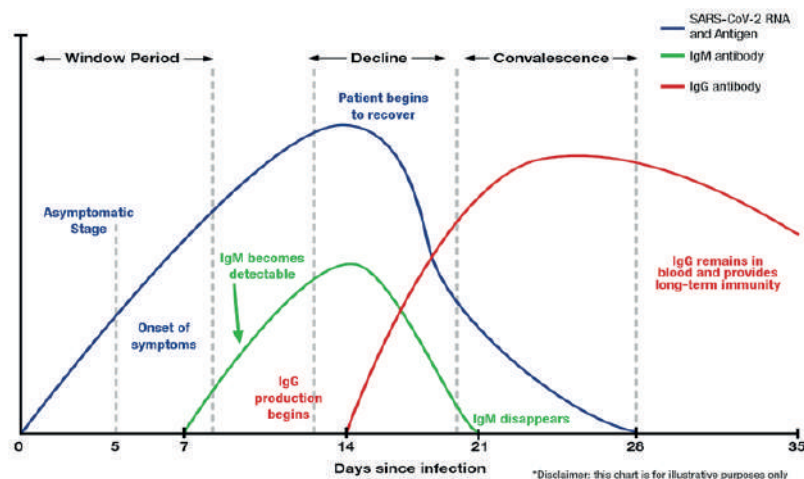
## How Should We Interpret IgM/IgG Serological Test Results?

The present IgM/IgG serological assay is designed to complement RT-qPCR in the diagnosis of SARS-CoV-2 infections. Table 1 shows the clinical interpretation of all possible scenarios that can be encountered when testing a patient with both RT-qPCR and an IgM/IgG serological test.



Test results			Clinical Significance
RT-qPCR	IgM	IgG	
+	-	-	Patient may be in the window period of infection.
+	+	-	Patient may be in the early stage of infection.
+	+	+	Patients is in the active phase of infection.
+	-	+	Patient may be in the late or recurrent stage of infection.
-	+	-	Patient may be in the early stage of infection. RT-qPCR result may be false-negative.
-	-	+	Patient may have had a past infection and has recovered.
-	+	+	Patient may be in the recovery stage of an infection or the RT-qPCR result may be false-negative.

The key takeaway is that the results of RT-qPCR and IgM/IgG serological tests do not necessarily need to agree. A disagreement between the two tests, if any, can often be traced to the after-infection time points at which the tests were performed. Overall, while RT-qPCR testing may be appropriate for the detection of the SARS-CoV-2 virus during the acute phase, IgM/IgG is an appropriate test during the chronic phase. Since the exact time of infection is often unknown, combining RT-qPCR and IgM/IgG testing can improve the accuracy of the COVID-19 diagnosis.



This table is based on the current knowledge about the rise and fall of SARS-CoV-2 RNA and antigens, IgM antibody and IgG antibody (Figure 1) and the correlation of these level variations with the initial time of infection, onset of symptoms and recovery phase<sup>3-5</sup>. As shown in Figure 1, serological tests are recommended to be used on patients at least 3 days after onset of symptoms or 7-10 days after infection with the virus<sup>3-5</sup>.

## Symbols



Extracorporeal  
medical diagnostic  
device



Manufacturer



Temperature  
limitation



Expiration date



Do not reuse



Attention



See instructions  
for use

## Reference:

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2. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, Shaman J. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). Science. 2020 Mar 16; pii: eabb3221.
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4. National Health Commission of the People's Republic of China, New Coronavirus Pneumonia Diagnosis and Treatment Program (Trial Version 7).
5. To KK, Tsang OT, Leung WS, Tam AR, Wu TC, Lung DC et al. (2020). Temporal profiles of viral load in posterior oropharyngeal saliva samples and serum antibody responses during infection by SARS-CoV-2: an observational cohort study. Lancet Infect Dis. 2020 Mar 23. pii: S1473-3099(20)30196-1.





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