



# CERTIFICATION

## AOAC Research Institute *Performance Tested Methods*<sup>SM</sup>

Certificate No.  
**022102**

The AOAC Research Institute hereby certifies the method known as:

### **SureFast® SARS-CoV-2 PLUS Test**

manufactured by  
**Congen Biotechnologie GmbH**  
Robert-Roessle-Straße 10  
13125 Berlin,  
Germany

distributed by  
**R-Biopharm AG**      **R-Biopharm Inc.**  
An der neuen      870 Vossbrink Drive  
Bergstraße 17      Washington, MO  
64297 Darmstadt      63090 USA  
Germany

This method has been evaluated in the AOAC Research Institute *Performance Tested Methods*<sup>SM</sup> Program and found to perform as stated in the applicability of the method. This certificate indicates an AOAC Research Institute Certification Mark License Agreement has been executed which authorizes the manufacturer to display the AOAC Research Institute *Performance Tested Methods*<sup>SM</sup> certification mark on the above-mentioned method for the period below. Renewal may be granted by the Expiration Date under the rules stated in the licensing agreement.

A handwritten signature in black ink that reads "Scott Coates".

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Scott Coates, Senior Director  
Signature for AOAC Research Institute

Issue Date                      December 9, 2022  
Expiration Date                December 31, 2023

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<b>METHOD NAME</b> SureFast® SARS-CoV-2 PLUS Test	<b>CATALOG NUMBERS</b> SureFast® SARS-CoV-2 PLUS F7110; SureFast® Prep F1051; SureFast® PCR 7710
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<b>INDEPENDENT LABORATORY FOR R-BIOPHARM</b> MICOBAC® Labs 640 Spence Lane Suite 121 Nashville, TN 37217 USA	<b>AOAC EXPERTS AND PEER REVIEWERS</b> William Burkhardt <sup>1</sup> , Jacqueline Woods <sup>2</sup> , John SantaLucia <sup>3</sup> <sup>1</sup> United States Food and Drug Administration, Maryland, USA <sup>2</sup> United States Food and Drug Administration, Alabaman, USA <sup>3</sup> Wayne State University, Minnesota, USA
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<b>INDEPENDENT LABORATORY</b> MRIGlobal 425 Volker Blvd Kansas City, MO 64100	
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<b>APPLICABILITY OF METHOD</b> Analytes – SARS-CoV-2 virus  Matrixes – Stainless steel surface (2" by 2" swab)  Performance claims – Performance comparable to the U.S. Centers for Disease Control and Prevention 2019-Novel Coronavirus Real-Time RT-PCR Diagnostic Panel, Revision 04 (2).	<b>REFERENCE METHOD</b> Centers for Disease Control and Prevention (2020). <i>CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel. Revision 5. (2)</i>
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<b>ORIGINAL CERTIFICATION DATE</b> February 10, 2021	<b>CERTIFICATION RENEWAL RECORD</b> Renewed annually through December 2023.
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<b>METHOD MODIFICATION RECORD</b> 1. September 2021	<b>SUMMARY OF MODIFICATION</b> 1. Granted PTM status from ERV.
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Under this AOAC <i>Performance Tested Methods</i> <sup>SM</sup> License Number, 022102 this method is distributed by: R-Biopharm-AG	Under this AOAC <i>Performance Tested Methods</i> <sup>SM</sup> License Number, 022102 this method is distributed as: SureFast® Salmonella ONE
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**PRINCIPLE OF THE METHOD (1)**

The SureFast® SARS-CoV-2 PLUS is a real-time RT-PCR for the direct, qualitative detection of intact novel coronavirus (SARS-CoV-2) RNA from stainless steel swab samples. Each reaction contains an Internal Control RNA (ICR, consisting of MS2-bacteriophage) as an internal control of sample preparation procedure and to monitor possible PCR-inhibition. The RT-qPCR assay can be performed with commonly used real-time PCR instruments, equipped for detection of two fluorescence emissions at the channels FAM and VIC/HEX simultaneously.

**DISCUSSION OF THE VALIDATION STUDY (1)**

Results from the POD analysis demonstrated that the the SureFast SARS-CoV-2 RT-PCR better at detecting low concentrations (2 x 10<sup>3</sup> GU/ 2" x 2" test surface) of deposited SARS-CoV-2 on a stainless steel surface compared to the CDC reference method when using the same swabbing sample preparation and swabbing procedure for the both the RT-qPCR primers and probes of the candidate method and the reference method.

The *in silico* analysis of the primers and probes utilized in the SureFast SARS-CoV-2 RT-PCR test method are specific and sensitive enough (99.99% binding of the oligomer and the target binding region) to detect low levels of SARS-CoV-2 without exhibiting false negatives when compared to the CDC reference method. The high level of specificity could be due to the novel single target assay (E gene) requirement of the SureFast SARS-CoV-2 RT-PCR test method in comparison to the double-target assay (N1 and N2 SARS-CoV-2 gene targets) of the CDC reference method. Competition in amplification efficiency between two targets and/or RNA degradation on surfaces may contribute to a single target assay readily detecting one target over a double-target assay. Another possibility for the SureFast SARS-CoV-2 PLUS RT-PCR test method providing better results than the CDC reference method may be due to the difference in swabs used. The swab in the SureFast method may have better recovery of the virus from the stainless steel surface; since there is no prescribed swabbing method in the CDC reference method it is unknown what role the swab material plays in virus recovery.

**Inclusivity, Exclusivity and Background Organism Summary (1)**

In Silico Analysis	
<b>Inclusivity</b>	
15,764 unique SARS-CoV-2 strain accessions <sup>a</sup>	
<b>Exclusivity</b>	
Human coronavirus (229E, OC43, NL63, HKU1), SARS-coronavirus, MERS-coronavirus, Porcine delta coronavirus	
<u>Background Organisms</u>	
Viruses:	Bovine coronavirus, Human respirovirus 3, Enterovirus, Infectious bronchitis virus, Enterovirus D68, Human adenovirus 1, Human alphaherpesvirus 3, Human bocavirus, Human metapneumovirus, Human orthorubulavirus 2, Human orthorubulavirus 4, Human respirovirus 1, Influenza A H7N9 subtype, Influenza A virus, Influenza A H1N1, Influenza B virus, Norovirus, Respiratory syncytial virus, Simplexvirus, Transmissible gastroenteritis virus
Bacteria and Fungi:	[ <i>Candida glabrata</i> , <i>Acinetobacter baumannii</i> , <i>Acinetobacter baylyi</i> , <i>Acinetobacter bereziniae</i> , <i>Acinetobacter calcoaceticus</i> , <i>Acinetobacter chinensis</i> , <i>Acinetobacter cumulans</i> , <i>Acinetobacter defluvii</i> , <i>Acinetobacter disperses</i> , <i>Acinetobacter equi</i> , <i>Acinetobacter guillouiae</i> , <i>Acinetobacter haemolyticus</i> , <i>Acinetobacter junii</i> , <i>Acinetobacter lactucae</i> , <i>Acinetobacter lanii</i> , <i>Acinetobacter larvae</i> , <i>Acinetobacter nosocomialis</i> , <i>Acinetobacter phage ZZ1</i> , <i>Acinetobacter pittii</i> , <i>Acinetobacter schindleri</i> , <i>Acinetobacter seifertii</i> , <i>Acinetobacter shaoyimingii</i> , <i>Acinetobacter wanghuae</i> , <i>Bacillus cereus</i> , <i>Bacillus thuringiensis</i> , <i>Bordetella pertussis</i> , <i>Candida albicans</i> , <i>Chlamydia pneumoniae</i> , <i>Clostridioides difficile</i> , <i>Enterococcus casseliflavus</i> , <i>Enterococcus cecorum</i> , <i>Enterococcus faecium</i> , <i>Enterococcus hirae</i> , <i>Enterococcus lactis</i> , <i>Enterococcus mundtii</i> , <i>Enterococcus rotai</i> , <i>Enterococcus saigonensis</i> , <i>Enterococcus thailandicus</i> , <i>Enterococcus wangshanyuanii</i> , <i>Escherichia coli O157:H7 str. Sakai</i> , <i>Escherichia coli str. K-12 substr. MG1655</i> , <i>Haemophilus influenzae</i> , <i>Klebsiella pneumoniae</i> , <i>Legionella pneumophila</i> , <i>Listeria monocytogenes</i> , <i>Mycobacterium tuberculosis</i> , <i>Mycoplasma pneumoniae</i> , <i>Pneumocystis jirovecii MT seq</i> , <i>Pseudomonas aeruginosa</i> , <i>Staphylococcus aureus</i> , <i>Staphylococcus epidermidis</i> , <i>Streptococcus pneumoniae</i> , <i>Streptococcus pyogenes</i> , <i>Streptococcus salivarius</i>
Fungi and Eukaryotes:	<i>Homo sapiens aedes aegypti</i> , <i>Aedes albopictus</i> , <i>Dermatophagoides pteronyssinus</i> , <i>Musa domestica</i> , <i>Drosophila</i> , <i>Chlorocebus sabaeus</i>

<sup>a</sup> Accessions acquired from the Global Initiative on Sharing Avian Influenza Data (GISAID) database from December 2019 to 26 June 2020.

**Table 14. Stainless Steel Candidate vs. Reference Method – POD Results (1)**

Matrix	Strain	GU/Test Area <sup>a</sup>	N <sup>b</sup>	Candidate SureFast® SARS-CoV-2			Reference			dPOD <sub>c</sub> <sup>f</sup>	95% CI <sup>g</sup>
				x <sup>c</sup>	POD <sub>c</sub> <sup>d</sup>	95% CI	X	POD <sub>R</sub> <sup>e</sup>	95% CI		
Stainless Steel (2" x 2")	SARS-CoV-2 BEI NR-52281	0	5	0	0.00	0.00, 0.43	0	0.00	0.00, 0.43	0.00	-0.43, 0.43
		2.0 x 10 <sup>3</sup>	20	20	1.00	0.84, 1.00	11	0.55	0.34, 0.74	0.55	0.20, 0.66
		2.0 x 10 <sup>4</sup>	5	5	1.00	0.57, 1.00	5	1.00	0.57, 1.00	0.00	-0.43, 0.43

<sup>a</sup>GU/Test Area = Results of the GU/Test area were determined by plating the inoculum for each matrix in triplicate

<sup>b</sup>N = Number of test portions

<sup>c</sup>x = Number of positive test portions

<sup>d</sup>POD<sub>c</sub> = Candidate method confirmed positive outcomes divided by the total number of trials

<sup>e</sup>POD<sub>R</sub> = Reference method confirmed positive outcomes divided by the total number of trials

<sup>f</sup>dPOD<sub>c</sub> = Difference between the confirmed candidate method result and reference method confirmed result POD values

<sup>g</sup>95% CI = If the confidence interval of a dPOD does not contain zero, then the difference is statistically significant at the 5% level

**REFERENCES CITED**

- Lacorn, M., Mehl, M., Knoll, C., and Meinhardt, P., Validation of the SureFast® SARS-CoV-2 PLUS Test Method for the Detection of SARS-CoV-2 Virus on Stainless Steel Surfaces, AOAC Performance Tested Methods<sup>SM</sup> Emergency Response Validation certification number 022102.
- Centers for Disease Control and Prevention (2020). CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel. Revision 5. 07/13/2020. <https://www.fda.gov/media/134922/download> (Accessed October 2020).