October 07, 2024

Healgen Scientific, LLC
Marielle Lejcher
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NaviDx, LLC
22, Lucerne, Newport Beach, CA 92660 USA

Re: DEN240029
Trade/Device Name: Healgen Rapid Check COVID-19/flu A&B Antigen Test
Regulation Number: 21 CFR 866.3987
Regulation Name: **Multi-analyte respiratory virus antigen detection test**
Regulatory Class: Class II
Product Code: SCA
Dated: June 07, 2024
Received: June 07, 2024

Dear Marielle Lejcher:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the Healgen Rapid Check COVID-19/Flu A&B Antigen Test, an over-the-counter device with the following indications for use:

> The Healgen Rapid Check COVID-19/Flu A&B Antigen Test is a lateral flow immunochromatographic assay intended for the qualitative detection and differentiation of influenza A, and influenza B nucleoprotein antigens and SARS-CoV-2 nucleocapsid antigen directly in anterior nasal swab samples from individuals with signs and symptoms of respiratory tract infection. Symptoms of respiratory infections due to SARS-CoV-2 and influenza can be similar. This test is for non-prescription home use by individuals aged 14 years or older testing themselves, or adults testing individuals aged 2 years or older.
>
> All negative results are presumptive and should be confirmed with an FDA-cleared molecular assay when determined to be appropriate by a healthcare provider. Negative results do not rule out infection with influenza, SARS-CoV-2 or other pathogens. Individuals who test negative and experience continued or worsening respiratory symptoms, such as fever, cough and/or shortness of breath, should seek follow-up care from their healthcare provider.
>
> Positive results do not rule out co-infection with other respiratory pathogens, and therefore do not substitute for a visit to a healthcare provider or appropriate follow-up.

FDA concludes that this device should be classified into Class II. This order, therefore, classifies the Healgen Rapid Check COVID-19/Flu A&B Antigen Test, and substantially equivalent devices of this generic type, into Class II under the generic name multi-analyte respiratory virus antigen detection test.

FDA identifies this generic type of device as:

> **A multi-analyte respiratory virus antigen detection test** is a multi-analyte in vitro diagnostic device intended for the detection and/or differentiation of respiratory viruses, such as influenza and SARS-CoV-2, directly from respiratory clinical specimens to aid in the diagnosis of respiratory infections. The device is intended to be performed at the site of sample collection, does not involve sample storage and/or transport, and may be performed by lay users and without healthcare provider (HCP) intervention and may be intended to be performed by lay users in home settings or similar environments.

Section 513(f)(2) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) was amended by section 607 of the Food and Drug Administration Safety and Innovation Act (FDASIA) on July 9, 2012. This law provides two options for De Novo classification. First, any person who receives a "not substantially equivalent" (NSE) determination in response to a 510(k) for a device that has not been previously classified under the Act may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. On December 13, 2016, the 21st Century Cures Act removed a requirement that a De Novo request be submitted within 30 days of receiving an NSE determination. Alternatively, any person who determines that there is no legally marketed device upon which to base a determination of substantial equivalence may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act without first submitting a 510(k). FDA shall, within 120 days of receiving such a request, classify the device. This classification shall be the initial classification of the device. Within 30 days after the issuance of an order classifying the device, FDA must publish a notice in the Federal Register announcing the classification.

On June 07, 2024, FDA received your De Novo requesting classification of the Healgen Rapid Check COVID-19/Flu A&B Antigen Test. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the Healgen Rapid Check COVID-19/Flu A&B Antigen Test into class I or II, it is necessary that the proposed class have sufficient regulatory controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the De Novo request, FDA has determined that, for the previously stated indications for use, the Healgen Rapid Check COVID-19/Flu A&B Antigen Test can be classified in class II with the establishment of special controls for class II. FDA believes that class II (special) controls provide reasonable assurance of the safety and effectiveness of the device type. The identified risks and mitigation measures associated with the device type are summarized in the following table:

Risks to Health	Mitigation Measures
False results	Certain labeling information including limitations, device descriptions, explanations of procedures, and performance information. Certain design verification and validation including documentation of device descriptions, certain analytical and clinical studies, and risk analysis. Certain strain monitoring and reporting strategies.
Failure to correctly interpret test results	Certain labeling information including limitations, device descriptions, explanations of procedures, and performance information. Certain design verification and validation including documentation of device descriptions, certain analytical and clinical studies, and risk analysis.
Failure to correctly operate the device	Certain labeling information including limitations, device descriptions, explanations of procedures, and performance information.

In combination with the general controls of the FD&C Act, the Multi-analyte respiratory virus antigen detection test is subject to the following special controls:

1. The intended use of the device must include:
    - **(i)** A description of the analytes the device detects and identifies, the specimen types tested, the results provided to the user, the clinical indications for which the test is to be used, and, as appropriate, the specific intended user(s) (operator(s)) and other conditions of use, as appropriate.
    - **(ii)** A statement that positive results do not rule out co-infection with other respiratory pathogens and therefore are not a substitute for a visit to a healthcare provider or appropriate follow-up.

2. When intended to be used in non-laboratory settings, the device must not be intended to detect analytes that present a potential, unreasonable risk of illness or injury.

3. The outer box label required must include the following, as applicable:
    - **(i)** A prominently placed description of the days post symptom onset for which the test is validated for use;
    - **(ii)** A list of the components required to run the test but not provided;
    - **(iii)** A statement that healthcare provider involvement should be considered for persons who may be at risk for severe disease, respective to the respiratory pathogens the test is intended to detect.

4. Labeling must include the following, as applicable:

(i) Step-by step summary instructions written in appropriate language for the intended user(s);

(ii) Frequently Asked Questions that provide information for troubleshooting, and technical assistance with the device (e.g., Help-line contact information);

(iii) Explanation of test results and instructions and recommendations for follow-up actions by the user as appropriate to the intended user environment;

(iv) Limiting statements, as applicable, indicating:

(A) The number of days post symptom onset validated for use of the device and/or a range in which the performance of the test is known;

(B) When the performance characteristics of this device for each applicable virus were established (e.g., when the predominant strain, subtype, or variant was dominant). There is a risk of false negative results due to the presence of novel, emerging respiratory virus variants and test accuracy may change as new virus variants emerge. Additional testing with a laboratory-based molecular test (e.g., PCR) should be considered in situations where a new virus or variant is suspected;

(C) False positive test results are more likely when the prevalence of the analytes that the test is designed to detect is low in the community;

(D) Positive results do not rule out co-infection with other respiratory pathogens and persons with risk factors for severe disease from respiratory pathogens (e.g., young children, elderly individuals, chronic lung disease, heart disease, compromised immune system, diabetes, and other conditions) should contact a healthcare provider; users should also contact a healthcare provider if symptoms persist or worsen.

(E) The test only provides a preliminary test result that should be confirmed using an independent, highly-sensitive molecular test without such a limitation prior to making any medical decisions. Alternatively, appropriate design verification and validation activities, including the generation of robust analytical and clinical data demonstrating appropriate accuracy and reliability of test results for each respiratory virus detected or identified by the device must be performed to demonstrate that additional testing is not necessary to make well-informed clinical decisions.

5. Design verification and validation must include:

(i) Description of device components and reagents used to identify the viral targets (e.g., antibodies), detailed documentation and characterization of all critical reagents (e.g., determination of the identity, supplier, purity, and stability), any controls used with the device (if applicable), and explanation of the methodology, including the viral targets, device cut-off(s) (if applicable) and how those were established, and the computational path for converting collected raw data or signals to the reported results, as applicable to the detection method and device design.

(ii) Detailed documentation of data from a prospective multisite clinical study with a design and performance that is appropriate for the intended use of the device, including performance estimates derived from a sufficient number of samples from the intended use population for each claimed specimen type. Results must be

obtained from geographically diverse locations and relevant circulating virus strains, such that the performance of the test device is appropriately representative of the device performance at the time of submission. The clinical study must enroll participants who represent the full age range and clinical indications for use across the claimed intended use population and intended user(s). The clinical study must compare the results of the candidate device to results obtained using a molecular comparator method that FDA has determined to be appropriate. Detailed documentation must include the clinical study protocol, study report, test results, and results of all statistical analyses.

(iii) Detailed documentation of analytical studies, as applicable to the intended use environment including those demonstrating the limit of detection (LoD), inclusivity (including relevant variants), how the device cutoff was established and characterized, cross-reactivity, microbial interference, interfering substances, competitive inhibition of the test's analytes, specimen stability, lot-to-lot precision using a minimum of 3 lots, hook effect, multi-site reproducibility, near cutoff sample testing, and carryover/cross-contamination. The LoD must be evaluated with whole cell culture derived virus preparation;

(iv) For devices intended for the detection and/or differentiation of an analyte for which an FDA recommended reference material is available, design verification and validation must include the performance results of an analytical study testing the FDA recommended reference material.

(v) Detailed protocols, documentation, and data for maintaining product integrity throughout its labeled shelf-life, including acceptance criteria, from a multi-lot reagent stability study that cumulatively assesses reagent shelf life under the intended storage condition with shipping stability, in-use/open-kit stability, and freeze-thaw stability (as applicable).

(vi) Risk analysis and documentation demonstrating how risk control measures are implemented to address device system hazards, such as Failure Modes Effects Analysis and/or Hazard Analysis.

(A) This documentation must include a detailed description of a protocol (including all procedures and methods) for the continuous monitoring, identification, and handling of genetic mutations evolving over time and novel or re-emerging strains or isolates, and procedures to update labeling with additional performance data, if needed. All results of this protocol, including any findings, must be documented;

(B) This documentation must include details that demonstrate the effectiveness of risk control measures and device robustness, including the entire testing procedure from sampling to result(s) interpretation, based on results from the following studies: human factors engineering (e.g., usability studies and user label comprehension), and flex studies. Documentation must demonstrate that the intended user(s) are able to safely and correctly use the device and interpret the results in the intended use environment.

6. For devices intended for the detection of influenza antigens, annual analytical reactivity testing of the device must be performed with contemporary influenza strains. This annual analytical reactivity testing must meet the following criteria:
    - **(i)** The appropriate strains to be tested will be identified by FDA and must be obtained from an FDA-designated source, when available.
    - **(ii)** The testing must be conducted according to a standardized protocol determined by FDA to be acceptable and appropriate.
    - **(iii)** By July 31 of each calendar year, the results of the last 3 years of annual analytical reactivity testing must be included as part of the device's labeling. If a device has not been on the market long enough for 3 years of annual analytical reactivity testing to have been conducted since the device received marketing authorization from FDA, then the results of every annual analytical reactivity testing since the device received marketing authorization from FDA must be included. The results must be presented as part of the device's labeling in a tabular format, which includes the detailed information for each virus tested as described in the certificate of authentication.

7. If one of the actions listed in section 564(b)(1)(A)–(D) of the Federal Food, Drug, and Cosmetic Act occurs with respect to one or more of the analytes claimed in the intended use of this device, or if the Secretary of Health and Human Services (HHS) determines, under section 319(a) of the Public Health Service Act, that a disease or disorder with respect to one or more of the analytes claimed in the intended use presents a public health emergency, or that a public health emergency otherwise exists:
    - **(i)** Within 30 days from the date that FDA notifies manufacturers that characterized samples are available for test evaluation, the manufacturer must have testing performed on the device with those samples in accordance with a standardized protocol considered and determined by FDA to be acceptable and appropriate; and
    - **(ii)** Within 60 days from the date that FDA notifies manufacturers that characterized samples are available for test evaluation and continuing until 3 years from that date, the results of the emergency analytical reactivity testing, including the detailed information for the samples tested as described in the certificate of authentication, must be included as part of the device’s labeling in a tabular format.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact CDRHProductJurisdiction@fda.hhs.gov.

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device type. FDA has determined premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device type and, therefore, the device is not exempt from the premarket notification requirements of the FD&C Act. Thus,

persons who intend to market this device type must submit a premarket notification containing information on the multi-analyte respiratory virus antigen detection test.

Please be advised that FDA's decision to grant this De Novo request does not mean that FDA has made a determination that your device complies with other requirements of the FD&C Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the FD&C Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or post marketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reportingcombination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and if applicable, the electronic product radiation control provisions (Sections 531-542 of the FD&C Act; 21 CFR 1000-1050).

A notice announcing this classification order will be published in the Federal Register. A copy of this order and supporting documentation are on file in the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852 and are available for inspection between 9 a.m. and 4 p.m., Monday through Friday.

As a result of this order, you may immediately market your device as described in the De Novo request, subject to the general control provisions of the FD&C Act and the special controls identified in this order.

For comprehensive regulatory information about medical devices and radiation-emitting products, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensiveregulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

If you have any questions concerning the contents of the letter, please contact Swadhinya Arjunaraja at Swadhinya.arjunaraja@fda.hhs.gov.

Sincerely,

Joseph Briggs -S

Joseph Briggs, Ph.D.
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