



cobas[®] MRSA/SA Test

for use on the cobas[®] 4800 System

For in vitro diagnostic use



cobas[®] 4800 System Sample Preparation Kit	240 Tests	P/N: 05235782190
	960 Tests	P/N: 05235804190
cobas[®] 4800 System Lysis Kit 1	240 Tests	P/N: 06768253190
	960 Tests	P/N: 06768270190
cobas[®] 4800 System Wash Buffer Kit	240 Tests	P/N: 05235863190
	960 Tests	P/N: 05235871190
cobas[®] 4800 System Internal Control Kit 1	20 Runs	P/N: 06768318190
cobas[®] 4800 MRSA/SA Amplification/Detection Kit	80 Tests	P/N: 06768113190
	240 Tests	P/N: 06768172190
cobas[®] 4800 MRSA/SA Controls and Cofactor Kit	10 Runs	P/N: 06768288190

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Intended use

The **cobas**® MRSA/SA Test on the **cobas**® 4800 System, is a qualitative in vitro diagnostic real-time PCR assay, for the direct detection of methicillin-resistant *Staphylococcus aureus* (MRSA) and *S.aureus* (SA) DNA from nasal swabs to aid in the prevention and control of MRSA and SA infections in healthcare settings. The **cobas**® MRSA/SA Test is not intended to diagnose, guide or monitor treatment for MRSA or SA infections, or provide results of susceptibility to methicillin. A negative result does not preclude MRSA/SA nasal colonization. Concomitant cultures are necessary to recover organisms for epidemiology typing or for further susceptibility testing.

Summary and explanation of the test / principle of the procedure

Background: screening of MRSA and SA

SA is an opportunistic pathogen carried as a commensal organism on the skin and nares of approximately 30% of the normal population. It has the potential to cause a broad spectrum of diseases.¹ SA can rapidly adapt to the selective pressure of antibiotics, which has resulted in the emergence and spread of MRSA strains.² Resistance to methicillin, in addition to other β -lactam antibiotics, is mediated by the *mecA* gene product, which is located on a mobile genetic element, the Staphylococcal Cassette Chromosome *mec* (SCC*mec*). The *mecA* gene encodes the altered penicillin-binding protein (PBP) 2a. This prevents the normal binding of β -lactam antibiotics to the PBP in the cell wall, where they would have disrupted synthesis of the peptidoglycan layer, resulting in bacterial cell death. Multiple SCC*mec* types have been distinguished.² Numerous MRSA strains have emerged and spread worldwide, and SCC*mec* has been acquired by different lineages of SA.²

SA and MRSA strains are a major source of healthcare-acquired infections and have been responsible for bacterial outbreaks in healthcare settings worldwide for many years.^{3,4} SA and MRSA infections are a tremendous burden for healthcare systems, for single hospitals, and are associated with significant healthcare costs.⁵ Guidelines and recommendations⁶ as well as hospital standard procedures recommend active screening and isolation and/or decolonization of patients as measures to control the spread of MRSA and SA.⁷

In outbreak situations, additional measures such as inpatient and healthcare worker screening and closure of wards may be implemented. Despite public guidelines, the standard operating procedures for infection control may vary widely from country to country and from hospital to hospital.

The sensitivity of the methods used and the time to result appear to be key factors for the success of screening and treatment strategies.⁸ Conventional culture-based methods require several days for results to become apparent and do not allow rapid implementation of specific infection control measures, but instead require more general infection control measures to be used for all patients. Only rapid techniques, such as molecular methods, enable early detection of MRSA and SA in colonized patients and consequent implementation of appropriate barrier precautions.⁹ A number of reports have shown the value of rapid molecular tests for the rapid detection of colonization with MRSA and SA.¹⁰⁻¹³

The **cobas**® MRSA/SA Test processes nasal swab specimens collected with the COPAN MSwab Collection, Transport and Preservation kit. The tubes containing the primary specimens are loaded on the **cobas**® 4800 System, and nucleic acid extraction and PCR reaction set up occurs by an automated process. The subsequent real-time PCR process detects MRSA- and SA-specific DNA target in the sample, if present.

Explanation of the test

The **cobas**® MRSA/SA Test contains two major processes: (1) automated sample preparation to extract nucleic acids from the nasal specimens; (2) PCR amplification of target DNA sequences using MRSA and SA specific primers, and real-time detection of cleaved fluorescent-labeled MRSA and SA specific oligonucleotide detection probes. An Internal Control, containing unrelated randomized DNA sequence, is added to all samples prior to automated sample preparation and is amplified and detected simultaneously with each sample to monitor the entire process.

Principles of the procedure

Sample preparation

Sample preparation for the **cobas**® MRSA/SA Test is automated with the use of the **cobas**® x 480 instrument. Organisms are lysed with chaotropic agent, proteinase K, and SDS reagents. Released nucleic acids, along with added Internal Control DNA, are bound by magnetic glass particles. They are washed and then eluted into a small volume of buffer. The instrument then takes an aliquot of the eluted material and sets up the PCR reaction with an activated Master Mix.

PCR amplification and TaqMan® detection


The PCR cycling steps and detection of target signal occurs in the **cobas**® z 480 analyzer. The Master Mix reagent contains primer pairs and probes for three targets: the SCCmec cassette Right Extremity junction region which is specific to MRSA, a genomic target for all SA (including MRSA), and Internal Control. If the target nucleic acid sequences are present, amplification with the corresponding primers will occur by a thermostable DNA polymerase, generating PCR products (amplicons). These products are detected by specific TaqMan probes containing a fluorescent dye and a quencher. Normally, the quencher suppresses the fluorescence of the dye. However, if the PCR product is present, the probe hybridizes to the product and gets cleaved by the 5' to 3' nuclease activity of the polymerase. This reaction allows the fluorescence to be emitted from the dye, and the signal is recorded in real time during each PCR cycle by the **cobas**® z 480 analyzer. The signal is interpreted by the **cobas**® 4800 System Software and reported as final results.


Selective amplification


Selective amplification of target nucleic acid from the specimen is achieved in the **cobas**® MRSA/SA Test by the use of AmpErase (uracil-N-glycosylase) enzyme and deoxyuridine triphosphate (dUTP). The AmpErase enzyme recognizes and catalyzes the destruction of DNA strands containing deoxyuridine¹¹, but not DNA containing deoxythymidine. Deoxyuridine is not present in naturally occurring DNA, but is always present in amplicon due to the use of deoxyuridine triphosphate in place of thymidine triphosphate as one of the dNTPs in the Master Mix reagent; therefore, only amplicon contain deoxyuridine. Deoxyuridine renders contaminating amplicon susceptible to destruction by AmpErase enzyme prior to amplification of the target DNA. AmpErase enzyme, which is included in the Master Mix reagent, catalyzes the cleavage of deoxyuridine-containing DNA at the deoxyuridine residues by opening the deoxyribose chain at the C1-position. When heated in the first thermal cycling step at the alkaline pH of Master Mix, the amplicon DNA chain breaks at the position of the deoxyuridine, thereby rendering the DNA non-amplifiable. AmpErase enzyme is inactive at temperatures above 55°C, i.e., throughout the thermal cycling steps, and therefore does not destroy target amplicon. The **cobas**® MRSA/SA Test has been demonstrated to inactivate at least 10³ copies of deoxyuridine-containing MRSA/SA amplicon per PCR.


Materials, reagents, and specimens


Materials and reagents provided



Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Sample Preparation Kit 240 Tests (P/N: 05235782190)	MGP (cobas® 4800 System Magnetic Glass Particles) Magnetic Glass Particles 93% Isopropanol**	10 x 4.5 mL	 DANGER H225: Highly flammable liquid and vapour. H319: Causes serious eye irritation. H336: May cause drowsiness or dizziness. P210: Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. P233: Keep container tightly closed. P261: Avoid breathing mist or vapours. P280: Wear protective gloves/ protective clothing/ eye protection/ face protection/ hearing protection. P303 + P361 + P353: IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water. P370 + P378: In case of fire: Use dry sand, dry chemical or alcohol-resistant foam to extinguish. 67-63-0 Propan-2-ol
	EB (cobas® 4800 System Elution Buffer) Tris buffer 0.09% Sodium azide	10 x 18 mL	N/A


Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Sample Preparation Kit 960 Tests (P/N: 05235804190)	MGP (cobas® 4800 System Magnetic Glass Particles) Magnetic Glass Particles 93% Isopropanol**	10 x 13.5 mL	 DANGER H225: Highly flammable liquid and vapour. H319: Causes serious eye irritation. H336: May cause drowsiness or dizziness. P210: Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. P233: Keep container tightly closed. P261: Avoid breathing mist or vapours. P280: Wear protective gloves/ protective clothing/ eye protection/ face protection/ hearing protection. P303 + P361 + P353: IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water. P370 + P378: In case of fire: Use dry sand, dry chemical or alcohol-resistant foam to extinguish. 67-63-0 Propan-2-ol
	EB (cobas® 4800 System Elution Buffer) Tris buffer 0.09% Sodium azide	10 x 18 mL	N/A

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Lysis Kit 1 240 Tests (P/N: 06768253190)	LYS-1 (cobas® 4800 System Lysis Buffer 1) Sodium citrate 5% Polydocanol** 42.6% Guanidinium thiocyanate** Dithiothreitol**	10 x 10 mL	<div data-bbox="1079 247 1364 336">  </div> <p>DANGER</p> <p>H302: Harmful if swallowed. H314: Causes severe skin burns and eye damage. H411: Toxic to aquatic life with long lasting effects. EUH032: Contact with acids liberates very toxic gas. EUH071: Corrosive to the respiratory tract. P273: Avoid release to the environment. P280: Wear protective gloves/ protective clothing/ eye protection/ face protection/ hearing protection. P303 + P361 + P353: IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water. P304 + P340 + P310: IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/ doctor. P305 + P351 + P338 + P310: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/ doctor. P391: Collect spillage.</p> <p>593-84-0 Guanidinium thiocyanate 9002-92-0 Polidocanol 3483-12-3 (R*,R*)-1,4-dimercaptobutane-2,3-diol</p>

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Lysis Kit 1 240 Tests (P/N: 06768253190)	PK (cobas® 4800 System Proteinase K) Tris buffer EDTA Calcium chloride Calcium acetate < 2.0% Proteinase K** Glycerine	10 x 0.9 mL	 <p>DANGER H317: May cause an allergic skin reaction. H334: May cause allergy or asthma symptoms or breathing difficulties if inhaled. P261: Avoid breathing mist or vapours. P280: Wear protective gloves. P284: Wear respiratory protection. P304 + P340: IF INHALED: Remove person to fresh air and keep comfortable for breathing. P333 + P313: If skin irritation or rash occurs: Get medical advice/ attention. P342 + P311: If experiencing respiratory symptoms: Call a POISON CENTER/ doctor. 39450-01-6 Proteinase, Tritirachium album serine</p>
	SDS (cobas® 4800 System SDS Reagent) Tris buffer Sodium dodecyl sulfate 0.09% Sodium azide	10 x 3 mL	N/A

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Lysis Kit 1 960 Tests (P/N: 06768270190)	LYS-1 (cobas® 4800 System Lysis Buffer 1) Sodium citrate 5% Polydocanol** 42.6% Guanidinium thiocyanate** Dithiothreitol**	10 x 36 mL	<div data-bbox="1084 247 1377 338">  </div> <p>DANGER</p> <p>H302: Harmful if swallowed. H314: Causes severe skin burns and eye damage. H411: Toxic to aquatic life with long lasting effects. EUH032: Contact with acids liberates very toxic gas. EUH071: Corrosive to the respiratory tract. P273: Avoid release to the environment. P280: Wear protective gloves/ protective clothing/ eye protection/ face protection/ hearing protection. P303 + P361 + P353: IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water. P304 + P340 + P310: IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/ doctor. P305 + P351 + P338 + P310: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/ doctor. P391: Collect spillage.</p> <p>593-84-0 Guanidinium thiocyanate 9002-92-0 Polidocanol 3483-12-3 (R*,R*)-1,4-dimercaptobutane-2,3-diol</p>

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Lysis Kit 1 960 Tests (P/N: 06768270190)	PK (cobas® 4800 System Proteinase K) Tris buffer EDTA Calcium chloride Calcium acetate < 2.0% Proteinase K** Glycerine	20 x 1.2 mL	 <p>DANGER</p> <p>H317: May cause an allergic skin reaction. H334: May cause allergy or asthma symptoms or breathing difficulties if inhaled. P261: Avoid breathing mist or vapours. P280: Wear protective gloves. P284: Wear respiratory protection. P304 + P340: IF INHALED: Remove person to fresh air and keep comfortable for breathing. P333 + P313: If skin irritation or rash occurs: Get medical advice/ attention. P342 + P311: If experiencing respiratory symptoms: Call a POISON CENTER/ doctor. 39450-01-6 Proteinase, Tritirachium album serine</p>
	SDS (cobas® 4800 System SDS Reagent) Tris buffer Sodium dodecyl sulfate 0.09% Sodium azide	10 x 9 mL	N/A
cobas® 4800 System Wash Buffer Kit 240 Tests (P/N: 05235863190)	WB (cobas® 4800 System Wash Buffer) Sodium citrate dihydrate 0.05% N-Methylisothiazolone HCl**	10 x 55 mL	 <p>WARNING</p> <p>H317: May cause an allergic skin reaction. P261: Avoid breathing mist or vapours. P272: Contaminated work clothing should not be allowed out of the workplace. P280: Wear protective gloves. P333 + P313: If skin irritation or rash occurs: Get medical advice/ attention. P362 + P364: Take off contaminated clothing and wash it before reuse. P501: Dispose of contents/ container to an approved waste disposal plant. 26172-54-3 2-methyl-2H-isothiazol-3-one hydrochloride</p>

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 System Wash Buffer Kit 960 Tests (P/N: 05235871190)	WB (cobas® 4800 System Wash Buffer) Sodium citrate dihydrate 0.05% N-Methylisothiazolone HCl**	10 x 200 mL	 WARNING H317: May cause an allergic skin reaction. P261: Avoid breathing mist or vapours. P272: Contaminated work clothing should not be allowed out of the workplace. P280: Wear protective gloves. P333 + P313: If skin irritation or rash occurs: Get medical advice/ attention. P362 + P364: Take off contaminated clothing and wash it before reuse. P501: Dispose of contents/ container to an approved waste disposal plant. 26172-54-3 2-methyl-2H-isothiazol-3-one hydrochloride
cobas® 4800 System Internal Control Kit 1 20 Runs (P/N: 06768318190)	IC-1 (cobas® 4800 IC-1) Tris buffer EDTA < 0.01% Poly rA RNA (synthetic) 0.05% Sodium azide < 0.01% Non-infectious, synthetic internal control DNA encapsulated in Lambda bacteriophage coat protein	20 x 0.5 mL	N/A
cobas® 4800 MRSA/SA Amplification/Detection Kit 80 Tests (P/N: 06768113190)	MRSA/SA MMX (cobas® MRSA/SA Master Mix) Tricine buffer EDTA Potassium acetate Potassium hydroxide Tween 20 Glycerol 0.09% Sodium azide < 0.19% dATP, dCTP, dGTP, dUTP < 0.01% Upstream and downstream MRSA, SA and Internal Control primers < 0.01% Fluorescent-labeled MRSA, SA and Internal Control probes < 0.01% Oligonucleotide aptamer < 0.01% Z05 DNA polymerase (microbial) < 0.02% AmpErase (uracil-N-glycosylase) enzyme (microbial)	10 x 0.3 mL	N/A

Kit/Cassettes	Components and Reagent Ingredients	Quantity per Test	Safety Symbol and Warning*
cobas® 4800 MRSA/SA Amplification/Detection Kit 240 Tests (P/N: 06768172190)	MRSA/SA MMX (cobas® MRSA/SA Master Mix) Tricine buffer EDTA Potassium acetate Potassium hydroxide Tween 20 Glycerol 0.09% Sodium azide < 0.19% dATP, dCTP, dGTP, dUTP < 0.01% Upstream and downstream MRSA, SA and Internal Control primers < 0.01% Fluorescent-labeled MRSA, SA and Internal Control probes < 0.01% Oligonucleotide aptamer < 0.01% Z05 DNA polymerase (microbial) < 0.02% AmpErase (uracil-N-glycosylase) enzyme (microbial)	10 x 0.7 mL	N/A
	MRSA/SA (+) C (cobas® MRSA/SA Positive Control) Tris buffer EDTA < 0.01% Poly rA RNA (synthetic) 0.05% Sodium azide < 0.01% Non-infectious plasmid DNA (microbial) containing MRSA sequence < 0.01% Non-infectious plasmid DNA (microbial) containing SA sequence	10 x 0.5 mL	N/A
cobas® 4800 MRSA/SA Controls and Cofactor Kit 10 Runs (P/N: 06768288190)	(-) C (cobas® 4800 System Negative Control) Tris buffer EDTA < 0.01% Poly rA RNA (synthetic) 0.05% Sodium azide	10 x 0.5 mL	N/A
	Cofactor-1 (cobas® 4800 Cofactor-1) Manganese acetate Magnesium acetate 0.09% Sodium azide	10 x 1.7 mL	N/A

* Product safety labeling primarily follows EU GHS guidance

**Hazardous substance

Reagent storage and handling

Reagent	Storage Temperature	Storage Time
cobas® 4800 System Sample Preparation Kit	2–8°C	Stable until the expiration date indicated
cobas® 4800 System Lysis Kit 1	2–8°C	Stable until the expiration date indicated
cobas® 4800 System Internal Control Kit 1	2–8°C	Stable until the expiration date indicated
cobas® 4800 MRSA/SA Amplification/Detection Kit	2–8°C	Stable until the expiration date indicated
cobas® 4800 MRSA/SA Controls and Cofactor Kit	2–8°C	Stable until the expiration date indicated
cobas® 4800 System Wash Buffer Kit	15–25°C	Stable until the expiration date indicated

Do not freeze reagents.

Reagent expiry date is based on the Coordinated Universal Time (UTC). Local time for reagent expiry could be offset by plus or minus 12 hours, depending on the local time zone relative to UTC.

Additional materials required

Materials	P/N
CORE Tips, 1000 µL, rack of 96	04639642001
50 mL Reagent Reservoir	05232732001
200 mL Reagent Reservoir	05232759001
cobas® 4800 System Extraction (deep well) Plate	05232716001
cobas® 4800 System AD (microwell) Plate 0.3 mL and Sealing Film	05232724001
Sealing foil applicator	04900383001
32-position carrier	04639529001
Solid waste bag	05530873001 (small) or 04691989001 (large)
Hamilton STAR Plastic Chute	04639669001
MSwab Collection, Transport and Preservation System	07007248190 or COPAN P/N 404C.R or 404C
Disposable gloves, powderless	Any powderless disposable gloves are acceptable.
Vortex Mixer (single tube)	Any vortex mixer is acceptable.

For more information regarding the materials sold separately, contact your local Roche representative.

Optional materials

Materials	P/N
Sealing mat or deep well plate cover	Roche 04789288001 or Hamilton 6474-01
Caps, white color (for recapping post-run primary specimens)	07033893001 or COPAN 2U008N100.R or 2U008N100

For more information regarding the optional materials, contact your local Roche representative.

Instrumentation and software required but not provided

Required Instrumentation and Software, Not Provided
cobas® 4800 System cobas® x 480 instrument cobas® z 480 analyzer Control Unit
cobas® 4800 System cobas® MRSA/SA AP Software Version 1.0.1 or higher
cobas® 4800 System Application Software (Core) Version 2.2.0 or higher

For more information regarding the materials sold separately, contact your local Roche representative.

Precautions and handling requirements

Warnings and precautions

As with any test procedure, good laboratory practice is essential to the proper performance of this assay. Due to the high analytical sensitivity of this test, care should be taken to keep reagents, specimens and amplification mixtures free of contamination.

- For in vitro diagnostic use only.
- Avoid microbial and DNA contamination of reagents and specimens. SA is carried by ~ 30% of the population and may reside in the nares or skin. Be extra alert when handling samples and reagents to avoid potential contamination by SA from the operator.
- Safety Data Sheets (SDS) are available upon request from your local Roche office.
- LYS-1 reagent contains guanidine thiocyanate. Do not allow direct contact between guanidine thiocyanate and sodium hypochlorite (bleach) or other highly reactive reagents such as acids or bases. These mixtures can release a noxious gas.
- MGP contains isopropanol and is highly flammable. Keep away from open flames and potential spark producing environments.
- EB, MRSA/SA MMX, SDS, Cofactor-1, (–)C, MRSA/SA (+)C and IC-1 contain sodium azide.
- For additional warnings, precautions and procedures to reduce the risk of contamination for the **cobas®** x 480 instrument or **cobas®** z 480 analyzer, consult the **cobas®** 4800 System - User Assistance. If contamination is suspected, perform cleaning and weekly maintenance as described in the **cobas®** 4800 System - User Assistance.

Note: For specific instructions, see “Specimen collection, transport, and storage”.

Good laboratory practice

- Do not pipette by mouth.
- Do not eat, drink or smoke in laboratory work areas.
- Wash hands thoroughly after handling specimens and kit reagents.
- Wear eye protection, laboratory coats and disposable gloves when handling any reagents. Avoid contact of these materials with the skin, eyes or mucous membranes. If contact does occur, immediately wash with large amounts of water. Burns can occur if left untreated. If spills occur, dilute with water before wiping dry.
- Thoroughly clean and disinfect all laboratory work surfaces with a freshly prepared solution of 0.5% sodium hypochlorite in distilled or deionized water (dilute household bleach 1:10). Follow by wiping the surface with 70% ethanol.

Contamination

- Gloves must be worn and must be changed between handling specimens and cobas® MRSA/SA reagents to prevent contamination. Avoid contaminating gloves when handling specimens and controls. Wear lab gloves, laboratory coats, and eye protection when handling specimens and kit reagents.
- Avoid microbial and ribonuclease contamination of reagents.
- False positive results may occur if carryover of specimens is not prevented during specimen handling.
- Specimens should be handled as infectious using safe laboratory procedures such as those outlined in Biosafety in Microbiological and Biomedical Laboratories¹⁴ and in the CLSI Document M29-A4.¹⁵

Test integrity

- Do not use kits after their expiration dates.
- Do not pool reagents.
- Do not use disposable items beyond their expiration date.
- All disposable items are for one time use. Do not reuse.
- All equipment should be properly maintained according to the manufacturer's instructions.

Disposal

- cobas® 4800 reagents and the cobas® MRSA/SA Test specific reagents contain sodium azide (see **“Warnings and precautions”**). Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. While disposing of solutions containing sodium azide down laboratory sinks, flush the drains with a large volume of cold water to prevent azide buildup.
- Dispose of unused reagents and waste in accordance with country, federal, state and local regulations.

Note: For disposal of liquid waste, refer to the cobas® 4800 System - User Assistance.

Spillage and cleaning

- LYS-1 reagent contains guanidine thiocyanate. If liquid containing guanidine thiocyanate is spilled, clean with suitable laboratory detergent and water. If the spilled liquid contains potentially infectious agents, FIRST clean the affected area with laboratory detergent and water, and then with 0.5% sodium hypochlorite.
- If spills occur on the **cobas**® 4800 instrument, follow the instructions in the **cobas**® 4800 System - User Assistance to clean.
- Do not use sodium hypochlorite solution (bleach) for cleaning the **cobas**® x 480 instrument or the **cobas**® z 480 analyzer. Clean the **cobas**® x 480 instrument or the **cobas**® z 480 analyzer according to procedures described in the **cobas**® 4800 System - User Assistance.

Specimen collection, transport, and storage

Note: *Handle all specimens as if they are capable of transmitting infectious agents.*

Specimen collection

Nasal swab specimens collected with the MSwab Collection, Transport and Preservation System have been validated for use with the **cobas**® MRSA/SA Test. Specimens should be collected following the procedure detailed in the “**Specimen collection procedure**” section and according to your institution’s standard operating procedures.

Specimen transport storage and stability

Nasal swab specimens collected with the MSwab Collection, Transport and Preservation System are stable for transport and storage at 2-30°C for 4 days, or 2-8°C for 9 days, or frozen -20°C for 30 days before testing on the **cobas**® 4800 System (this was demonstrated by testing specimens after consecutive storage at 15 ± 1°C and 31 ± 1°C for 4 days, followed by 2-8°C for 5 days, followed by -20 ± 5°C for 30 days).

Transportation of MRSA/SA specimens must comply with country, federal, state and local regulations for the transport of etiologic agents.

Instructions for use

Running the test

Workflow

Figure 1 cobas® MRSA/SA workflow

1	Start up the system.
2	Perform instrument maintenance.
3	Remove samples and reagents from storage.
4	Start run: <ul style="list-style-type: none"> • Load carriers with samples.
5	With LIS: confirm work order Without LIS: create work order
6	Load consumables (deepwell plate, microwell plate, tip racks) and reagents
7	Start sample preparation run
8	Unload and seal microwell plate
9	Remove samples, used reagents, and deepwell plate.
10	Load microwell plate into analyzer
11	Review results
12	With LIS: send results to LIS
13	Unload analyzer

Test procedure

Specimen collection procedure

1. Please use the flocked swab provided in the MSwab collection kit. Use swab dry or pre-moistened with two drops of sterile physiological saline.
2. Carefully insert the swab into the patient's nostril (swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nares).
3. Roll the swab along the mucosa inside the nostril 3 times.
4. Repeat Steps 2 and 3 in second nostril with the same swab.
5. Replace the swab in its transport tube. Leverage the swab shaft against the edge of the tube to break at pre-scored point.
6. Close the cap firmly while ensuring that the upper end of the swab shaft is in the center of the cap.
7. Label the sample and transport to testing laboratory according to your institution's standard operating procedures (refer to "**Specimen transport storage and stability**" section). Refer to the "**Workflow**" section for notes on specimens.

All reagents except MRSA/SA MMX and Co-factor 1 must be at ambient temperature prior to loading on the cobas® x 480 instrument. The MRSA/SA MMX and Co-factor 1 reagents may be taken directly from

2-8°C storage as they will equilibrate to ambient temperature on board the cobas® x 480 instrument by the time they are used in the process.

Note: Refer to the cobas® 4800 System - User Assistance for detailed operating instructions.

Run size

The generic cobas® 4800 System Sample Preparation Kit, generic cobas® 4800 System Lysis Kit 1 and generic cobas® 4800 System Wash Buffer Kit are available in two kit sizes, each sufficient for 10 runs of up to either 24 or 96 samples, which include the controls and specimens for all assays to be run. The cobas® 4800 MRSA/SA Amplification/Detection Kit is available in two sizes, each sufficient to test up to either 80 or 240 samples, which include MRSA/SA controls and specimens to be run. Multiple vials of the cobas® 4800 MRSA/SA Master Mix reagent can be used as appropriate in one run, as long as they are the same kit size. The generic cobas® 4800 System Internal Control Kit 1 and the cobas® 4800 MRSA/SA Controls and Cofactor Kit are available in a single kit size, which is sufficient for 20 and 10 runs, respectively, and can support all run configurations. For each run containing MRSA/SA specimens, one cobas® 4800 MRSA/SA Positive Control and one cobas® 4800 System Negative Control must be run (see "Quality control"). For a single test run, the maximum number of samples allowed is 94 specimens and 2 controls.

Note: Although not an optimal use of reagents, a 96-Test generic reagent can be used for a run containing 1- 22 specimens. However, different sizes of the cobas® 4800 System Wash Buffer (WB) Kit, cobas® 4800 System Sample Preparation Kit and cobas® 4800 System Lysis Kit 1 cannot be mixed. For example, if a 96-Test WB reagent bottle is scanned at the start of the run, 96-Test size reagents from the other two kits must also be used.

Note: Although not an optimal use of reagents, a 24-Test cobas® 4800 MRSA/SA MMX can be used for a run containing 1-6 MRSA/SA specimens. See the cobas® 4800 System - User Assistance for details on how to change kit size.

Workflow

The cobas® MRSA/SA Test is run using the full workflow within the cobas® 4800 Software. It consists of sample preparation on the cobas® x 480 instrument followed by amplification/detection on the cobas® z 480 analyzer. The run can be MRSA/SA only, or mixed-batched format with tests that share the same automated specimen extraction process and PCR profile for amplification and detection. The software will display tests that are compatible for mixed batching with the cobas® MRSA/SA Test at the test selection step. Refer to the cobas® 4800 System - User Assistance for details.

Specimens

Note: The cobas® MRSA/SA Test has been validated for use with the MSwab Collection, Transport and Preservation System. Do not use other swab collection devices or media types.

Note: A properly collected nasal swab specimen should have a single FLOQ swab with the shaft captured by the cap. Incoming specimens with no swabs or with more than one swab have not been collected according to the instructions, and should not be tested.

Note: Do not process nasal swab specimens that appear bloody or have a dark brown color.

Note: Specimens must be in the primary specimen containers with a proper barcode for processing on the cobas® x 480 instrument. Consult the cobas® 4800 System - User Assistance for proper barcoding procedures and the list of acceptable barcodes for the cobas® 4800 System.

Note: To avoid cross-contamination, it is recommended that primary tubes be processed on the cobas® 4800 System prior to other processing and testing.

Note: To avoid cross-contamination of processed specimens, additional caps for MSwab specimen container in an alternate color (white; see “Optional materials”) should be used to recap specimens after processing.

Note: Nasal swab specimens collected in MSwab media contain sufficient volume to be assayed twice on the cobas® 4800 System, and can also be used for any necessary culture processing (see “Culturing of clinical specimens”), provided that no spillage has occurred during sample handling prior to the test. Refer to the package insert of the MSwab Collection, Transport and Preservation System for culture inoculation instruction. Minimum sample volume to conduct a cobas® MRSA/SA run is 700 µL in the primary MSwab specimen container. Testing specimens with less than 700 µL volume may result in false negative or failed results.

Performing the cobas® MRSA/SA Test

1. Perform the system startup and maintenance procedures by following the instructions in the cobas® 4800 System - User Assistance.
2. Collect all reagents and consumables needed. Reagents must be at room temperature by the time the run is started with the exception of cobas® MRSA/SA MMX and Cofactor-1 reagents.

Note: All reagents and reagent reservoirs are barcoded and designed for one time use. The cobas® 4800 Software tracks the use of the reagents and reagent reservoirs and rejects previously used reagents or reagent reservoirs.

3. Check the appearance of nasal swab specimens collected in MSwab media to make sure they meet the requirements in the “Specimens” section. Ensure that all caps have been tightened. Vortex the specimen for a minimum of 10 seconds. Uncap the tube (top of the swab should be captured by the cap) and swirl the swab around the inside wall of the tube to drain excess liquid. Discard the cap with the swab just before loading on the cobas® 4800 System. Make sure swab is taken out with the cap. Swab left in the sample vial will interfere with the cobas® MRSA/SA Test.
4. Start a new run and define the work order for the run. There are three ways to create a work order:
 - By using the sample editor before sample rack is loaded into cobas® x 480 instrument (“Editor” button on the right of the main menu). Work orders can be saved, edited and reloaded if necessary.
 - By following the software wizard for the new run and loading specimens into cobas® x 480 instrument when prompted. The specimen barcodes will be automatically scanned, and the requested results for each specimen must be defined.
 - By using your institution’s LIS system.

Refer to the cobas® 4800 System - User Assistance for more details. When selecting the requested results, check “MRSA” only, both “MRSA” and “SA”, or “SA” only depending on the tests that need to be performed. For example, if only “SA” is selected, MRSA results will not be available.

5. Load samples and define/select workorder or use LIS as appropriate. The “Unload sample carriers after transferring to deep well plate” option is selected by default. This allows the operator to retrieve the remaining specimens as soon as possible after they are aliquoted for processing by cobas® x 480

instrument. Specimen containers should be re-capped with fresh closure (see “**Optional materials**”) if storage is needed.

6. Follow the software wizard guide and load consumables. Do not load or remove individual tips into a partially used tip rack, as the software tracks the number of tips that are left. If there are not enough tips for the run to be conducted, the software will alert the user.
7. Load the sample preparation reagents into the barcoded reagent reservoirs. The reagent reservoirs are available in two sizes: 200 mL and 50 mL. Follow the software wizard guide to select the correct reagent reservoir size. The reagent reservoir barcodes must face to the right of the carrier. Use the “scan-scan-pour-place” method to load sample preparation reagents:
 - Scan the reagent bottle barcode
 - Scan the reagent reservoir barcode
 - Pour the reagent into the reservoir
 - Place the filled reagent reservoir into the designated position on the reagent carrier

Note: *The cobas® 4800 System has an internal clock to monitor the length of time the reagents are on-board. Once the WB is scanned, 1 hour is allowed to complete the loading process and click on the Start button. A countdown timer is displayed on the Workplace Tab. The system will not allow the run to start if the on-board timer has expired.*

Note: *To assure the accurate transfer of MGP, vortex or vigorously shake the MGP vial immediately prior to dispensing into the reagent reservoir.*

8. Load amplification/detection reagents (MRSA/SA MMX and Co-factor 1), Proteinase K (PK) and controls [MRSA/SA (+) C, IC and (-) C] directly onto the reagent carriers. In order to prevent contamination, it is required to change gloves after handling positive controls.

Note: *The software wizard will calculate the optimal number and size of cobas® MRSA/SA MMX reagent to use. This will be reflected in the “Kit size” column on the MMX and Co-factor loading screen. To use a different size of cobas® MRSA/SA MMX reagent, click the “Change kit size” button.*

9. Start sample preparation by clicking on “Start run”.
10. After a successful sample preparation run, the “Sample Preparation results” button and the Unload button become available. If desired, select “Sample Preparation results” button to review the results then select “Unload” to unload the plate carrier. Alternatively, select “Unload” to unload the plate carrier without reviewing the results. See the **cobas® 4800 System - User Assistance**.
11. Follow the instructions in the **cobas® 4800 System - User Assistance** to seal the microwell plate, transport the plate to the **cobas® z 480** analyzer and start the amplification and detection run.

Note: *The cobas® 4800 System has an internal clock to monitor the length of time after addition of the prepared samples to activated master mix. Amplification and detection should be started as soon as possible but no later than 90 minutes after the end of the cobas® x 480 instrument run. A countdown timer is displayed on the Workplace Tab. The system will abort the run if the timer has expired.*

12. When the amplification and detection run is completed, unload the microwell plate from the **cobas® z 480** analyzer.
13. Follow the instructions in the **cobas® 4800 System - User Assistance** to review and accept results.

Results

Quality control and validity of results

One set of **cobas**® MRSA/SA Test Positive and Negative Controls are included in each run. For any run, valid results must be obtained for both the Positive and Negative Control for the **cobas**® 4800 Software to display the reportable **cobas**® MRSA/SA Test results from that run.

Positive control

The MRSA (+) Control contains non-infectious DNA plasmids of both MRSA and *Staphylococcus aureus*. The MRSA/SA (+) Control monitors the nucleic acid extraction, amplification, and detection steps in a given run of the test. The MRSA/SA (+) Control result must be 'Valid'. If the MRSA/SA (+) Control results are consistently invalid, contact your local Roche office for technical assistance.

Note: *Whole-cell positive external controls are not provided with this assay to control for lysis. Commercially available control materials, e.g. MSSA strain ATCC 29213 and MRSA strain ATCC 43300, can be used as positive controls, in addition to the controls provided. The use of additional controls must be validated according to standard laboratory practice.*

Negative control

The (–) Control result must be 'Valid'. If the (–) Control results are consistently invalid, contact your local Roche office for technical assistance.

Note: *A Staphylococcus epidermidis strain, e.g. ATCC 12228 can be used as an external negative control, in addition to the controls provided. The use of additional controls must be validated according to standard laboratory practice.*

Internal control

The Internal Control is a lambda phage molecule that contains randomized sequences and targets for internal control-specific primers and probe. The Internal Control is added to all specimens and the Positive and Negative Controls during sample preparation on the **cobas**® x 480 instrument. The Internal Control monitors nucleic acid extraction, amplification, and detection steps for a given specimen. The Internal Control is also required for validation of the run controls.

Interpretation of results

Note: All assay and run validation is determined by the cobas[®] 4800 Software.

Note: A valid run may include both valid and invalid specimen results.

For a valid run, specimen results are interpreted as shown in Table 1.

Table 1 Result interpretation of the cobas[®] MRSA/SA Test

Requested Result "MRSA/SA"

cobas [®] MRSA/SA Test	Result Report and Interpretation
POS MRSA, POS SA	MRSA Positive, SA Positive Specimen is positive for the presence of both MRSA and SA.
NEG MRSA, NEG SA	MRSA Negative*, SA Negative* Neither MRSA nor SA detected.
NEG MRSA, POS SA	MRSA Negative*, SA Positive MRSA, not detected. Specimen is positive for the presence of SA.
Invalid MRSA, POS SA	MRSA Invalid, SA Positive MRSA result is Invalid. Original specimen should be re-tested to obtain valid MRSA result. Specimen is positive for the presence of SA.
Invalid MRSA, NEG SA	MRSA Invalid, SA Negative* MRSA result is Invalid. Original specimen should be re-tested to obtain valid MRSA results. SA not detected.
NEG MRSA, Invalid SA	MRSA Negative*, SA Invalid MRSA not detected. SA result is Invalid. Original specimen should be re-tested to obtain valid SA result.
Invalid MRSA, Invalid SA	MRSA Invalid, SA Invalid Both MRSA and SA results are Invalid. Original specimen should be re-tested to obtain valid MRSA and SA results.
Failed	No Result for Specimen Consult the cobas [®] 4800 System - User Assistance for instructions to review run flags and recommended actions. If a clot was detected and sufficient volume remains, original specimen should be vortexed for a minimum of 10 seconds and re-tested to obtain valid MRSA and SA results.

Table 1 Result interpretation of the cobas[®] MRSA/SA Test (continued)**Requested Result "MRSA"**

cobas[®] MRSA/SA Test	Result Report and Interpretation
POS MRSA	MRSA Positive Specimen is positive for the presence of MRSA.
NEG MRSA	MRSA Negative* MRSA not detected.
Invalid MRSA	MRSA Invalid MRSA result is Invalid. Original specimen should be re-tested to obtain valid MRSA result.
Failed	No Result for Specimen Consult the cobas [®] 4800 System - User Assistance for instructions to review run flags and recommended actions. If a clot was detected and sufficient volume remains, original specimen should be vortexed for a minimum of 10 seconds and re-tested to obtain valid MRSA results.

Requested Result "SA"

POS SA	SA Positive Specimen is positive for the presence of SA.
NEG SA	SA Negative* SA, not detected.
Invalid SA	SA Invalid SA result is Invalid. Original specimen should be re-tested to obtain valid SA result.
Failed	No Result for Specimen Consult the cobas [®] 4800 System - User Assistance for instructions to review run flags and recommended actions. If a clot was detected and sufficient volume remains, original specimen should be vortexed for a minimum of 10 seconds and re-tested to obtain valid SA results.

*A negative result does not preclude the presence of MRSA and/or SA because results depend on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.

Invalid results may be obtained if the specimen contains inhibitory substances that prevent nucleic acid target extraction and/or amplification and detection. See "**Procedural limitations**" for known interference substances.

Failed results may be obtained if the specimen contains clots that interfere with the sample preparation procedure on the cobas[®] 4800 instrument.

List of result flags

The following table lists flags which are relevant for result interpretation.

Table 2 List of flags for the cobas® MRSA/SA Test

cobas® MRSA/SA Test	cobas® MRSA/SA Test	Result Report and Interpretation
R20	The positive control is invalid.	An external control is invalid. 1. Repeat entire run with fresh reagents. 2. If the problem persists, contact Roche Service.
R21	The negative control is invalid.	An external control is invalid. 1. Repeat entire run with fresh reagents. 2. If the problem persists, contact Roche Service.
X3	Error: Clot was detected Sample was not processed.	Make sure that the samples were handled according to the workflow description. 1. Check the sample for clots. 2. Rerun the sample.
X4	Error: Pipetting error occurred. Sample was not processed.	Insufficient sample volume or mechanical error during pipetting is the most likely reason. 1. Make sure that there is enough sample volume. 2. Check whether the tip eject plate is placed correctly. 3. Rerun the sample.

Culturing of clinical specimens

In order to perform antimicrobial susceptibility testing or epidemiological typing, clinical specimens may be cultured from the collection media. Refer to the COPAN MSwab Collection, Transport and Preservation System Package Insert for culture processing instructions.

Note: *The minimum sample volume to conduct a single cobas® MRSA/SA Test is 700 µL in the primary MSwab specimen container. To avoid cross-contamination, it is recommended that primary tubes be processed on the cobas® 4800 System prior to removing aliquots for bacterial culture. If aliquots of the specimen must be taken for culture purpose prior to the cobas® MRSA/SA Test, make sure at least 700 µL of the specimen is still present and exercise utmost caution while handling the specimen. Testing specimens with less than 700 µL volume may result in false negative or failed results.*

Procedural limitations

1. The cobas® MRSA/SA Test has only been validated for use with nasal swab specimens collected with the MSwab Collection, Transport and Preservation System.
2. Reliable results are dependent on adequate specimen collection, transport, storage and processing. Follow the procedures in this Instructions-For-Use document (also referred to as a Package Insert), Package Inserts for the MSwab Collection, Transport and Preservation System and the cobas® 4800 System - User Assistance.

3. Detection of MRSA and SA is dependent on the number of organisms present in the specimen and may be affected by specimen collection methods, patient factors (i.e., stage of colonization, history of hospitalization, antibiotic treatment regime, proximity with MRSA carrier) and/or MRSA/SA strains.
4. False negative or invalid results may occur due to interference from various substances. The Internal Control is included in the **cobas**® MRSA/SA Test to help identify the specimens containing substances that may interfere with nucleic acid isolation and PCR amplification. Known interference includes, but is not limited to the following:
 - Specimens containing greater than 75% (v/v) blood per swab may generate false negative results. Do not test samples that appear dark red or brown in color.
 - Specimens containing greater than 10% (w/v) mucin per swab may generate false negative results.
 - Specimens containing greater than 15% (w/v) Rhinaris® Nasal Gel per swab may generate false negative results.
 - Specimens containing greater than 25% Releev (v/v) per swab may generate false negative results.
5. A positive result is indicative of the presence of MRSA DNA and not necessarily viable organisms. Therefore, a positive result does not necessarily mean eradication treatment failure. A negative result following a previously positive test result may indicate eradication treatment success or may occur due to intermittent colonization.
6. The **cobas**® MRSA/SA Test does not detect the *mecA* gene directly nor the penicillin-binding protein (PBP 2a) encoded by this gene. A false positive MRSA result may occur if an “empty cassette variant” *Staphylococcus aureus* is present.
7. Mutations or polymorphisms in primer- or probe-binding regions may affect detection of new or unknown variants, resulting in a false negative result with the **cobas**® MRSA/SA Assay.
8. The predictive value of an assay depends on the prevalence of the disease in any particular population.
9. The addition of AmpErase enzyme into the **cobas**® 4800 MRSA/SA Master Mix enables selective amplification of target DNA; however, good laboratory practices and careful adherence to the procedures specified in this Instructions-For-Use document are necessary to avoid contamination of reagents and amplification mixtures.
10. Use of this product must be limited to personnel trained in the techniques of PCR and the use of the **cobas**® 4800 System.
11. Only the **cobas**® x 480 instrument and **cobas**® z 480 analyzer have been validated for use with this product. No other sample preparation instrument or PCR System can be used with this product.
12. Due to inherent differences between technologies, it is recommended that, prior to switching from one technology to the next, users perform method correlation studies in their laboratory to qualify technology differences. One hundred percent agreement between the results should not be expected due to aforementioned differences between technologies.
13. Cross-contamination can cause false positive results. The sample to sample cross-contamination rate of the **cobas**® MRSA/SA Test on the **cobas**® 4800 System has been determined in a non-clinical study to be 0%. Run to run cross-contamination has not been observed.

Non-clinical performance evaluation

Analytical sensitivity

The analytical sensitivity (Limit of Detection or LOD) for the **cobas**® MRSA/SA Test was determined by analyzing quantified MRSA and SA culture isolates at multiple levels with at least 61 replicates per level. The test samples were prepared by spiking culture into the FLOQ swab, and then incubating the swab in a simulated nasal swab matrix. The simulated matrix composed of mucin and human cells mimics the effect of the clinical nasal specimen background on the **cobas**® MRSA/SA Test. All panel members were tested using the **cobas**® MRSA/SA Test across three lots of **cobas**® MRSA/SA Test reagents. LOD for this test is defined as the target concentration which can be detected as positive in $\geq 95\%$ of the replicates tested, based on results generated by the worst performing reagent lot.

Two MRSA isolates and one SA isolate were tested in the analytical sensitivity study. The **cobas**® MRSA/SA Test LOD on these isolates are shown in Table 3.

Table 3 **cobas**® MRSA/SA Test Limit of Detection (LOD)

Organism	Origin	Origin ID	RE Type	SCCmec type	spa Type	PFGE	MIC Value	Levels Tested	LOD (CFU/swab)
MRSA	NARSA	NRS384	2	IVa	t008	USA300-0114	32	9	650
MRSA	ATCC	43300	2	II	t007	Sac-15	N/A	8	700
SA	NARSA	NRS164	N/A	N/A	t084	N/A	N/A	8	700

N/A = not applicable

Detection of MRSA and SA genotypes

The limits of detection of the **cobas**® MRSA/SA Test on 35 MRSA isolates and five SA isolates representing common genotypes (including RE types 1, 2, 3, 4, 6, MRSA SCCmec types I, II, III, IV, V, VI and VIII, and MRSA PFGE types USA 100 to 1000) were verified by testing 40 replicates per level at multiple levels. MRSA/SA genetic diversity of this collection is covered by different SCCmec types, MREJ types and spa types found in the species *Staphylococcus aureus* based on its phylogenetic structure and representative strains of various pulse- field gel electrophoresis (PFGE) types. Dilutions and testing samples were prepared in a similar fashion as in the Limit of Detection (LOD) study described previously. The lowest level that had at least 95% observed hit rate are summarized in Table 4 and Table 5. The results have shown that the **cobas**® MRSA/SA Test detects all 35 MRSA and 5 SA strains correctly with LOD ranging from 175 to 750 CFU/Swab. Strains detected represent at least 8 SCCmec types (I, II, III, IV, V, VI, VIII, and new), 10 MREJ types, 21 spa-types, 9 PFGE types, and cefoxitin MIC values of ≥ 8 (range from 8 to ≥ 32) $\mu\text{g/mL}$.

Table 4 cobas® MRSA/SA Test Limit of Detection (LOD) on MRSA genotypes

MRSA Isolate #	RE Type	SCCmec Type	<i>spa</i> Type	MIC Value* (µg/mL)	PFGE Type	LOD (CFU/swab)
1	11	new	t002	≥8	Unknown	485
2	6	II	t242	≥8	Unknown	720
3	9/11	new	t024	≥8	Unknown	175
4	14	Unknown	Unknown	Unknown	Unknown	700
5	25	Unknown	t003	≥8	Unknown	175
6	6	II	t216	≥8	USA100	720
7	2	IV	t008	≥8	USA300	350
8	2	II	t037	≥8	USA200	700
9	2	IV	t1578	≥8	USA300	700
10	2	II	t002	≥8	USA100	720
11	2	IV	t008	≥8	USA800	750
12	2	IV	t008	≥8	USA300	266
13	2	IV	t064	≥8	USA500	260
14	2	IV	t148	≥8	USA700	700
15	2	IV	t688	≥8	USA800	271
16	2	IV	t688	≥8	USA300	700
17	2	II	t042	≥8	USA100	463
18	2	II	t018	≥8	USA200	350
19	2	IV	t008	≥8	USA300	410
20	2	IV	t008	≥8	USA300	175
21	2	IV	t5576	≥8	USA800	202
22	2	II	t004	≥8	USA600	350

Table 4 cobas® MRSA/SA Test Limit of Detection (LOD) on MRSA genotypes (continued)

MRSA Isolate #	RE Type	SCCmec Type	spa Type	MIC Value	PFGE Type	LOD (CFU/swab)
23	2	IV	t216	≥8	USA1000	350
24	2	IV	t064	≥8	Iberian	175
25	2	II	t266	≥8	USA600	700
26	2	IV	t008	≥8	USA300	700
27	2	IV	t008	≥8	USA300	350
28	2	IV	t002	≥8	USA800	350
29	3	V	t242	≥8	USA1000	350
30	24	new	t476	≥8	Unknown	350
31	1	I	t149	≥8	Unknown	175
32	3	VIII	Unknown	≥8	Unknown	700
33	4	IV	Unknown	≥8	Unknown	350
34	2	III	t030	≥8	Unknown	700
35	25	VI	Unknown	Unknown	Unknown	175

*Isolates 1,2,5-10, 12-29, 31 and 34 have Cefoxitin MIC values ≥32 µg/mL; isolates 3,11 and 32 have Cefoxitin MIC values of ≥16 µg/mL; isolate 33 has a Cefoxitin MIC value of 12 µg/mL; isolate 30 has a Cefoxitin MIC value of 8 µg/mL.

Table 5 cobas® MRSA/SA Test Limit of Detection (LOD) on SA genotypes

SA Isolate #	spa Type	LOD (CFU/swab)
1	t238	175
2	t018	175
3	t008	175
4	t002	175
5	t088	175

Geographical inclusivity

In addition to the 37 MRSA and 6 SA isolates included in the analytical sensitivity and genotype inclusivity studies shown above, 281 MRSA isolates and 85 SA isolates collected from diverse geographical locations were tested at concentrations near the detection limit of the cobas® MRSA/SA Test. The collection of 281 MRSA isolates from 16 countries contained MRSA isolates of different SCCmec types (I, II, III, IV, IVa, V, VI, VII, and new), 71 spa types and cefoxitin MIC values from 6 to greater than 256. The collection of 85 SA isolates from geographically diverse locations within US contained SA isolates of 75 different spa types. The cobas® MRSA/SA Test detected all 85 SA isolates. Of the 281 MRSA isolates, 277 were detected. The four MRSA isolates not detected by the cobas® MRSA/SA Test were sequenced, and the results suggested that the target regions contained sequences not recognized by the primers and probes in the cobas® MRSA/SA Test. One of the four isolates was a mec A_{LGA251} (also known as mec C) strain. The geographical sources of the MRSA collection are shown in Table 6.

Table 6 Geographical inclusivity of the cobas[®] MRSA/SA Test

Geographical Origin	Total Number of MRSA Isolates	Detected by cobas [®] MRSA/SA Test
UK	58	58
Germany	51	51
Denmark	37	36
France	33	31
US	20	20
Spain	20	20
Switzerland	18	18
Japan	15	15
Sweden	7	7
Australia	6	5
Netherlands	5	5
Italy	4	4
Belgium	3	3
Scotland	2	2
Ireland	1	1
Norway	1	1
Total	281	277

Precision

In-house precision study was conducted with two MRSA and one SA isolates diluted in a simulated nasal swab matrix to concentration levels below Limit of Detection (LOD), near LOD and above LOD of the cobas[®] MRSA/SA Test. A negative level composed of only the simulated nasal swab matrix was also tested. The study used three unique lots of cobas[®] MRSA/SA Test reagents and three instruments for a total of 36 runs over 12 days. A description of the precision panels and the study performance hit rate is shown in Table 7. An analysis of the variance of the Ct values from tests performed on positive panel members above the LOD level (see Table 8 and Table 9) yielded overall CV (%) ranges from 0.8% to 1.3% for MRSA Ct and 1.2% for SA Ct.

Table 7 In-house precision study hit rate analysis

Panel Member	Isolate	Target Concentration	N Tested	N Positive	%Detected	95% CI	
						Lower	Upper
1	NRS164 (SA)	< 1 x LOD	71	67	94.4%	86.2%	98.4%
2	NRS164 (SA)	~ 1 x LOD	72	72	100.0%	95.0%	100.0%
3	NRS164 (SA)	~ 3 x LOD	72	72	100.0%	95.0%	100.0%
4	NRS384 (MRSA)	< 1 x LOD	72	57	79.2%	68.0%	87.8%
5	NRS384 (MRSA)	~ 1 x LOD	72	72	100.0%	95.0%	100.0%
6	NRS384 (MRSA)	~ 3 x LOD	72	72	100.0%	95.0%	100.0%
7	ATCC43300 (MRSA)	< 1 x LOD	72	63	87.5%	77.6%	94.1%
8	ATCC43300 (MRSA)	~ 1 x LOD	72	72	100.0%	95.0%	100.0%
9	ATCC43300 (MRSA)	~ 3 x LOD	72	72	100.0%	95.0%	100.0%
10	None	Negative	72	0	0.0%	0.0%	5.0%

Table 8 Variance components analysis for precision panel members for precision panel members above the LOD

Strain	Mean Ct	Variance Components/Percent Contribution to Total					Total
		Lot	Kit Size	Instrument	Run	Random	
NRS164 (SA)	35.6	0.050	0.023	0.007	0.032	0.082	0.193
		25.9%	11.7%	3.6%	16.5%	42.3%	100.0%
NRS 384 (MRSA)	36.9	0.057	0.003	0.027	0.057	0.101	0.244
		23.2%	1.2%	11.1%	23.3%	41.2%	100.0%
ATCC 43300	38	0.003	0.024	0.007	0.010	0.037	0.082
		4.1%	29.6%	8.9%	12.5%	44.9%	100.0%

Table 9 Standard deviations and coefficients of variation (%) analysis for precision panel members above the LOD

Strain	Mean Ct	SD Components/ CV (%)	SD Components/ CV (%)	SD Components/ CV (%)	SD Components/ CV (%)	SD Components/ CV (%)	Total
		Lot	Kit Size	Instrument	Run	Random	
NRS164 (SA)	35.6	0.224	0.150	0.084	0.178	0.286	0.440
		0.6%	0.4%	0.2%	0.5%	0.8%	1.2%
NRS 384 (MRSA)	36.9	0.238	0.054	0.165	0.239	0.317	0.494
		0.6%	0.1%	0.4%	0.6%	0.9%	1.3%
ATCC 43300	38.0	0.058	0.156	0.086	0.102	0.192	0.287
		0.2%	0.4%	0.2%	0.3%	0.5%	0.8%

Competitive inhibition

Panels were constructed with two MRSA isolates as targets at 3 x Limit of Detection (LOD) of the **cobas**® MRSA/SA Test, and competing *Staphylococcus aureus* and Methicillin-Resistant *Staphylococcus epidermidis* (MRSE) isolates at increasing concentrations. The increasing concentration of SA or MRSE did not affect the detection of MRSA/SA targets, as shown by their relatively stable Ct value (Table 10).

Table 10 Competitive inhibition study for MRSA by SA (Ct values)

Competing Organism (concentration)	Target MRSA 10364	Target MRSA 8065	Target SA 10851
<i>Staphylococcus aureus</i> 10851 (1 x target)	38.2	38.8	N/A
<i>Staphylococcus aureus</i> 10851 (100 x target)	38.1	39.1	N/A
<i>Staphylococcus aureus</i> 10851 (10000 x target)	38.4	38.8	N/A
<i>Staphylococcus aureus</i> 10852 (1 x target)	38.1	39.0	N/A
<i>Staphylococcus aureus</i> 10852 (100 x target)	38.5	39.3	N/A
<i>Staphylococcus aureus</i> 10852 (10000 x target)	37.4	39.0	N/A
<i>Staphylococcus epidermidis</i> 5649 (1 x target)	37.9	39.5	36.5
<i>Staphylococcus epidermidis</i> 5649 (100 x target)	38.6	38.6	36.5
<i>Staphylococcus epidermidis</i> 5649 (10000 x target)	38.1	39.7	37
<i>Staphylococcus epidermidis</i> 5657 (1 x target)	39.0	40.1	36.9
<i>Staphylococcus epidermidis</i> 5657 (100 x target)	38.4	39.1	36.5
<i>Staphylococcus epidermidis</i> 5657 (10000 x target)	38.3	39.7	36.7

Analytical specificity

To assess the analytical specificity of the **cobas**® MRSA/SA Test, the following organism panels were tested: 1) 92 bacteria, fungi and viruses that may be found in nasal swab specimens (Table 11); 2) 43 Coagulase-Negative *Staphylococcus* (CoNS) and Methicillin-Resistant Coagulase-Negative *Staphylococcus* (MR-CoNS) (Table 12); 3) 10 Borderline Methicillin-Resistant SA (BORSA) isolates, and two SA isolates for MRSA specificity only (Table 13).

Human cells were spiked to 1×10^6 cells/mL and all bacteria except for *Chlamydomydia pneumoniae* were spiked to 1×10^6 CFU*/mL or higher, and all viruses were spiked to the highest concentration allowed by the respective stocks. Testing was performed with the organisms alone or with two MRSA and one SA isolates present at 3 x Limit of Detection (LOD) of the **cobas**® MRSA/SA Test. Results indicated that none of these organisms interfered with detection of intended MRSA or SA targets. None produced false positive results when there was no intended MRSA/SA target present.

*All bacteria were quantified as Colony Forming Units (CFU) except *Chlamydomydia pneumoniae* which was quantified as DNA copies. Human metapneumovirus and Influenza A /H3N2 were quantified in viral particles. Adenovirus 7 and 40, HSV1, Mumps virus, parainfluenza 1, parainfluenza 2 and parainfluenza 3, Corona Virus 229E, Corona Virus OC43, RSV A, RSV B and Rhinovirus was all quantified in TCID₅₀ units. Influenza A/H1N1 and Influenza B were quantified in EID₅₀ units. EBV was quantified in copies. Cytomegalovirus was quantified in International Units (IU). Human enterovirus and adenovirus 1 were quantified in PFU.

Table 11 Microorganisms commonly found in nasal flora tested for analytical specificity

<i>Acinetobacter baumannii</i>	<i>Haemophilus parainfluenzae</i>	<i>Streptococcus anginosus</i>
<i>Acinetobacter haemolyticus</i>	<i>Issatchenkia orientalis</i>	<i>Streptococcus mitis</i>
<i>Bacillus cereus</i>	<i>Klebsiella oxytoca</i>	<i>Streptococcus mutans</i>
<i>Bordetella bronchiseptica</i>	<i>Klebsiella pneumoniae</i> (KPC producing) ATCC # 700603	<i>Streptococcus pneumoniae</i>
<i>Bordetella parapertussis</i>	<i>Klebsiella pneumoniae</i> (KPC producing) ATCC # BAA1900	<i>Streptococcus pyogenes</i>
<i>Bordetella pertussis</i>	<i>Lactobacillus crispatus</i>	<i>Streptococcus salivarius</i>
<i>Burkholderia cepacia</i>	<i>Lactobacillus delbrueckii</i>	<i>Streptococcus sanguinis</i>
<i>Candida albicans</i>	<i>Legionella pneumophila</i>	<i>Streptococcus suis</i>
<i>Candida glabrata</i>	<i>Leifsonia aquatica</i>	<i>Yersinia enterocolitica</i>
<i>Candida parapsilosis</i>	<i>Listeria monocytogenes</i>	<i>Adenovirus Type 7</i>
<i>Candida tropicalis</i>	<i>Microbacterium testaceum</i>	<i>Adenovirus Type 40</i>
<i>Chlamydia pneumoniae</i> *	<i>Micrococcus luteus</i>	<i>Coronavirus 229E</i>
<i>Citrobacter freundii</i>	<i>Moraxella catarrhalis</i>	<i>Coronavirus OC43</i>
<i>Citrobacter koseri</i>	<i>Mycobacterium tuberculosis avirulent</i>	<i>Cytomegalovirus</i>
<i>Corynebacterium bovis</i>	<i>Mycoplasma pneumoniae</i>	<i>Epstein Barr Virus</i>
<i>Corynebacterium flavesens</i>	<i>Mycoplasma salivarium</i>	<i>HSV 1</i>
<i>Corynebacterium genitalium</i>	<i>Neisseria meningitides</i>	<i>Human Adenovirus type 1*</i>
<i>Corynebacterium glutamicum</i>	<i>Parvimonas micra</i>	<i>Human enterovirus 71</i>
<i>Corynebacterium amycolatum</i>	<i>Pasteurella aerogenes</i>	<i>Human metapneumovirus</i>
<i>Corynebacterium jeikeium</i>	<i>Planococcus maritimus</i>	<i>Influenza A/H1N1</i>
<i>Cryptococcus neoformans</i>	<i>Proteus mirabilis</i>	<i>Influenza A/H3N2 A/Hong Kong/8/68</i>
<i>Eikenella corrodens</i>	<i>Proteus vulgaris</i>	<i>Influenza B</i>
<i>Enterobacter aerogenes</i>	<i>Providencia stuartii</i>	<i>Measles virus</i>
<i>Enterobacter cloacae</i>	<i>Pseudomonas aeruginosa</i>	<i>Mumps virus</i>
<i>Enterococcus flavescens</i>	<i>Pseudomonas fluorescens</i>	<i>Parainfluenza 1</i>
<i>Enterococcus gallinarum</i>	<i>Rhodococcus equi</i>	<i>Parainfluenza 2</i>
<i>Enterococcus hirae</i>	<i>Rothia mucilaginosa</i>	<i>Parainfluenza 3</i>
<i>Escherichia coli</i>	<i>Salmonella enterica subsp. Enterica</i>	<i>Rhinovirus type 1A</i>
<i>Fingoldia magna</i>	<i>Serratia marcescens</i>	<i>RSV A</i>
<i>Haemophilus aphrophilus</i>	<i>Shigella sonnei</i>	<i>RSV B</i>
<i>Haemophilus influenzae</i>	<i>Streptococcus agalactiae</i>	<i>HCT-15 cells (human genomic DNA)</i>

**Chlamydia pneumoniae* was tested at 1.0×10^5 copies/mL, and Adenovirus type 1 at 1.0×10^4 PFU/mL.

Table 12 Closely related CoNS and MR-CoNS organisms tested for specificity

<i>Staphylococcus arlettae</i>	<i>Staphylococcus epidermidis</i> ATCC27676 (Methicillin-resistant)	<i>Staphylococcus pasteurii</i>
<i>Staphylococcus auricularis</i> (Methicillin-resistant)	<i>Staphylococcus equorum</i>	<i>Staphylococcus pseudintermedius</i>
<i>Staphylococcus caprae</i> (Methicillin-resistant)	<i>Staphylococcus felis</i>	<i>Staphylococcus pulvereri</i>
<i>Staphylococcus capitis</i>	<i>Staphylococcus gallinarum</i>	<i>Staphylococcus saprophyticus</i>
<i>Staphylococcus carnosus</i>	<i>Staphylococcus haemolyticus</i> ATCC29970	<i>Staphylococcus schleiferi</i>
<i>Staphylococcus chromogenes</i>	<i>Staphylococcus haemolyticus</i> ATCC29968 (Methicillin-resistant)	<i>Staphylococcus sciuri</i>
<i>Staphylococcus cohnii</i>	<i>Staphylococcus haemolyticus</i> ATCC43252	<i>Staphylococcus simulans</i> ATCC27848 (Methicillin-resistant)
<i>Staphylococcus delphini</i>	<i>Staphylococcus hominis</i> ATCC25615	<i>Staphylococcus simulans</i> ATCC11631
<i>Staphylococcus epidermidis</i> ATCC14990 (Methicillin-resistant)	<i>Staphylococcus hominis</i> ATCC35982	<i>Staphylococcus warneri</i> ATCC27836
<i>Staphylococcus epidermidis</i> ATCC35547 (Methicillin-resistant)	<i>Staphylococcus hominis</i> ATCC27844	<i>Staphylococcus warneri</i> ATCC27839 (Methicillin-resistant)
<i>Staphylococcus epidermidis</i> ATCC35983 (Methicillin-resistant)	<i>Staphylococcus hominis</i> ATCC27845	<i>Staphylococcus warneri</i> RMSCC1224
<i>Staphylococcus epidermidis</i> ATCC35984 (Methicillin-resistant)	<i>Staphylococcus intermedius</i>	<i>Staphylococcus xylosus</i> ATCC35663
<i>Staphylococcus epidermidis</i> ATCC51624 (Methicillin-resistant)	<i>Staphylococcus kloosii</i>	<i>Staphylococcus xylosus</i> ATCC29971
<i>Staphylococcus epidermidis</i> ATCC51625 (Methicillin-resistant)	<i>Staphylococcus lentus</i>	-
<i>Staphylococcus epidermidis</i> ATCC700583	<i>Staphylococcus lugdunensis</i>	-

Table 13 SA and BORSA isolates tested for MRSA specificity

<i>Staphylococcus aureus</i> 10851	<i>Staphylococcus aureus</i> 10323 (BORSA)
<i>Staphylococcus aureus</i> 10852	<i>Staphylococcus aureus</i> 10324 (BORSA)
<i>Staphylococcus aureus</i> 10319 (BORSA)	<i>Staphylococcus aureus</i> 10325 (BORSA)
<i>Staphylococcus aureus</i> 10320 (BORSA)	<i>Staphylococcus aureus</i> 10326 (BORSA)
<i>Staphylococcus aureus</i> 10321 (BORSA)	<i>Staphylococcus aureus</i> 10327 (BORSA)
<i>Staphylococcus aureus</i> 10322 (BORSA)	<i>Staphylococcus aureus</i> 10328 (BORSA)

Interference

Twenty-five commonly used nasal or throat medications, as well as whole blood and mucin, were tested for potential interference effects with the **cobas**® MRSA/SA Test. All substances were tested at levels above what could be reasonably expected to be collected by a swab in a nasal specimen. The amount of interference substance is expressed as the percentage of the maximum amount that a swab can absorb or carry. Two MRSA isolates and one SA isolate were spiked to 3 x Limit of Detection (LOD) of the **cobas**® MRSA/SA Test and used as targets in the tests. No interference was observed up to 100% of the swab capacity for exogenous substances, except for Relenza® (no interference up to 6.25% of swab capacity), Rhinaris® Nasal Gel (no interference up to 15% of swab capacity) and Releev (no interference up to 25% of swab capacity). Note that Relenza® was tested only up to 6.25% of the swab capacity because this already represents the whole amount of a normal application of the drug according to prescription. For whole blood, no interference was observed up to 75% of the swab capacity, and for mucin, no interference was observed up to 10% of the swab capacity. These results are summarized in Table 14.

Table 14 Results from interference substances testing

Substance	Results
Whole blood	No interference up to 75% of swab capacity
Mucin	No interference up to 10% of swab capacity
Afrin Nasal Spray	No interference
Beconase Nasal Spray	No interference
Bepanthen® nasal ointment	No interference
Chloraseptic Max Sore Throat Lozenges	No interference
Fluticasone Propionate (50 mcg) Nasal Spray	No interference
FluMist® (Afluria, Influenza virus vaccine)	No interference
Flunisolide Nasal Solution USP, 0.025%	No interference
Mupirocin Ointment	No interference
Dristan™ Nasal Mist	No interference
Luffeel™	No interference
Triamcinolone Acetonide Nasal spray	No interference
NasalCrom Nasal Spray	No interference
Nasonex Nasal Spray	No interference
Neo-Synephrine	No interference
Otrivine Nasal Spray	No interference
Relenza®	No interference up to 6.25% of swab capacity*
Budesonide Inhalation Suspension 0.25 mg/2 mL	No interference
Azelastin HCL Nasal Solution	No interference
Equate Saline Nasal Moisturizing Spray	No interference
Rhinaris® Nasal gel	No interference up to 15% of swab capacity
Tobramycin and Dexamethasone Ophthalmic Solution	No interference
Releev (for cold sores)	No interference up to 25% of swab capacity
Zicam Nasal Gel	No interference
QVAR (40 mcg) Inhalation Aerosol	No interference
Nostrilla	No interference

*This concentration represents the whole amount of Relenza® that would be applied in a single use according to prescription information.

Clinical performance evaluation

Reproducibility

The reproducibility of the **cobas**® MRSA/SA Test on the **cobas**® 4800 System was established in a multi-site, investigation using contrived clinical samples evaluated across lot, site/instrument, operator, day, and run.

The MRSA/SA reproducibility test panels were prepared by seeding MRSA strains NRS384 (MRSA-384) and ATCC 43300 (MRSA-43300), or SA strain RMSCC 10851 into contrived sample matrix (simulated clinical MSwab nasal specimens with mucin and human epithelial cells) at one of three concentrations (Below LOD, 1 × LOD, and 3 × LOD); a MRSA/SA-negative panel member was included as a panel member control. In all, there were 10 members per test panel with 3 replicates per panel member included in each run. Panels were tested at 3 sites by 2 operators per site with 1 run per operator per day, for 5 days per lot, over 2 lots for a total of 1800 tests (180 tests/panel member or 90 tests/panel member/lot). Overall, 60 runs were performed and all were valid runs. There were no failed/invalid tests.

MRSA reproducibility results

Table 15 summarizes the MRSA reproducibility results for Ct values and the percent agreement (two-sided 95% exact CI) by site and panel member. The positive percent agreement for the MRSA-positive panel members, “Below LOD MRSA-384” and “Below LOD MRSA-43300,” were 85.6% (95% CI: 79.6% to 90.3%) and 87.2% (95% CI: 81.4% to 91.7%), respectively; the positive percent agreement for all other MRSA-positive panel members was 100.0% (95% CI: 98.0% to 100.0%). The total SD and total CV (%) of Ct values across all MRSA-positive panel members were ≤ 0.51% and ≤ 1.4%, respectively.

Table 15 Summary of MRSA reproducibility results - Ct values and percent agreement by site and panel member

Panel Member	Valid Tests Results (n)	Ct Mean	Ct SD	Ct CV (%)	Percent Agreement by Site (n/N) ^a 1	Percent Agreement by Site (n/N) ^a 2	Percent Agreement by Site (n/N) ^a 3	Total Agreement Percent (n/N)	Total Agreement (95% CI) ^b
Negative	180	N/A	N/A	N/A	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)
Below LOD MRSA-384	180	40.3	0.43	1.1	95.0 (57/60)	83.3 (50/60)	78.3 (47/60)	85.6% (154/180)	(79.6%, 90.3%)
1 x LOD MRSA-384	180	38.0	0.49	1.3	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)
3 x LOD MRSA-384	180	36.3	0.44	1.2	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)
Below LOD MRSA-43300	180	40.4	0.40	1.0	91.7 (55/60)	81.7 (49/60)	88.3 (53/60)	87.2% (157/180)	(81.4%, 91.7%)
1 x LOD MRSA-43300	180	38.9	0.45	1.1	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)
3 x LOD MRSA-43300	180	37.4	0.51	1.4	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)

^aFor the Negative Panel Member, Percent Agreement = (number of negative results/total valid results) x 100; for Positive Panel Members, Percent Agreement = (number of positive results/total valid results) x 100.

^b95% CI = two-sided 95% exact binomial confidence interval.

CI = confidence interval; Ct = cycle threshold; CV = coefficient of variation; LOD = limit of detection; MRSA = methicillin-resistant *Staphylococcus aureus*; MRSA-384 = methicillin-resistant *Staphylococcus aureus* strain NRS384; MRSA-43300 = methicillin-resistant *Staphylococcus aureus* strain ATCC 43300; N/A = not applicable; SA = *Staphylococcus aureus*.

Table 16 presents the SD and CV (%) of Ct values for MRSA-positive panel members overall and attributable to lot, site/instrument, operator, day and within-run.

Table 16 Overall mean, standard deviations, and coefficients of variation (%) for Ct values from valid results for positive panel members – MRSA

MRSA			Standard Deviation and Percent Coefficient of Variation											
			Lot		Site/Inst.		Operator		Day		Within-Run		Total	
Panel Member	N	Mean Ct	SD	CV	SD	CV	SD	CV	SD	CV	SD	CV	SD	CV
Below LOD MRSA-384	154	40.3	0.00	0.0%	0.06	0.2%	0.00	0.0%	0.23	0.6%	0.36	0.9%	0.43	1.1%
1 x LOD MRSA-384	180	38.0	0.07	0.2%	0.18	0.5%	0.00	0.0%	0.17	0.5%	0.41	1.1%	0.49	1.3%
3 x LOD MRSA-384	180	36.3	0.12	0.3%	0.20	0.6%	0.02	0.1%	0.15	0.4%	0.35	1.0%	0.44	1.2%
Below LOD MRSA-43300	157	40.4	0.03	0.1%	0.07	0.2%	0.06	0.1%	0.02	0.0%	0.39	1.0%	0.40	1.0%
1 x LOD MRSA-43300	180	38.9	0.00	0.0%	0.11	0.3%	0.00	0.0%	0.19	0.5%	0.39	1.0%	0.45	1.1%
3 x LOD MRSA-43300	180	37.4	0.13	0.4%	0.24	0.6%	0.12	0.3%	0.10	0.3%	0.40	1.1%	0.51	1.4%

Ct = cycle threshold; CV = coefficient of variation; Inst. = instrument; LOD = limit of detection; MRSA = methicillin-resistant *Staphylococcus aureus*; MRSA-384 = methicillin-resistant *Staphylococcus aureus* strain NRS384; MRSA-43300 = methicillin-resistant *Staphylococcus aureus* strain ATCC 43300; SD = standard deviation.

SA reproducibility results

Table 17 summarizes the SA reproducibility results for Ct values and the percent agreement (two-sided 95% exact CI) by site and panel member. The positive percent agreement for the SA-positive panel members “Below LOD SA,” “1 × LOD SA” and “3 × LOD SA” were 50.0% (95% CI: 42.5% to 57.5%), 99.4% (95% CI: 96.9% to 100.0%), and 100.0% (95% CI: 98.0% to 100.0%), respectively. The total SD and total CV (%) of Ct values across all SA-positive panel members were ≤ 0.49 and ≤ 1.3%, respectively. The negative percent agreement for the MRSA/SA-negative panel members was 100.0% (95% CI: 98.0% to 100.0%).

Table 17 Summary of SA reproducibility results - Ct values and percent agreement by site and panel member

Panel Member	Valid Tests Results (n)	Ct			Percent Agreement by Site (n/N) ^a			Total Agreement	
		Mean	SD	CV (%)	1	2	3	Percent (n/N)	(95% CI) ^b
Negative	180	N/A	N/A	N/A	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)
Below LOD SA	180	38.6	0.46	1.2	23.3 (14/60)	60.0 (36/60)	66.7 (40/60)	50.0% (90/180)	(42.5%, 57.5%)
1 x LOD SA	180	36.8	0.49	1.3	100.0 (60/60)	98.3 (59/60)	100.0 (60/60)	99.4% (179/180)	(96.9%, 100.0%)
3 x LOD SA	180	35.1	0.38	1.1	100.0 (60/60)	100.0 (60/60)	100.0 (60/60)	100.0% (180/180)	(98.0%, 100.0%)

^aFor the Negative Panel Member, Percent Agreement = (number of negative results/total valid results) x 100; for Positive Panel Members, Percent Agreement = (number of positive results/total valid results) x 100.

^b95% CI = two-sided 95% exact binomial confidence interval.

CI = confidence interval; Ct = cycle threshold; CV = coefficient of variation; LOD = limit of detection; N/A = not applicable; SA = *Staphylococcus aureus*.

Table 18 presents the SD and CV (%) of Ct values for SA-positive panel members overall and attributable to lot, site/instrument, operator, day and within-run.

Table 18 Overall mean, standard deviations, and coefficients of variation (%) for Ct values from valid results for positive panel members – SA

SA			Standard Deviation and Percent Coefficient of Variation											
			Lot		Site/Inst.		Operator		Day		Within-Run		Total	
Panel Member	N	Mean Ct	SD	CV	SD	CV	SD	CV	SD	CV	SD	CV	SD	CV
Below LOD SA	90	38.6	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.46	1.2%	0.46	1.2%
1 x LOD SA	179	36.8	0.14	0.4%	0.29	0.8%	0.13	0.3%	0.16	0.4%	0.31	0.8%	0.49	1.3%
3 x LOD SA	180	35.1	0.11	0.3%	0.14	0.4%	0.12	0.3%	0.02	0.1%	0.31	0.9%	0.38	1.1%

Ct = cycle threshold; CV = coefficient of variation; LOD = limit of detection; SA = *Staphylococcus aureus*; SD = standard deviation.

Clinical performance

The clinical performance of the **cobas**® MRSA/SA Test was established in an IRB-approved, prospective, multi-site investigation comparing the results with direct chromogenic culture, and direct chromogenic culture combined with enrichment culture, using nasal swabs from eligible male and female subjects.

Specimens were collected at six geographically diverse sites across the US. One or two swab specimens were collected from each subject; one swab was collected for Standard-of-Care testing (if applicable) and one swab, an MSwab (Copan Flock Technologies Srl., Brescia, Italy), was collected for the **cobas**® MRSA/SA Test and for direct and enrichment culture.

The **cobas**® MRSA/SA Test was performed at three sites and the direct and enrichment culture was performed at a reference laboratory that specializes in culture and molecular detection of methicillin-resistant MRSA and SA. Briefly, a 100 µL aliquot of MSwab sample from each subject was transferred directly to one plate each of selective and differential chromogenic media for MRSA and SA

(direct culture), and to a tube containing tryptic soy broth (TSB) with 6.5% NaCl (enrichment culture). Suspect isolates and positive enrichment broth cultures were subcultured to 5% sheep blood agar and isolates identified as SA by Gram-stain and latex agglutination testing. Putative MRSA isolates were confirmed using a Kirby-Bauer cefoxitin disc diffusion test for methicillin resistance.

A MRSA/SA culture positive specimen was defined as a specimen positive for MRSA/SA by either direct or enrichment culture technique. A MRSA/SA culture negative specimen was defined as a specimen negative for MRSA/SA for both direct and enrichment culture.

Discrepant analysis was performed on all samples with discordant results, and a randomly selected subset of samples with concordant results included as controls, between the cobas® MRSA/SA Test and combined direct and enrichment culture, using a second, FDA-cleared nucleic acid amplification test (NAAT) and a non-selective direct and enrichment culture. Briefly, a 100 µL aliquot of remnant (leftover) MSwab sample was transferred to a chocolate agar plate (non-selective direct culture) and a second 100 µL aliquot was transferred to TSB without NaCl (non-selective enrichment culture). Isolates recovered from non-selective direct and enrichment culture were characterized as described; in addition, the identification of suspicious, atypical isolates were confirmed using a laboratory developed PCR assay for *femA* and *mecA* genes according to the reference laboratory's established practice.

Results

Specimens were collected from 2528 subjects with 2504 (99.1%) evaluable results from 1372 males (54.8%) and 1132 (45.2%) female subjects. The majority of subjects were > 50 years of age (67.2%) and ranged in age from 18 to 101 (median age = 57). There were a total of 160 MRSA-positive and 660 SA-positive specimens.

Performance of the cobas® MRSA/SA Test compared to combined direct and enrichment culture (reference method)

The performance of the cobas® MRSA/SA Test compared to combined direct and enrichment culture from 2500 evaluable results for MRSA, and from 2501 evaluable results for SA, is shown in Table 19.

The sensitivity and specificity for MRSA compared to combined direct and enrichment culture was 93.1% (149/160) and 97.5% (2281/2340), respectively; and the prevalence, PPV and NPV was 6.4%, 71.6% and 99.5%, respectively.

The sensitivity and specificity for SA compared to combined direct and enrichment culture was 93.9% (620/660) and 94.2% (1734/1841), respectively, and the prevalence, PPV and NPV was 26.4%, 85.3% and 97.7%, respectively.

Table 19 Comparison of results from the cobas® MRSA/SA Test with direct and enrichment culture (reference method)

		Direct and Enrichment Culture (Reference Method)					
		MRSA			SA		
		Positive	Negative	Total	Positive	Negative	Total
cobas® MRSA/SA Test	Positive	149	59	208	620	107	727
	Negative	11	2281	2292	40	1734	1774
	Total	160	2340	2500	660	1841	2501
<p>MRSA</p> <p>Sensitivity: 93.1% (149/160) (95% CI: 88.1-96.1%)</p> <p>Specificity: 97.5% (2281/2340) (95% CI: 96.8-98.0%)</p> <p>Prevalence: 6.4%</p> <p>PPV: 71.6%</p> <p>NPV: 99.5%</p> <p>SA</p> <p>Sensitivity: 93.9% (620/660) (95% CI: 91.9-95.5%)</p> <p>Specificity: 94.2% (1734/1841) (95% CI: 93.0-95.2%)</p> <p>Prevalence: 26.4%</p> <p>PPV: 85.3%</p> <p>NPV: 97.7%</p>							

Note: Subjects with both direct culture and valid cobas® MRSA/SA Test results are considered evaluable and included in this table.

MRSA = methicillin-resistant *Staphylococcus aureus*; NPV = negative predictive value; PPV = positive predictive value;
SA = *Staphylococcus aureus*.

Comparison of results of the cobas® MRSA/SA Test with direct culture

Results of the cobas® MRSA/SA Test were compared to direct culture from 2504 evaluable results is shown in Table 20.

The overall, positive and negative percent agreement of the cobas® MRSA/SA Test for MRSA compared to direct culture was 96.9% (2427/2504), 97.1% (135/139) and 96.9% (2292/2365), respectively; and the prevalence was 5.6%.

The overall, positive and negative percent agreement of the cobas® MRSA/SA Test for SA compared to direct culture was 93.3% (2336/2504), 97.0% (577/595) and 92.1% (1759/1909), respectively; and the prevalence was 23.8%.

Table 20 Comparison of results from the cobas® MRSA/SA Test with direct culture

		Direct Culture					
		MRSA			SA		
		Positive	Negative	Total	Positive	Negative	Total
cobas® MRSA/SA Test	Positive	135	73	208	577	150	727
	Negative	4	2292	2296	18	1759	1777
	Total	139	2365	2504	595	1909	2504
<p>MRSA</p> <p>Positive Percent Agreement: 97.1% (135/139) (95% CI: 92.8-98.9%)</p> <p>Negative Percent Agreement: 96.9% (2292/2365) (95% CI: 96.1-97.5%)</p> <p>Overall Percent Agreement: 96.9% (2427/2504) (95% CI: 96.2-97.5%)</p> <p>Prevalence: 5.6%</p> <p>SA</p> <p>Positive Percent Agreement: 97.0% (577/595) (95% CI: 95.3-98.1%)</p> <p>Negative Percent Agreement: 92.1% (1759/1909) (95% CI: 90.8-93.3%)</p> <p>Overall Percent Agreement: 93.3% (2336/2504) (95% CI: 92.2-94.2%)</p> <p>Prevalence: 23.8%</p>							

Note: Subjects with both direct culture and valid cobas® MRSA/SA Test results are considered evaluable and included in this table.

MRSA = methicillin-resistant *Staphylococcus aureus*; SA = *Staphylococcus aureus*.

Discrepant analysis of discordant and concordant samples

Discrepant analysis was performed on all discordant samples (Table 19), and a random subset of concordant samples included as controls, between the cobas® MRSA/SA Test and combined direct and enrichment culture (Reference Method), using a second, FDA-cleared nucleic acid amplification test (NAAT) and a non-selective direct and enrichment culture.

There were a total of 70 specimens with MRSA discordant results: 11 MRSA False-negative results and 59 MRSA False-positive results (Table 19). Of the 11 MRSA False-negative specimens, 5 tested MRSA-negative by a second NAAT method and non-selective direct and enrichment culture. Of the 59 MRSA False-positive specimens, 20 tested MRSA-positive by a second NAAT method or non-selective direct and/or enrichment culture.

There were a total of 147 specimens with SA discordant results: 40 SA False-negative results and 107 SA False-positive results (Table 19). Of the 40 SA False-negative specimens, 31 tested SA-negative by a second NAAT method and non-selective direct and enrichment culture. Of the 107 SA False-positive specimens, 24 tested SA-positive by a second NAAT method or non-selective direct and/or enrichment culture.

There were 74 randomly selected concordant samples included as controls in the discrepant analysis: 25 MRSA-positive, 25 SA-negative and 24 SA-positive/MRSA-negative concordant samples. Of the 74 controls, all 25 MRSA-positive specimens tested MRSA-positive by a second NAAT method or non-selective direct and/or enrichment culture; all 25 SA-negative specimens tested SA-negative by a second NAAT method and non-selective direct and enrichment culture; and, of the 24 SA-positive specimens, 21 tested SA-positive by a second NAAT method or non-selective direct and/or enrichment culture, 1 tested MRSA-positive by nonselective enrichment culture, and 2 tested SA-negative by a second NAAT method and non-selective direct and enrichment culture.

Expected values

Prevalence

The prevalence of MRSA and SA nasal carriage depends on a variety of factors including residence in a long term care facility, previous MRSA infection or colonization, diabetes mellitus, close contact with a MRSA/SA carrier and prior antibiotic use. The overall prevalence of MRSA and SA observed with the **cobas**® MRSA/SA Test compared to combined direct and enrichment culture during a multi-center clinical trial was 6.4% and 26.4%, respectively.

Hypothetical positive and negative predictive values of cobas® MRSA/SA Test for MRSA

The hypothetical positive and negative predictive values (PPV & NPV) derived from carriage rates of 1 to 30% for the **cobas**® MRSA/SA Test for MRSA are shown in Table 21. The sensitivity and specificity of the **cobas**® MRSA/SA Test compared to combined direct and enrichment culture (reference) for MRSA was 93.1% and 97.5%, respectively.

Table 21 Hypothetical positive and negative predictive values for MRSA derived from prevalence of nasal carriage

Prevalence (%)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)
1	93.1%	97.5%	27.2%	99.9%
5	93.1%	97.5%	66.0%	99.6%
10	93.1%	97.5%	80.4%	99.2%
15	93.1%	97.5%	86.7%	98.8%
20	93.1%	97.5%	90.2%	98.3%
25	93.1%	97.5%	92.5%	97.7%
30	93.1%	97.5%	94.1%	97.1%

Note: Sensitivity and specificity were established by comparing the **cobas**® MRSA/SA Test results to combined direct and enrichment culture from nasal swab specimens from patients tested for the presence of MRSA or SA colonization.

NPV = negative predictive value; PPV = positive predictive value.

Hypothetical positive and negative predictive values of cobas® MRSA/SA Test for SA

The hypothetical positive and negative predictive values (PPV & NPV) derived from carriage rates of 1 to 30% for the **cobas**® MRSA/SA Test for SA are shown in Table 22. The sensitivity and specificity of the **cobas**® MRSA/SA Test compared to combined direct and enrichment culture (reference) for SA was 93.9% and 94.2%, respectively.

Table 22 Hypothetical positive and negative predicative values for SA derived from prevalence of nasal carriage

Prevalence (%)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)
1	93.9%	94.2%	14.0%	99.9%
5	93.9%	94.2%	46.0%	99.7%
10	93.9%	94.2%	64.2%	99.3%
15	93.9%	94.2%	74.0%	98.9%
20	93.9%	94.2%	80.2%	98.4%
25	93.9%	94.2%	84.3%	97.9%
30	93.9%	94.2%	87.4%	97.3%

Note: Sensitivity and specificity were established by comparing the **cobas**® MRSA/SA Test results to combined direct and enrichment culture from nasal swab specimens from patients tested for the presence of MRSA or SA colonization.

NPV = negative predictive value; PPV = positive predictive value.

Additional information





















































Key assay features

Sample type	Nasal swab
Amount of sample required	1.6 mL of MSwab media in primary vial, a minimum of 700 µL is required for a cobas® MRSA/SA Test.
Test duration	Results are available within 2.5 hours after loading the specimen on the system (1-22 specimens).
Analytical sensitivity	From 175 CFU/swab to 750 CFU/swab depending on isolate.
Specificity	No cross-reactivity with 147 closely related organisms or organisms typically found in nasal specimens.
Inclusivity	314 MRSA isolates and 91 SA isolates from 16 countries, representing at least 7 SCCmec types, 10 RE types and 70 spa types were tested and detected in total.

Symbols

The following symbols are used in labeling for Roche PCR diagnostic products.

Table 23 Symbols used in labeling for Roche PCR diagnostic products

 Age/DOB	 Device not for near-patient testing	 QS IU/PCR	QS IU per PCR reaction, use the QS International Units (IU) per PCR reaction in calculation of the results.
 Ancillary Software	 Device not for self-testing		
 Assigned Range [copies/mL]	 Distributor (Note: The applicable country/region may be designated beneath the symbol)	 SN	Serial number
 Assigned Range [IU/mL]	 Do not re-use	 Site	Site
 EC REP	 Female	 Procedure Standard	Standard Procedure
 Barcode Data Sheet	 For IVD performance evaluation only	 STERILE EO	Sterilized using ethylene oxide
 LOT	 GTIN	 Store in dark	
 Biological risks	 Importer	 Temperature limit	
 REF	 IVD	 TDF	Test Definition File
 CE marking of conformity; this device is in conformity with the applicable requirements for CE marking of an in vitro diagnostic medical device	 LLR	 This way up	
	 Male	 Procedure UltraSensitive	Ultrasensitive Procedure
 Collect Date	 Manufacturer	 UDI	Unique Device Identifier
 Consult instructions for use	 CONTROL -	 ULR	Upper Limit of Assigned Range
 Contains sufficient for <n> tests	 Non-sterile	 Urine Fill Line	Urine Fill Line
 CONTENT	 Patient Name	 Rx only	For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.
 CONTROL	 Patient number	 Use-by date	
 Date of manufacture	 Peel here		
 Device for near-patient testing	 CONTROL +		
 Device for self-testing	 QS copies / PCR		QS copies per PCR reaction, use the QS copies per PCR reaction in calculation of the results.

Technical Support

For technical support (assistance) please reach out to your local affiliate:

https://www.roche.com/about/business/roche_worldwide.htm

Manufacturer and distributor

Table 24 Manufacturer and distributor

Rx only



Roche Molecular Systems, Inc.
1080 US Highway 202 South
Branchburg, NJ 08876, USA
www.roche.com

Made in USA

Distributed by

Roche Diagnostics
9115 Hague Road
Indianapolis, IN 46250-0457, USA
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See <https://diagnostics.roche.com/us/en/about-us/patents>

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Bibliography

1. Kuehnert MJ, Kruszon-Moran D, Hill HA, et al. Prevalence of *Staphylococcus aureus* nasal colonization in the United States, 2001–2002. *J Infect Dis*. 2006;193(2):172–179. Epub 2005/12/20.
2. Deurenberg RH, Stobberingh EE. The molecular evolution of hospital- and community-associated methicillin-resistant *Staphylococcus aureus*. *Curr Mol Med*. 2009;9(2):100–115. Epub 2009/03/12.
3. Bode LG, Kluytmans JA, Wertheim HF, et al. Preventing surgical-site infections in nasal carriers of *Staphylococcus aureus*. *N Engl J Med*. 2010;362(1):9–17. Epub 2010/01/08.
4. Diekema DJ, Pfaller MA, Schmitz FJ, et al. Survey of infections due to *Staphylococcus* species: frequency of occurrence and antimicrobial susceptibility of isolates collected in the United States, Canada, Latin America, Europe, and the Western Pacific region for the SENTRY Antimicrobial Surveillance Program, 1997–1999. *Clin Infect Dis*. 2001;32 Suppl 2:S114–132. Epub 2001/04/26.
5. Reed SD, Friedman JY, Engemann JJ, et al. Costs and outcomes among hemodialysis-dependent patients with methicillin-resistant or methicillin-susceptible *Staphylococcus aureus* bacteremia. *Infect Control Hosp Epidemiol*. 2005;26(2):175–183. Epub 2005/03/11.
6. Muto CA, Jernigan JA, Ostrowsky BE, et al. SHEA guideline for preventing nosocomial transmission of multidrug-resistant strains of *Staphylococcus aureus* and *enterococcus*. *Infect Control Hosp Epidemiol*. 2003;24(5):362–386. Epub 2003/06/06.
7. Huang SS, Yokoe DS, Hinrichsen VL, et al. Impact of routine intensive care unit surveillance cultures and resultant barrier precautions on hospital-wide methicillin-resistant *Staphylococcus aureus* bacteremia. *Clin Infect Dis*. 2006;43(8):971–978. Epub 2006/09/20.
8. Peterson LR, Diekema DJ. To screen or not to screen for methicillin-resistant *Staphylococcus aureus*. *J Clin Microbiol*. 2010;48(3):683–689. Epub 2010/01/15.
9. Cunningham R, Jenks P, Northwood J, Wallis M, Ferguson S, Hunt S. Effect on MRSA transmission of rapid PCR testing of patients admitted to critical care. *J Hosp Infect*. 2007;65(1):24–28. Epub 2006/12/06.
10. French GL. Methods for screening for methicillin-resistant *Staphylococcus aureus* carriage. *Clin Microbiol Infect*. 2009;15 Suppl 7:10–16. Epub 2009/12/03.
11. Hardy K, Price C, Szczepura A, et al. Reduction in the rate of methicillin-resistant *Staphylococcus aureus* acquisition in surgical wards by rapid screening for colonization: a prospective, cross-over study. *Clin Microbiol Infect*. 2010;16(4):333–339. Epub 2009/07/23.
12. Peterson LR, Liesenfeld O, Woods CW, et al. Multicenter evaluation of the LightCycler methicillin-resistant *Staphylococcus aureus* (MRSA) advanced test as a rapid method for detection of MRSA in nasal surveillance swabs. *J Clin Microbiol*. 2010;48(5):1661–1666. Epub 2010/03/26.
13. Struelens MJ, Hawkey PM, French GL, Witte W, Tacconelli E. Laboratory tools and strategies for methicillin-resistant *Staphylococcus aureus* screening, surveillance and typing: state of the art and unmet needs. *Clin Microbiol Infect*. 2009;15(2):112–119. Epub 2009/03/18.
14. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institutes of Health. HHS Publication No. (CDC) 21–1112. Biosafety in microbiological and biomedical laboratories. 5th edition. Revised December 2009.
15. Clinical and Laboratory Standards Institute (CLSI). Protection of laboratory workers from occupationally acquired infections. CLSI document M29-A4 Wayne, PA. Approved guideline-fourth edition. 2014.

Document revision

Document Revision Information	
Doc. Rev. 3.0 02/2024	Updated Lysis Kits 1 hazard information. Updated the harmonized symbol page. Updated to current economic operators. Added Technical support section. Added Made in statement. Updated Trademarks and patents section , including the link. Updated cobas® branding. Please contact your local Roche Representative if you have any questions.
Doc. Rev. 4.0 06/2024	Updated Specimen Preparation kits hazard information. Updated the harmonized symbol page. Moved Rx only text from front page to above legal manufacturer. Please contact your local Roche Representative if you have any questions.
Doc. Rev. 5.0 08/2024	Updated Wash Buffer kits hazard information. Please contact your local Roche Representative if you have any questions.