

cobas[®] CHIKV/DENV

Nucleic acid test for use on the cobas[®] 6800/8800 Systems

For in vitro diagnostic use

cobas[®] CHIKV/DENV – 480	P/N: 08042276190
cobas[®] CHIKV/DENV Control Kit	P/N: 08042136190
cobas[®] NHP Negative Control Kit	P/N: 07002220190
cobas omni MGP Reagent	P/N: 06997546190
cobas omni Specimen Diluent	P/N: 06997511190
cobas omni Lysis Reagent	P/N: 06997538190
cobas omni Wash Reagent	P/N: 06997503190

Table of contents

Intended use	4
Summary and explanation of the test	4
Reagents and materials	8
cobas® CHIKV/DENV reagents and controls.....	8
cobas omni reagents for sample preparation.....	11
Reagent storage and handling requirements	12
Additional materials required.....	13
Instrumentation and software required.....	13
Precautions and handling requirements	14
Warnings and precautions.....	14
Reagent handling	15
Good laboratory practice	15
Sample collection, transport, storage, and pooling	16
Living donor samples.....	16
Instructions for use	18
Automated sample pipetting and pooling (optional)	18
Procedural notes.....	18
Running cobas® CHIKV/DENV.....	18
Results	19
Quality control and validity of results.....	19
Interpretation of results	20
Repeat testing of individual sample(s)	20
Procedural limitations.....	20
Non-clinical performance evaluation.....	21
Key performance characteristics - Living donor samples	21
Limit of Detection (LoD).....	21
Reproducibility.....	24
Genotype verification.....	26

Analytical specificity.....	26
Correlation	29
Whole system failure.....	29
Additional information.....	30
Key test features	30
Symbols.....	31
Manufacturer and distributors	33
Trademarks and patents.....	33
Copyright.....	33
References.....	34
Document revision	36

Intended use

cobas® CHIKV/DENV for use on the cobas® 6800/8800 Systems is a qualitative *in vitro* test for the direct detection of chikungunya virus (CHIKV) RNA and dengue virus (DENV) serotypes 1-4 RNA in human plasma.

The test is intended for use to screen donor samples for CHIKV RNA or DENV RNA alone or to simultaneously screen for both CHIKV and DENV RNA in plasma from individual human donors, including donors of whole blood, blood components, and other living donors. This test is also intended for use to screen organ and tissue donors when donor samples are obtained while the donor's heart is still beating. Plasma from all donors may be screened as individual samples. For donations of whole blood and blood components, plasma samples may be tested individually or plasma may be tested in pools comprised of aliquots of individual samples.

This test is not intended for use of samples of cord blood.

This test is not intended for use as an aid in diagnosis for CHIKV or DENV.

Summary and explanation of the test

Background

DENV is an arthropod-borne (arbovirus) RNA virus that belongs to the Flaviviridae family, which includes West Nile Virus (WNV), yellow fever virus, and about 70 other viruses.¹ Like other arboviruses, DENV is maintained in an enzootic cycle between blood-feeding mosquitoes (primarily *Aedes aegypti*) and susceptible vertebrate hosts (humans).^{2,3} The World Health Organization (WHO) estimates that DENV is endemic in more than 100 countries, which includes more than 2.5 billion people at risk in the tropics and subtropical regions of the world.² Latin American and the Caribbean, including Puerto Rico, have experienced marked increases in DENV incidence in the past several years, raising concern for spread of *Ae. aegypti* (DENV's mosquito vector), and with it, DENV, to the United States.⁴ The global burden of DENV during the 2010 pandemic is estimated at 390 million infections, which included 96 million symptomatic DENV infections and 500,000 cases of severe dengue.⁵

Most clinical DENV infections are "dengue fever," which WHO defines as fever and at least 2 other symptoms which can include chills, bone pain (often severe, from which DENV has earned the nickname "break bone fever"), myalgia, arthralgia, eye pain, rash, and easy bruising.² "Severe dengue" includes hemorrhagic fever and shock.² DENV is classified into four related, but immunologically distinct, serotypes: DENV-1, DENV-2, DENV-3, and DENV-4. Infection with one DENV type produces lifelong immunity against that DENV serotype and short-term (≤ 2 months) cross-protection against infection with the other three DENV types.⁶

DENV is transmissible via transfusion.^{2,6,7} The first documented transfusion-transmission of DENV occurred in 2002 during a local outbreak in Hong Kong; RT-PCR testing demonstrated that both donor and recipient samples were positive for DENV-1 RNA.^{8,9} Clusters of transfusion-associated transmissions of DENV occurred in Singapore in 2007¹⁰ and Puerto Rico in 2007, which included one case of transfusion-transmitted hemorrhagic fever.^{1,6} During an epidemic in Brazil in 2012, 42 DENV-4 RNA-positive donations were transfused into 35 recipients and resulted in six transfusion-transmitted DENV infections.^{11,12}

Most (53% to 87%) DENV infections are asymptomatic, so infected individuals may donate blood.² Research blood donation screening in Puerto Rico revealed a rate of 0.03% to 0.31% during recent outbreak years (2005, 2007, 2010, 2011,

and 2012).² A study of 39,134 blood donations collected during the 2012 Brazil DENV epidemic showed DENV-4 viremia in 0.51% of donations in Rio de Janeiro and 0.80% of donations in Recife.^{11,12} Centers for Disease Control (CDC) modeling estimates a similar trend.⁴ While vaccines are in development, no vaccine against DENV infection is available; treatment is supportive.⁵

CHIKV is a member of the family Togaviridae and an arthropod-borne (arbovirus) RNA virus. CHIKV is maintained in an enzootic cycle between blood-feeding mosquitoes (*Ae. aegypti* and, since at least 2005, *Ae. albopictus*) and humans.² CHIKV (“chikungunya” means “that which bends up” in the Makonde language of Tanzania and Mozambique) presents with similar symptoms to and during the same endemic periods as DENV, except CHIKV is characterized by severe joint pains and crippling arthritis that may cause sufferers to be unable to stand up due to intense joint pain.^{2,13} Although rare, CHIKV fatalities have been reported and are typically the result of encephalitis or other encephalopathy, myocarditis, hepatitis, or multi-organ failure.¹⁴

CHIKV was discovered in Tanzania in 1952 and, for several decades, caused sporadic outbreaks throughout Africa and Asia.¹⁴ Three distinct lineages of CHIKV have been identified: the West African lineage, the East Central South African (ECSA) lineage, and the Asian lineage, which is derived from the ECSA virus.¹⁴ Since 2000, CHIKV has re-emerged to cause outbreaks of more severe forms of the disease than previously reported.¹⁴ After an absence of 32 years in India, CHIKV produced a large outbreak, affecting 13 states, in 2006 and 2007.^{14,15} A large outbreak of CHIKV in India occurred in 2006 and 2007. Several other countries in South-East Asia have experienced CHIKV outbreaks. Since 2005, India, Indonesia, Maldives, Myanmar, and Thailand have reported over 1.9 million CHIKV cases.¹⁵ As of July 2017, Pakistan and Kenya are experiencing ongoing epidemics that began in 2016.¹⁵

An explosive CHIKV outbreak occurred on Reunion Island and islands of the southwest Indian Ocean, east of Africa, from late 2005 through 2007, that included 300,000 clinical cases on Reunion Island (40% of the island’s population), of which 75% were symptomatic.^{2,16} A mutation affecting the viral envelope protein that allowed viral replication in *Ae. albopictus* (an alternate to *Ae. aegypti*, the previously-known vector for CHIKV) was discovered in the Reunion Island outbreak; that mutation resulted in increased viral loads and virulence in the Reunion Island outbreak.¹⁷ *Ae. albopictus* has subsequently been implicated as the mosquito vector in outbreaks in India, Northern Italy, and the Caribbean, as well.^{2,18,19} While no transfusion-transmitted CHIKV infection was documented in the 2005 to 2007 Reunion Island outbreak, aggressive interventions were implemented to mitigate the risk of a transfusion-transmitted infection, which was estimated to be as high as 1,500 per 100,000 donations (1.5%).^{2,16}

Sporadic cases of CHIKV have been reported in Europe. The first local outbreak (197 cases) in Europe occurred in 2007 in northeastern Italy, confirming the possibility of *Ae. albopictus*-associated outbreaks in Europe.¹⁵ In 2014, at least 11 autochthonous cases of CHIKV were reported in Montpellier, France, caused by the invasive tiger mosquito (*Ae. albopictus*) in the vicinity of an imported case.²⁰

Prior to 2013, outbreaks of CHIKV had been reported in Africa, Asia, Europe, and islands in the Indian and Pacific Oceans, but CHIKV transmission had not been documented in the Americas.^{2,21} Nonetheless, the potential for CHIKV outbreaks had long been recognized because of the prevalence of the vectors and their efficiency at transmitting dengue viruses.²¹ The first locally-acquired CHIKV infection in the Americas were reported from St. Martin in December 2013.²¹

CHIKV remains a concern in the Americas and the Caribbean. For 2017, through July 14, the Pan American Health Organization (PAHO) reports 58,806 suspected (28,654 confirmed) CHIKV autochthonous transmission cases in South America, the Caribbean, and North America, including 13 deaths in Brazil.²² The majority of these cases (52,724) were reported from Brazil; the remaining cases were reported from Bolivia, Colombia, Costa Rica, El Salvador, French

Guiana, Guadeloupe, Guatemala, Martinique, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St. Barthelemy, St. Martin, and Venezuela.²²

Concern about the spread of CHIKV to the US is growing. Before 2006, CHIKV disease was rarely identified in US travelers and no US-acquired cases had been documented.²³ From 2006 to 2013, an average of 28 people per year (range 5 to 65) in the US had positive tests for recent CHIKV infection; all were travelers visiting from or returning to the US from affected areas in Asia, Africa, or the Indian Ocean.²³ For 2014, 2,811 CHIKV disease cases were reported to ArboNET from 47 US states (excluding Alaska, Nebraska, and Wyoming), including 12 locally-transmitted cases in Florida.²³ All other cases involved travelers returning from affected areas.²³ A total of 4,710 CHIKV cases were reported in 2014 to ArboNET from US territories, including Puerto Rico, US Virgin Islands, and American Samoa.²³

CHIKV became a nationally-reportable condition in the US in 2015. In 2015, 679 CHIKV cases were reported to ArboNET from 44 US states (all states except Delaware, Louisiana, New Mexico, South Dakota, West Virginia, and Wyoming), all in travelers returning from affected areas.²⁴ US territories (Puerto Rico and US Virgin Islands) reported 202 cases to ArboNET in 2015, of which all 202 were locally transmitted infections.²⁴ For 2016, 175 chikungunya disease cases were reported to ArboNET from 37 US states (all states except Alaska, Colorado, Idaho, Maine, Mississippi, Nevada, North Dakota, Oklahoma, Oregon, South Dakota, Vermont, West Virginia, and Wyoming).²⁵ All of the 175 cases occurred in travelers returning from affected areas; none were locally transmitted infections.²⁵ A total of 171 chikungunya disease cases were reported from US territories (all from Puerto Rico), of which 170 were locally-acquired cases and one was a travel-associated case.²⁵ Concern over the spread of CHIKV beyond Florida has increased with the discovery of *Ae. aegypti* mosquitoes in Los Angeles County (Commerce and Pico Rivera).²⁶

Rationale for NAT testing

DENV can be transmitted via transfusion.^{2,6,7} While CHIKV transfusion transmission has not been documented, the potential for transfusion-transmitted CHIKV infection is based on the transfusion transmissibility of other arboviruses, like DENV.² Most (53% to 87%) DENV infections, and many (approximately 25%) of CHIKV infections, are asymptomatic, so infected individuals may donate blood.^{2,6,7} Because infected donors may not develop clinically-significant disease or remain asymptomatic, questioning blood donors about recent symptoms suggestive of CHIKV or DENV infection is ineffective at identifying infected donors.

Explanation of the test

cobas® CHIKV/DENV is a qualitative PCR test for the detection and discrimination of CHIKV and DENV RNA that is run on the cobas® 6800 System and cobas® 8800 System. The cobas® CHIKV/DENV test enables simultaneous or single target screening for CHIKV and DENV RNA in a single test of an individual donation or pooled plasma from individual donations.

Principles of the procedure

cobas® CHIKV/DENV is based on fully automated sample preparation (nucleic acid extraction and purification) followed by PCR amplification and detection. The cobas® 6800/8800 Systems consist of the sample supply module, the transfer module, the processing module, and the analytic module. Automated data management is performed by the cobas® 6800/8800 software which assigns test results for all tests as non-reactive, reactive, or invalid. Results can be reviewed directly on the system screen, and printed as a report.

Samples can either be tested individually or tested in pools consisting of multiple samples. If pooling is to be performed, the cobas p 680 instrument, or cobas® Synergy Software with the Hamilton MICROLAB® STAR IVD (cobas® Synergy

Core), may optionally be used in a pre-analytical step if pooling is to be performed.

Nucleic acids from the sample and added armored RNA internal control (IC) molecules (which serve as the sample preparation and amplification/detection process control) are simultaneously extracted. In addition the test utilizes two external controls: a positive and a negative control. Viral nucleic acids are released by addition of proteinase and lysis reagent to the sample. The released nucleic acids bind to the silica surface of the added magnetic glass particles. Unbound substances and impurities, such as denatured proteins, cellular debris, and potential PCR inhibitors (such as hemoglobin) are removed with subsequent wash reagent steps and purified nucleic acids are eluted from the glass particles with elution buffer at elevated temperature.

Selective amplification of target nucleic acid from the donor sample is achieved by the use of virus-specific forward and reverse primers which are selected from highly conserved regions of the viral nucleic acid. A thermostable DNA polymerase enzyme is used for both reverse-transcription and amplification. The master mix includes deoxyuridine triphosphate (dUTP), instead of deoxythymidine triphosphate (dTTP), which is incorporated into the newly synthesized DNA (amplicon).²⁷⁻²⁹ Any contaminating amplicons from previous PCR runs are eliminated by the AmpErase enzyme [uracil-N-glycosylase], which is included in the PCR mix, when heated in the first thermal cycling step. However, newly formed amplicons are not destroyed since the AmpErase enzyme is inactivated once exposed to temperatures above 55°C.

The **cobas**® CHIKV/DENV master mix contains detection probes which are specific for CHIKV, DENV and IC nucleic acid. The specific CHIKV, DENV and IC detection probes are each labeled with one of three unique fluorescent dyes which act as a reporter. Each probe also has a fourth dye which acts as a quencher. The three reporter dyes are measured at defined wavelengths, thus permitting simultaneous detection and discrimination of the amplified CHIKV and DENV targets and the IC.^{30,31} When not bound to the target sequence, the fluorescent signal of the intact probes is suppressed by the quencher dye. During the PCR amplification step, hybridization of the probes to the specific single-stranded DNA template results in cleavage by the 5' to 3' nuclease activity of the DNA polymerase resulting in separation of the reporter and quencher dyes and the generation of a fluorescent signal. With each PCR cycle, increasing amounts of cleaved probes are generated and the cumulative signal of the reporter dye is concomitantly increased. Since the three specific reporter dyes are measured at defined wavelengths, simultaneous detection and discrimination of the amplified CHIKV and DENV targets and the IC are possible.

Reagents and materials

cobas® CHIKV/DENV reagents and controls

All unopened reagents and controls shall be stored as recommended in Table 1 to Table 4.



Table 1 cobas® CHIKV/DENV

cobas® CHIKV/DENV Store at 2-8°C 480 test cassette (P/N 08042276190)		
Kit components	Reagent ingredients	Quantity per kit 480 tests
Proteinase Solution (PASE)	Tris buffer, < 0.05% EDTA, calcium chloride, calcium acetate, 8% (w/v) proteinase EUH210: Safety data sheet available on request. EUH208: Contains Subtilisin. May produce an allergic reaction.	38 mL
Internal Control (IC)	Tris buffer, < 0.05% EDTA, < 0.001% internal control armored RNA construct (non-infectious RNA encapsulated in MS2 bacteriophage), < 0.002% Poly rA RNA (synthetic), < 0.1% sodium azide	38 mL
Elution Buffer (EB)	Tris buffer, 0.2% methyl-4 hydroxybenzoate	38 mL
Master Mix Reagent 1 (MMX-R1)	Manganese acetate, potassium hydroxide, < 0.1% sodium azide	14.5 mL
CHIKV/DENV Master Mix Reagent 2 (CHIKV/DENV MMX-R2)	Tricine buffer, potassium acetate, glycerol, 18% dimethyl sulfoxide, < 0.1% Tween 20, EDTA, < 0.14% dATP, dGTP, dCTP, dUTPs, < 0.01% upstream and downstream CHIKV and DENV primers, < 0.01% internal control forward and reverse primers, < 0.01% fluorescent-labeled CHIKV, DENV and internal control probes, < 0.01% oligonucleotide aptamer, < 0.01% Z05D DNA polymerase, < 0.01% AmpErase (uracil-N-glycosylase) enzyme (microbial), < 0.1% sodium azide	17.5 mL

Table 2 cobas® CHIKV/DENV Control Kit**cobas® CHIKV/DENV Control Kit**

Store at 2-8°C

(P/N 08042136190)

Kit components	Reagent ingredients	Quantity per kit	Safety symbol and warning*
CHIKV/DENV Positive Control (CHIKV-DENV (+) C)	<p>< 0.001% synthetic (armored) CHIKV and DENV RNA encapsulated in MS2 bacteriophage coat protein, normal human plasma, CHIKV RNA and DENV RNA not detectable by PCR methods.</p> <p>0.1% ProClin® 300 preservative**</p>	16 mL (16 x 1 mL)	  <p>WARNING</p> <p>H317: May cause an allergic skin reaction. P261: Avoid breathing dust/fume/gas/mist/vapours/spray. 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.</p> <p>55965-84-9 mixture of: 5-chloro-2-methyl-4-isothiazolin-3-one [EC no. 247-500-7] and 2-methyl-2H-isothiazol-3-one [EC no. 220-239-6] (3:1)</p>



* Product safety labeling primarily follows EU GHS guidance

**Hazardous substance

Table 3 cobas® NHP Negative Control Kit**cobas® NHP Negative Control Kit**

Store at 2-8°C

(P/N 07002220190)


Kit components	Reagent ingredients	Quantity per kit	Safety symbol and warning*
Normal Human Plasma Negative Control (NHP-NC)	Normal human plasma, CHIKV RNA and DENV RNA not detectable by PCR methods. < 0.1% ProClin® 300 preservative**	16 mL (16 x 1 mL)	  <p>WARNING H317: May cause an allergic skin reaction. P261: Avoid breathing dust/fume/gas/mist/vapours/spray. 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. 55965-84-9 Mixture of: 5-chloro-2-methyl-4-isothiazolin-3-one [EC no. 247-500-7] and 2-methyl-2H-isothiazol-3-one [EC no. 220-239-6] (3:1)</p>

* Product safety labeling primarily follows EU GHS guidance

**Hazardous substance

cobas omni reagents for sample preparation

Table 4 cobas omni reagents for sample preparation*

Reagents	Reagent ingredients	Quantity per kit	Safety symbol and warning**
cobas omni MGP Reagent (MGP) Store at 2–8°C (P/N 06997546190)	Magnetic glass particles, Tris buffer, 0.1% methyl-4 hydroxybenzoate, < 0.1% sodium azide	480 tests	Not applicable
cobas omni Specimen Diluent (SPEC DIL) Store at 2–8°C (P/N 06997511190)	Tris buffer, 0.1% methyl-4 hydroxybenzoate, < 0.1% sodium azide	4 x 875 mL	Not applicable
cobas omni Lysis Reagent (LYS) Store at 2–8°C (P/N 06997538190)	42.56% (w/w) guanidine thiocyanate***, 5% (w/v) polydocanol***, 2% (w/v) dithiothreitol***, dihydro sodium citrate	4 x 875 mL	 <p>DANGER</p> <p>H302 + H332: Harmful if swallowed or if inhaled. H314: Causes severe skin burns and eye damage. H412: Harmful to aquatic life with long lasting effects. EUH032: Contact with acids liberates very toxic gas. P261: Avoid breathing dust/ fume/ gas/ mist/ vapours/ spray. P273: Avoid release to the environment. P280: Wear protective gloves/ protective clothing/ eye protection/ face 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. 593-84-0 Guanidinium thiocyanate 9002-92-0 Polidocanol 3483-12-3 (R*,R*)-1,4-dimercaptobutane-2,3-diol</p>
cobas omni Wash Reagent (WASH) Store at 15–30°C (P/N 06997503190)	Sodium citrate dihydrate, 0.1% methyl-4 hydroxybenzoate	4.2 L	Not applicable

* These reagents are not included in the cobas® CHIKV/DENV test kit. See listing of additional materials required (Table 7).

** Product safety labeling primarily follows EU GHS guidance.

***Hazardous substance

Reagent storage and handling requirements

Reagents shall be stored and will be handled as specified in Table 5 and Table 6.

When reagents are not loaded on the cobas® 6800/8800 Systems, store them at the corresponding temperature specified in Table 5.

Table 5 Reagent storage (when reagent is not on the system)

Reagent	Storage temperature
cobas® CHIKV/DENV – 480	2–8°C
cobas® CHIKV/DENV Control Kit	2–8°C
cobas® NHP Negative Control Kit	2–8°C
cobas omni Lysis Reagent	2–8°C
cobas omni MGP Reagent	2–8°C
cobas omni Specimen Diluent	2–8°C
cobas omni Wash Reagent	15–30°C

Reagents loaded onto the cobas® 6800/8800 Systems are stored at appropriate temperatures and their expiration is monitored by the system. The system allows reagents to be used only if all of the conditions shown in Table 6 are met. The system automatically prevents use of expired reagents. Table 6 allows the user to understand the reagent handling conditions enforced by the cobas® 6800/8800 Systems.

Table 6 Reagent expiry conditions enforced by the cobas® 6800/8800 Systems

Reagent	Kit expiration date	Open-kit stability	Number of runs for which this kit can be used	On-board stability (cumulative time on board outside refrigerator)
cobas® CHIKV/DENV – 480	Date not passed	60 days from first usage	Max 20 runs	Max 20 hours
cobas® CHIKV/DENV Control Kit	Date not passed	Not applicable	Not applicable	Max 10 hours
cobas® NHP Negative Control Kit	Date not passed	Not applicable	Not applicable	Max 10 hours
cobas omni Lysis Reagent	Date not passed	30 days from loading*	Not applicable	Not applicable
cobas omni MGP Reagent	Date not passed	30 days from loading*	Not applicable	Not applicable
cobas omni Specimen Diluent	Date not passed	30 days from loading*	Not applicable	Not applicable
cobas omni Wash Reagent	Date not passed	30 days from loading*	Not applicable	Not applicable

* Time is measured from the first time that reagent is loaded onto the cobas® 6800/8800 Systems.

Additional materials required

Table 7 Material and consumables for use on **cobas®** 6800/8800 Systems

Material	P/N
cobas omni Processing Plate	05534917001
cobas omni Amplification Plate	05534941001
cobas omni Pipette Tips	05534925001
cobas omni Liquid Waste Container	07094388001
cobas omni Lysis Reagent	06997538190
cobas omni MGP Reagent	06997546190
cobas omni Specimen Diluent	06997511190
cobas omni Wash Reagent	06997503190
Solid Waste Bag	07435967001
Solid Waste Container	07094361001

Instrumentation and software required

The **cobas®** 6800/8800 software and **cobas®** CHIKV/DENV analysis package shall be installed on the instrument(s). The Instrument Gateway (IG) server will be provided with the system.

Table 8 Instrumentation

cobas® 6800/8800 Systems	P/N
cobas® 6800 System (Option Moveable)	05524245001 and 06379672001
cobas® 6800 System (Fix)	05524245001 and 06379664001
cobas® 8800 System	05412722001
Sample Supply Module	06301037001
Options for pipetting and pooling	P/N
cobas p 680 instrument	06570577001
cobas® Synergy Software Dongle	07788339001
Hamilton MICROLAB® STAR IVD	04640535001

Refer to the **cobas®** 6800/8800 Systems Operator's Manual and **cobas p** 680 instrument Operator's Manual, or to the **cobas® Synergy** Software User Assistance, for additional information about primary and secondary sample tubes accepted on the instruments.

Note: Contact your local Roche representative for a detailed order list for sample racks, racks for clotted tips and rack trays accepted on the instruments.

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 sensitivity of this test, care should be taken to keep reagents and amplification mixtures free of contamination.

- For *in vitro* diagnostic use only.
- All samples should be handled as if infectious, using good laboratory procedures as outlined in Biosafety in Microbiological and Biomedical Laboratories and in the CLSI Document M29-A4.^{32,33} Only personnel proficient in handling infectious materials and the use of **cobas**® CHIKV/DENV, the **cobas**® 6800/8800 Systems, and (optionally) the **cobas p** 680 instrument or the Hamilton MICROLAB® STAR IVD with **cobas**® Synergy Core should perform this procedure.
- All human-sourced materials should be considered potentially infectious and should be handled with universal precautions. If spillage occurs, immediately disinfect with a freshly prepared solution of 0.5% sodium hypochlorite in distilled or deionized water (dilute household bleach 1:10) or follow appropriate site procedures.
- **cobas**® CHIKV/DENV Control Kit and **cobas**® NHP Negative Control Kit contain plasma derived from human blood. Testing of normal human plasma by PCR methods also showed no detectable CHIKV RNA, and DENV RNA. No known test method can offer complete assurance that products derived from human blood will not transmit infectious agents.
- Do not freeze whole blood.
- The use of sterile disposable pipettes and nuclease-free pipette tips is recommended. Use only supplied or specified required consumables to ensure optimal test performance.
- Safety Data Sheets (SDS) are available on request from your local Roche representative.
- Closely follow procedures and guidelines provided to ensure that the test is performed correctly. Any deviation from the procedures and guidelines may affect optimal test performance.
- False positive results may occur if carryover of samples is not adequately controlled during sample handling and processing.

Reagent handling

- Handle all reagents, controls, and samples according to good laboratory practice in order to prevent carryover of samples or controls.
- Before use, visually inspect each reagent cassette, diluent, lysis reagent, and wash reagent to ensure that there are no signs of leakage. If there is any evidence of leakage, do not use that material for testing.
- **cobas omni** Lysis Reagent contains guanidine thiocyanate, a potentially hazardous chemical. Avoid contact of reagents with the skin, eyes, or mucous membranes. If contact does occur, immediately wash with generous amounts of water; otherwise, burns can occur.
- **cobas**® CHIKV/DENV kits, **cobas omni** MGP Reagent, and **cobas omni** Specimen Diluent contain sodium azide as a preservative. Avoid contact of reagents with the skin, eyes, or mucous membranes. If contact does occur, immediately wash with generous amounts of water; otherwise, burns can occur. If these reagents are spilled, dilute with water before wiping dry.
- Do not allow **cobas omni** Lysis Reagent, which contains guanidine thiocyanate, to contact sodium hypochlorite (bleach) solution. This mixture can produce a highly toxic gas.
- Dispose of all materials that have come in contact with samples and reagents in accordance with country, state, and local regulations.

Good laboratory practice

- Do not pipette by mouth.
- Do not eat, drink, or smoke in designated work areas.
- Wear laboratory gloves, laboratory coats, and eye protection when handling samples and reagents. Gloves must be changed between handling samples and **cobas**® CHIKV/DENV test kits and **cobas omni** reagents to prevent contamination. Avoid contaminating gloves when handling samples and controls.
- Wash hands thoroughly after handling samples and kit reagents, and after removing the gloves.
- 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.
- If spills occur on the **cobas**® 6800/8800 instruments, follow the instructions in the **cobas**® 6800/8800 Systems Operator's Manual to properly clean and decontaminate the surface of instrument(s).

Sample collection, transport, storage, and pooling

Note: Handle all samples and controls as if they are capable of transmitting infectious agents.

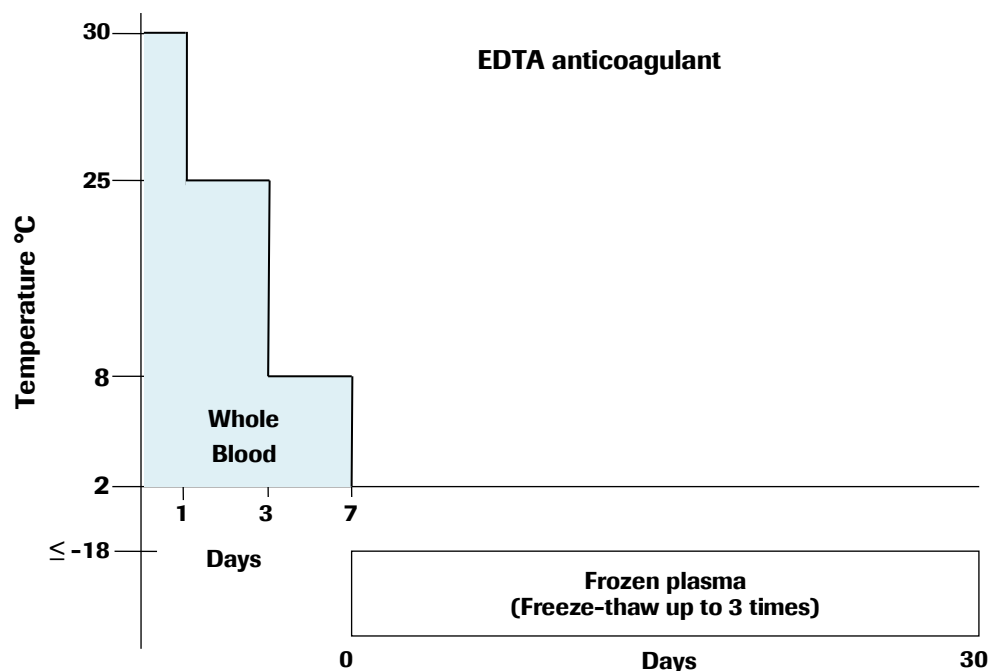
Store all donor samples at specified temperatures.

Sample stability is affected by elevated temperatures.

Living donor samples

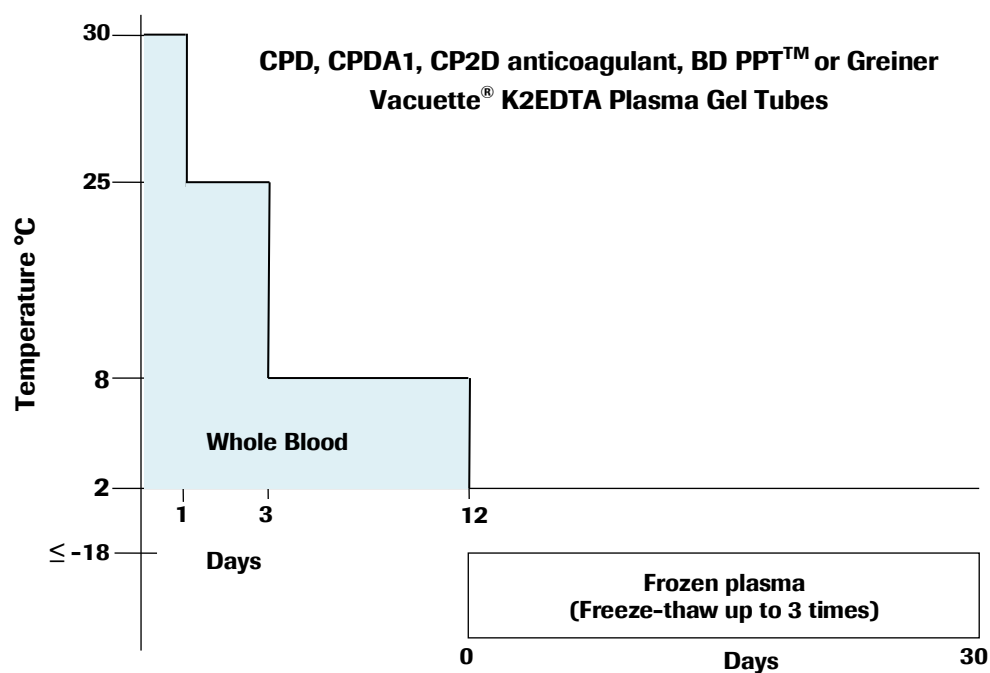
- Plasma collected in EDTA, CPD, CPDA1, CP2D may be used with cobas® CHIKV/DENV. Follow the sample collection tube/bag manufacturer instructions for handling and centrifugation.
- Blood collected in EDTA may be stored for up to 7 days with the following conditions:
 - Samples must be centrifuged within 72 hours of draw.
 - For storage above 8°C, samples may be stored for 72 hours at up to 25°C, and up to 30°C for 24 hours during the 72 hours.
- Other than noted above, samples are stored at 2–8°C. In addition, plasma separated from the cells may be stored for up to 30 days at ≤ -18°C with three freeze/thaw cycles. Refer to Figure 1.

Figure 1 Sample storage conditions for living donor samples collected in EDTA



- Blood collected in CPD, CPDA1, CP2D, Becton-Dickinson EDTA Plasma Preparation Tubes (BD PPT™) or Greiner Vacuette® K2EDTA Plasma Gel Tubes may be stored for up to 12 days with the following conditions:
 - Samples must be centrifuged within 72 hours of draw.
 - For storage above 8°C, samples may be stored for 72 hours at up to 25°C, and up to 30°C for 24 hours during the 72 hours.
- Other than noted above, samples are stored at 2–8°C. In addition, plasma separated from the cells may be stored for up to 30 days at ≤ -18°C with three freeze/thaw cycles. Refer to Figure 2.

Figure 2 Sample storage conditions for living donor samples collected in CPD, CPDA1, CP2D, BD PPT™ and Greiner Vacuette® K2EDTA Plasma Gel tubes



- If samples are to be shipped, they should be packaged and labeled in compliance with applicable country and/or international regulations covering the transport of samples and etiologic agents.

Instructions for use

Automated sample pipetting and pooling (optional)

Either the **cobas p 680** instrument, or **cobas® Synergy Core** can be used as an optional component of the **cobas® 6800/8800** Systems for automated pipetting and pooling of aliquots of multiple primary samples into one pooled sample. Refer to the **cobas p 680** instrument Operator's Manual or to the **cobas® Synergy** Software User Assistance for more information.

Procedural notes

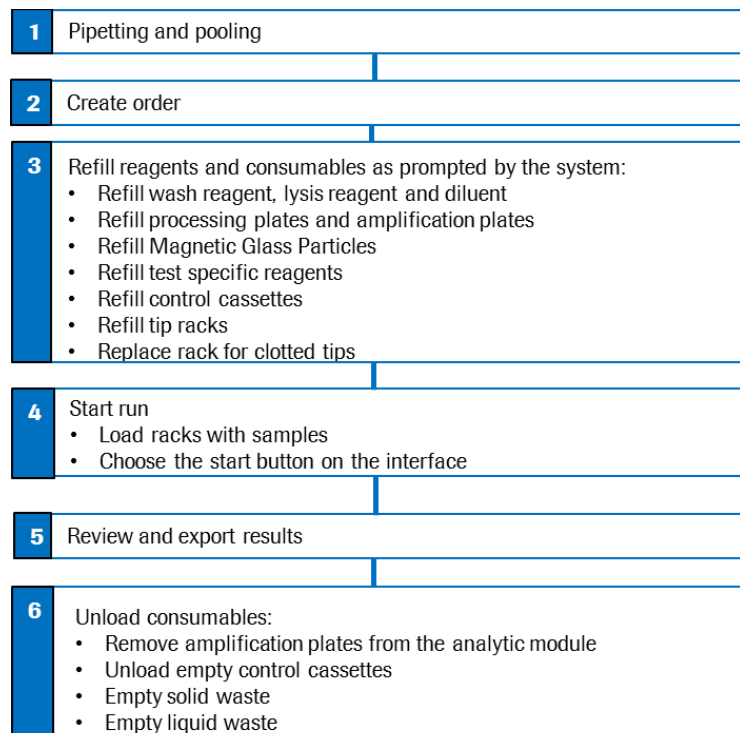
- Do not use **cobas®** CHIKV/DENV test reagents, **cobas®** CHIKV/DENV Control Kit, **cobas®** NHP Negative Control Kit or **cobas omni** reagents after their expiry dates.
- Do not reuse consumables. They are for one-time use only.
- Refer to the **cobas® 6800/8800** Systems Operator's Manual for proper maintenance of instruments.

Running cobas® CHIKV/DENV

The test procedure is described in detail in the **cobas® 6800/8800** Systems Operator's Manual; refer to the **cobas p 680** instrument Operator's Manual or to the **cobas® Synergy** Software User Assistance as applicable for details on optional pooling procedures.

Figure 3 below summarizes the procedure.

Figure 3 **cobas®** CHIKV/DENV procedure



Results

The cobas® 6800/8800 Systems automatically detect and discriminate CHIKV RNA and DENV RNA for the samples and controls.

Quality control and validity of results

- One negative control [(-) C] and one positive control [CHIKV-DENV (+) C] are processed with each batch.
- In the cobas® 6800/8800 software and/or report, check for flags and their associated results to ensure the batch validity.
- The batch is valid if no flags appear for both controls.

Invalidation of results is performed automatically by the cobas® 6800/8800 software based on negative and positive control failures.

Control flags

Table 9 Control flags for negative and positive controls

Negative Control	Flag	Result	Interpretation
(-) C	Q02	Invalid	The entire batch is assigned invalid if the result for the (-) C is invalid.
Positive Control	Flag	Result	Interpretation
CHIKV-DENV (+) C	Q02	Invalid	The entire batch is assigned invalid if the result for the CHIKV-DENV (+) C is invalid.

If the batch is invalid, repeat testing of the entire batch including samples and controls.

Interpretation of results

For a valid batch, check each individual sample for flags in the **cobas**® 6800/8800 software and/or report. The result interpretation should be as follows:

- A valid batch may include both valid and invalid donor sample results dependent on flags obtained for the individual samples.
- Sample results are valid only if the respective positive control and the negative control of the corresponding batch are valid.

Three parameters are measured simultaneously for each sample: CHIKV, DENV, and the internal control. Final sample results for **cobas**® CHIKV/DENV are reported by the software. In addition to the overall results, individual target result will be displayed in the **cobas**® 6800/8800 software and should be interpreted as follows:

Table 10 Target results for individual target result interpretation

Target results	Interpretation
CHIKV Non-Reactive	No target signal detected for CHIKV and IC signal detected.
CHIKV Reactive	Target signal detected for CHIKV and IC signal may be or may not be detected.
DENV Non-Reactive	No target signal detected for DENV and IC signal detected.
DENV Reactive	Target signal detected for DENV and IC signal may be or may not be detected.
Invalid	Target and internal control signal not detected.

Repeat testing of individual sample(s)

Sample tubes with a final result of Invalid for one target require repeat testing regardless of valid results for the other target.

Procedural limitations

- **cobas**® CHIKV/DENV has been evaluated only for use in combination with the **cobas**® CHIKV/DENV Control Kit, **cobas**® NHP Negative Control Kit, **cobas omni** MGP Reagent, **cobas omni** Lysis Reagent, **cobas omni** Specimen Diluent, and **cobas omni** Wash Reagent for use on the **cobas**® 6800/8800 Systems.
- Reliable results depend on proper sample collection, storage and handling procedures.
- Do not use heparinized plasma with this test because heparin has been shown to inhibit PCR.
- Detection of CHIKV RNA and DENV RNA is dependent on the number of virus particles present in the sample and may be affected by sample collection, storage and handling, patient factors (i.e., age, presence of symptoms), and/or stage of infection and pool size.
- Though rare mutations within the highly conserved regions of a viral genome covered by **cobas**® CHIKV/DENV, may affect primers and/or probe binding resulting in the failure to detect presence of virus.
- 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. Users should follow their own specific policies/procedures.

Non-clinical performance evaluation

Key performance characteristics - Living donor samples

Limit of Detection (LoD)

Roche Secondary Standard

The limit of detection (LoD) of cobas® CHIKV/DENV was determined using the following standards:

- Roche Secondary Standard for DENV Serotype 1 (DENV-1)
- Roche Secondary Standard for DENV Serotype 2 (DENV-2)
- Roche Secondary Standard for DENV Serotype 3 (DENV-3)
- Roche Secondary Standard for DENV Serotype 4 (DENV-4)
- Roche Secondary Standard for CHIKV Genotype Asian (CHIKV-Asian)
- Roche Secondary Standard for CHIKV Genotype East Central and South African (CHIKV-ECSA)
- Armored RNA for CHIKV Genotype West African (CHIKV-WA)

The Roche DENV Secondary Standards are heat-inactivated virus culture supernatants and the titers are traceable to the 1st International Reference Panel for Dengue virus types 1 to 4 (DENV-1 BB, DENV-2 AA, DENV-3 CC and DENV-4 BB) for Nucleic Acid Amplification Techniques.

No international standards are currently available for CHIKV. The CHIKV Roche Standards (CHIKV-Asian, CHIKV-ECSA), heat-inactivated virus culture supernatants, and the armored RNA (CHIKV-WA) are traceable to CBER CHIKV RNA reference reagent (CHIKV-RR).³⁴

For the Roche Secondary Standards for DENV-1 and CHIKV-Asian, 3 independent co-formulated dilution series of both viral standards were prepared with normal, virus-negative (CHIKV and DENV) human EDTA-plasma. Each dilution series was tested using three different lots of the cobas® CHIKV/DENV test kits with approximately 63 replicates per lot, for a total of approximately 189 replicates per concentration.

For the Roche Secondary Standards for DENV-2, DENV-3, DENV-4, CHIKV-ECSA and the armored RNA for CHIKV-WA, 3 independent series of each viral standard co-formulated for DENV-2 and CHIKV-ECSA members and individually formulated DENV-3, DENV-4 and CHIKV-WA were prepared with normal, virus-negative (CHIKV and DENV) human EDTA plasma. Each dilution series was tested using 3 different lots of the cobas® CHIKV/DENV test kits with approximately 42 replicates per lot, for a total of approximately 126 replicates per concentration.

For each virus, PROBIT analysis on the data combined across dilution series and reagent lots was used to estimate the LoD, along with the lower and upper limit of 95% confidence interval (Table 11). The reactivity rates observed in the LoD studies for each virus are summarized in Table 12 through Table 18.

Table 11 Results of PROBIT analysis on LoD data collected with viral standards in EDTA plasma

Analyte	Measuring units	LoD	Lower 95% confidence limit	Upper 95% confidence limit
DENV-1	IU/mL	0.6	0.5	0.8
DENV-2	IU/mL	1.0	0.8	1.3
DENV-3	IU/mL	1.0	0.9	1.3
DENV-4	IU/mL	0.4	0.3	0.5
CHIKV Asian	DU*/mL	6.8	5.9	8.1
CHIKV ECSA	DU*/mL	9.3	7.9	11.5
CHIKV WA	DU*/mL	7.1	6.1	8.7

* Detectable Units

Table 12 Reactivity rates summary for DENV-1 in EDTA plasma

DENV RNA concentration (IU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
1.69	189	189	100.0%	98.4%
0.85	187	189	98.9%	96.7%
0.42	163	189	86.2%	81.4%
0.21	119	189	63.0%	56.7%
0.11	81	189	42.9%	36.7%

Table 13 Reactivity rates summary for DENV-2 in EDTA plasma

DENV RNA concentration (IU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
3.49	126	126	100.0%	97.7%
1.75	125	126	99.2%	96.3%
0.87	116	126	92.8%	87.8%
0.44	92	126	73.0%	65.7%
0.22	60	126	47.6%	40.0%

Table 14 Reactivity rates summary for DENV-3 in EDTA plasma

DENV RNA concentration (IU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
1.40	126	126	100.00%	97.7%
0.70	106	126	84.1%	77.8%
0.35	85	124	68.5%	61.0%
0.17	48	125	38.4%	31.1%
0.09	21	125	16.8%	11.5%

Table 15 Reactivity rates summary for DENV-4 in EDTA plasma

DENV RNA concentration (IU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
2.40	126	126	100.0%	97.7%
1.20	126	126	100.0%	97.7%
0.60	124	126	98.4%	95.1%
0.30	116	126	92.1%	86.9%
0.15	90	126	71.4%	64.1%

Table 16 Reactivity rates summary for CHIKV-Asian in EDTA plasma

CHIKV RNA concentration (DU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
16.0	189	189	100.0%	98.4%
8.0	188	189	99.5%	97.5%
4.0	150	189	79.4%	73.9%
2.0	94	189	49.7%	43.5%
1.0	50	189	26.5%	21.2%

Table 17 Reactivity rates summary for CHIKV-ECSA in EDTA plasma

CHIKV RNA concentration (DU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
16.0	126	126	100.0%	97.7%
8.0	119	126	94.4%	89.8%
4.0	80	125	64.0%	56.3%
2.0	45	126	35.7%	28.6%
1.0	16	126	12.7%	8.1%

Table 18 Reactivity rates summary for CHIKV-WA in EDTA plasma

CHIKV RNA concentration (DU/mL)	Number reactive	Number of valid replicates	% Reactive	95% Lower confidence bound (one-sided)
16.0	126	126	100.0%	97.7%
8.0	122	126	96.8%	92.9%
4.0	100	126	79.4%	72.5%
2.0	54	126	42.9%	35.4%
1.0	19	126	15.1%	10.1%

Reproducibility

The reproducibility of cobas® CHIKV/DENV on the cobas® 6800/8800 Systems was determined using the following standards:

- Roche Secondary Standard for DENV Serotype 1 (DENV-1)
- Roche Secondary Standard for CHIKV Genotype Asian (CHIKV-Asian)

This study consisted of testing 3 panels of co-formulated CHIKV and DENV members at concentrations of approximately 0.5 x, 1 x and 2 x the LoD of cobas® CHIKV/DENV for each virus. Testing was performed for the following variability components:

- day-to-day variability over 3 days
- lot-to-lot variability using 3 different reagent lots of cobas® CHIKV/DENV
- instrument-to-instrument variability using 3 different cobas® 8800 Systems

Approximately 21 replicates were tested with each of the 3 panels for total of 63 replicates with each reagent lot. All valid reproducibility data were evaluated by calculating the percentage of reactive test results for each concentration level across all variable components.

The limits of two-sided 95% Confidence Intervals for each Reactive Rate were calculated for each of the three levels of CHIKV and DENV tested across 3 days, 3 reagent lots, and 3 cobas® 8800 Systems. cobas® CHIKV/DENV is reproducible over multiple days, reagent lots and multiple instruments. The results from reagent lot-to-lot variability are summarized in Table 19.

Table 19 cobas® CHIKV/DENV test reagent lot-to-lot reproducibility summary

Analyte	Concentration	Reagent lot	% Reactive (reactive/valid replicates)	Lower limit of 95% confidence interval	Upper limit of 95% confidence interval
DENV-1	2 x LoD	1	100% (63/63)	94.3%	100.0%
		2	100% (63/63)	94.3%	100.0%
		3	100% (63/63)	94.3%	100.0%
	1 x LoD	1	100% (63/63)	94.3%	100.0%
		2	100% (63/63)	94.3%	100.0%
		3	96.8% (61/63)	89.0%	99.6%
	0.5 x LoD	1	92.1% (58/63)	82.4%	97.4%
		2	84.1% (53/63)	72.7%	92.1%
		3	82.5% (52/63)	70.9%	90.9%
CHIKV-Asian	2 x LoD	1	100% (63/63)	94.3%	100.0%
		2	100% (63/63)	94.3%	100.0%
		3	100% (63/63)	94.3%	100.0%
	1 x LoD	1	100% (63/63)	94.3%	100.0%
		2	100% (63/63)	94.3%	100.0%
		3	98.4% (62/63)	91.5%	100.0%
	0.5 x LoD	1	77.8% (49/63)	65.5%	87.3%
		2	87.3% (55/63)	76.5%	94.4%
		3	73.0% (46/63)	60.3%	83.4%

Genotype verification

The performance of cobas® CHIKV/DENV to detect all 4 serotypes of DENV and all 3 genotypes of CHIKV was determined by testing a total of 43 unique clinical samples, 2 cultured isolates and 1 armored RNA (aRNA) with known serotypes/genotypes. All 43 clinical samples were tested neat and after dilution with normal, virus-negative (CHIKV and DENV) human EDTA-plasma to 4 x LoD of cobas® CHIKV/DENV.

All clinical samples and cultured isolates were detected at neat and at 4 x LoD (Table 20).

Table 20 CHIKV/DENV clinical samples, cultured isolates and armored RNA

Target	Genotype/ Serotype	Samples	% Reactive (reactive/samples tested) neat	% Reactive (reactive/samples tested) diluted to 4x LoD
CHIKV	Asian	10 clinical samples	100% (10/10)	100% (10/10)
	ECSA	1 cultured isolate	100% (1/1)	100% (1/1)
	West African	1 aRNA	100% (1/1)	100% (1/1)
DENV	1	10 clinical samples	100% (10/10)	100% (10/10)
	2	10 clinical samples	100% (10/10)	100% (10/10)
	3	3 clinical samples, 1 cultured isolate	100% (4/4)	100% (4/4)
	4	10 clinical samples	100% (10/10)	100% (10/10)

Analytical specificity

The analytical specificity of cobas® CHIKV/DENV was evaluated for cross-reactivity with 31 microorganisms at 10^5 - 10^6 copies, genome equivalents, IU or CFU/mL, which included 24 viral isolates, six bacterial strains and one yeast isolate (Table 21). The microorganisms were added to normal, virus-negative (CHIKV and DENV) human EDTA-plasma and tested with and without CHIKV and DENV (co-formulated) added to a concentration of approximately 3 x LoD of cobas® CHIKV/DENV. The tested microorganisms do not cross-react or interfere with cobas® CHIKV/DENV.

Table 21 Microorganisms tested for analytical specificity

Viruses	Flaviviruses	Bacteria	Yeast
Adenovirus type 5	Japanese Encephalitis Virus	<i>Escherichia coli</i>	<i>Candida albicans</i>
Cytomegalovirus	Murray Valley Encephalitis Virus	<i>Propionibacterium acnes</i>	
Epstein-Barr Virus	St. Louis Encephalitis Virus	<i>Staphylococcus aureus</i>	
Hepatitis A Virus	Usutu Virus	<i>Staphylococcus epidermis</i>	
Hepatitis B Virus	West Nile Virus	<i>Streptococcus viridans</i>	
Hepatitis C Virus	Yellow Fever Virus	<i>Staphylococcus haemolyticus</i>	
Hepatitis E Virus	Zika Virus		
Hepatitis G Virus			
Herpes Simplex Virus type 1			
Herpes Simplex Virus type 2			
Human Immunodeficiency Virus (HIV-1 Group M)			
Human Immunodeficiency Virus (HIV-2)			
Human T-cell lymphotropic Virus type I			
Human T-cell lymphotropic Virus type II			
Human Herpes Virus 6A			
Influenza Virus A			
Varicella Zoster Virus			

Plasma samples from each of the disease states (Table 22) were tested with and without CHIKV and DENV (co-formulated) added to a concentration of approximately 3 x LoD of cobas® CHIKV/DENV for each virus. These disease states do not cross-react or interfere with cobas® CHIKV/DENV.

Table 22 Disease state samples tested for analytical specificity

Disease state		
Adenovirus type 5	Hepatitis C Virus	Human T-cell lymphotropic Virus type I
Cytomegalovirus	Hepatitis E Virus	Human T-cell lymphotropic Virus type II
Epstein-Barr Virus	Herpes Simplex Virus type 1	Parvovirus B19
Hepatitis A Virus	Herpes Simplex Virus type 2	West Nile Virus
Hepatitis B Virus	Human Immunodeficiency Virus (HIV-1) Group M	

Analytical specificity – interfering substances

Endogenous interference substances

Plasma samples with abnormally high levels of triglycerides (up to 33.0 g/L), hemoglobin (up to 2.0 g/L), unconjugated bilirubin (up to 0.20 g/L), albumin (up to 60.0 g/L), and human DNA (up to 0.002 g/L) were tested with and without CHIKV and DENV (co-formulated) added to a concentration of 3 x LoD of cobas® CHIKV/DENV. Samples containing these endogenous substances did not interfere with the sensitivity or specificity of cobas® CHIKV/DENV.

Exogenous interference substances

Normal, virus-negative (CHIKV and DENV) human EDTA-plasma samples containing abnormally high concentrations of drugs (Table 23) were tested with and without CHIKV and DENV (co-formulated) added to a concentration of 3 x LoD of cobas® CHIKV/DENV for each virus. These exogenous substances did not interfere with the sensitivity or specificity of cobas® CHIKV/DENV.

Table 23 Concentrations of the drugs added into EDTA-plasma

Name of drug tested	Concentration
Acetaminophen	1337 µmol/L
Acetylsalicylic Acid	3657 µmol /L
Ascorbic Acid	346 µmol/L
Atorvastatin	606 µg Eq/L
Fluoxetine	11.3 µmol/L
Ibuprofen	2450 µmol/L
Loratadine	0.8 µmol/L
Nadolol	3.9 µmol/L
Naproxen	2192 µmol/L
Paroxetine	3.1 µmol/L
Phenylephrine HCL	496 µmol/L
Sertraline	2.0 µmol/L

Correlation

Performance evaluation of cobas® CHIKV/DENV compared to the RealStar® Chikungunya RT-PCR Kit 2.0 test and RealStar® Dengue RT-PCR Kit 2.0 test

The performance of cobas® CHIKV/DENV was compared to the RealStar® Chikungunya RT-PCR Kit 2.0 test and the RealStar® Dengue RT-PCR Kit 2.0 test (Altona Diagnostics) using 100 individual CHIKV NAT-positive samples, 100 individual DENV NAT-positive samples and 100 CHIKV and DENV negative plasma samples.

The negative samples were tested neat with cobas® CHIKV/DENV, RealStar® Chikungunya RT-PCR Kit 2.0 test and the RealStar® Dengue RT-PCR Kit 2.0 test, the positive samples were tested neat with cobas® CHIKV/DENV and the corresponding RealStar® test.

The seronegative samples demonstrated 100% specificity by generating 100 out of 100 non-reactive results with all three methods.

For positive samples, cobas® CHIKV/DENV is more sensitive for CHIKV and DENV than RealStar® Chikungunya RT-PCR Kit 2.0 test and the RealStar® Chikungunya RT-PCR Kit 2.0 test. The methods were not in agreement based on the McNemars's test (Table 24).

Table 24 Correlation of positive samples (neat)

Methods		Individual viral target results	
RealStar® CHIKV RT-PCR Kit 2.0 test RealStar® DENV RT-PCR Kit 2.0 test	cobas® CHIKV/DENV	CHIKV	DENV
Non-reactive	Non-reactive	1	0
Reactive	Non-Reactive	0	0
Non-reactive	Reactive	14	19
Reactive	Reactive	85	81
Total		100	100
McNemar's Test, p-value (two-sided, $\alpha=0.05$)		0.0001	0.0000

Whole system failure

The whole system failure rate for cobas® CHIKV/DENV was determined by testing 100 replicates of EDTA plasma spiked with CHIKV and DENV (co-formulated). These samples were tested at a target concentration of approximately 3 x LoD and were run in pools of 1 (undiluted). The study was performed using the cobas® 6800 System with cobas p 680 instrument (pipetting and pooling).

The results of this study determined that all replicates were reactive for each target, resulting in a whole system failure rate of 0%. The two-sided 95% exact confidence interval was 0% for the lower bound and 3.62% for the upper bound [0%: 3.62%].

Additional information





























Key test features

Sample type	Plasma
Minimum amount of sample required	1000 µL
Amount of sample processed	850 µL
Test duration	Results are available within less than 3.5 hours after loading the sample on the system.

Symbols

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

Table 25 Symbols used in labeling for Roche PCR diagnostics products

	Age or Date of Birth		Date of manufacture
	Ancillary Software		Distributed by
	Assigned Range (copies/mL)		Do not re-use
	Assigned Range (IU/mL)		Female
	Authorized representative in the European Community		For IVD performance evaluation only
	Barcode Data Sheet		Global Trade Item Number
	Batch code		<i>In vitro</i> diagnostic medical device
	Biological risks		Lower Limit of Assigned Range
	Catalogue number		Male
	Collect date		Manufacturer
	Consult instructions for use		Negative control
	Contains sufficient for <n> tests		Non sterile
	Contents of kit		Patient number
	Control		Patient Name



Peel here



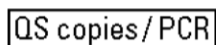
Positive control



This way up



Unique Device Identification



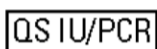
QS copies per PCR reaction, use the QS copies per PCR reaction in calculation of the results.



Ultrasensitive Procedure



Upper Limit of Assigned Range



QS IU per PCR reaction, use the QS International Units (IU) per PCR reaction in calculation of the results.



Urine Fill Line



Serial number

Rx Only

US Only: Federal law restricts this device to sale by or on the order of a physician.



Site



Use-by date



Standard Procedure



Device for near-patient testing



Sterilized using ethylene oxide



Device Not for Near Patient Testing



Store in the dark



Device for self-testing



Temperature limit



Device not for self-testing



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

US Customer Technical Support 1-800-526-1247

Manufacturer and distributors

Table 26 Manufacturer and distributors



Manufactured in the United States

Roche Diagnostics GmbH
Sandhofer Strasse 116
68305 Mannheim, Germany
www.roche.com

Made in USA

Distributed by Roche Diagnostics GmbH
Sandhofer Strasse 116
68305 Mannheim, Germany

Roche Diagnostics
9115 Hague Road
Indianapolis, IN 46250-0457 USA
(For Technical Assistance call the
Roche Response Center
Toll-free: 1-800-526-1247)

Trademarks and patents

This product is covered by one or more of US Patent Nos. 8962293, 9102924, 8609340, 9234250, 8097717, 8192958, 10059993, 10358675, and foreign equivalent patents of each.

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All other product names and trademarks are the property of their respective owners.

Carryover prevention technology in the AmpErase enzyme is covered by U.S. Patent 7,687,247 owned by Life Technologies and licensed to Roche Molecular Systems, Inc.

See <http://www.roche-diagnostics.us/patents>

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References

1. Kuno G, Chang GJ, Tsuchiya KR, Karabatsos N, Cropp CB. Phylogeny of the genus *Flavivirus*. *J Virol* 1998;72:73-83.
2. Stramer SL. Current perspectives on transfusion-transmitted infectious disease: emerging and re-emerging infections. *ISBT Sci Ser* 2014;9:30-36.
3. Petersen LR, Busch MP. Transfusion-transmitted arboviruses. *Vox Sang* 2010;98:495-503.
4. Petersen LR, Tomashek KM, Biggerstaff BJ. Estimated prevalence of dengue viremia in Puerto Rican blood donors, 1995 through 2010. *Transfusion* 2012;52:1647-1651.
5. Bhatt S, Gething PW, Brady OJ, et al. The global distribution and burden of dengue. *Nature* 2013;496:504-507.
6. Stramer SL, Linnen CM, Carrick JM, et al. Dengue viremia in blood donors identified by RNA and detection of dengue transfusion transmission during the 2007 dengue outbreak in Puerto Rico. *Transfusion* 2012;52:1657-1666.
7. Gan VC, Leo YS. Current epidemiology and clinical practice in arboviral infections - implications on blood supply in South-East Asia. *ISBT Sci Ser* 2014 Jul;9:262-267.
8. ProMed. Dengue virus transmission—China (HK), Archive number 20221011.5526. October 10, 2002. <http://www.promedmail.org> (accessed July 14, 2017).
9. AABB. Dengue viruses. www.aabb.org/tm/eid/Documents/dengue-viruses.pdf (updated February 2014; accessed July 14, 2017).
10. Tambyah PA, Koay ESC, Poon ML, Lin RV, Ong BK; Transfusion-Transmitted Dengue Infection Study Group. Dengue hemorrhagic fever transmitted by blood transfusion. *N Engl J Med* 2008;359:1526-1527.
11. Sabino EC, Loureiro P, Lopes ME, et al. Transfusion-transmitted dengue and associated clinical symptoms during the 2012 epidemic in Brazil. *J Infect Dis* 2016;213:694-702.
12. Levi JE. Dengue virus and blood transfusion. *J Infect Dis* 2016;213:689-690.
13. Stramer SL, Hollinger FB, Katz LM, et al. Emerging infectious disease agents and their potential threat to transfusion safety. *Transfusion* 2009;49:1S-29S.
14. Burt FJ, Chen W, Miner JJ, et al. Chikungunya virus: an update on the biology and pathogenesis of this emerging pathogen. *Lancet Infect Dis* 2017;17:e107-e117.
15. World Health Organization (WHO). Chikungunya fact sheet. www.who.int/mediacentre/factsheets/fs327/en/ (updated April 2017; accessed July 14, 2017).
16. Brouard C, Bernillon P, Quatresous I, et al. Estimated risk of Chikungunya viremic blood donation during an epidemic on Reunion Island in the Indian Ocean, 2005 to 2007. *Transfusion* 2008;48:1333-1341.
17. Schuffenecker I, Iteman I, Michault A, et al. Genome microevolution of chikungunya virus causing Indian Ocean outbreak. *PloS Med* 2006;3:e263.
18. Liumbruno GM, Calteri D, Petropulacos K, et al. The chikungunya epidemic in Italy and its repercussions on the blood system. *Blood Transfus* 2008;6:199-210.
19. Zeller H, Bortel Van W, Sudre B. Chikungunya: its history in Africa and Asia and its spread to new regions in 2013-2014. *J Infect Dis* 2016;214(suppl 5):S436-S440.

20. Roiz D, Boussès P, Simard F, Paupy C, Fontenille D. Autochthonous chikungunya transmission and extreme climate events in Southern France. *PLoS Negl Trop Dis* 2015;9:e0003854.
21. Johansson MA, Powers AM, Pesik N, Cohen NJ, Staples JE. Nowcasting the spread of chikungunya virus in the Americas. *PLoS One* 2014;9:e104915.
22. Pan American Health Organization (PAHO). Number of reported cases of chikungunya fever in the America, by country or territory, 2017 (as of June 2, 2017). www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=8975&itemid=40931&lang=en (accessed June 5, 2017).
23. Centers for Disease Control and Prevention (CDC). Chikungunya virus in the United States, 2014 final data for the United States. <http://www.cdc.gov/chikungunya/geo/united-states-2014.html> (last updated October 30, 2015; last accessed July 20, 2017)
24. Centers for Disease Control and Prevention (CDC). Chikungunya virus in the United States, 2015 final data for the United States. <http://www.cdc.gov/chikungunya/geo/united-states-2015.html> (last updated June 23, 2016; last accessed July 20, 2017)
25. Centers for Disease Control and Prevention (CDC). Chikungunya virus, 2016 provisional data for the United States. www.cdc.gov/chikungunya/geo/united-states-2016.html (last updated January 18, 2017; accessed June 5, 2017)
26. Rocha V. Virus-transmitting yellow fever mosquitoes discovered in L.A. County. *Los Angeles Times*, October 15, 2014. <http://www.latimes.com/local/lanow/la-me-ln-yellow-fever-mosquito-los-angeles-20141015-story.html>.
27. Longo MC, Berninger MS, Hartley JL. Use of uracil DNA glycosylase to control carry-over contamination in polymerase chain reactions. *Gene* 1990;93:125-128.
28. Savva R, McAuley-Hecht K, Brown T, Pearl L. The structural basis of specific base-excision repair by uracil-DNA glycosylase. *Nature* 1995;373:487-493.
29. Mol CD, Arvai AS, Slupphaug G, et al. Crystal structure and mutational analysis of human uracil-DNA glycosylase: structural basis for specificity and catalysis. *Cell* 1995;80:869-878.
30. Higuchi R, Dollinger G, Walsh PS, Griffith R. Simultaneous amplification and detection of specific DNA sequences. *Biotechnology (NY)* 1992;10:413-417.
31. Heid CA, Stevens J, Livak JK, Williams PM. Real-time quantitative PCR. *Genome Res* 1996;9:86-994.
32. Centers for Disease Control and Prevention. Biosafety in Microbiological and Biomedical Laboratories, 5th ed. US 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, revised December 2009.
33. Clinical and Laboratory Standards Institute (CLSI). Protection of laboratory workers from occupationally acquired infections. Approved Guideline-Fourth Edition. CLSI Document M29-A4:Wayne, PA;CLSI, 2014.
34. Añez G, Jiang Z, Heisey DA, Kerby S, Rios M, Chikungunya virus Collaborative Study Group. Collaborative study for the characterization of a chikungunya virus RNA reference reagent for use in nucleic acid testing. *Vox Sang* 2015;109: 312-318.

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