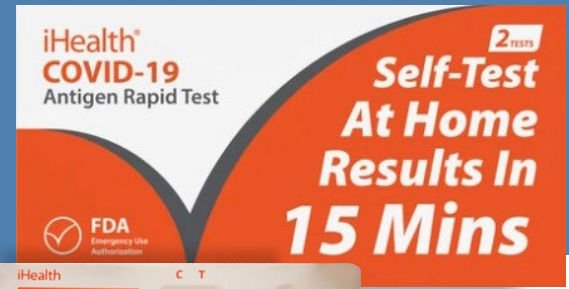




# iHealth™ COVID-19 Antigen Rapid At Home Test



	6 Packs/Carton, 40 Tests/Pack	90 Packs/Carton, 2 Tests/Pack
UPC #	856362005968	856362005890
SKU #	COV-AG-40-CTN	COV-AG-2-CTN
Model #	ICO-3000	ICO-3000
Packs Per Carton	6	90
Tests Per Pack	40	2
Single Package Dimensions (LxWxH)	8.98 x 8.19 x 3.56 inches	6.18 x 3.19 x 0.71 inches
Single Package Weight (lb)	1.46	0.13
Carton Dimensions (LxWxH)	18.5 x 8.4 x 11.2 inches	13.1 x 11.8 x 10.8 inches
Carton Weight (lb)	10.6	12.8



### 6 Packs/Carton, 40 Tests/Pack

6 kits (40 tests) in 1 carton, 70 cartons in 1 pallet  
10 Cartons per level, 7 levels per pallet  
Pallet size: 40\*48\*78 inch  
Total weight: 750 lbs

### 90 Packs/Carton, 2 Tests/Pack

90 kits (2 tests) in 1 carton, 84 cartons in 1 pallet  
12 Cartons per level, 7 levels per pallet  
Pallet size: 40\*48\*62 inch  
Total weight: 1120 lbs



#### Step 1: Swab

Brush against the inner wall of both nostrils 5 times each in a circular motion with a non-invasive nasal swab. Our nasal swab is soft, highly absorbent, and only needs to be inserted 1/2 - 3/4 inches so you can test yourself comfortably.



#### Step 2: Dip

Insert the swab with the sample into the bottom of the tube and stir it in the fluid 15 times. Squeeze the sides of the tube around the swab as you pull it out.



#### Step 3: Drip

Put 3 drops of the mixed solution onto the sample part of the COVID-19 test card.



#### Step 4: Wait 15 minutes

Start the timer. Your results will be ready in 15 minutes.



Visit our  
Website

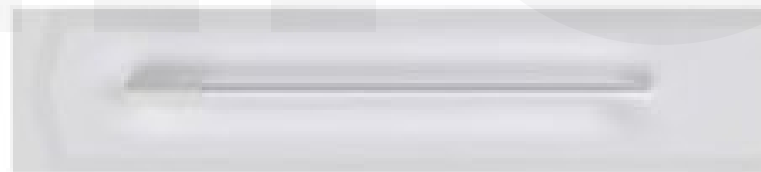
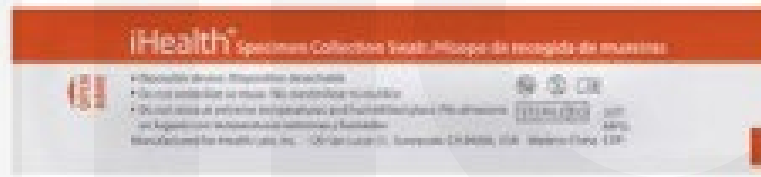
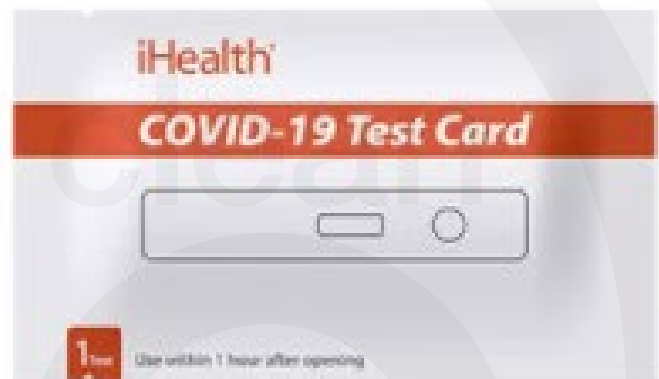


WhatsApp a  
Team Member

### CONTACT US TODAY

203.930.2154 hello@liloclean.com







November 5, 2021

Jack Feng  
iHealth Labs, Inc.  
120 San Lucar Ct.  
Sunnyvale, CA 94086

Device: iHealth COVID-19 Antigen Rapid Test

EUA Number: EUA210470

Company: iHealth Labs, Inc.

Indication: Non-prescription home use for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 with:

Self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.

Adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older with symptoms of COVID-19 within the first 7 days of symptom onset

Self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older, or adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older, with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) between tests.

Dear Mr. Feng:

This letter is in response to your<sup>1</sup> request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of your product,<sup>2</sup> pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in

<sup>1</sup> For ease of reference, this letter will use the term “you” and related terms to refer to iHealth Labs, Inc.

<sup>2</sup> For ease of reference, this letter will use the term “your product” to refer to the iHealth COVID-19 Antigen Rapid Test, used for the indication identified above.

vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 subject to the terms of any authorization issued under Section 564(a) of the Act.<sup>3</sup>

FDA considered the totality of scientific information available in authorizing the emergency use of your product for the indication above. A summary of the performance information FDA relied upon is included in the “iHealth COVID-19 Antigen Rapid Test Healthcare Provider Instructions for Use” identified below.

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of your product, described in the Scope of Authorization of this letter (Section II), subject to the terms of this authorization.

### **I. Criteria for Issuance of Authorization**

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, outweigh the known and potential risks of your product; and
3. There is no adequate, approved, and available alternative to the emergency use of your product.<sup>4</sup>

### **II. Scope of Authorization**

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the indication above.

### **Authorized Product Details**

Your product is a lateral flow assay intended for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2. This test is authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older with symptoms of COVID-19 within the first 7 days of symptom onset. This test is also authorized for non-prescription home use with adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.

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<sup>3</sup> U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act*, 21 U.S.C. § 360bbb-3. 85 FR 7316 (February 7, 2020).

<sup>4</sup> No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.



This test is also authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older, or adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older, with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) between tests. Your product does not differentiate between SARS-CoV and SARS-CoV-2.

The SARS-CoV-2 nucleocapsid protein antigen is generally detectable in anterior nasal swab specimens during the acute phase of infection. Positive results indicate the presence of viral antigens, but clinical correlation with past medical history and other diagnostic information is necessary to determine infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Individuals who test positive with your product should self-isolate and seek follow up care with their physician or healthcare provider as additional testing may be necessary.

Negative results are presumptive and confirmation with a molecular assay, if necessary, for patient management, may be performed. Negative results do not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Negative results should be considered in the context of an individual's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19.

For serial testing programs, additional confirmatory testing with a molecular test for negative results may be necessary, if there is a high likelihood of SARS-CoV-2 infection, such as an individual with a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to COVID-19 or residing in communities with low prevalence of infection.

Individuals who test negative and continue to experience COVID-19 like symptoms of fever, cough and/or shortness of breath may still have SARS-CoV-2 infection and should seek follow up care with their physician or healthcare provider.

Individuals should provide all results obtained with this product to their healthcare provider for public health reporting or by following the mobile application instructions for self-reporting. All healthcare providers will report all test results they receive from individuals who use the authorized product to relevant public health authorities in accordance with local, state, and federal requirements using appropriate LOINC and SNOMED codes, as defined by the Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping for SARS-CoV-2 Tests provided by the Centers for Disease Control and Prevention (CDC).

Your product is performed using anterior nasal (nares) swab samples from individuals aged 2 years or older. The individual using your product is instructed to download, register and log into the mobile application (App) and follow the step-by-step based instructions on the iHealth

COVID-19 Test App on a compatible smartphone.<sup>5</sup> When using your product, the individual first opens the foil pouch containing COVID-19 Test Card. The swab is then removed from its packaging and the individual collects an anterior nasal swab sample by inserting the swab into the nostril and firmly and slowly brushing the insides of the nasal wall in a circular motion at least 5 times, taking at least 15 seconds to collect the specimen, before repeating the process in the second nostril. The swab is then immediately inserted into the tube and stir at least 15 times. The swab is then removed while pressing against the sides of the tube and the tube capped with the cap. The liquid in tube interacts with the specimen and facilitates exposure of the appropriate viral antigens to the antibodies used in your product. Three drops of the solution are applied into the Sample Port of the COVID-19 Test Card. The individual then starts the 15 minute timer. If the extracted specimen contains SARS-CoV-2 antigens, a pink-to-purple T (Test) Line, along with a pink-to-purple C (Control) Line will appear on the COVID-19 Test Card indicating a positive result. This control line indicates that the sample has migrated across the membrane as intended and indicates that the test was correctly performed. Test results are interpreted visually after 15 minutes based on the presence or absence of visually detectable colored lines at the control line (C) and/or test line (T).

The iHealth COVID-19 Antigen Rapid Test includes the following materials or other authorized materials (as may be requested under Condition L below): COVID-19 Test Card(s), Nasal Swab(s), Tube(s) and the lay user “iHealth COVID-19 Antigen Rapid Test Instructions for Use.”

Your product includes an internal control test line (“C”) that must generate the expected result for a test to be considered valid, as outlined in the “iHealth COVID-19 Antigen Rapid Test Instruction for use” and the “iHealth COVID-19 Antigen Rapid Test Healthcare Provider Instructions for Use.”

The labeling entitled “iHealth COVID-19 Antigen Rapid Test Healthcare Provider Instructions for Use,” the “iHealth COVID-19 Antigen Rapid Test Instruction for use,” and the “iHealth COVID-19 Antigen Rapid Test” box labels (2, 5 or 40-pack) (available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas>), the “iHealth COVID-19 Test” software App and the following fact sheet pertaining to the emergency use, is required to be made available as set forth in the Conditions of Authorization (Section IV), and are collectively referred to as “authorized labeling”:

- Fact Sheet for Healthcare Professionals<sup>6</sup>: iHealth Labs, Inc. - iHealth COVID-19 Antigen Rapid Test

The above described product, when accompanied by the authorized labeling as set forth in the Conditions of Authorization (Section IV) is authorized to be distributed and used under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable

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<sup>5</sup> Compatible smartphone includes Apple iPhone running Operation System (iOS) 12 or later versions of the iOS, and Android Phones running Android 6.0 or later versions. Additional smartphone models as may be requested, and for which you receive appropriate authorization, in accordance with Condition L. below.

<sup>6</sup> Note that the information typically found in a Fact Sheet for Individuals is contained in the authorized “iHealth COVID-19 Antigen Rapid Test Instructions for Use ” that will be available to end users as set forth in the Conditions of Authorization (Section IV).

federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of your product, when used consistent with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of your product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective in diagnosing COVID-19, when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that your product (as described in the Scope of Authorization of this letter (Section II)) meets the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) of the Act described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1) of the Act, your product is authorized for the indication above.

### **III. Waiver of Certain Requirements**

I am waiving the following requirements for your product during the duration of this EUA:

- Current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of your product, but excluding Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

### **IV. Conditions of Authorization**

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

#### **iHealth Labs, Inc. (You) and Authorized Distributor(s)<sup>7</sup>**

- A. Your product must comply with the following labeling requirements: the intended use statement in 21 CFR 809.10(a)(2), (b)(2); adequate directions for use in 21 U.S.C. 352(f) and 21 CFR 809.10(b)(5), (7), and (8); appropriate limitations on the use of the device

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<sup>7</sup> "Authorized Distributor(s)" are identified by you, iHealth Labs, Inc., in your EUA submission as an entity allowed to distribute the iHealth COVID-19 Antigen Rapid Test.



including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).

- B. You and authorized distributor(s) must make available the “iHealth COVID-19 Antigen Rapid Test Instruction for use” for your product in the shipped kit using the “iHealth COVID-19 Antigen Rapid Test” box labels and electronically on your website(s).
- C. You and authorized distributor(s) must maintain records of customer complaint files and report to FDA any significant complaints about usability or deviations from the established performance characteristics of which you and authorized distributor(s) become aware.
- D. You and authorized distributor(s) must inform relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and/or the authorized labeling.
- E. Through a process of inventory control, you and authorized distributor(s) must maintain records of the locations (e.g., pharmacies, doctor’s offices, etc.) to which your product is distributed and the number of tests distributed to each location.
- F. You and authorized distributor(s) must collect information on the performance of your product and have a process in place to track adverse events, including any occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware and report any such events to FDA in accordance with 21 CFR Part 803. Serious adverse events, especially unexpected biosafety concerns, should immediately be reported to the Division of Microbiology (DMD)/Office of Health Technology 7 (OHT7)-Office of In Vitro Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) (via email: [CDRH-EUARreporting@fda.hhs.gov](mailto:CDRH-EUARreporting@fda.hhs.gov)).
- G. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.
- H. You and authorized distributor(s) using your product must ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

**iHealth Labs, Inc. (You)**

- I. You must notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).

- J. You must provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent revisions that might be made to this EUA and its authorized accompanying materials, including the authorized labeling.
- K. You must make the authorized “iHealth COVID-19 Antigen Rapid Test Healthcare Provider Instructions for Use” and the Fact Sheet for Healthcare Professionals electronically available on your website. Additionally, you must provide the opportunity to request a copy of the “iHealth COVID-19 Antigen Rapid Test Healthcare Provider Instructions for Use” and Fact Sheet for Healthcare Professionals in paper form, and after such request, promptly provide the requested labeling at no additional cost.
- L. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling and shall not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to DMD/OHT7-OIR/OPEQ/CDRH and require appropriate authorization from FDA prior to implementation.
- M. You must comply with the following requirements pursuant to FDA regulations: 21 CFR 820 Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- N. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the product released for distribution meet the clinical and analytical performance claimed in the authorized labeling.
- O. If requested by FDA, you must submit your lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide them within 48 hours of the request.
- P. You must evaluate the analytical limit of detection and assess traceability<sup>8</sup> of your product with any FDA-recommended reference material(s). After submission to and concurrence with the data by FDA, you will update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You must evaluate the clinical performance of your product to support the serial screening claim in an FDA agreed upon post authorization clinical evaluation study within 6 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to and concurrence with the data by FDA, you must update the authorized labeling to reflect the additional testing. Such labeling

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<sup>8</sup> Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.



updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

- R. You must complete the agreed upon real-time stability study for your product and notify DMD/OHT7-OIR/OPEQ/CDRH of the testing results as they become available until completion of the study. After submission of the study data, and review and concurrence with the data by FDA, you must update your product labeling to reflect the additional testing if requested by FDA. Such labeling updates must be made in consultation with, and require concurrence of, DMD/OHT7- OIR/OPEQ/CDRH.
- S. You must complete your previously agreed upon automatic test reporting-related software updates to the iHealth COVID-19 Test App within 3 months of this letter and notify DMD/OHT7-OIR/OPEQ/CDRH upon implementation. Upon implementation, you must ensure automatic test result reporting is available, using the iHealth COVID-19 Test App, to relevant public health authorities in accordance with local, state, and federal requirements.
- T. You must submit to FDA a summary report within 90 calendar days of product launch summarizing the results of any testing performed using your product during that timeframe, including how many products were distributed, the positivity rate for specimens tested with your product, and how many individuals reported results to their healthcare provider as encouraged by the “iHealth COVID-19 Antigen Rapid Test Instructions for Use,” along with any proposed corrective action, as necessary.
- U. You must evaluate the impact of SARS-CoV-2 viral mutations on your product’s performance. Such evaluations must occur on an ongoing basis and must include any additional data analysis that is requested by FDA in response to any performance concerns you or FDA identify during routine evaluation. Additionally, if requested by FDA, you must submit records of these evaluations for FDA review within 48 hours of the request. If your evaluation identifies viral mutations that affect the stated expected performance of your device, you must notify FDA immediately (via email: [CDRH-EUA-Reporting@fda.hhs.gov](mailto:CDRH-EUA-Reporting@fda.hhs.gov)).
- V. If requested by FDA, you must update your labeling within 7 calendar days to include any additional labeling risk mitigations identified by FDA, such as those related to the impact of viral mutations on test performance. Such updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- W. You must submit your product for any FDA-recommended independent evaluation to confirm the performance characteristics of your test, if requested by FDA. After submission to and concurrence with the data by FDA, you will update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.

**Conditions Related to Printed Materials, Advertising and Promotion**

- X. All descriptive printed matter, advertising, and promotional materials relating to the use

of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act, as applicable, and FDA implementing regulations.

- Y. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2.
- Z. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall clearly and conspicuously state that:
- This product has not been FDA cleared or approved, but has been authorized by FDA under an EUA;
  - This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens; and,
  - The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.

The emergency use of your product as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

#### **V. Duration of Authorization**

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,

\_\_\_\_\_  
Jacqueline A. O’Shaughnessy, Ph.D.  
Acting Chief Scientist  
Food and Drug Administration

Enclosure

# FACT SHEET FOR HEALTHCARE PROVIDERS

iHealth Labs Inc.

November 5, 2021

iHealth® COVID-19 Antigen Rapid Test

Coronavirus  
Disease 2019  
(COVID-19)

This Fact Sheet informs you of the significant known and potential risks and benefits of the emergency use of the iHealth® COVID-19 Antigen Rapid Test.

The iHealth® COVID-19 Antigen Rapid Test is authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older with symptoms of COVID-19 within the first 7 days of symptom onset. This test is also authorized for non-prescription home use with adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.

This test is also authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older, or adult collected anterior nasal (nares) swab samples from individuals aged 2 years or older, with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) between tests.

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**All individuals who use this assay are required to receive and should carefully review the iHealth® COVID-19 Antigen Rapid Test Instruction for Use before they use the test.**

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## What are the symptoms of COVID-19?

Many patients with COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, dyspnea), although some individuals experience only mild symptoms or no symptoms at all. The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that symptoms include cough, shortness of breath or dyspnea, fever, chills, myalgias, headache, sore throat or

new loss of taste or smell. COVID-19 can present with a mild to severe illness, although some people infected with COVID-19 may have no symptoms at all. Based on what is known about the virus that causes COVID-19, signs and symptoms may appear any time from 2 to 14 days after exposure to the virus. Based on preliminary data, the median incubation period is approximately 5 days, but may range 2-14 days. For further information on the symptoms of COVID-19 please see the link provided in the “*Where can I go for updates and more information?*” section.

Public health officials have identified cases of COVID-19 throughout the world, including the United States. Please check the CDC COVID-19 webpage (see link provided in “*Where can I go for updates and more information?*” section at the end of this document) or your local jurisdictions website for the most up to date information.

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**This Test is authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older, or adult collected anterior nasal (nares) swab samples from individuals aged 2 years or older, with symptoms of COVID-19 within the first seven (7) days of symptom onset, or with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) between tests.**

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## What do I need to know about COVID-19 testing?

Current information on COVID-19 for healthcare providers is available at CDC's webpage, *Information for Healthcare Professionals* (see links provided in “*Where can I go for updates and more information?*” section).

- The iHealth® COVID-19 Antigen Rapid Test is authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples

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**Report Adverse events**, including problems with test performance or results, to MedWatch by submitting the online FDA Form 3500 (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>) or by calling 1-800-FDA-1088



# FACT SHEET FOR HEALTHCARE PROVIDERS

iHealth Labs Inc.

November 5, 2021

iHealth® COVID-19 Antigen Rapid Test

Coronavirus  
Disease 2019  
(COVID-19)

from individuals aged 15 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.

- The iHealth® COVID-19 Antigen Rapid Test is also authorized for non-prescription home use with adult-collected anterior nasal (nares) swab samples from individuals aged 2 years or older with symptoms of COVID-19 within the first 7 days of symptom onset.
- The iHealth® COVID-19 Antigen Rapid Test is also authorized for non-prescription home use with self-collected anterior nasal (nares) swab samples from individuals aged 15 years or older, or adult collected anterior nasal swab samples from individuals aged 2 years or older, with or without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours (and no more than 48 hours) between tests.

Specimens should be collected with appropriate infection control precautions. Current guidance for COVID-19 control precautions are available at the CDC's website (see links provided in "Where can I go for updates and more information" section).

Use appropriate personal protective equipment when collecting and handling specimens from individuals suspected of having COVID-19 as outlined in the CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19). For additional information, refer to CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) (see links provided in "Where can I go for updates and more information" section).

## What does it mean if the specimen tests positive for the virus that causes COVID-19?

A positive test result for COVID-19 indicates that antigens from SARS-CoV-2 were detected, and the patient is very likely to be infected with the virus and presumed to be contagious. Test results should always be considered in the context of clinical observations and epidemiological data (such as local prevalence rates and current outbreak/epicenter locations) in making a final diagnosis and patient management decisions. Patient management decisions should be made by a healthcare provider and follow current CDC guidelines.

The iHealth® COVID-19 Antigen Rapid Test has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.

Test results are automatically reported through the "iHealth COVID-19 Antigen Rapid Test" App to relevant public health authorities in accordance with local, state, and federal requirements.

All healthcare providers must follow the standard testing and reporting guidelines according to their appropriate public health authorities.

## What does it mean if the specimen tests negative for the virus that causes COVID-19?

A negative test result for this test means that antigens

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from SARS-CoV-2 were not present in the specimen above the limit of detection. However, a negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Antigen tests are known to be less sensitive than molecular tests that detect viral nucleic acids. The amount of antigen in a sample may decrease as the duration of illness increases. In symptomatic patients, specimens collected after day 5 of illness may be more likely to be negative compared to a RT-PCR assay. Negative results should be treated as presumptive and confirmed with a molecular assay, if necessary, for patient management.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. If COVID-19 is still suspected based on exposure history together with other clinical findings, re-testing or testing with molecular methods should be considered by healthcare providers in consultation with public health authorities.

Risks to a patient of a false negative test result include: delayed or lack of supportive treatment, lack of monitoring of infected individuals and their household or other close contacts for symptoms resulting in increased risk of spread of COVID-19 within the community, or other unintended adverse events.

A negative antigen test should not be the sole basis used to determine if a patient can end isolation precautions.

For additional recommendations regarding infection control, refer to CDC's *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings* (Interim Guidance) (see links provided in "Where can I go for updates and more information" section).

The performance of this test was established based on the evaluation of a limited number of clinical specimens collected in November 2020. The clinical performance has not been established in all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARS-CoV-2 and their prevalence, which change over time.

## What do I need to know about Serial Testing in Asymptomatic Individuals?

In asymptomatic individuals, serial testing may assist in identifying infected individuals and facilitate timely infection control practices. A negative test result does not rule out infection but repeat testing over two or three days may decrease the risk of false negative results. Additional clinical studies are underway to assess the performance of rapid antigen tests when used with serial testing. An initial negative test result should be the first of a minimum of two tests. An asymptomatic individual undergoing serial testing with two or more negative results may require ongoing serial testing or confirmatory testing, depending on patient history and potential exposures. An asymptomatic individual undergoing serial testing with one or more positive results indicates that SARS-CoV-2 antigen is present, but does not rule out coinfection with other pathogens.

Additional confirmatory testing with a molecular test for negative results may be necessary if there is a high

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likelihood of SARS-CoV-2 infection, such as, an individual with a close contact with COVID-19 or with suspected exposure to COVID-19 or in communities with high prevalence of infection. Additional confirmatory testing with a molecular test for positive results may also be necessary, if there is a low likelihood of SARS-CoV-2 infection, such as in individuals without known exposures to SARS-CoV-2 or residing in communities with low prevalence of infection. For additional recommendations regarding confirmation of antigen test results, please refer to the CDC's Interim Guidance for Antigen Testing for SARS-CoV-2 (see links provided in "Where can I go for updates and more information?" section).

## What is an EUA?

The United States FDA has made this test available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in diagnosing COVID-19.

The EUA for this test is in effect for the duration of the COVID-19 declaration justifying emergency use of IVDs, unless it is terminated or the authorization is revoked (after which the test may no longer be used).

## What are the approved available alternatives?

There are no approved available alternative antigen tests. Any tests that have received full marketing status (e.g., cleared, approved), as opposed to an EUA, by FDA can be found by searching the medical device databases here:

<https://www.fda.gov/medicaldevices/device-advice-comprehensive-regulatoryassistance/medical-device-databases>

A cleared or approved test should be used instead of a test made available under an EUA, when appropriate and available. FDA has issued EUAs for other tests that can be found at:

<https://www.fda.gov/emergencypreparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

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## Where can I go for updates and more information?

### CDC webpages:

#### General:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

#### Symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

#### Healthcare Professionals:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

#### Information for Laboratories:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>

#### Laboratory Biosafety:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>

#### Isolation Precautions in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

#### Specimen Collection:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

#### Infection Control:

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<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

**Discontinuation of Isolation:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dispositionin-home-patients.html>

**FDA webpages:**

General: [www.fda.gov/novelcoronavirus](http://www.fda.gov/novelcoronavirus)

**EUAs:**(includes links to patient/individual fact sheets and manufacturer's instructions)

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas>

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