This Fact Sheet informs you of the significant known and potential risks and benefits of the emergency use of the New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel.

The New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel is authorized for use on respiratory specimens from individuals who meet the Centers for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) clinical and/or epidemiological criteria. CDC COVID-19 criteria for testing on human specimens are available at CDC’s webpage, Information for Healthcare Professionals (see links provided in “Where can I go for updates and more information” section). Testing is limited to Wadsworth Center, NY State Department of Public Health and the NYC Department of Health and Mental Hygiene, Public Health Laboratories.

All patients whose specimens are tested with this assay will receive the Fact Sheet for Patients: New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel.

What are the symptoms of COVID-19?
Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). However, limited information is currently available to characterize the full spectrum of clinical illness associated with COVID-19. Based on what is known about MERS-CoV and SARS-CoV-2, signs and symptoms may appear any time from 2 to 14 days after exposure to the virus that causes COVID-19. The median incubation period is unknown at this time.

Public health officials have identified cases of COVID-19 infection in the United States, which may pose risks for public health. To date most reported cases of 2019-nCoV infection outside of China have been directly or indirectly linked through residence in or travel to Wuhan City, China. There also are reports of human to human transmission through close contact with an individual confirmed to be ill with COVID-19. Please check the CDC webpage for the most up to date information.

This test is to be performed only using respiratory specimens collected from individuals who meet CDC clinical and/or epidemiological criteria for COVID-19 testing.

What do I need to know about COVID-19 testing?
Current information on COVID-19 for healthcare providers, including case definitions and infection control, 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 New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel can be used to test nasopharyngeal/oropharyngeal swabs and sputa.
- The New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel should be ordered for the presumptive detection of 2019-nCoV in individuals who meet CDC criteria for COVID-19 testing.

Specimens should be collected with appropriate infection control precautions following CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

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). These specimens are only shipped for analysis to laboratories designated by CDC as qualified for analysis. For additional information, refer

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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 RNA from SARS-CoV-2 (formally 2019-nCoV) was detected, and the patient is presumptively infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions. Patient management should follow current CDC guidelines.

The New York SARS-CoV-2 Real-time RT-PCR Diagnostic Panel 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.

All laboratories using this test must follow the standard confirmatory 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 SARS-CoV-2 RNA was 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. A negative result does not exclude the possibility of COVID-19.

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 should be considered in consultation with public health authorities.

Risks to a patient of a false negative 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.

What is an EUA?
The United States (U.S.) 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 use of in vitro diagnostics (IVDs) under EUA 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. However, based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in the detection of the virus that causes COVID-19.

The EUA for this test is in effect for the duration of the COVID-19 emergency, unless terminated or revoked (after which the test may no longer be used). An FDA approved or cleared IVD should be used instead of an IVD under EUA, when applicable and available.

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Where can I go for updates and more information?

**CDC webpages:**
- General: [https://www.cdc.gov/nCoV](https://www.cdc.gov/nCoV)
- Isolation Precautions in Healthcare Settings: [https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html#a4](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html#a4)

**FDA webpages:**
- General: [www.fda.gov/novelcoronavirus](http://www.fda.gov/novelcoronavirus)

**Wadsworth NYSDOH:**
- Wadsworth Center, NYSDOH
- Empire State Plaza, Coring Tower
- Albany, NY 12237

**NYS.CoV2.test.event.report@health.ny.gov**

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