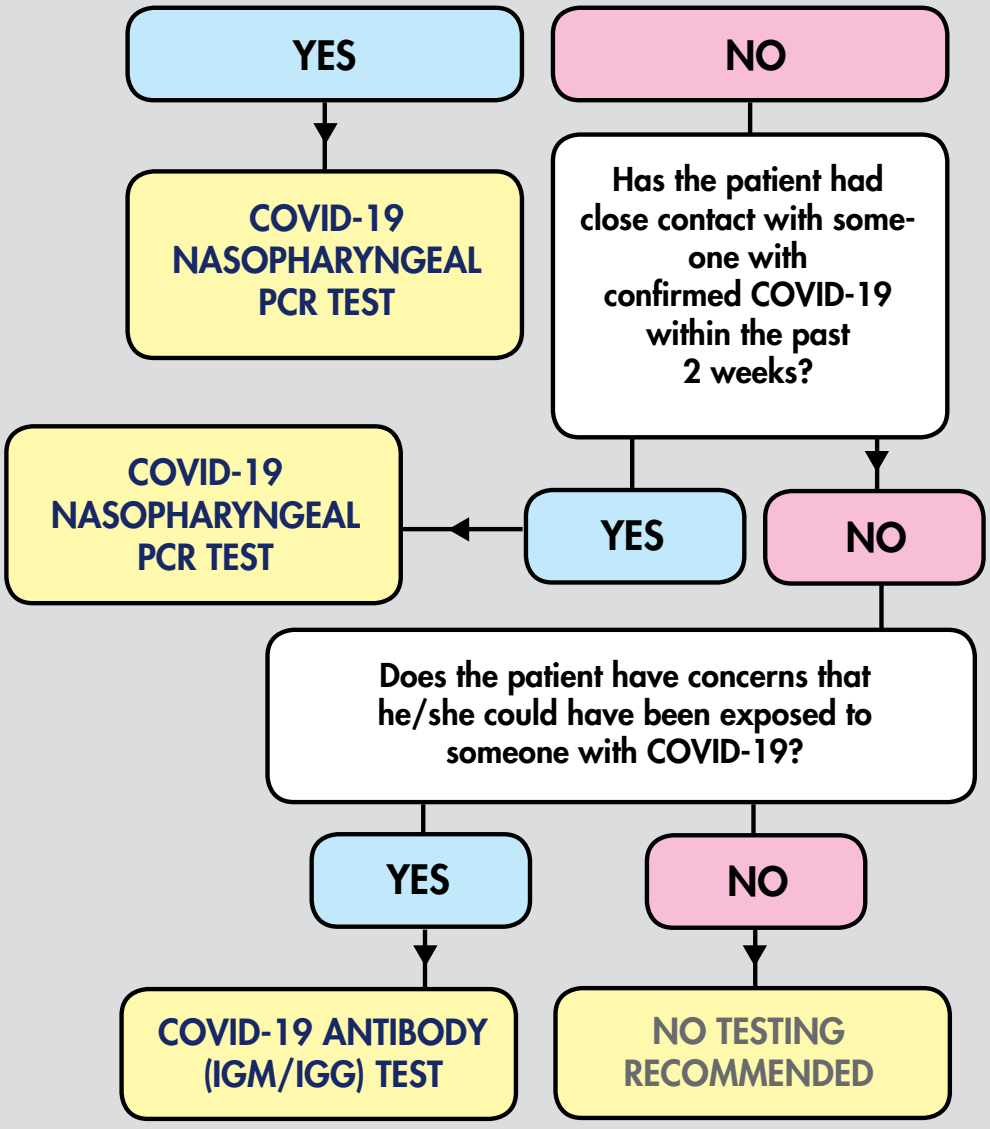
COVID-19 TESTING GUIDANCE

How to determine which test option is most appropriate for your patient

Choose one of the 3 questions that most closely represents your patient to be guided to the proper COVID-19 test option.

1 Is the patient exhibiting symptoms of COVID-19?

These include but are not limited to fever, cough,or recent onset of shortness of breath or difficulty breathing.



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2 Did the patient receive a positive COVID-19 Nasopharyngeal PCR TEST?

YES

COVID-19 STOOL PCR TEST

Recommended for monitoring SARS-CoV-2 virus in the GI tract to help mitigate transmission of the virus via fecal-oral route.

NO

COVID-19 ANTIBODY (IGM/IGG) TEST

Recommended if patient has concerns or suspicions that he/she may have been exposed to someone with COVID-19.

3 Did the patient receive a positive IgM Antibody result from the COVID-19 ANTIBODY TEST?

YES

COVID-19 NASOPHARYNGEAL PCR TEST

Recommended to confirm active COVID-19 infection.

NO

Did the patient receive a positive IgG Antibody result from the COVID-19 ANTIBODY TEST?

YES

This would generally indicate past exposure to or past infection caused by the SARS-CoV-2 virus and a current concomitant immunity status. However, if COVID-19 symptoms are present or if they develop, the **COVID-19 NASOPHARYNGEAL PCR TEST is recommended.**

NO

This would generally indicate no existing SARS-CoV-2 infection and no prior exposure to or infection caused by the SARS-CoV-2 virus and would also mean the patient is still vulnerable to contracting COVID-19. **No additional testing is recommended** unless COVID-19 symptoms are present or develop, in which case, the **COVID-19 NASOPHARYNGEAL PCR TEST** is recommended.

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After having arrived at the proper testing for your patient, review the details of that COVID-19 Test below.

Available Coronavirus (COVID-19) Testing

There are currently NO "FDA-Approved" COVID-19 Tests of any kind available at this time. All FDA-authorized COVID-19 testing that is available, including the testing we offer as well as the testing offered by major hospitals and labs, is authorized by the FDA under emergency guidance issued by the FDA. All COVID-19 assays offered by Evexia have been validated and have pending applications for EUA approval. While awaiting EUA approval, these assays are authorized for use by the FDA under the Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency.

COVID-19 NASOPHARYNGEAL PCR TEST

- Only true diagnostic test for COVID-19 using real-time reverse transcriptase polymerase chain reaction (RT-PCR) technology
- Detects the presence of SARS-CoV-2 in respiratory samples
- ONLY DETERMINES CURRENT COVID-19 INFECTION; DOES NOT DETERMINE PAST INFECTION OR IMMUNITY
- Uses up to 4 viral targets to detect SARS-CoV-2, thereby lowering the incidence of indeterminate results
- Nasopharyngeal swab kit
- 24-hour turnaround-time

COVID-19 ANTIBODY (IGM/IGG) TEST

- NOT A DIAGNOSTIC TEST FOR CURRENT COVID-19 INFECTION
- Detects body's immune response to COVID-19 by measuring specific IgM and IgG antibodies associated with COVID-19 (SARS-CoV-2)
- Expanded ability to determine current infection (IgM) as well as past infection and possible concomitant immunity (IgG)
- 100% sensitivity and 100% specificity; no cross-reactivity with other viruses
- Any positive results should be confirmed using the COVID-19 PCR Test.
- Follow-up testing with the COVID-19 PCR Test should also be considered to rule out infection in individuals with a negative COVID-19 Antibody Test who exhibit symptoms of COVID-19
- Blood draw kit
- 24-hour turnaround time

COVID-19 STOOL PCR TEST

- NOT A DIAGNOSTIC TEST FOR CURRENT COVID-19 INFECTION
- Detects SARS-CoV-2 viral RNA in stool using real-time reverse transcriptase polymerase chain reaction (RT-PCR) technology
- Screen, monitor, or prevent transmission in patients at risk for COVID-19
- Used to screen and monitor GI viral shedding of SARS-CoV-2 in confirmed COVID-19 patients in order to help prevent transmission of the virus via fecal->oral route
- SARS-CoV-2 in the stool may be found in up to 53.4% of COVID-19 patients and can be detected in the stool for up to 5 weeks after clearance from the respiratory tract
- Stool kit
- 24-hour turnaround time

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