



Influenza A&B Test

INSTRUCTIONS FOR USE

For In Vitro Diagnostic Use.

For Professional Use.

For use with anterior nasal swab specimens.



Read the instructions fully and carefully before performing the procedure. Failure to follow the instructions may result in inaccurate test results.

INTENDED USE

The WELLife™ Influenza A&B Test is a lateral flow immunochromatographic assay intended for the qualitative detection and differentiation of influenza A and influenza B nucleoprotein antigens directly in anterior nasal swab samples from individuals with signs and symptoms of respiratory tract infection. This test is for use by individuals aged 14 years or older testing themselves, or adults testing other individuals aged 2 years or older.

All negative results are presumptive and should be confirmed with an FDA-cleared molecular assay when determined to be appropriate by a healthcare provider. Negative results do not rule out infection with influenza or other pathogens.

Individuals who test negative and experience continued or worsening respiratory symptoms, such as fever, cough and/or shortness of breath, should seek follow-up care from their healthcare providers. Positive results do not rule out co-infection with other respiratory pathogens.

Test results should not be used as the sole basis for treatment or other patient management decisions.

SUMMARY AND EXPLANATION

The WELLife™ Influenza A&B Test is an antigen test that can provide rapid detection of influenza A and influenza B viral proteins from symptomatic patients.

Influenza A&B are highly contagious respiratory viruses causing acute upper respiratory infections with very similar symptoms such as headache, chills, dry cough, body aches, and fever. There are two main seasonal influenza viruses, influenza A and influenza B; Influenza A virus is typically more common. Influenza affects 5%-20% of the United States population annually, resulting in more than 200,000 hospitalizations and 36,000 deaths.¹³ Diagnosis of these viruses is difficult because all respiratory viruses cause similar initial symptoms. Accurate diagnosis may allow prompt treatment of patients and can have a positive effect on public health.

PRINCIPLE OF PROCEDURE

The WELLife™ Influenza A&B Test consists of a test cassette that separately detects influenza A and influenza B antigens. The test procedure requires an anterior nasal swab specimen to be inserted into the prefilled extraction buffer tube to elute the sample material for testing and disrupt the virus particles in the specimen. The eluted sample extract is then dropped into the sample well of the test cassette, and the swab is discarded.

If influenza A and/or influenza B antigens are present in the specimen, they will react with influenza A/B antibodies, all coupled to dye particles. They then migrate through the membrane as antigen-antibody-dye complexes, bind to the immobilized capture antibody on the membrane's test line(s), and generate a colored pink to red line in the specific test line position. The rest of the sample and rabbit-antibody-dye-particle complexes continue to migrate to the Control line position (C), where immobilized goat anti-rabbit antibodies will capture the rabbit-antibody-dye-particle complexes and form the Control line. Formation of the pink to red Control line serves as an internal control to demonstrate that test reagents are functional, antibody-dye conjugates in the dye pad have been hydrated and released and that sufficient sample has been applied to allow for migration through the Test and Control lines. If the Control line does not appear within the designated incubation time, the result is invalid, and the

test should be repeated using a new test device and specimen.

If the antigen level is equal to or above the detection limit, a visible colored band appears at the test region. Absence of this pink to red colored band in the test region of test strip and only a visible control line will appear, suggests a negative result.

WELLife™ Influenza A&B Test has two Test lines, one for influenza A and one for influenza B. The two Test lines allow for the separate and differential identification of influenza A and/or B from a single specimen. If any Test line appears in the test result window, together with the Control line, the test result is positive for influenza A and/or B.

Results can be interpreted between 10 and 20 minutes after adding the extracted sample into the sample well.

REAGENTS AND MATERIALS

The WELLife™ Influenza A&B Test kit configurations are indicated below:

Components	25 Tests/kit
Sealed Test Cassettes	25
Buffer Tubes	25
Swabs	25
Tube Holder	1
Instructions for Use (IFU)	1
Quick Reference Instructions (QRI)	1

Materials Required but Not Provided

- Timer or watch
- WELLife™ Influenza A&B Test Control Kit (Catalogue No.: WFLUAB-CON-5)

WARNINGS AND PRECAUTIONS

- Do not use the test if individuals have had symptoms for more than 4 days or no symptoms at all.
- Do not use if any of the test kit contents or packaging is damaged or open.
- When collecting a sample, only use the swab provided in the kit.
- All test components are single-use. Do not reuse the test cassette, processing solution, or swab.
- Testing should be performed in an area with good lighting.
- Do not open the test contents until ready for use. If the test cassette is open for an hour or longer, invalid test results may occur.
- Do not use this test if individuals have been vaccinated with the FluMist/FluMist quadrivalent live intranasal influenza virus vaccine within the last two weeks.
- Do not conduct this test if prone to nose bleeds or have a nose injury.
- Do not use this test if individuals are using nasal corticosteroids.
- Do not use this test if individuals are using zinc-based throat sprays.
- Remove any piercings from nose before starting the test.
- Keep testing kit and kit components away from children and pets before and after use. Avoid contact with your skin, eyes, nose, or mouth. Do not ingest any kit components. The reagent solution contains harmful chemicals (see table below). If the solution contacts your skin, eyes nose, or mouth, flush with large amounts of water. If irritation persists, seek medical advice: <https://www.poisontohelp.org> or 1-800-222-1222

Chemical name	Harms (GHS Code) for each ingredient	Concentration
ProClin 300	Causes skin irritation (H315) Causes eye irritation (H320)	0.05%

STORAGE AND STABILITY

- Store the test kit between 36–86°F (2–30°C) in a place out of direct sunlight.
- Reagents and devices must be used at room temperature (59–86°F/15–30°C).
- It is recommended to use the test kit immediately after opening. The expiration date is on the package. Do not use beyond the expiration date.

QUALITY CONTROL

INTERNAL QUALITY CONTROL

Each WELLife™ Influenza A&B Test has a built-in internal procedural control. The red line appearing at the "C" position verifies proper assembly and capillary flow of the test strip. A distinct red Control Line should always appear if the test has been performed correctly. If the Control Line does not appear, the test result is invalid, and a new test should be performed using a new swab and new test kit.

EXTERNAL QUALITY CONTROL PROCEDURE

The WELLife™ Influenza A&B Test Control Kit (Catalog number: WFLUAB-CON-5) is sold separately and may

be used with the WELLife™ Influenza A&B Test. The controls are specifically formulated and manufactured to ensure performance of the test and are used to verify an operator's ability to properly perform the test and interpret the results. The external controls should be processed and tested in accordance with the nasal swab test procedure provided in the Instructions for Use or in the Quick Reference Instructions (QRI). Use of Kit Control reagents manufactured by any other source may not produce the expected results, and therefore, will not meet the requirements for an adequate quality assurance program for the WELLife™ Influenza A&B Test.

It is recommended that the positive and negative controls be run once for each untrained operator, once for each new shipment of kits –provided that each different lot received in the shipment is tested – and as deemed additionally necessary by your internal quality control procedures, and in accordance with Local, State, and Federal regulations or accreditation requirements. If external controls do not perform as expected, testing of individuals should not be performed. Repeat the test or contact Wondfo via email at wondfo@wondfousa.com or call 1-888-444-3657.

PREPARING FOR THE TEST

NOTE: Do not open the test materials until ready for use. If the test cassette is open for an hour or longer, invalid test results may occur.

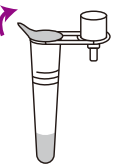
1. CHECK the expiration date of the test printed on the outer box.
The test must not be used beyond the expiration date listed on the packaging. Use of expired tests can lead to incorrect results.



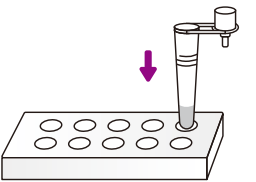
2. ASSEMBLE the tube holder in the kit.



3. REMOVE the sealed foil seal from the buffer tube.



4. INSERT the buffer tube into the tube holder. Ensure that the buffer tube is stable and upright.

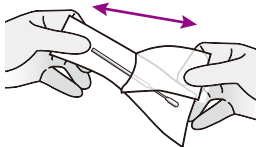


5. REMOVE test cassette from sealed pouch and lay it on a flat surface.



SAMPLE COLLECTION

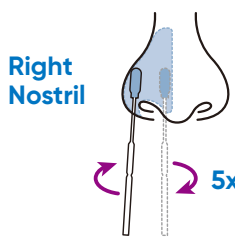
6. REMOVE the swab from the pouch.



Do not touch the swab tip (soft end) with hand.

7. a) CAREFULLY INSERT the swab tip no more than 3/4 inch (1.5 cm) into the nostril. Slowly BRUSH the swab at least 5 times against the nostril wall in a circular motion.

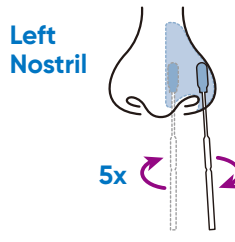
Do not insert the swab any further if you feel any resistance.



- b) REMOVE the swab and repeat in the other nostril using the same swab.

Check: Did you swab BOTH nostrils?

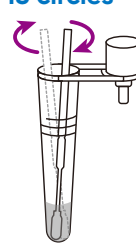
Note: With children, the maximum depth of insertion into the nostril may be less than 1/2 to 3/4 of an inch, and you may require another adult to hold the child's head while swabbing. Note: Failure to swab properly may cause false negative results.



RUNNING THE TEST

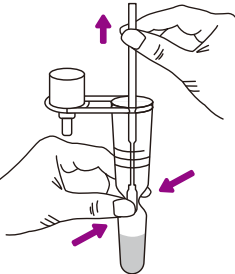
8. IMMERSE the swab into the buffer tube until it touches the bottom and SWIRL the swab in the buffer. Ensure the sample is mixed thoroughly by making at least 15 circles.

15 circles

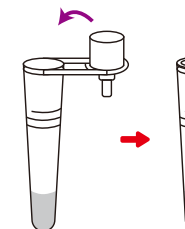


Sample must be adequately mixed into the buffer, otherwise, incorrect results may occur.

9. REMOVE the swab while SEQUEEZING the tip of the swab from the outside of the tube to remove any excess liquid from the swab. DISCARD the swab.



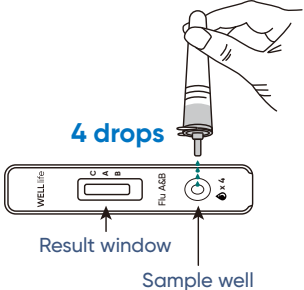
10. CLOSE the dropper cap firmly that is attached to the buffer tube.



11. INVERT the buffer tube and SQUEEZE 4 drops of test sample into the sample well on the test cassette. Then DISCARD the buffer tube.

Note: Incorrect results may be observed if <4 drops of sample are added.

Sample must be applied to the test cassette immediately.



12. START timer. Read results at 10 minutes.

Do not read the result before 10 minutes or after 20 minutes. Results read before 10 minutes or after 20 minutes may result in false or invalid results.



RESULTS INTERPRETATION

Look for lines next to 'C'(Control), 'A' and 'B'.

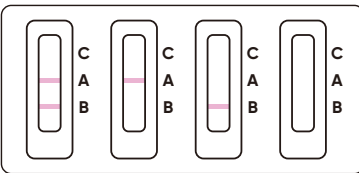
C = Control Line

A = Flu A Test Line

B = Flu B Test Line

A red line should always appear at the 'C' position; this is a control line and signals that the test is working properly.

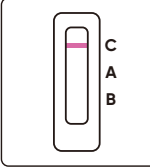
Invalid Result



Check to see if a pink to red line is visible at the control line 'C' in the results window. If a line is not visible at 'C', even if any other line is visible in the results window, the result is considered invalid.

NOTE: If you do not see a C line, DO NOT CONTINUE reading the results. It means your test is invalid. Repeat the test with a new sample and new test kit materials.

Negative Result

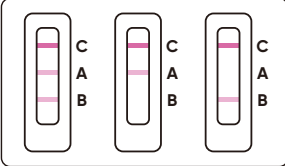


If a control 'C' line is visible, but the line at 'A' and 'B' is not visible, the test is **NEGATIVE**. The Flu A or Flu B virus was not detected in the sample.

If respiratory symptoms persist, individuals should seek follow-up care with their healthcare provider.

NOTE: All negative results should be treated as presumptive and confirmation with a molecular assay may be necessary. Negative results do not rule out Flu A and/or Flu B infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions.

Positive Result



If the control line at 'C' is visible and any other line or multiple lines on 'A' and/or 'B' are visible, the test is **POSITIVE** for that virus.

NOTE: Any pink to red test line, no matter how faint, should be considered a positive result when the control line is also present.

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.

LIMITATIONS

- The clinical performance of this test was established based on the evaluation of a limited number of clinical specimens collected between January 2025 and March 2025. The clinical performance has not been established for 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 influenza virus and their prevalence, which change over time.
- A negative test result may occur if the level of antigen in the sample is below the detection limit of the test or if the sample is collected or handled improperly.
- There is a higher chance of false negative results with antigen tests than with laboratory-based molecular tests due to the sensitivity of the test technology. This means that there is a higher chance this test will give a false negative result in an individual with influenza A or B as compared to a molecular test, especially in samples with low viral load.
- False positive test results are more likely when the prevalence of influenza A, and/or influenza B is low in the community.
- Persons with risk factors for severe disease from respiratory pathogens (e.g., young children, elderly individuals, chronic lung disease, heart disease, compromised immune system, diabetes, and other conditions) should contact a healthcare provider; users should also contact a healthcare provider if symptoms persist or worsen.
- This test is read visually. Because test lines can be very faint, users with conditions affecting their vision- such as far-sightedness, glaucoma, or color blindness-are encouraged to seek assistance to interpret results accurately (e.g., reading glasses, additional light source, or another person). This test has not been validated for use by those with color-impaired vision.
- This device is a qualitative test and cannot provide information on the amount of virus present in the specimen.
- This test detects both viable (live) and non-viable influenza A and influenza B. Test performance depends on the amount of virus (antigens) in the sample and may or may not correlate with viral culture results performed on the sample.
- Hand soap and hand sanitizers may cause false negative results with this test.
- FluMist/FluMist quadrivalent live intranasal influenza virus vaccine may cause false positive influenza A and B results with this test.
- Zinc-based throat sprays may cause false positive influenza A results with this test.
- Nasal corticosteroids may cause false negative results with this test.

PERFORMANCE CHARACTERISTICS

ANALYTICAL PERFORMANCE

Lot-to-Lot Precision

A single-site lot-to-lot precision study was conducted internally to measure repeatability using three levels of contrived samples. A panel of four samples was tested: a negative sample prepared in pooled negative swab matrix (PNSM), low positive sample (0.5x co-spiked LoD of Flu A and Flu B), weak positive sample (1x co-spiked LoD of Flu A and Flu B), moderate positive sample (3x co-spiked LoD of Flu A and Flu B). The strains used for testing were live influenza A H1N1 and live influenza B Yamagata. Two replicates per sample type was tested per run, per operator, and per lot across 5 days with two test runs per day for a total of 180 results per sample type (3 lots x 3 operators x 2 replicates per run x 2 runs per day x 5 days). Repeatability was determined by comparing test results to expected results across all lots, operators, and days. Results are shown in the table below.

Lot-to-Lot Reproducibility Study Results					
Sample	Analyte	% Positive (# positive/replicates)			
		Lot 1	Lot 2	Lot 3	Total
Negative sample (PNSM only)	Flu A	0% (0/60)	0% (0/60)	0% (0/60)	0% (0/180) (0%-2.1%)
	Flu B	0% (0/60)	0% (0/60)	0% (0/60)	0% (0/180) (0%-2.1%)
Low positive sample (0.5x co-spiked LoD of Flu A and Flu B)	Flu A	46.7% (28/60)	55.0% (33/60)	53.3% (32/60)	51.7% (93/180) (44.4%-58.9%)
	Flu B	53.3% (32/60)	58.3% (35/60)	63.3% (38/60)	58.3% (105/180) (51.0%-65.3%)
Weak positive sample (1x co-spiked LoD of Flu A and Flu B)	Flu A	100% (60/60)	100% (60/60)	100% (60/60)	100% (180/180) (97.9%-100%)
	Flu B	100% (60/60)	100% (60/60)	100% (60/60)	100% (180/180) (97.9%-100%)
Moderate positive sample (3x co-spiked LoD of Flu A and Flu B)	Flu A	100% (60/60)	100% (60/60)	100% (60/60)	100% (180/180) (97.9%-100%)
	Flu B	100% (60/60)	100% (60/60)	100% (60/60)	100% (180/180) (97.9%-100%)

Site-to-Site Reproducibility

The reproducibility of WELLife™ Influenza A&B Test was evaluated at three external sites with three operators per site (a total of nine operators) over five days. The nine-member panel described above was

tested in this study. The summary of results is presented in Table below.

Site-to-Site Reproducibility Study Result					
Sample	% Positive (# positive/replicates)				
	Site A	Site B	Site C	Total	95%CI
Negative Sample	0% (0/45)	0% (0/45)	0% (0/45)	0% (0/135)	0% - 2.8%
Flu A High Negative (0.1x LoD)	2.2% (1/45)	0% (0/45)	0% (0/45)	0% (1/135)	0.1% - 4.1%
Flu A Low Positive (0.8x LoD)	75.6% (34/45)	84.4% (38/45)	86.7% (39/45)	82.2% (111/135)	74.9% - 87.8%
Flu A Weak Positive (1x LoD)	95.6% (43/45)	97.8% (44/45)	97.8% (44/45)	97.0% (131/135)	92.6% - 98.8%
Flu A Moderate Positive (3 x LoD)	100% (45/45)	100% (45/45)	100% (45/45)	100% (135/135)	97.2% - 100%
Flu B High Negative (0.1x LoD)	0% (0/45)	0% (0/45)	2.2% (1/45)	0.7% (1/135)	0.1% - 4.1%
Flu B Low Positive (0.8x LoD)	91.1% (41/45)	88.9% (40/45)	88.9% (40/45)	89.6% (121/135)	83.3% - 93.7%
Flu B Weak Positive (1x LoD)	97.8% (44/45)	100% (45/45)	100% (45/45)	99.3% (134/135)	95.9% - 99.9%
Flu B Moderate Positive (3x LoD)	100% (45/45)	100% (45/45)	100% (45/45)	100% (135/135)	97.2% - 100%

Limit of Detection (Analytical Sensitivity)

Limit of detection (LoD) for influenza A and B in WELLife™ Influenza A&B Test was determined by evaluating different concentrations of live influenza A and B viruses. The viruses were diluted in PNSM to generate virus dilutions for testing. Anterior nasal swab samples were prepared by adding 50µL of each virus dilution onto the sterile swab. The swab samples were tested according to the test procedure in package insert. Range-finding testing was conducted with three replicates at various dilutions and confirmatory testing was conducted with 20 replicates. The lowest concentration that generated ≥95% positive detection rate was set as the LoD concentration.

Limit of Detection (LoD) Study Results				
Virus Strains		Stock Concentration (TCID ₅₀ /mL)	LoD (TCID ₅₀ /mL)	LoD (TCID ₅₀ /Swab)
Influenza A	A/California/07/2009 pdm (H1N1)	7.29 x 10 ⁵	7.29 x 10 ²	3.65 x 10 ¹
	A/Victoria/4897/2022 (H1N1)	3.89 x 10 ⁴	3.89 x 10 ⁰	1.95 x 10 ⁻¹
	A/Darwin/6/2021 (H3N2)	4.17 x 10 ⁵	4.17 x 10 ¹	2.09 x 10 ⁰
	A/Perth/16/09 (H3N2)	3.89 x 10 ⁴	3.89 x 10 ²	1.95 x 10 ¹
Influenza B	B/Washington/02/2019 (Victoria)	3.16 x 10 ⁶	1.05 x 10 ³	5.25 x 10 ¹
	B/Malaysia/2506/2004 (Victoria)	3.16 x 10 ⁶	1.05 x 10 ²	5.25 x 10 ⁰
	B/Florida/4/2006 (Yamagata)	1.17 x 10 ⁵	1.17 x 10 ¹	5.85 x 10 ⁻¹
	B/Utah/9/14 (Yamagata)	4.17 x 10 ⁵	4.17 x 10 ¹	2.09 x 10 ⁰

Analytical Reactivity

The analytical reactivity of the antibodies targeting Influenza A and influenza B in WELLife™ Influenza A&B Test was evaluated with the currently available strains. A selection of temporally, geographically, and genetically diverse influenza strains were tested for analytical reactivity. A series of ten-fold dilutions of each virus was spiked into PNSM and tested in triplicate. Once the ten-fold LoD range was established for each strain, an additional three two-fold dilution series of the lowest positive ten-fold dilution for each virus was tested in triplicate to demonstrate analytical reactivity. Based on this dilution series, the minimum detectable concentration was defined as the lowest concentration for which all three replicates were detected. Results are summarized in the following table.

Analytical Reactivity Study Results		
Target Analyte	Strain	Minimum Detectable Concentration
H1N1	A/Victoria/2570/19 pdm	2.34 x 10 ³ TCID ₅₀ /mL
	A/Taiwan/42/06	2.26 x 10 ³ TCID ₅₀ /mL
	A/Solomon/Islands/03/06	2.81 x 10 ³ TCID ₅₀ /mL
	A/NY/02/09 pdm	2.37 x 10 ³ TCID ₅₀ /mL
	A/Brisbane/02/18	2.21 x 10 ³ TCID ₅₀ /mL
	A/Michigan/45/15 pdm	8.10 x 10 ³ TCID ₅₀ /mL
	A/Wisconsin/67/22	4.21 x 10 ³ TCID ₅₀ /mL
	A/Singapore/63/04	7.55 x 10 ³ TCID ₅₀ /mL

Influenza A	H3N2	A/Wisconsin/588/19	6.30 x 10 ¹ TCID ₅₀ /mL
		A/Guangdong-Maonan/SWL1536/19 pdm	5.85 x 10 ¹ TCID ₅₀ /mL
		A/California/04/2009*	2.80 x10 ³ TCID ₅₀ /mL
		A/Indiana/02/2020*	9.70 x10 ⁶ CEID ₅₀ /mL
		A/Hawaii/66/2019*	1.85 x10 ⁷ CEID ₅₀ /mL
		A/Tasmania/503/20	1.41 x 10 ³ TCID ₅₀ /mL
		A/Cambodia/E0826360/20	1.17 x 10 ² TCID ₅₀ /mL
		A/Michigan/173/20	5.25 x 10 ¹ TCID ₅₀ /mL
		A/Hong Kong/4801/14	8.88 x 10 ² TCID ₅₀ /mL
		A/Kansas/14/17	7.55 x 10 ³ TCID ₅₀ /mL
		A/Singapore/INFIMH-16-0019/16	7.85 x 10 ¹ TCID ₅₀ /mL
		A/South Australia/55/14	3.15 x 10 ¹ TCID ₅₀ /mL
		A/Switzerland/9715293/13	3.80 x 10 ¹ TCID ₅₀ /mL
		A/Hong Kong/2671/19	1.26 x 10 ¹ TCID ₅₀ /mL
		A/Wisconsin/67/05	4.18 x 10 ¹ TCID ₅₀ /mL
		A/New York/21/2020*	2.60 x10 ⁸ FFU/mL
		A/Alaska/01/2021*	3.75 x10 ⁴ FFU/mL
		A/Indiana/08/2011*	8.10 x10 ² TCID ₅₀ /mL
		A/blue-winged teal/Iowa/100S2411/2010	1.40 x 10 ⁴ CEID ₅₀ /mL
	H1N1	A/Ohio/09/2015*	7.00 x10 ⁵ CEID ₅₀ /mL
	H1N2	A/Minnesota/19/2011*	4.00 x10 ⁶ CEID ₅₀ /mL
	H5N1	A/mallard/Wisconsin/2576/2009	2.0 x 10 ⁶ CEID ₅₀ /mL
	H5N6	A/duck/Guangxi/S10888/2024*	6.76 x10 ⁵ EID ₅₀ /mL
	H5N8	A/goose/Liaoning/S1266/2021*	6.76 x10 ⁵ EID ₅₀ /mL
	H7N3	A/northern pintail/Illinois/100S3959/2010	1.6 x 10 ⁴ CEID ₅₀ /mL
Influenza B	Victoria	B/Michigan/01/21	1.16 x 10 ⁴ TCID ₅₀ /mL
		B/Austria/1359417/21	2.82 x 10 ² TCID ₅₀ /mL
		B/Singapore/WUH4618/21	2.93 x 10 ² TCID ₅₀ /mL
		B/Hong Kong/574/19	1.25 x 10 ² TCID ₅₀ /mL
		B/Brisbane/35/18	5.75 x 10 ² TCID ₅₀ /mL
		B/Wisconsin/1/2010	7.00 x 10 ⁻¹ CEID ₅₀ /mL
	Yamagata	B/Phuket/3073/13	9.30 x 10 ⁻¹ TCID ₅₀ /mL
		B/Brisbane/9/14	3.15 x 10 ¹ TCID ₅₀ /mL
		B/Texas/6/11	9.50 x 10 ¹ TCID ₅₀ /mL
		B/Brisbane/36/12	3.55 x 10 ⁰ TCID ₅₀ /mL
		B/Lee/40	1.90 x 10 ² TCID ₅₀ /mL

*These viruses were tested with the WELLife COVID-19/Influenza A&B Antigen Test

Analytical Specificity: Cross-Reactivity and Microbial Interference

Cross-reactivity of the WELLife™ Influenza A&B Test was evaluated by testing a panel of related pathogens, high prevalence disease agents, and normal or pathogenic flora that are reasonably likely to be encountered in clinical specimens and could potentially cross-react with the WELLife™ Influenza A&B Test including twenty-two (22) bacteria, twenty-three (23) viruses and one (1) negative matrix. Each organism and virus were tested in triplicate the absence (cross-reactivity) or presence (interference) of live influenza A or influenza B virus at 3 x LoD contraction. No cross-reactivity was observed with the listed microorganisms when tested at the concentration presented in the table below. No interference was observed with the listed microorganisms when tested at the concentration presented in the table below in the presence of the target analytes.

Cross-Reactivity and Microbial Interference Study Results					
Microorganism/ Virus	Concentration Tested	Cross-reactivity (# pos / total)		Microbial Interference (# pos / total)	
		Flu A	Flu B	Flu A	Flu B
Pooled Negative Swab Matrix (PNSM)	NA	0/3	0/3	3/3	3/3
Adenovirus Type 1	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Adenovirus Type 7A	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Human coronavirus OC43	1.70 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Human coronavirus 229E	1.29 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Human coronavirus NL63	5.62 x 10 ⁴ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Human coronavirus HKU1*	Ct =22.0 Ct = 20.5	0/3	0/3	3/3	3/3
MERS-coronavirus	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Cytomegalovirus	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Enterovirus Type 68	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3

Epstein Barr Virus	2.00 x 10 ⁵ cp/mL	0/3	0/3	3/3	3/3
Parainfluenza virus Type 1	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Parainfluenza virus Type 2	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Parainfluenza virus Type 3	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Parainfluenza virus Type 4A	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Measles Virus	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Human Metapneumovirus (hMPV-5)	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Mumps virus	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Respiratory syncytial virus Type A	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Respiratory syncytial virus Type B	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Rhinovirus	5.62 x 10 ⁴ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
Coxsackievirus Type A16	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
SARS-CoV-2 USA-WA1/2020	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
SARS-CoV-2 Omicron Variant	2.00 x 10 ⁵ TCID ₅₀ /mL	0/3	0/3	3/3	3/3
<i>Bordetella pertussis</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Candida albicans</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Chlamydia pneumoniae</i>	2.00 x 10 ⁸ IFU/mL	0/3	0/3	3/3	3/3
<i>Corynebacterium diphtheriae</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Escherichia coli</i>	2.00 x 10 ⁸ CFU/mL	0/3	0/3	3/3	3/3
<i>Haemophilus influenzae</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Lactobacillus acidophilus</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Legionella pneumophila Philadelphia</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Moraxella catarrhalis</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Mycobacterium tuberculosis</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Mycoplasma pneumoniae</i>	2.00 x 10 ⁴ CCU/mL	0/3	0/3	3/3	3/3
<i>Neisseria meningitidis</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Neisseria gonorrhoeae</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Pseudomonas aeruginosa</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Staphylococcus aureus</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Staphylococcus epidermidis</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Streptococcus pneumoniae</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Streptococcus pyogenes</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Streptococcus salivarius</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Pneumocystis jirovecii - Scerevisiae</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Neisseria subflava biovar flava</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3
<i>Streptococcus mutans</i>	2.00 x 10 ⁴ CFU/mL	0/3	0/3	3/3	3/3

*Two different clinical samples were tested in replicates of three.

Endogenous Interfering Substances

The potential interference of endogenous substances with the antibodies used for the detection of influenza A and B was examined by testing fifty-one (51) substances in a negative clinical matrix in triplicate, in the absence or presence of influenza A(H1N1) or influenza B(Yamagata) virus at 3 x LoD concentration. The interference study was conducted using medically relevant concentrations of the potentially interfering substances listed below to assess the potential interference of the substances on the performance of the WELLife™ Influenza A&B Test. At 15% (v/v) and when diluted down to 0.75% (v/v), FluMist Quadrivalent Live Intranasal Influenza Virus Vaccine yielded false positive results for Influenza A and at a dilution of 0.375% (v/v), the results were negative for influenza A. At 15% (v/v), FluMist Quadrivalent Live Intranasal Influenza Virus Vaccine yielded false positive results for influenza B. And at a dilution of 6% (v/v), the results were negative for influenza B. No interference was observed with the listed substances when tested at the concentration presented in the table below in the presence or absence of the target analytes.

Endogenous/Exogenous Interfering Substances Study Results					
Potential Interferent	Concentration	Without analytes (# pos / total)		With analytes (# pos / total)	
		Flu A	Flu B	Flu A	Flu B
Whole Blood	5 % v/v	0/3	0/3	3/3	3/3
Leukocytes	1 x10 ⁵ cells/mL	0/3	0/3	3/3	3/3

Mucin (Bovine submaxillary glands Type I-S or pooled mucous)	10 mg/mL	0/3	0/3	3/3	3/3
Benzocaine	10 mg/mL	0/3	0/3	3/3	3/3
Zinc*	15% v/v	0/3	0/3	3/3	3/3
Menthol	10 mg/mL	0/3	0/3	3/3	3/3
Luffa operculata	15% v/v	0/3	0/3	3/3	3/3
Sulfur	15% v/v	0/3	0/3	3/3	3/3
Galphimia glauca	15% v/v	0/3	0/3	3/3	3/3
Histanium hydrochloricum	15% v/v	0/3	0/3	3/3	3/3
Phenylephrine	15% v/v	0/3	0/3	3/3	3/3
Oxymetazoline	15% v/v	0/3	0/3	3/3	3/3
Cromolyn	15% v/v	0/3	0/3	3/3	3/3
Sodium chloride with preservatives	15% v/v	0/3	0/3	3/3	3/3
Zicam	15% v/v	0/3	0/3	3/3	3/3
Alkalol	15% v/v	0/3	0/3	3/3	3/3
Phenol	15% v/v	0/3	0/3	3/3	3/3
Fluticasone*	15% v/v	0/3	0/3	3/3	3/3
Budesonide	15% v/v	0/3	0/3	3/3	3/3
Flunisolide	15% v/v	0/3	0/3	3/3	3/3
Dexamethasone	10 mg/mL	0/3	0/3	3/3	3/3
Beclomethasone	15% v/v	0/3	0/3	3/3	3/3
Triamcinolone	15% v/v	0/3	0/3	3/3	3/3
Mometasone	15% v/v	0/3	0/3	3/3	3/3
Tamiflu (Osetamivir Phosphate)	10 mg/mL	0/3	0/3	3/3	3/3
Tobramycin	10 mg/mL	0/3	0/3	3/3	3/3
Mupirocin	10 mg/mL	0/3	0/3	3/3	3/3
FluMist/ FluMist Quadrivalent Live intranasal influenza virus vaccine	15% v/v	3/3	3/3	3/3**	3/3***
	6% v/v	3/3	0/3	NT	3/3
	3% v/v	3/3	0/3	NT	3/3
	1.5% v/v	3/3	0/3	NT	NT
	0.75% v/v	3/3	0/3	NT	NT
	0.375% v/v	0/3	0/3	3/3	NT