

Panodyne COVID-19 Antibody Rapid Test (Declaration Form)



DONOR DETAILS

Full Name

Date of Birth

D D M M Y Y Y Y

WITNESS STATEMENT (IF APPLICABLE) - I confirm that I am witness to the collection taking place and any results recorded from the testing device are accurate and complete.

Full Name

Signature

Date

D D M M Y Y Y Y

COLLECTION DETAILS

Antigen present

Positive

Negative

Time reading taken (24hr clock)

H H M M

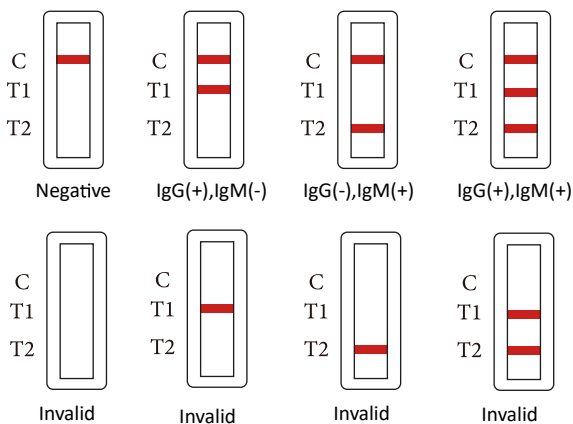
Control Line

Yes

No

Expiry Date

D D M M Y Y Y Y



READING THE RESULTS

POSITIVE - The test is positive if:

- 2 lines appear in (C) and (T1) regions.
- 2 lines appear in (C) and (T2) regions.
- 3 lines appear in (C), (T1) and (T2) regions.

NEGATIVE: Only one line appear in the control region (C).

INVALID - The test is invalid if:

- no line appears at all.
- only one colored line appears in either (T1), (T2) region.
- 2 lines appear in (T1) and (T2) regions.

If invalid, please review the procedure and repeat the test with a new test cassette.

If the result is positive for COVID-19 (SARS-CoV-2), you must notify a registered medical practitioner (such as your GP) IMMEDIATELY. The medical practitioner has a statutory duty to report the result to Public Health England/DHSC. Visit: www.nhs.uk/conditions/coronavirus-covid-19/ for more information.

BY SIGNING THIS DECLARATION I CONFIRM THAT:

The sample provided is my own and I give consent for processing such samples along with my personal data detailed in this form for the purpose of conducting the test. I hold Panodyne (Multibrands International Ltd) blameless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information.

I HAVE READ, UNDERSTOOD AND ACCEPT the instructions for use and the purpose of this test which can be viewed at <https://panodyne.eu.com/test-kits/>, and included with the test kit. I understand what this test is for and what the results may mean.

Signature

Date

D D M M Y Y Y Y

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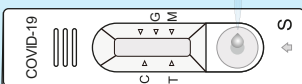
INSTRUCTIONS

1. It is suitable for serum, plasma or whole blood samples. The commonly used anticoagulants (heparin, EDTA or sodium citrate) have no effect on the results of this kit.
2. Samples should be collected according to routine clinical methods and avoid hemolysis.
3. If serum or plasma specimens are to be tested in 5 days, they should be refrigerated at 2°C-8°C. Storage at -20°C should not exceed 3 months. For long time storage, they should be -70°C cryopreservation and avoid repeated freezing and thawing (no more than 3 times).
4. Whole blood samples can be stored at 2°C-8°C kept in refrigerator for 3 days with no cryopreservation.
5. Restore the sample to room temperature before test.
6. Obvious hemolysis, lipohemia and jaundice samples should not be used.
7. Transportation of the samples should be sealed ice cup with ice or sealed foam box with ice.

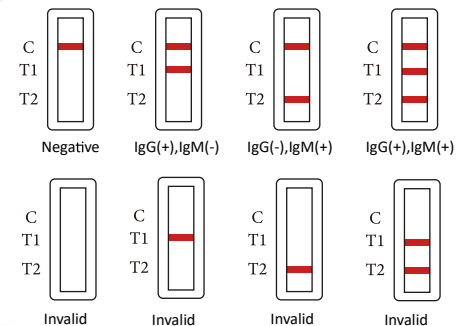
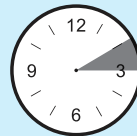
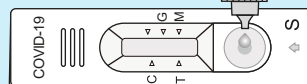
TEST PROCEDURE AND READ RESULT

1. Serum/Plasma

- 1 Add 10µl of serum or plasma vertically into the sample well.



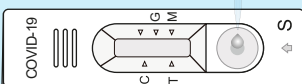
- 2 Add two drops (70µl) of sample buffer into the sample well.



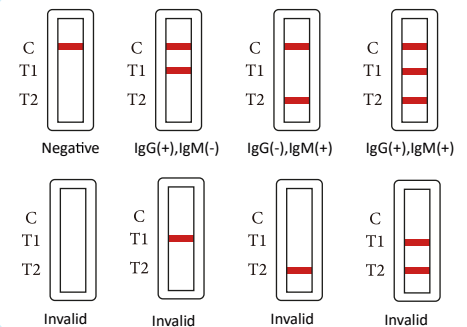
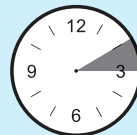
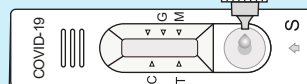
- 3 Read results within 10~15 minutes, the result is invalid over 20 minutes.

2. Whole Blood

- 1 Add 10µl of whole blood vertically into the sample well.



- 2 Add two drops (70µl) of sample buffer into the sample well.



- 3 Read results within 10~15 minutes, the result is invalid over 20 minutes.