

Aptima Combo 2™ Assay

For *in vitro* diagnostic use.

For U.S. Export only.

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General Information

Intended Use

The Aptima Combo 2™ assay is a target amplification nucleic acid probe test that utilizes target capture for the *in vitro* qualitative detection and differentiation of ribosomal RNA (rRNA) from *Chlamydia trachomatis* (CT) and/or *Neisseria gonorrhoeae* (GC) to aid in the diagnosis of chlamydial and/or gonococcal disease using the Tigris™ DTS™ System or Panther™ System, or using the DTS Systems semi-automated instrumentation as specified. The assay may be used to test the following specimens from symptomatic and asymptomatic individuals: clinician-collected endocervical, vaginal and male urethral swab specimens; and female and male urine specimens. This assay may be used to test patient-collected vaginal swab specimens from asymptomatic individuals¹. This assay is also intended for use with the testing of gynecological specimens, from both symptomatic and asymptomatic patients. Cervical specimens from both symptomatic and asymptomatic patients collected in PreservCyt™ Solution vials may be tested either pre- or post-Pap processing. Testing of post-Pap processed specimens is limited to specimens processed with the ThinPrep™ 2000 System and the ThinPrep 5000 only. On the Panther system, the assay may be used for testing throat and rectal swab specimens.

¹Patient-collected vaginal swab specimens are an option for screening women when a pelvic exam is not otherwise indicated. The Aptima™ Multitest Swab Specimen Collection Kit has not been evaluated for home use.

Summary and Explanation of the Test

In Canada, an estimated 116,499 (325 cases per 100,000 population) new cases of CT and 19,845 (55.4 cases per 100,000 population) new cases of GC infections were reported to the Public Health Agency of Canada in 2015. Compared to 2010, the data reflect a 65.4% increase in GC infections and 16.7% increase in CT infections (10).

Chlamydiae are nonmotile, gram-negative, obligate intracellular bacteria. The CT species is comprised of fifteen serovars (A, B, Ba, C, D, E, F, G, H, I, J, K, L1, L2 and L3) that can cause disease in humans (52). The serovars D through K are the major cause of genital chlamydial infections in men and women (40). *C. trachomatis* can cause nongonococcal urethritis, epididymitis, proctitis, cervicitis, acute salpingitis, and Pelvic Inflammatory Disease (PID) (7, 24, 42, 43). *C. trachomatis* infections are often asymptomatic in both males and females. Children born to infected mothers are at significantly higher risk for inclusion conjunctivitis and chlamydial pneumonia (1, 18, 41).

Historically, several methods for CT detection have been utilized in the clinical laboratory, including cell culture, direct fluorescent antibody testing, and enzyme immunoassay. More recent methodologies for CT detection include direct DNA probe assays and nucleic acid amplification test (NAAT) DNA probe assays. Cell culture was once considered to be the “gold standard” for detection of CT. Culture is quite specific, but scientific publications have demonstrated that the NAAT DNA probe technologies have a higher clinical sensitivity than culture (6, 15, 26, 46). Due to its lower clinical sensitivity and variable performance between laboratories, culture has been replaced in many laboratories by direct DNA probe and NAATs.

N. gonorrhoeae is the causative agent of gonorrheal disease. *N. gonorrhoeae* are non-motile, gram-negative diplococci. The majority of gonorrheal infections are uncomplicated lower genital tract infections and may be asymptomatic. However, if left untreated in women, infections can ascend and cause PID. PID can manifest as endometritis, salpingitis, pelvic

peritonitis, and tubo-ovarian abscesses. In men, gonorrhea may be complicated by epididymitis. In rare cases, this may lead to infertility (6). A smaller percentage of persons with gonococcal infections may develop Disseminated Gonococcal Infection (DGI) (23, 31).

Conventional diagnosis of GC infection requires isolation of the organism on selective media or the observation of diplococci in Gram stained smears (25). Culture methods can have good clinical sensitivity, but are highly dependent on proper specimen handling. Improper specimen storage and transport can result in the loss of organism viability and yield false negative results. In addition, poor sampling technique, toxic sampling materials, and the inhibition of growth by components of body secretions can also result in false negative results (12, 27). Non-culture methods for GC detection include direct DNA probe tests and NAATs.

CT and GC infections may present with symptoms of cervicitis, vulvovaginitis, urethritis, pharyngitis or proctitis. Due to high rates of concomitant infection, specimens should be taken for the diagnosis of both gonococcal and chlamydial infections. NAATs are the most sensitive and specific tests for routine screening as well as diagnosis of symptomatic cases. Acceptable specimens for diagnosis of genital infections include vaginal swabs, urine, urethral or endocervical swabs. Self-collected vaginal swabs collected in a clinical setting are an option when a pelvic exam is not warranted or is declined. Data show that NAATs may identify as many or more infected women using vaginal swabs than cervical swabs, urethral swabs or urine (9).

Notably, many patients with rectal and pharyngeal (throat) chlamydial or gonococcal infections are asymptomatic and do not have simultaneous genital infections and so would not be diagnosed unless tested at these potential anatomic reservoirs (28).

Recent guidelines such as the CDC's 2014 MMWR Laboratory Testing Recommendation Report and PHAC's Canadian STI Guidelines recommend that validated NAAT should be the method of choice for detecting *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections in rectal and oropharyngeal sites.

First generation NAATs for CT and GC have technological issues that have limited their performance. These issues include cumbersome specimen processing and specimen inhibition that can yield false negative results (11, 16, 21, 29, 39, 47, 50, 51). The Aptima Combo 2 assay is a second generation NAAT that utilizes target capture, Transcription-Mediated Amplification (TMA™), and Dual Kinetic Assay (DKA) technologies to streamline specimen processing, amplify target rRNA, and detect amplicon, respectively. Studies comparing performance and specimen inhibition of various amplification systems have demonstrated the benefits of target capture, TMA, and DKA technologies (13, 19). The Aptima Combo 2 assay qualitatively detects CT and/or GC rRNA in clinician-collected endocervical, vaginal, throat, rectal, and male urethral swab specimens, patient-collected vaginal swab specimens, PreservCyt solution liquid Pap specimens, and in female and male urine specimens from symptomatic and asymptomatic individuals.

Principles of the Procedure

The Aptima Combo 2 assay combines the technologies of target capture, TMA, and DKA.

Specimens are collected and transferred into their respective specimen transport tubes. The transport solutions in these tubes release the rRNA targets and protect them from degradation during storage. When the Aptima Combo 2 assay is performed in the laboratory, the target rRNA molecules are isolated from specimens by use of capture oligomers via target capture that utilizes magnetic microparticles. The capture oligomers contain sequences complementary to specific regions of the target molecules as well as a string of

deoxyadenosine residues. A separate capture oligomer is used for each target. During the hybridization step, the sequence specific regions of the capture oligomers bind to specific regions of the target molecules. The capture oligomer:target complex is then captured out of solution by decreasing the temperature of the reaction to room temperature. This temperature reduction allows hybridization to occur between the deoxyadenosine region on the capture oligomer and the poly-deoxythymidine molecules that are covalently attached to the magnetic particles. The microparticles, including the captured target molecules bound to them, are pulled to the side of the reaction vessel using magnets and the supernatant is aspirated. The particles are washed to remove residual specimen matrix that may contain amplification reaction inhibitors. After the target capture steps are completed, the specimens are ready for amplification.

Target amplification assays are based on the ability of complementary oligonucleotide primers to specifically anneal and allow enzymatic amplification of the target nucleic acid strands. The Aptima Combo 2 assay replicates a specific region of the 23S rRNA from CT and a specific region of the 16S rRNA from GC via DNA intermediates. A unique set of primers is used for each target molecule. Detection of the rRNA amplification product sequences (amplicon) is achieved using nucleic acid hybridization. Single-stranded chemiluminescent DNA probes, which are complementary to a region of each target amplicon, are labeled with different acridinium ester molecules. The labeled DNA probes combine with amplicon to form stable RNA:DNA hybrids. The Selection Reagent differentiates hybridized from unhybridized probe, eliminating the generation of signal from unhybridized probe. During the detection step, light emitted from the labeled RNA:DNA hybrids is measured as photon signals in a luminometer, and are reported as Relative Light Units (RLU). In DKA, differences in the kinetic profiles of the CT and GC labeled probes allow for the differentiation of signal; kinetic profiles are derived from measurements of photon output during the detection read time. The chemiluminescent detection reaction for CT signal has very rapid kinetics and has the “flasher” kinetic type. The chemiluminescent detection reaction for GC signal is relatively slower and has the “glower” kinetic type. Assay results are determined by a cut-off based on the total RLU and the kinetic curve type.

Warnings and Precautions

- A. For *in vitro* diagnostic use.
- B. For professional use.
- C. For additional specific warnings, precautions and procedures to control contamination for the Tigris DTS system, consult the *Tigris DTS System Operator's Manual*.
- D. For additional specific warnings, precautions and procedures to control contamination for the Panther system, consult the *Panther System Operator's Manual*.

Laboratory Related

- E. The assay was not evaluated in patient populations with a low prevalence of CT disease; therefore, performance in low prevalence settings has not been determined.
- F. Use only supplied or specified disposable laboratory ware.
- G. Use routine laboratory precautions. Do not eat, drink or smoke in designated work areas. Wear disposable, powderless gloves, protective eye wear, and laboratory coats when handling specimens and kit reagents. Wash hands thoroughly after handling specimens and kit reagents.

- H. **Warning: Irritant and Corrosive:** Avoid contact of Auto Detect 2 with skin, eyes and mucous membranes. If this fluid comes into contact with skin or eyes, wash with water. If this fluid spills, dilute with water before wiping dry.
- I. Work surfaces, pipettes, and other equipment must be regularly decontaminated with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution.

DTS Systems Specific

- J. A separate area for DKA is strongly recommended to minimize amplicon contamination in the assay. This dedicated area should be away from the reagent preparation, target capture, and amplification area.
- K. To help prevent lab areas from becoming contaminated with amplicon, the laboratory area should be arranged with a unidirectional workflow: from reagent preparation through DKA. Specimens, equipment, and reagents should not be returned to the area where a previous step was performed. Also, personnel should not move back into previous work areas without proper contamination safeguards.

Specimen Related

- L. This assay has been tested using endocervical and male urethral swab specimens, PreservCyt solution liquid Pap specimens, vaginal swab specimens, and female and male urine specimens only. Throat and rectal swab specimens have only been validated for use with the assay on the Panther system.

Gynecologic samples collected for preparation using the ThinPrep 2000 system or ThinPrep 5000 system should be collected using broom-type or endocervical brush/plastic spatula combination collection devices.
- M. Expiration dates listed on the collection kits pertain to the collection site and not the testing facility. Samples collected any time prior to the expiration date of the collection kit, and transported and stored in accordance with the package insert, are valid for testing even if the expiration date on the collection tube has passed.
- N. The PreservCyt solution has been validated as an alternative medium for testing with Aptima Combo 2 assay. PreservCyt solution liquid Pap specimens processed using the ThinPrep 3000 processor or other instruments have not been evaluated to test for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* using Aptima Combo 2 assay.
- O. After urine has been added in the urine transport tube, the liquid level must fall between the two black indicator lines on the tube label. Otherwise, the specimen must be rejected.
- P. Maintain proper storage conditions during specimen shipping to ensure the integrity of the specimen. Specimen stability under shipping conditions other than those recommended has not been evaluated.
- Q. Specimens may be infectious. Use Universal Precautions when performing this assay. Proper handling and disposal methods should be established by the laboratory director. Only personnel adequately trained in handling infectious materials should be permitted to perform this diagnostic procedure.
- R. Avoid cross-contamination during the specimen handling steps. Specimens can contain extremely high levels of organisms. Ensure that specimen containers do not contact one

another, and discard used materials without passing over open containers. Change gloves if they come in contact with specimen.

- S. If the lab receives a swab specimen transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by Hologic, the specimen must be rejected. Prior to rejecting a swab transport tube with no swab, verify that it is not an Aptima™ Specimen Transfer Tube as this specimen transport tube will not contain a swab.
- T. For PreservCyt solution liquid Pap specimens, collect according to the manufacturer's instructions. Aliquots subsequently removed from the PreservCyt solution vial for testing by the Aptima Combo 2 assay should be processed using only the Aptima™ Specimen Transfer Kit.
- U. Upon piercing, liquid can discharge from Aptima transport tube caps under certain conditions. Follow instructions in the appropriate *Test Procedure* to prevent this occurrence.




Assay Related

- V. The performance of the Aptima Combo 2 assay has not been evaluated in adolescents less than 14 years of age.
- W. Do not use this kit after its expiration date.
- X. Do not interchange, mix, or combine assay reagents from kits with different lot numbers. Aptima controls and assay fluids can be from different lot numbers.

DTS Systems Specific

- Y. Tips with hydrophobic plugs must be used. A minimum of two repeat pipettors must be dedicated for use with this assay: one for use in the target capture and amplification steps, and one for use in the DKA steps. Two micropipettors must be dedicated for use in this assay: one for use in specimen transfer and one for use in reagent preparation. All pipettors must be cleaned regularly as described in *DTS Systems Test Procedure, Procedural Notes*.
- Z. When using repeat pipettors for reagent addition, do not touch the tube with the pipette tip to prevent carryover from one tube to another.
- AA. Adequate mixing is necessary to achieve accurate assay results. For complete details, see *DTS Systems Test Procedure, Procedural Notes*.
- AB. Separate water baths must be dedicated for the target capture, amplification, and DKA steps in the assay.
- AC. Sealing cards should be disposed of in the waste container immediately after removing them from reaction tubes. Fresh sealing cards should always be used: they should never be re-used from a previous step. Sealing cards should be firmly fixed to the top of all reaction tubes.
- AD. Some reagents of this kit are labeled with risk and safety symbols.

Note: For information on any hazard and precautionary statements that may be associated with reagents, refer to the Safety Data Sheet Library at www.hologicsds.com. For more information on the symbols, refer to the symbol legend on www.hologic.com/package-inserts.

Canada Hazard Information	
	<p>Buffer for Deactivation Fluid <i>Sodium Hydroxide 1 - 5%</i> <i>Sodium Hypochlorite < 1%</i></p> <p>WARNING H315 - Causes skin irritation P264 - Wash face, hands and any exposed skin thoroughly after handling P280 - Wear protective gloves/protective clothing/eye protection/face protection</p>
	<p>Aptima Oil <i>Polydimethylsiloxane 95 - 100%</i></p> <p>WARNING H315 - Causes skin irritation H319 - Causes serious eye irritation P264 - Wash face, hands and any exposed skin thoroughly after handling P280 - Wear protective gloves/protective clothing/eye protection/face protection</p>
	<p>Selection Reagent <i>Boric Acid 1 - 5%</i></p> <p>WARNING H315 - Causes skin irritation P264 - Wash face, hands and any exposed skin thoroughly after handling P280 - Wear protective gloves/protective clothing/eye protection/face protection</p>
—	<p>Target Capture Reagent <i>HEPES 5 - 10%</i> <i>EDTA 1 - 5%</i> <i>Lithium Hydroxide, Monohydrate 1 - 5%</i></p> <p>— Harmful to aquatic life with long lasting effects. Harmful to aquatic life.</p>

Reagent Storage and Handling Requirements

- A. The following table shows the storage conditions and stability for reagents and controls.

Reagent	Unopened Storage	Open Kit (Reconstituted)	
		Storage	Stability
Amplification Reagent	2°C to 8°C	N/A	N/A
Enzyme Reagent	2°C to 8°C	N/A	N/A
Probe Reagent	2°C to 8°C	N/A	N/A
Target Capture Reagent B	2°C to 8°C	N/A	N/A
Amplification Reconstitution Solution	2°C to 30°C	2°C to 8°C	30 days
Enzyme Reconstitution Solution	2°C to 30°C	2°C to 8°C	30 days
Probe Reconstitution Solution	2°C to 30°C	2°C to 8°C	30 days
Selection Reagent	2°C to 30°C	2°C to 30°C	N/A
Target Capture Reagent	15°C to 30°C	15°C to 30°C	30 days
Positive Control, CT / Negative Control GC	2°C to 8°C	N/A	Single Use Vial
Positive Control, GC/ Negative Control CT	2°C to 8°C	N/A	Single Use Vial

- B. The following reagents are stable when stored at 15°C to 30°C (room temperature):

Target Capture Reagent

Wash Solution

Buffer for Deactivation Fluid

Oil Reagent

- C. Working Target Capture Reagent (wTCR) is stable for 30 days when stored at 15°C to 30°C. Do not refrigerate.
- D. After reconstitution, the Enzyme Reagent, Amplification Reagent, and Probe Reagent are stable for 30 days when stored at 2°C to 8°C.
- E. Discard any unused reconstituted reagents and wTCR after 30 days or after the Master Lot expiration date passes, whichever comes first.
- F. Controls are stable until the date indicated on the vials.
- G. Reagents stored on-board the Tigris DTS system have 48 hours of on-board stability.
- H. Reagents stored on-board the Panther system have 72 hours of on-board stability.
- I. The Probe Reagent and Reconstituted Probe Reagent are photosensitive. Store the reagents protected from light. The specified reconstituted stability is based on 12 hours exposure of the Reconstituted Probe Reagent to two 60W fluorescent bulbs, at a distance of 17 inches (43 cm), and temperature less than 30°C. Light exposure of the Reconstituted Probe Reagent should be limited accordingly.
- J. Upon warming to room temperature, some control tubes may appear cloudy or contain precipitates. Cloudiness or precipitation associated with controls does not affect control performance. The controls may be used whether they are clear or cloudy/precipitated. If clear controls are desired, solubilization may be expedited by incubating them at the upper end of the room temperature range (15°C to 30°C).
- K. Do not freeze the reagents.

Specimen Collection and Storage

Note: Handle all specimens as if they contain potentially infectious agents. Use Universal Precautions.

Note: Take care to avoid cross-contamination during sample handling steps. For example, discard used material without passing over open tubes.

The Aptima Combo 2 assay is designed to detect the presence of CT and GC in the following specimens: vaginal swab, endocervical swab, male urethral swab, throat swab, and rectal swab specimens, PreservCyt solution liquid Pap specimens, and in female and male urine specimens. Performance with specimens other than those collected with the following specimen collection kits has not been evaluated:

- Aptima™ Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens
- Aptima™ Urine Collection Kit for Male and Female Urine Specimens
- Aptima Multitest Swab Specimen Collection Kit
- Aptima Specimen Transfer Kit (for use with gynecologic samples collected in PreservCyt solution)

A. Instructions for Collection

Refer to the appropriate specimen collection kit package insert for collection instructions.

B. Specimen Transport and Storage Before Testing

1. Urogenital Swab Specimens

- a. After collection, transport and store the swab in the swab specimen transport tube at 2°C to 30°C until tested. Specimens must be assayed with the Aptima Combo 2 assay within 60 days of collection.
- b. If longer storage is needed, freeze urogenital specimens in the swab specimen transport tube within 7 days of collection at –20°C to –70°C to allow testing up to 12 months after collection (see *Specimen Stability Studies*).

2. Extragenital (throat and rectal) Swab Specimens

- a. After collection, transport and store the swab in the swab specimen transport tube between 4°C and 30°C, or –20°C and –70°C until tested. Specimens must be assayed with the Aptima Combo 2 assay within 60 days of collection (see *Extragenital Specimen Handling and Stability Study*).

3. Urine Specimens

- a. Maintain urine specimen at 2°C to 30°C after collection and transfer to the Aptima urine specimen transport tube within 24 hours of collection. Transport to the lab in the primary collection container or the transport tube at 2°C to 30°C. Store at 2°C to 30°C and test the processed urine specimens with the Aptima Combo 2 assay within 30 days of collection.
- b. If longer storage is needed, freeze urine specimens in the Aptima urine specimen transport tube within 7 days of collection at –20°C to –70°C to allow testing up to 12 months after collection (see *Specimen Stability Studies*).

4. PreservCyt Solution Liquid Pap Specimens

- a. PreservCyt solution liquid Pap specimens intended for CT and/or GC testing must be processed for cytology and/or transferred to an Aptima specimen transfer tube within 30 days of collection when stored at 2°C to 30°C (see *Specimen Stability Studies*).

- b. If the ThinPrep Aliquot Removal procedure will be used, refer to the *ThinPrep 2000, ThinPrep 3000, or ThinPrep 5000 Processor Operator's Manual—Addendum* for instructions on aliquot removal. Transfer 1 mL of the removed aliquot into an Aptima specimen transfer tube according to the instructions in the Aptima Specimen Transfer Kit package insert.
- c. If testing the specimen after processing using the ThinPrep 2000 or ThinPrep 5000 processor, process the PreservCyt solution liquid Pap specimen in accordance with the *ThinPrep 2000 or ThinPrep 5000 Processor Operator's Manual* and the Aptima Specimen Transfer Kit package insert. Transfer 1 mL of the fluid remaining in PreservCyt solution vial into an Aptima specimen transfer tube according to the instructions in the Aptima Specimen Transfer Kit package insert.
- d. Once the PreservCyt solution liquid Pap specimen is transferred to the Aptima specimen transfer tube, the specimen must be assayed with the Aptima Combo 2 assay within 30 days when stored at 2°C to 8°C or 14 days when stored at 15°C to 30°C. If longer storage is needed, freeze specimen within 7 days of transfer to the Aptima specimen transfer tube at –20°C to –70°C to allow testing up to 12 months after transfer (see *Specimen Stability Studies*).

C. Specimen Storage After Testing

1. Specimens that have been assayed must be stored upright in a rack.
2. The specimen transport tubes should be covered with a new, clean plastic film or foil barrier.
3. If assayed samples need to be frozen or shipped, remove penetrable cap and place new non-penetrable caps on the specimen transport tubes. If specimens need to be shipped for testing at another facility, recommended temperatures must be maintained. Prior to uncapping previously tested and recapped samples, specimen transport tubes must be centrifuged for 5 minutes at 420 Relative Centrifugal Force (RCF) to bring all of the liquid down to the bottom of the tube. **Avoid splashing and cross-contamination.**

Note: *Specimens must be shipped in accordance with applicable national and international transportation regulations.*

DTS Systems

Reagents for the Aptima Combo 2 assay for CT and GC are listed below for the DTS systems. Reagent Identification Symbols are also listed next to the reagent name.

Reagents and Materials Provided

Aptima Combo 2 Assay Kit, 100 tests (2 boxes) (Cat. No. 301032)

Aptima Combo 2 Refrigerated Box (Box 1 of 2)
(store at 2°C to 8°C upon receipt)

Symbol	Component	Quantity
A	Amplification Reagent <i>Non-infectious nucleic acids dried in buffered solution containing < 5% bulking agent.</i>	1 vial
E	Enzyme Reagent <i>Reverse transcriptase and RNA polymerase dried in HEPES buffered solution containing < 10% bulking reagent.</i>	1 vial
P	Probe Reagent <i>Non-infectious chemiluminescent DNA probes dried in succinate buffered solution containing < 5% detergent.</i>	1 vial
TCR-B	ATarget Capture Reagent B <i>Non-infectious nucleic acids in buffered solution containing < 5% detergent.</i>	1 x 0.35 mL
PCT/ NGC	Positive Control, CT / Negative Control, GC <i>Non-infectious CT nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 1 CT IFU (5 fg/assay*).</i>	3 x 1.7 mL
PGC/ NCT	Positive Control, GC / Negative Control, CT <i>Non-infectious GC nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 50 GC cells (250 fg/assay*).</i>	3 x 1.7 mL

*The rRNA equivalents were calculated based on the genome size and estimated DNA:RNA ratio/cell of each organism.

Also included in the refrigerated box are the following (Storage Tray):
(store at 2°C to 30°C upon receipt)

Symbol	Component	Quantity
AR	Amplification Reconstitution Solution <i>Aqueous solution containing preservatives.</i>	1 x 9.3 mL
ER	Enzyme Reconstitution Solution <i>HEPES buffered solution containing a surfactant and glycerol.</i>	1 x 3.3 mL
PR	Probe Reconstitution Solution <i>Succinate buffered solution containing < 5% detergent.</i>	1 x 12.4 mL

Also included in the refrigerated box are the following (Storage Tray):
(store at 2°C to 30°C upon receipt)

Symbol	Component	Quantity
S	Selection Reagent <i>600 mM borate buffered solution containing surfactant.</i>	1 x 31 mL
	Reconstitution Collars	3
	Sealing Cards	1 package

Aptima Combo 2 Room Temperature Box (Box 2 of 2)
(store at 15°C to 30°C upon receipt)

Symbol	Component	Quantity
TCR	Target Capture Reagent <i>Buffered salt solution containing solid phase and capture oligomers.</i>	1 x 22 mL
W	Wash Solution <i>10 mM HEPES buffered solution containing < 2% detergent.</i>	1 x 402 mL
DF	Buffer for Deactivation Fluid <i>800 mM bicarbonate buffered solution.</i>	1 x 402 mL
O	Oil Reagent <i>Silicone Oil.</i>	1 x 24.6 mL

Materials Required and Available Separately

Note: Materials available from Hologic have catalog numbers listed, unless otherwise specified.

	<u>Cat. No.</u>
Leader™ HC+ Luminometer	104747-01
Hologic Target Capture System (TCS)	104555
Incubators and vortexers:	
2 Multi-tube vortex mixers	102160G
3 Circulating water baths (62°C ± 1°C, 42°C ± 1°C, 62°C ± 1°C)	104586
3 Water bath spacers	104627
OR	
2 SB100™ Dry Heat Bath/Vortexers	105524
Additional SB100 baths may be required as test volume increases	
Aptima Auto Detect Kit	301048
2 eppendorf Repeater pipettors	MME-02362
2 pipettors, 1000 µL RAININ PR1000	901715
Eppendorf pipettor, 20 µL to 200 µL	105726
Repeat pipettor tips, 2.5 mL	21-381-329 (Fisher)
Repeat pipettor tips, 5.0 mL	21-381-330 (Fisher)
Repeat pipettor tips, 25.0 mL	21-381-115 (Fisher)

	<u>Cat. No.</u>
Tips, P1000 Style <i>special diameter tip only available from Hologic</i>	105049
Pipette tips 20 µL to 200 µL	705512 (Fisher)
Ten Tube Units (TTU)	TU0022
Ten Tip Cassettes (TTC)	104578
Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens	301041
Aptima Urine Specimen Collection Kit for Male and Female Urine Specimens	301040
Aptima Urine Specimen Transport Tubes	105575
Aptima Multitest Swab Specimen Collection Kit	PRD-03546
Aptima Specimen Transfer Kit	301154C
Aptima Specimen Transfer Kit - printable	PRD-05110
SysCheck calibration standard	301078
Bleach, 5% to 8.25% (0.7 M to 1.16 M) sodium hypochlorite solution	—
Standard urine collection containers, without preservatives	—
Large-capped plastic container	—
Aptima penetrable caps	105668
Replacement non-penetrable caps	103036A

Optional Materials

	<u>Cat. No.</u>
Hologic Bleach Enhancer for Cleaning <i>for routine cleaning of surfaces and equipment</i>	302101
Aptima Controls Kit	301110
Aptima Assay Fluids <i>(Aptima Wash Solution, Aptima Buffer for Deactivation Fluid, and Aptima Oil Reagent)</i>	302002C
Tips, 1000 µL conductive, liquid sensing	10612513 (Tecan)
TECAN Freedom EVO 100/4	900932
<i>DTS 800 Systems Aptima Combo 2 Deck Plate</i>	<i>105200G</i>
<i>Reagent reservoir (40 mL quarter module)</i>	<i>104765</i>
<i>Split reagent reservoir (19 mL x 2 quarter module)</i>	<i>104763</i>
Lint-free Wipes	—
Plastic-backed Bench Covers	—

DTS Systems Test Procedure

A. Equipment Preparation

1. Adjust one water bath to $62^{\circ}\text{C} \pm 1^{\circ}\text{C}$ (for target capture, and primer annealing), a second water bath to $42^{\circ}\text{C} \pm 1^{\circ}\text{C}$ (for amplification), and a third water bath to $62^{\circ}\text{C} \pm 1^{\circ}\text{C}$ (for DKA). If using the SB100 Dry Heat Bath/Vortexer, refer to the *SB100 Dry Heat Bath/Vortexer Application Sheet (SB100 Application Sheet)*.
2. Prior to starting the assay, wipe down work surfaces and pipettors with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution. Allow the sodium hypochlorite solution to contact surfaces and pipettors for at least 1 minute and then follow with a deionized water rinse. Do not allow the sodium hypochlorite solution to dry. Cover the bench surface on which the test will be performed with clean, plastic-backed absorbent laboratory bench covers.
3. Place a sufficient number of Ten Tip Cassettes into the Target Capture System (TCS). Ensure that the TCS wash bottle is filled with Wash Solution and the aspiration manifold is connected to the vacuum pump. (Refer to the *Target Capture System Operator's Manual*.)

B. Reagent Reconstitution

Note: *Reagent reconstitution should be performed prior to beginning specimen transfer.*

1. To reconstitute Amplification, Enzyme, and Probe Reagents, combine the bottles of lyophilized reagent with the reconstitution solution. If refrigerated, allow the reconstitution solutions to reach room temperature before use.
 - a. Pair the appropriate reconstitution solution with the lyophilized reagent. The labels are color coded so that they can be paired correctly.
 - b. Open the lyophilized reagent glass vial and firmly insert the notched end of the reconstitution collar into the glass vial opening (Figure 1 Step 1).
 - c. Open the matching reconstitution solution bottle, and set the cap on a clean, covered work surface.
 - d. While holding the reconstitution solution bottle on the bench, firmly insert the other end of the reconstitution collar into the reconstitution solution bottle opening (Figure 1, Step 2).
 - e. Slowly invert the assembled bottle and vial. Allow the solution to drain from the reconstitution solution bottle into the glass vial (Figure 1, Step 3).
 - f. Gently swirl the solution in the vial. Avoid creating foam while swirling the vial (Figure 1, Step 4).
 - g. Wait for the lyophilized reagent to go into solution, then invert the assembled bottle and vial again, tilting at a 45° angle to minimize foaming (Figure 1, Step 5). Allow all of the liquid to drain back into the reconstitution solution bottle.
 - h. Remove the reconstitution collar from the bottle (Figure 1, Step 6).
 - i. Recap the reconstitution solution bottle. Record operator initials and reconstitution date on the label (Figure 1, Step 7).
 - j. Discard the reconstitution collar and vial (Figure 1, Step 8).

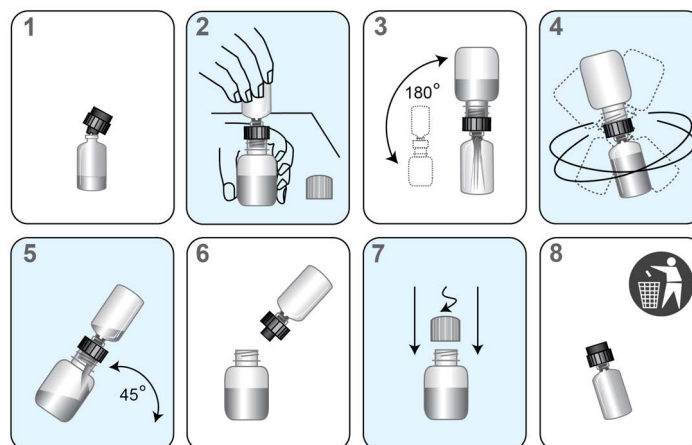


Figure 1. DTS Systems Reconstitution Process

2. Previously reconstituted Amplification, Enzyme, and Probe Reagents must reach room temperature (15°C to 30°C) prior to the start of the assay. If Probe Reagent contains precipitate that does not return to solution at room temperature, heat at 62°C for 1 to 2 minutes. After this heat step, the Probe Reagent may be used even if residual precipitate remains. After resuspension, mix by gentle inversion, being careful not to induce foam.

Note: This inversion step should be performed any time that the precipitate is being brought into solution, whether by heating at 62°C or by warming at room temperature.

3. Prepare Working Target Capture Reagent (wTCR)
 - a. Transfer 20 mL of TCR to an appropriately sized, dedicated, clean, dry container.
 - b. Using a micropipettor, add 200 µL of TCR-B into the TCR.
 - c. Thoroughly mix the solution by swirling.
 - d. Label the container. Record operator initials, preparation date, and both lot numbers.

Note: For a smaller number of reactions (specimens and controls), use the following to calculate volumes of TCR and TCR-B:

$$\text{Volume of TCR (mL)} = (\text{number of reactions} + 5 \text{ extra reactions}) \times 0.1 \text{ mL}$$

$$\text{Volume of TCR-B (mL)} = \text{Volume of TCR (mL)} / 100$$

C. Target Capture

The repeat pipettor used in target capture and amplification should be dedicated for use in these steps only. See *Warnings and Precautions* for more information.

Rack Setup

1. Allow the controls and specimens to reach room temperature prior to processing.
2. Do not vortex specimens.
3. Visually confirm that each specimen tube meets one of the following criteria:
 - a. The presence of a single blue Aptima collection swab in a unisex swab specimen transport tube.
 - b. The presence of a single pink Aptima collection swab in a multitest or vaginal swab specimen transport tube.

- c. A final volume of urine between the black fill lines of a urine specimen transport tube.
 - d. The absence of a swab in the Aptima specimen transport tube for PreservCyt solution liquid Pap specimens.
4. Inspect specimen tubes before piercing them:
 - a. If a specimen tube contains bubbles in the space between the liquid and the cap, centrifuge the tube for 5 minutes at 420 RCF to eliminate the bubbles.
 - b. If a specimen tube has a lower volume than typically observed when collection instructions have been followed, centrifuge the tube for 5 minutes at 420 RCF to ensure that no liquid is in the cap.
 - c. If the liquid level in a urine specimen tube is not between the two black indicator lines on the label, the specimen must be rejected. Do not pierce an overfilled tube.
 - d. If a urine specimen tube contains precipitate, heat the specimen at 37°C for up to 5 minutes. If the precipitate does not go back into solution, visually ensure that the precipitate does not prevent delivery of the specimen.

Note: Failure to follow Steps 4a–c may result in liquid discharge from the specimen tube cap.

5. If specimens with standard (non-penetrable) caps are to be tested, they must be centrifuged for 5 minutes at 420 RCF (Relative Centrifugal Force) to bring all of the liquid down to the bottom of the tube before uncapping. **Avoid splashing and cross-contamination.**
6. In the Ten Tube Unit (TTU) rack, place enough TTUs to accommodate the controls and specimens.
7. If a worklist is desired, create the worklist at this point. For instructions on creating a worklist, refer to the *Aptima Assay Software Operator's Manual*.
8. Thoroughly mix wTCR. Using the repeat pipettor, add 100 µL into each reaction tube.
9. To work properly with the Aptima assay software, the Positive Control, CT/Negative Control, GC must be in the first position of the first TTU.
 - a. Hold the Positive Control, CT / Negative Control, GC tube in one hand or keep it in a rack. This label is pink. The label text is "CONTROL + CT PCT / CONTROL – GC NGC". Using a micropipettor, pierce the cap, taking care not to drive the tip into the bottom of the tube. Add 400 µL of the Positive Control, CT / Negative Control, GC to the first reaction tube.
 - b. In the same manner and using a new pipette tip, add 400 µL of the Positive Control, GC / Negative Control, CT to the second reaction tube. The label for the second control is blue-green. The label text is "CONTROL + GC PGC / CONTROL – CT NCT".
10. Continue the rack setup procedure by adding 400 µL of each specimen into the remaining reaction tubes. Use a new pipette tip for each specimen and control. The acceptable volume of specimen or control added to a reaction tube is 400 µL ± 100 µL. See *Procedural Notes, Control and Specimen Pipetting* for more information.

Target Capture

Use of the Hologic Target Capture System is described in the *Target Capture System Operator's Manual*. If using the SB100 Dry Heat Bath/Vortexer, refer to the *SB100 Application Sheet*.

11. Cover the TTUs with sealing cards and shake the rack gently by hand. **Do not vortex.** Incubate the rack at 62°C ± 1°C in a water bath for 30 ± 5 minutes.
12. Remove the rack from the water bath and blot the bottoms of the tubes dry on absorbent material.
13. Ensure the sealing cards are firmly seated. If necessary, replace them with new sealing cards and seal the TTUs tightly.
14. Vortex the rack for 60 seconds on the multi-tube vortex mixer. See *Procedural Notes, Vortexing* for details. Begin vortexing within 2 minutes of removal of the rack from the water bath.
15. Without removing the sealing cards, incubate the rack at room temperature for 30 ± 5 minutes.
16. Place the rack on the TCS magnetic base for 5 to 10 minutes.
17. Prime the dispense station pump line by pumping Wash Solution through the dispense manifold. Pump enough liquid through the system so that there are no air bubbles in the line and that all ten nozzles are delivering a steady stream of liquid.
18. Turn on the vacuum pump and disconnect the aspiration manifold at the first connector between the aspiration manifold and the trap bottle. Ensure that the vacuum gauge meets the leak test specification.² It may take 15 seconds to achieve this reading. Reconnect the aspiration manifold, and ensure that the vacuum gauge meets the vacuum level specification. Leave the vacuum pump on until all target capture steps are completed and the aspiration manifold tubing is dry.
19. Firmly attach the aspiration manifold to the first set of tips. Aspirate all liquid by lowering the tips into the first TTU until the tips come into brief contact with the bottoms of the tubes. Do not hold the tips in contact with the bottoms of the tubes.
20. After the aspiration is complete, eject the tips into their original TTC. Repeat the aspiration steps for the remaining TTUs, using a dedicated tip for each specimen.
21. Place the dispense manifold over each TTU and, using the dispense station pump, deliver 1.0 mL of Wash Solution into each tube of the TTU.
22. Cover the tubes with a sealing card and remove the rack from the TCS magnetic base. Vortex the rack once on the multi-tube vortex mixer. See *Procedural Notes, Vortexing* for details.
23. Place the rack on the TCS magnetic base for 5 to 10 minutes.
24. Aspirate all liquid as in Steps 19 and 20.
25. After the final aspiration, remove the rack from the TCS magnetic base and visually inspect the tubes to ensure that all liquid has been aspirated, and all tubes contain magnetic particle pellets. If any liquid is visible, place the rack back on the TCS magnetic base for 2 minutes, and repeat the aspiration for that TTU using the same tips used previously for each specimen.

Note: *If a magnetic particle pellet is visible after aspiration is completed, the tube may be accepted. If no pellet is visible, the specimen should be retested. If the same specimen does not contain a magnetic particle pellet at this step in a subsequent run, this may indicate a specimen-specific problem. Re-collection of the specimen is recommended in this situation.*

² See the Target Capture System Vacuum Specifications Sheet located at the back of the *Target Capture System Operator's Manual* or contact Technical Support.

D. Amplification

If using the SB100 Dry Heat Bath/Vortexer, refer to the *SB100 Application Sheet*.

1. Using the repeat pipettor, add 75 μL of the reconstituted Amplification Reagent to each reaction tube. All reaction mixtures in the rack should now be red.
2. Using the repeat pipettor, add 200 μL of Oil Reagent to each reaction tube.
3. Cover the tubes with a sealing card and vortex them on the multi-tube vortex mixer.
4. Incubate the rack in a water bath at $62^{\circ}\text{C} \pm 1^{\circ}\text{C}$ for 10 ± 5 minutes.
5. Transfer the rack into a water bath at $42^{\circ}\text{C} \pm 1^{\circ}\text{C}$ and incubate for 5 ± 2 minutes.
6. With the rack in the water bath, carefully remove the sealing card and, using the repeat pipettor, add 25 μL of the reconstituted Enzyme Reagent to each reaction tube. All reaction mixtures should now be orange.
7. Immediately cover the tubes with a fresh sealing card, remove the rack from the water bath, and mix the reaction tubes by gently shaking the rack by hand.
8. Incubate the rack in a water bath at $42^{\circ}\text{C} \pm 1^{\circ}\text{C}$ for 60 ± 15 minutes.

E. Dual Kinetic Assay (DKA)

If using the SB100 Dry Heat Bath/Vortexer, refer to the *SB100 Application Sheet*.

The repeat pipettor used in the hybridization and selection steps should be dedicated for use in these steps only. See *Warnings and Precautions*.

1. Hybridization

- a. Remove the rack from the water bath and transfer to the DKA area. Using the repeat pipettor, add 100 μL of the reconstituted Probe Reagent to each reaction tube. All reaction mixtures should now be yellow.
- b. Cover the tubes with a sealing card and vortex the rack on the multi-tube vortex mixer.
- c. Incubate the rack in a $62^{\circ}\text{C} \pm 1^{\circ}\text{C}$ water bath for 20 ± 5 minutes.
- d. Remove the rack from the water bath and incubate at room temperature for 5 ± 1 minutes.

2. Selection

- a. Using the repeat pipettor, add 250 μL of Selection Reagent to each reaction tube. All reaction mixtures should now be red.
- b. Cover the tubes with a sealing card, vortex the rack for 10 seconds or until the color is uniform, and incubate the rack in a water bath at $62^{\circ}\text{C} \pm 1^{\circ}\text{C}$ for 10 ± 1 minutes.
- c. Remove the rack from the water bath.

3. Detection

Detection must be performed at 18°C to 28°C .

- a. Incubate the rack at 18°C to 28°C for 15 ± 3 minutes.

Note: *This temperature range is critical for assay performance.*

- b. For use of the Leader HC+ Luminometer and the Aptima assay software, refer to the *Leader HC+ Luminometer Operator's Manual* and the *Aptima Assay Software Operator's Manual*.
- c. Ensure there are sufficient volumes of Auto Detect 1 and 2 to complete the tests.
- d. Prepare the Leader HC+ Luminometer by placing one empty TTU in cassette position number 1 and performing the **Wash** protocol.

- e. Load the TTUs into the luminometer.
- f. Log on to the computer. Click **New Run**, select the **Aptima Combo 2** assay protocol, and enter the number of tubes (controls and specimens). Click **Next** to begin the run.

Note: *The run must be completed within 2 hours of the end of the selection step incubation.*

- g. Prepare deactivation fluid by mixing equal volumes of 5% to 8.25% (0.7 M to 1.16 M) sodium hypochlorite solution and Buffer for Deactivation Fluid in a large-capped plastic container. Label and write the expiration date on the plastic container. Deactivation fluid is stable for 4 weeks at room temperature. Discard Deactivation fluid after 4 weeks or after 100 processed samples have been deactivated (whichever comes first).
- h. After removing the used TTUs from the luminometer, place the TTUs into the container of Deactivation fluid. Allow the TTUs to sit in the container for 15 minutes before disposal. Proper handling and disposal methods should be established by the laboratory director.

Procedural Notes

A. Controls

To work properly with the Aptima assay software, the Positive Control, CT / Negative Control, GC must be in the first position of the first TTU. This control label is pink. The label text is "CONTROL + CT PCT / CONTROL – GC NGC". The Positive Control GC / Negative Control CT must be in the second position of the first TTU. This control label is blue-green. The label text is "CONTROL + GC PGC / CONTROL – CT NCT". Placement in the wrong position will cause the run to fail. Any additional controls must be entered as patient specimens and monitored by the operator for acceptability.

B. Control and Specimen Pipetting

The volume of control or specimen added to the reaction tube should be 400 $\mu\text{L} \pm 100 \mu\text{L}$. Visual inspection of the volume pipetted into the reaction tube is recommended to ensure proper volume transfer. Proper control or specimen volume is needed to provide accurate results. If the proper volume has not been pipetted, re-pipette the wTCR and the control or specimen into a new reaction tube.

C. Reagents

Probe Reconstitution Solution may precipitate during storage. If this occurs, heat the Probe Reconstitution Solution at 62°C for 1 to 2 minutes. After this heat step, the Probe Reconstitution Solution may be used even if residual precipitate remains. After resuspension, mix the vial by gentle inversion, being careful not to induce foam.

D. Temperature

1. The target capture, amplification, hybridization, and selection steps are temperature dependent. Therefore, it is imperative that the water baths be maintained within their specified temperature ranges.
2. Room temperature is defined as 15°C to 30°C.
3. The detection steps in the assay must be carried out at 18°C to 28°C.

E. Time

The target capture, amplification, hybridization, and selection reactions are all time dependent. Adhere to the times specified in the *DTS Systems Test Procedure*.

F. Vortexing

Proper vortexing is important to the successful performance of the Aptima Combo 2 assay. When adequate vortexing motion is achieved, the suspension rotates at a rate that raises the solution into the upper half of the tube. This manipulation (vortexing) is maintained for specified periods of time. To vortex reactions, set the multi-tube vortex mixer speed to the lowest setting, secure the rack, and turn on power. Slowly increase speed until the liquid rises halfway up the tube. Vortex for 10 seconds, the indicated amount of time, or until the color is uniform. Then, turn the speed to the lowest setting before turning off the multi-tube vortex mixer and removing the rack. The reaction mixtures should never touch the sealing cards.

G. Water Baths

1. The water level in the water baths must be maintained at 1.5 inches to 2.0 inches (3.8 cm to 5 cm) deep as measured from the supporting metal tray (on the bottom of the water bath) to the surface of the water. This will ensure proper heat transfer.
2. To avoid cross-contamination, water baths should be dedicated to a specific assay step.

H. Decontamination

1. Surfaces and Pipettors

Laboratory bench surfaces and pipettors must be decontaminated regularly with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution. Allow the sodium hypochlorite solution to contact surfaces for at least 1 minute, then follow with a water rinse. Do not allow the sodium hypochlorite solution to dry. Chlorine solutions may pit equipment and metal. Thoroughly rinse equipment with water to avoid pitting.

2. TCS Aspiration Manifold

- a. Place a new TTC into the TTC rack. Turn on the vacuum pump. Attach the aspiration manifold to the tips in the TTC. Aspirate all Wash Solution remaining in the priming trough of the Wash Solution dispense station. (Move the dispense manifold out of the way.)
- b. Pour at least 100 mL of 0.5% to 0.7% (0.07 M to 0.1 M), or if preferred 2.5% to 3.5% (0.35 M to 0.5 M), sodium hypochlorite solution into the priming trough. Aspirate all of the solution through the aspiration manifold.
- c. Pour at least 100 mL of deionized water into the priming trough. Aspirate all of the water through the aspiration manifold.
- d. Eject the tips into their original TTC.
- e. Leave the vacuum pump on until the manifold tubing is dry to prevent back flow.
- f. Decontaminate the aspiration manifold surfaces as described in *TCS Unit*.

3. TCS Waste Container

When the waste bottle is 25% full or weekly, remove the waste bottle from the TCS.

- a. Turn off the vacuum pump and allow the vacuum pressure to equalize.
- b. Release the quick disconnect fittings between the waste bottle and overflow bottle, and the waste bottle and aspiration manifold.
- c. Remove the waste bottle from the vacuum trap enclosure.

- d. Remove the cap and carefully add 400 mL of 5% to 8.25% (0.7 M to 1.16 M) sodium hypochlorite solution to the bottle (or 1 L if using a 10 L waste bottle).

Note: This may be done in a fume hood to avoid the release of fumes into the laboratory.

- e. Cap the waste bottle and gently swirl the contents until fully mixed.
- f. Let the waste bottle sit for 15 minutes and then dispose of the contents (waste).
- g. Rinse the waste bottle with water to remove any remaining waste.
- h. Cap the empty waste bottle and place it in the vacuum trap enclosure. Attach the quick disconnect fitting to the TCS unit. Carefully discard both gloves.

4. TCS Unit

Wipe the surfaces of the TCS unit, aspiration manifold, and wash buffer ejector tips with paper towels moistened with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution. Follow the sodium hypochlorite step with a water rinse and then dry the surfaces completely with paper towels.

5. Racks

Submerge the racks in 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution, ensuring that they are covered by the sodium hypochlorite solution. Keep the racks submerged for 10 minutes. Longer exposure could damage the racks. Rinse the racks thoroughly with water, place the racks on a clean absorbent pad, and allow the racks to air-dry thoroughly. To prolong the life of the racks, allow the racks to dry upright, not upside-down.

I. Assay Contamination

1. The introduction of contaminating materials may occur if sufficient care is not taken during the assay protocol.
2. TTUs must be decontaminated in deactivation fluid as described under *Detection*. Do not reuse the TTUs.
3. Perform regular decontamination of equipment and work surfaces as described in *Procedural Notes, Decontamination*.
4. As in any reagent system, excess powder on some gloves may cause contamination of opened tubes. Powderless gloves are recommended.

J. Lab Contamination Monitoring Protocol for DTS Systems

There are many laboratory-specific factors that may contribute to contamination, including testing volume, workflow, disease prevalence and various other laboratory activities. These factors should be taken into consideration when contamination monitoring frequency is being established. Intervals for contamination monitoring should be established based on each laboratory's practices and procedures.

To monitor for laboratory contamination, the following procedure may be performed using the Aptima unisex swab specimen collection kit for endocervical and male urethral swab specimens:

1. Label swab transport tubes with numbers corresponding to the areas to be tested.
2. Remove the specimen collection swab (blue shaft swab with green printing) from its packaging, wet the swab in the Swab Transport Medium (STM), and swab the designated area using a circular motion.
3. Immediately insert the swab into transport tube.

4. Carefully break the swab shaft at the score line; use care to avoid splashing of the contents.
5. Recap the swab transport tube tightly.
6. Repeat Steps 2 to 5 for each area to be swabbed.
7. Test the swab using the Aptima Combo 2 assay according to the *DTS Systems Test Procedure*.

If the results are CT or GC positive or equivocal (see *Test Interpretation — QC Patient Results*), the surface may be contaminated and should be decontaminated by treating with sodium hypochlorite solution as recommended in *DTS Systems Test Procedure, Equipment Preparation*.

Note: *If contamination of the water bath is suspected, the bath water can be tested using the urine specimen test procedure, by adding 2.0 mL of the water to a urine specimen transport tube.*

K. Troubleshooting

1. Low positive control values may be caused by incorrect temperatures during various steps in the assay or by allowing the selection time in the selection step to go longer than the recommended time.
2. High backgrounds may occur if the selection time in the selection step is shortened, the selection temperature is not correct, or insufficient mixing occurs after the addition of the Selection Reagent.
3. If the Positive Control, CT / Negative Control, GC is positive or equivocal for GC, or the Positive Control, GC / Negative Control, CT is positive or equivocal for CT, see *Procedural Notes, Assay Contamination* for more information.

Tigris DTS System

Reagents for the Aptima Combo 2 assay for CT and GC are listed below for the Tigris DTS system. Reagent Identification Symbols are also listed next to the reagent name.

Reagents and Materials Provided

Aptima Combo 2 Assay Kit, 250 tests (2 boxes and 1 Controls kit) (Cat. No. 301130 and 301130B)

Aptima Combo 2 Refrigerated Box (Box 1 of 2)
(store at 2°C to 8°C upon receipt)

Symbol	Component	Quantity
A	Amplification Reagent <i>Non-infectious nucleic acids dried in buffered solution containing < 5% bulking agent.</i>	1 vial
E	Enzyme Reagent <i>Reverse transcriptase and RNA polymerase dried in HEPES buffered solution containing < 10% bulking reagent.</i>	1 vial
P	Probe Reagent <i>Non-infectious chemiluminescent DNA probes dried in succinate buffered solution containing < 5% detergent.</i>	1 vial
TCR-B	Target Capture Reagent B <i>Non-infectious nucleic acids in a buffered solution containing < 5% detergent.</i>	1 x 0.61 mL

Aptima Combo 2 Room Temperature Box (Box 2 of 2)
(store at 15°C to 30°C upon receipt)

Symbol	Component	Quantity
AR	Amplification Reconstitution Solution <i>Aqueous solution containing preservatives.</i>	1 x 27.7 mL
ER	Enzyme Reconstitution Solution <i>HEPES buffered solution containing a surfactant and glycerol.</i>	1 x 11.1 mL
PR	Probe Reconstitution Solution <i>Succinate buffered solution containing < 5% detergent.</i>	1 x 35.4 mL
S	Selection Reagent <i>600 mM borate buffered solution containing surfactant.</i>	1 x 108 mL
TCR	Target Capture Reagent <i>Buffered salt solution containing solid phase and capture oligomers.</i>	1 x 54 mL
	Reconstitution Collars	3
	Master Lot Barcode Sheet	1 sheet

Aptima Controls Kit
(store at 2°C to 8°C upon receipt)

Symbol	Component	Quantity
PCT/ NGC	Positive Control, CT / Negative Control, GC <i>Non-infectious CT nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 1 CT IFU (5 fg/assay*).</i>	5 x 1.7 mL
PGC/ NCT	Positive Control, GC / Negative Control, CT <i>Non-infectious GC nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 50 GC cells (250 fg/assay*).</i>	5 x 1.7 mL

*The rRNA equivalents were calculated based on the genome size and estimated DNA:RNA ratio/cell of each organism.

Materials Required and Available Separately

Note: Materials available from Hologic have catalog numbers listed, unless otherwise specified.

	<u>Cat. No.</u>
Tigris DTS System	105118
Aptima Assay Fluids Kit <i>(Aptima Wash Solution, Aptima Buffer for Deactivation Fluid, and Aptima Oil Reagent)</i>	302382
Aptima Auto Detect Kit	301048
Aptima System Fluid Preservative Kit	302380
Tips, 1000 µL filtered, conductive, liquid sensing, and disposable	901121 (10612513 Tecan) 903031 (10612513 Tecan) MME-04134 (30180117 Tecan)
<i>Not all products are available in all regions. Contact your representative for region-specific information.</i>	MME-04128
Tigris DTS System Run Kit containing	301191
Multi-tube Units (MTU)	104772-02
MTU-Tiplet Waste Bag Kit	900907
MTU Waste Deflectors	900931
MTU Waste Covers	105523
Aptima Specimen Transfer Kit <i>for use with specimens in PreservCyt Solution</i>	301154C
Aptima Specimen Transfer Kit - printable <i>for use with specimens in PreservCyt Solution</i>	PRD-05110
Aptima Multitest Swab Specimen Collection Kit	PRD-03546
Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens	301041
Aptima Urine Specimen Collection Kit for Male and Female Urine Specimens	301040
Aptima Urine Specimen Transport Tubes	105575

	<u>Cat. No.</u>
Bleach, 5% to 8.25% (0.7 M to 1.16 M) sodium hypochlorite solution	—
Water for the Tigris DTS System <i>consult the Tigris DTS System Operator's Manual for specifications</i>	—
Disposable gloves	—
SysCheck calibration standard	301078
Aptima penetrable caps	105668
Replacement non-penetrable caps	103036A
Replacement caps for the 250-test kits	—
<i>Amplification and Probe reagent reconstitution solutions</i>	<i>CL0041 (100 caps)</i>
<i>Enzyme Reagent reconstitution solution</i>	<i>501616 (100 caps)</i>
<i>TCR and Selection reagent</i>	<i>CL0040 (100 caps)</i>

Optional Materials

	<u>Cat. No.</u>
Aptima Controls Kit	301110
Hologic Bleach Enhancer for Cleaning <i>for routine cleaning of surfaces and equipment</i>	302101
Tube Rocker	—
Lint-free Wipes	—
Plastic-backed Bench Covers	—

Tigris DTS System Test Procedure

Note: See the *Tigris DTS System Operator's Manual* for additional Tigris DTS System procedural information.

A. Work Area Preparation

1. Clean work surfaces where reagents and samples will be prepared. Wipe down work surfaces with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution. Allow the sodium hypochlorite solution to contact surfaces for at least 1 minute and then follow with a deionized water rinse. Do not allow the sodium hypochlorite solution to dry. Cover the bench surface on which the reagents and samples will be prepared with clean, plastic-backed absorbent laboratory bench covers.

B. Reagent Reconstitution/Preparation of a New Kit

Note: Reagent reconstitution should be performed prior to beginning any work on the Tigris DTS system.

1. To reconstitute Amplification, Enzyme, and Probe Reagents, combine the bottles of lyophilized reagent with the reconstitution solution. If refrigerated, allow the reconstitution solutions to reach room temperature before use.

- a. Pair each reconstitution solution with its lyophilized reagent. Ensure that the reconstitution solution and lyophilized reagent have matching label colors before attaching the reconstitution collar.
- b. Check the lot numbers on the Master Lot Barcode Sheet to ensure that the appropriate reagents are paired.
- c. Open the lyophilized reagent glass vial and firmly insert the notched end of the reconstitution collar into the glass vial opening (Figure 2, Step 1).
- d. Open the matching reconstitution solution bottle, and set the cap on a clean, covered work surface.
- e. While holding the reconstitution solution bottle on the bench, firmly insert the other end of the reconstitution collar into the reconstitution solution bottle opening (Figure 2, Step 2).
- f. Slowly invert the assembled bottles. Allow the solution to drain from the reconstitution solution bottle into the glass vial (Figure 2, Step 3).
- g. Gently swirl the solution in the vial to mix. Avoid creating foam while swirling the vial (Figure 2, Step 4).
- h. Wait for the lyophilized reagent to go into solution, then invert the assembled bottles again, tilting at a 45° angle to minimize foaming (Figure 2, Step 5). Allow all of the liquid to drain back into the reconstitution solution bottle.
- i. Remove the reconstitution collar and glass vial (Figure 2, Step 6).
- j. Recap the reconstitution solution bottle. Record operator initials and reconstitution date on the label (Figure 2, Step 7).
- k. Discard the reconstitution collar and glass vial (Figure 2, Step 8).

Warning: Avoid creating foam when reconstituting reagents. Foam compromises the level-sensing in the Tigris DTS system.

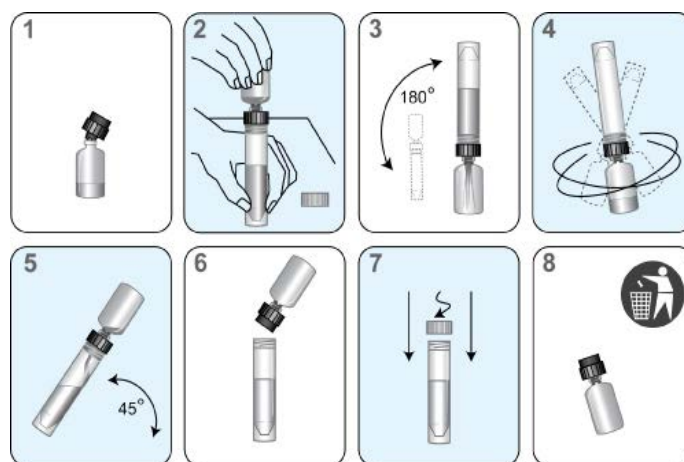


Figure 2. Tigris DTS System or Panther System Reconstitution Process

2. Prepare Working Target Capture Reagent (wTCR)
 - a. Pair the appropriate bottles of TCR and TCR-B.
 - b. Check the reagent lot numbers on the Master Lot Barcode Sheet to make sure that the appropriate reagents in the kit are paired.
 - c. Open the bottle of TCR, and set the cap on a clean, covered work surface.

- d. Open the bottle of TCR-B and pour the entire contents into the bottle of TCR. Expect a small amount of liquid to remain in the TCR-B bottle.
 - e. Cap the bottle of TCR and gently swirl the solution to mix the contents. Avoid creating foam during this step.
 - f. Record operator initials and the current date on the label.
 - g. Discard the TCR-B bottle and cap.
3. Prepare Selection Reagent
- a. Check the lot number on the reagent bottle to make sure that it matches the lot number on the Master Lot Barcode Sheet.
 - b. Record operator initials and the current date on the label.

Note: Thoroughly mix by gently inverting all reagents prior to loading on the system. Avoid creating foam during inversion of reagents.

C. Reagent Preparation for Previously Reconstituted Reagents

1. Previously reconstituted Amplification, Enzyme, and Probe Reagents must reach room temperature (15°C to 30°C) prior to the start of the assay.
2. If reconstituted Probe Reagent contains precipitate that does not return to solution at room temperature, heat the capped bottle at a temperature that does not exceed 62°C for 1 to 2 minutes. After this heat step, the Probe Reagent may be used even if residual precipitate remains. Mix Probe Reagent by inversion, being careful not to induce foam, prior to loading onto the system.
3. Thoroughly mix each reagent by gently inverting prior to loading on the system. Avoid creating foam during inversion of reagents.
4. Do not top off reagent bottles. The Tigris DTS system will recognize and reject bottles that have been topped off.

D. Specimen Handling

1. Allow the controls and specimens to reach room temperature prior to processing.
2. Do not vortex specimens.
3. Visually confirm that each specimen tube meets one of the following criteria:
 - a. The presence of a single blue Aptima collection swab in a unisex swab specimen transport tube.
 - b. The presence of a single pink Aptima collection swab in a multitest swab specimen transport tube.
 - c. A final volume of urine between the black fill lines of a urine specimen transport tube.
 - d. The absence of a swab in the Aptima specimen transport tube for PreservCyt solution liquid Pap specimens.
4. Inspect specimen tubes before loading into rack:
 - a. If a specimen tube contains bubbles in the space between the liquid and the cap, centrifuge the tube for 5 minutes at 420 RCF to eliminate the bubbles.
 - b. If a specimen tube has a lower volume than typically observed when collection instructions have been followed, centrifuge the tube for 5 minutes at 420 RCF to ensure that no liquid is in the cap.
 - c. If the liquid level in a urine specimen tube is not between the two black indicator lines on the label, the specimen must be rejected. Do not pierce an overfilled tube.

- d. If a urine specimen tube contains precipitate, heat the specimen at 37°C for up to 5 minutes. If the precipitate does not go back into solution, visually ensure that the precipitate does not prevent delivery of the specimen.

Note: Failure to follow Steps 4a–c may result in liquid discharge from the specimen tube cap.

Note: Up to 3 separate aliquots can be tested from each specimen tube. Attempts to pipette more than 3 aliquots from the specimen tube can lead to insufficient volume errors.

E. System Preparation

Set up the system and worklist according to instructions in the *Tigris DTS System Operator's Manual* and *Procedural Notes*.

Procedural Notes

A. Controls

1. To work properly with the Tigris Aptima assay software, front and end controls are required. The Positive Control, CT / Negative Control, GC must be in the first position and second to last position of a worklist. This control label is pink. The label text is "CONTROL + CT PCT / CONTROL – GC NGC". The Positive Control, GC / Negative Control, CT must be in the second position and last position of a worklist. This control label is blue-green. The label text is "CONTROL + GC PGC / CONTROL – CT NCT".
2. Each Aptima control tube can be tested once. Attempts to pipette more than once from the tube can lead to insufficient volume errors.

B. Temperature

Room temperature is defined as 15°C to 30°C.

C. Glove Powder

As in any reagent system, excess powder on some gloves may cause contamination of opened tubes. Powderless gloves are recommended.

D. Lab Contamination Monitoring Protocol for Tigris DTS System

There are many laboratory-specific factors that may contribute to contamination, including testing volume, workflow, disease prevalence and various other laboratory activities. These factors should be taken into consideration when contamination monitoring frequency is being established. Intervals for contamination monitoring should be established based on each laboratory's practices and procedures.

To monitor for laboratory contamination, the following procedure may be performed using the Aptima unisex swab specimen collection kit for endocervical and male urethral swab specimens:

1. Label swab transport tubes with numbers corresponding to the areas to be tested.
2. Remove the specimen collection swab (blue shaft swab with green printing) from its packaging, wet the swab in the Swab Transport Medium (STM), and swab the designated area using a circular motion.
3. Immediately insert the swab into transport tube.
4. Carefully break the swab shaft at the score line; use care to avoid splashing of the contents.
5. Recap the swab transport tube tightly.

6. Repeat Steps 2 to 5 for each area to be swabbed.

If the results are CT or GC positive or equivocal, see *Test Interpretation — QC Patient Results*. For additional Tigris DTS system-specific contamination monitoring information, see the *Tigris DTS System Operator's Manual*.

Panther System

Reagents for the Aptima Combo 2 assay for CT and GC are listed below for the Panther system. Reagent Identification Symbols are also listed next to the reagent name.

Reagents and Materials Provided**Aptima Combo 2 Assay Kit**

250 tests (2 boxes and 1 Controls kit) (Cat. No. 303094)

100 tests (2 boxes and 1 Controls kit) (Cat. No. 302923)

Aptima Combo 2 Refrigerated Box (Box 1 of 2)

(store at 2°C to 8°C upon receipt)

Symbol	Component	Quantity 250 test kit	Quantity 100 test kit
A	Amplification Reagent <i>Non-infectious nucleic acids dried in buffered solution containing < 5% bulking agent.</i>	1 vial	1 vial
E	Enzyme Reagent <i>Reverse transcriptase and RNA polymerase dried in HEPES buffered solution containing < 10% bulking reagent.</i>	1 vial	1 vial
P	Probe Reagent <i>Non-infectious chemiluminescent DNA probes dried in succinate buffered solution containing < 5% detergent.</i>	1 vial	1 vial
TCR-B	Target Capture Reagent B <i>Non-infectious nucleic acids in a buffered solution containing < 5% detergent.</i>	1 x 0.61 mL	1 x 0.30 mL

Aptima Combo 2 Room Temperature Box (Box 2 of 2)

(store at 15°C to 30°C upon receipt)

Symbol	Component	Quantity 250 test kit	Quantity 100 test kit
AR	Amplification Reconstitution Solution <i>Aqueous solution containing preservatives.</i>	1 x 27.7 mL	1 x 11.9 mL
ER	Enzyme Reconstitution Solution <i>HEPES buffered solution containing a surfactant and glycerol.</i>	1 x 11.1 mL	1 x 6.3 mL
PR	Probe Reconstitution Solution <i>Succinate buffered solution containing < 5% detergent.</i>	1 x 35.4 mL	1 x 15.2 mL
S	Selection Reagent <i>600 mM borate buffered solution containing surfactant.</i>	1 x 108 mL	1 x 43.0 mL

Aptima Combo 2 Room Temperature Box (Box 2 of 2)
(store at 15°C to 30°C upon receipt)

Symbol	Component	Quantity 250 test kit	Quantity 100 test kit
TCR	Target Capture Reagent <i>Buffered salt solution containing solid phase and capture oligomers.</i>	1 x 54 mL	1 x 26.0 mL
	Reconstitution Collars	3	3
	Master Lot Barcode Sheet	1 sheet	1 sheet

Aptima Controls Kit
(store at 2°C to 8°C upon receipt)

Symbol	Component	Quantity
PCT/ NGC	Positive Control, CT / Negative Control, GC <i>Non-infectious CT nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 1 CT IFU (5 fg/assay*).</i>	5 x 1.7 mL
PGC/ NCT	Positive Control, GC / Negative Control, CT <i>Non-infectious GC nucleic acid in a buffered solution containing < 5% detergent. Each 400 µL sample contains the estimated rRNA equivalent of 50 GC cells (250 fg/assay*).</i>	5 x 1.7 mL

*The rRNA equivalents were calculated based on the genome size and estimated DNA:RNA ratio/cell of each organism.

Materials Required and Available Separately

Note: Materials available from Hologic have catalog numbers listed, unless otherwise specified.

	<u>Cat. No.</u>
Panther System	303095
Aptima Assay Fluids Kit <i>(Aptima Wash Solution, Aptima Buffer for Deactivation Fluid, and Aptima Oil Reagent)</i>	303014 (1000 tests)
Aptima Auto Detect Kit	303013 (1000 tests)
Multi-tube units (MTUs)	104772-02
Panther Waste Bag Kit	902731
Panther Waste Bin Cover	504405
Or Panther Run Kit <i>contains MTUs, waste bags, waste bin covers, assay fluids, and auto detects</i>	303096 (5000 tests)

	<u>Cat. No.</u>
Tips, 1000 µL filtered, conductive, liquid sensing, and disposable	901121 (10612513 Tecan) 903031 (10612513 Tecan) MME-04134 (30180117 Tecan) MME-04128
<i>Not all products are available in all regions. Contact your representative for region-specific information.</i>	
Aptima Specimen Transfer Kit <i>for use with specimens in PreservCyt Solution</i>	301154C
Aptima Specimen Transfer Kit - printable <i>for use with specimens in PreservCyt Solution</i>	PRD-05110
Aptima Multitest Swab Specimen Collection Kit	PRD-03546
Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens	301041
Aptima Urine Specimen Collection Kit for Male and Female Urine Specimens	301040
Aptima Urine Specimen Transport Tubes	105575
Bleach, 5% to 8.25% (0.7 M to 1.16 M) sodium hypochlorite solution	—
Disposable gloves	—
SysCheck calibration standard	301078
Aptima penetrable caps	105668
Replacement non-penetrable caps	103036A
Replacement caps for the 250-test kits	—
<i>Amplification and Probe reagent reconstitution solutions</i>	<i>CL0041 (100 caps)</i>
<i>Enzyme Reagent reconstitution solution</i>	<i>501616 (100 caps)</i>
<i>TCR and Selection reagent</i>	<i>CL0040 (100 caps)</i>
Replacement caps for the 100-test kits	—
<i>Amplification, Enzyme, and Probe reagent reconstitution solutions</i>	<i>CL0041(100 caps)</i>
<i>TCR and Selection reagent</i>	<i>501604 (100 caps)</i>

Optional Materials

	<u>Cat. No.</u>
Aptima Controls Kit	301110
Hologic Bleach Enhancer for Cleaning <i>for routine cleaning of surfaces and equipment</i>	302101
Tube Rocker	—
Lint-free Wipes	—
Plastic-backed Bench Covers	—

Panther System Test Procedure

Note: See the *Panther System Operator's Manual* for additional Panther system procedural information.

A. Work Area Preparation

1. Clean work surfaces where reagents and samples will be prepared. Wipe down work surfaces with 2.5% to 3.5% (0.35 M to 0.5 M) sodium hypochlorite solution. Allow the sodium hypochlorite solution to contact surfaces for at least 1 minute and then follow with a water rinse. Do not allow the sodium hypochlorite solution to dry. Cover the bench surface on which the reagents and samples will be prepared with clean, plastic-backed absorbent laboratory bench covers.

B. Reagent Reconstitution/Preparation of a New Kit

Note: *Reagent reconstitution should be performed prior to beginning any work on the Panther system.*

1. To reconstitute Amplification, Enzyme, and Probe Reagents, combine the bottles of lyophilized reagent with the reconstitution solution. If refrigerated, allow the reconstitution solutions to reach room temperature before use.
 - a. Pair each reconstitution solution with its lyophilized reagent. Ensure that the reconstitution solution and reagent have matching label colors before attaching the reconstitution collar.
 - b. Check the lot numbers on the Master Lot Barcode Sheet to ensure that the appropriate reagents are paired.
 - c. Open the lyophilized reagent vial and firmly insert the notched end of the reconstitution collar into the vial opening (Figure 3, Step 1).
 - d. Open the matching reconstitution solution bottle, and set the cap on a clean, covered work surface.
 - e. While holding the reconstitution solution bottle on the bench, firmly insert the other end of the reconstitution collar into the bottle opening (Figure 3, Step 2).
 - f. Slowly invert the assembled bottles. Allow the solution to drain from the bottle into the glass vial (Figure 3, Step 3).
 - g. Gently swirl the solution in the bottle to mix. Avoid creating foam while swirling the bottle (Figure 3, Step 4).
 - h. Wait for the lyophilized reagent to go into solution, then invert the assembled bottles again, tilting at a 45° angle to minimize foaming (Figure 3, Step 5). Allow all of the liquid to drain back into the plastic bottle.

- i. Remove the reconstitution collar and glass vial (Figure 3, Step 6).
- j. Recap the plastic bottle. Record operator initials and the reconstitution date on the label (Figure 3, Step 7).
- k. Discard the reconstitution collar and glass vial (Figure 3, Step 8).

Warning: Avoid creating foam when reconstituting reagents. Foam compromises the level-sensing in the Panther system.

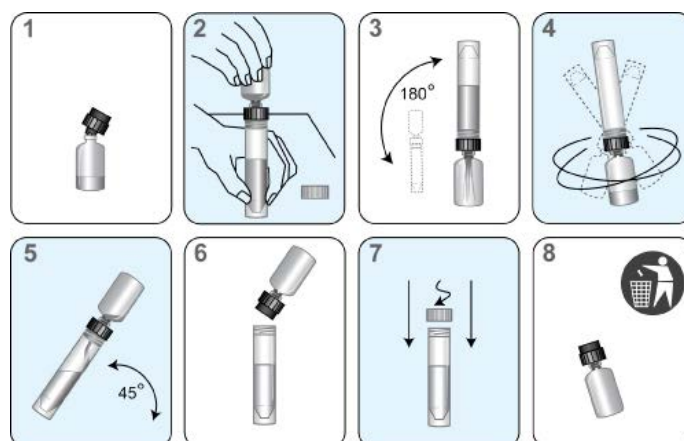


Figure 3. Tigris DTS System or Panther System Reconstitution Process

2. Prepare Working Target Capture Reagent (wTCR)
 - a. Pair the appropriate bottles of TCR and TCR-B.
 - b. Check the reagent lot numbers on the Master Lot Barcode Sheet to make sure that the appropriate reagents in the kit are paired.
 - c. Open the bottle of TCR, and set the cap on a clean, covered work surface.
 - d. Open the bottle of TCR-B and pour the entire contents into the bottle of TCR. Expect a small amount of liquid to remain in the TCR-B bottle.
 - e. Cap the bottle of TCR and gently swirl the solution to mix the contents. Avoid creating foam during this step.
 - f. Record operator initials and the current date on the label.
 - g. Discard the TCR-B bottle and cap.
3. Prepare Selection Reagent
 - a. Check the lot number on the reagent bottle to make sure that it matches the lot number on the Master Lot Barcode Sheet.
 - b. Record operator initials and the current date on the label.

Note: Thoroughly mix by gently inverting all reagents prior to loading on the system. Avoid creating foam during inversion of reagents.

C. Reagent Preparation for Previously Reconstituted Reagents

1. Previously reconstituted Amplification, Enzyme, and Probe Reagents must reach room temperature (15°C to 30°C) prior to the start of the assay.
2. If reconstituted Probe Reagent contains precipitate that does not return to solution at room temperature, heat the capped bottle at a temperature that does not exceed 62°C for 1 to 2 minutes. After this heat step, the Probe Reagent may be used even if residual

precipitate remains. Mix Probe Reagent by inversion, being careful not to induce foam, prior to loading onto the system.

3. Thoroughly mix each reagent by gently inverting prior to loading on the system. Avoid creating foam during inversion of reagents.
4. Do not top off reagent bottles. The Panther system will recognize and reject bottles that have been topped off.

D. Specimen Handling

1. Allow the controls and specimens to reach room temperature prior to processing.
2. Do not vortex specimens.
3. Visually confirm that each specimen tube meets one of the following criteria:
 - a. The presence of a single blue Aptima collection swab in a unisex swab specimen transport tube.
 - b. The presence of a single pink Aptima collection swab in a multitest swab specimen transport tube.
 - c. A final volume of urine between the black fill lines of a urine specimen transport tube.
 - d. The absence of a swab in the Aptima specimen transport tube for PreservCyt solution liquid Pap specimens.
4. Inspect specimen tubes before loading into rack:
 - a. If a specimen tube contains bubbles in the space between the liquid and the cap, centrifuge the tube for 5 minutes at 420 RCF to eliminate the bubbles.
 - b. If a specimen tube has a lower volume than typically observed when collection instructions have been followed, centrifuge the tube for 5 minutes at 420 RCF to ensure that no liquid is in the cap.
 - c. If the liquid level in a urine specimen tube is not between the two black indicator lines on the label, the specimen must be rejected. Do not pierce an overfilled tube.
 - d. If a urine specimen tube contains precipitate, heat the specimen at 37°C for up to 5 minutes. If the precipitate does not go back into solution, visually ensure that the precipitate does not prevent delivery of the specimen.

Note: Failure to follow Steps 4a–c may result in liquid discharge from the specimen tube cap.

Note: Up to 4 separate aliquots can be tested from each specimen tube. Attempts to pipette more than 4 aliquots from the specimen tube can lead to processing errors.

E. System Preparation

1. Set up the system according to the instructions in the *Panther System Operator's Manual* and *Procedural Notes*. Make sure that the appropriately sized reagent racks and TCR adapters are used.
2. Load samples.

Procedural Notes

A. Controls

1. To work properly with the Panther Aptima assay software, one pair of controls is required. The Positive Control, CT / Negative Control, GC and the Positive Control, GC / Negative Control CT tubes can be loaded in any rack position or in any Sample Bay

Lane on the Panther system. Patient specimen pipetting will begin when one of the following two conditions has been met:

- a. A pair of controls is currently being processed by the system.
 - b. Valid results for the controls are registered on the system.
2. Once the control tubes have been pipetted and are processing for a specific reagent kit, patient specimens can be run with the associated kit up to 24 hours **unless**:
- a. Controls results are invalid.
 - b. The associated assay reagent kit is removed from the system.
 - c. The associated assay reagent kit has exceeded stability limits.
3. Each Aptima control tube can be tested once. Attempts to pipette more than once from the tube can lead to processing errors.

B. Temperature

Room temperature is defined as 15°C to 30°C.

C. Glove Powder

As in any reagent system, excess powder on some gloves may cause contamination of opened tubes. Powderless gloves are recommended.

D. Lab Contamination Monitoring Protocol for the Panther System

There are many laboratory-specific factors that may contribute to contamination, including testing volume, workflow, disease prevalence and various other laboratory activities. These factors should be taken into consideration when contamination monitoring frequency is being established. Intervals for contamination monitoring should be established based on each laboratory's practices and procedures.

To monitor for laboratory contamination, the following procedure may be performed using the Aptima unisex swab specimen collection kit for endocervical and male urethral swab specimens:

1. Label swab transport tubes with numbers corresponding to the areas to be tested.
2. Remove the specimen collection swab (blue shaft swab with green printing) from its packaging, wet the swab in the STM, and swab the designated area using a circular motion.
3. Immediately insert the swab into transport tube.
4. Carefully break the swab shaft at the score line; use care to avoid splashing of the contents.
5. Recap the swab transport tube tightly.
6. Repeat Steps 2 to 5 for each area to be swabbed.

If the results are CT or GC positive or equivocal, see *Test Interpretation — QC Patient Results*. For additional Panther system-specific contamination monitoring information, contact Hologic Technical Support.

Test Interpretation — QC Patient Results

A. Test Interpretation

Assay test results are automatically interpreted by the Aptima assay software, using the Aptima Combo 2 protocol, and presented as individual CT and GC test results. A test result may be a negative, equivocal, positive, or invalid as determined by the kinetic type and total RLU in the detection step (see below). A test result may be invalid due to a parameter outside the normal expected ranges. Initial equivocal and invalid test results should be retested.

Kinetic Type	Total RLU (x1000) to give CT Result		
	Negative	Equivocal	Positive
CT only	1 to < 25	25 to < 100	100 to < 4,500
CT and GC	1 to < 85	85 to < 250	250 to < 4,500
CT indeterminate	1 to < 85	85 to < 4,500	N/A

Kinetic Type	Total RLU (x1000) to give GC Result		
	Negative	Equivocal	Positive
GC only	1 to < 60	60 to < 150	150 to < 4,500
GC and CT	1 to < 85	85 to < 250	250 to < 4,500
GC indeterminate	1 to < 85	85 to < 4,500	N/A

B. Quality Control Results and Acceptability

The Positive Control, CT / Negative Control, GC and the Positive Control, GC / Negative Control, CT act as controls for the target capture, amplification, and detection steps of the assay. In accordance with guidelines or requirements of local, state, and/or federal regulations or accrediting organizations, additional controls for cell lysis and RNA stabilization may be included. The Positive Control, CT / Negative Control, GC serves as the negative control for the GC test results. The Positive Control, GC / Negative Control, CT serves as the negative control for the CT test results. If desired, a dual negative control furnished by the user can be added to monitor assay background. Correct preparation of specimens is confirmed visually by the presence of a single Aptima collection swab in a swab specimen transport tube, a final volume of urine in between the black fill lines of a urine specimen transport tube, or the absence of a swab in an Aptima specimen transfer tube for PreservCyt solution liquid Pap specimens.

The Positive Controls must produce the following test results:

Control	Total RLU (x1000)	CT Result	GC Result
Positive Control, CT/ Negative Control, GC	≥ 100 and < 3,000	Positive	Negative
Positive Control, GC/ Negative Control, CT	≥ 150 and < 3,000	Negative	Positive

1. The Aptima assay software automatically evaluates the controls according to the above criteria and the results will be reflected in the results report.
2. If the Run Status is FAIL, all test results in the same run are invalid and must not be reported.

3. Each laboratory should implement appropriate control procedures to satisfy the requirements of CLIA regulations.

Note: See *Troubleshooting* or contact *Hologic Technical Support* for help with out-of-range controls on the DTS systems.

4. A Tigris DTS system parameter permits each site to specify a “control bracketing” frequency whereby additional sets of controls can be placed at defined intervals within the worklist. If this parameter is specified, the Tigris DTS system will require a set of controls to be placed after the defined number of specimens in the control bracket. The Tigris DTS system automatically evaluates each control in the worklist according to the above criteria and will invalidate all specimens in the affected control bracket(s) if the control criteria are not met. See the *Tigris DTS System Operator’s Manual* for additional details.
5. Negative controls may not be effective in monitoring random carryover. See *Tigris DTS System Analytical Performance* for results from a high-target analytical carryover study that was performed to demonstrate control of carryover on the Tigris DTS system. See *Panther System Analytical Performance* for results from a high-target analytical carryover study that was performed to demonstrate control of carryover on the Panther system.

C. Specimen Preparation Control (Optional)

The Positive Control, CT / Negative Control, GC and the Positive Control, GC / Negative Control, CT provided in the kit act as controls for the target capture, amplification, and detection steps of the assay and must be included in each assay run. If desired, controls for cell lysis and RNA stabilization in appropriate transport media (PreservCyt solution, STM) can be tested in accordance with the requirements of appropriate accrediting organizations or individual laboratory procedures. Known positive specimens can serve as controls by being prepared and tested in conjunction with unknown specimens. Specimens used as preparation controls must be stored, handled, and tested according to the package insert. Specimen preparation controls should be interpreted in the same manner as described for patient test specimens. See *Test Interpretation — QC Patient Results, Patient Test Results*.

D. Patient Test Results

1. If the controls in any run do not yield the expected results, test results on patient specimens in the same run must not be reported.
2. Swab, PreservCyt solution liquid Pap, and urine specimen results. (See Notes below.)
 - a. Initial results

CT Pos	Positive for CT rRNA.
CT Neg	Presumed negative for CT rRNA.
CT Equiv	Sample should be retested.
GC Pos	Positive for GC rRNA.
GC Neg	Presumed negative for GC rRNA.
GC Equiv	Sample should be retested.
Invalid	Sample should be retested.

b. Retest results

CT Pos	Positive for CT rRNA.
CT Neg	Presumed negative for CT rRNA.
CT Equiv	Indeterminate, a new specimen should be collected.
GC Pos	Positive for GC rRNA.
GC Neg	Presumed negative for GC rRNA.
GC Equiv	Indeterminate, a new specimen should be collected.
Invalid	Indeterminate, a new specimen should be collected.

Notes:

- Careful consideration of performance data is recommended for interpreting Aptima Combo 2 assay results for asymptomatic individuals or any individuals in low prevalence populations.
- The first valid result for each analyte is the result that should be reported.
- A negative result does not preclude the presence of a CT or GC infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient rRNA to be detected. Test results may be affected by improper specimen collection, improper specimen storage, technical error, or specimen mix-up.
- As is true for all non-culture methods, a positive specimen obtained from a patient after therapeutic treatment cannot be interpreted as indicating the presence of viable CT or GC.
- As is true for all urine test methods, a negative urine result for a female patient who is clinically suspected of having a chlamydial or gonococcal infection does not rule out the presence of CT or GC in the urogenital tract. Testing of an endocervical specimen is recommended in such cases. As well, a negative urine result for GC from a female has a lower negative predictive value than does an endocervical swab result.
- Testing of an endocervical specimen is recommended for female patients who are clinically suspected of having a chlamydial or gonococcal infection. If both a Pap and endocervical swab are collected, the PreservCyt solution liquid Pap specimen must be collected before the endocervical swab specimen.

Limitations

- A. Use of this assay is limited to personnel who have been trained in the procedure. Failure to follow the instructions given in this package insert may result in erroneous results.
- B. The following potential throat and rectal swab interfering substances were evaluated on the Panther system: cold sore medication, lip balms, cough suppressants, toothpaste, mouthwash, hemorrhoidal cream, laxative, anti-diarrheal medications, antacids, and feces. The data indicated no assay interference by these substances.
- C. The effects of tampon use, douching, and specimen collection variables have not been assessed for their impact on the detection of CT or GC.
- D. The presence of mucus in endocervical specimens does not interfere with the detection of CT or GC by the Aptima Combo 2 assay. However, to ensure collection of cells infected with CT, columnar epithelial cells lining the endocervix should be sampled. If excess mucus is not removed, sampling of these cells is not ensured.
- E. This assay has been tested using only the following specimens:
- Clinician-collected endocervical, vaginal, male urethral, throat, and rectal swab specimens
 - Clinician-collected PreservCyt solution liquid Pap specimens
 - Patient-collected vaginal swab specimens
 - Patient-collected female and male urine specimens
- F. Performance with specimens other than those collected with the following specimen collection kits has not been evaluated:
- Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens
 - Aptima Urine Collection Kit for Male and Female Urine Specimens
 - Aptima Multitest Swab Specimen Collection Kit
 - Aptima Specimen Transfer Kit (for use with gynecologic samples collected in PreservCyt solution)
- G. Urine, vaginal swab, and PreservCyt solution liquid Pap specimen sampling is not designed to replace cervical exams and endocervical specimens for diagnosis of female urogenital infections. Patients may have cervicitis, urethritis, urinary tract infections, or vaginal infections due to other causes or concurrent infections with other agents.
- H. The Aptima Combo 2 assay is not intended for the evaluation of suspected sexual abuse or for other medico-legal indications. For those patients for whom a false positive result may have adverse psycho-social impact, the CDC recommends retesting (8).
- I. Reliable results are dependent on adequate specimen collection. Because the transport system used for this assay does not permit microscopic assessment of specimen adequacy, training of clinicians in proper specimen collection techniques is necessary. Refer to the package insert of the appropriate Hologic specimen collection kit.
- J. Therapeutic failure or success cannot be determined with the Aptima Combo 2 assay since nucleic acid may persist following appropriate antimicrobial therapy.
- K. Results from the Aptima Combo 2 assay should be interpreted in conjunction with other laboratory and clinical data available to the clinician.

- L. A negative result does not preclude a possible infection because results are dependent on adequate specimen collection. Test results may be affected by improper specimen collection, technical error, specimen mix-up, or target levels below the assay limit of detection.
- M. The Aptima Combo 2 assay provides qualitative results. Therefore, a correlation cannot be drawn between the magnitude of a positive assay signal and the number of organisms in a specimen.
- N. For the vaginal swab, endocervical swab, male urethral swab and urine specimen clinical studies, performance for detecting CT and GC is derived from high prevalence populations. Positive results in low prevalence populations should be interpreted carefully with the understanding that the likelihood of a false positive may be higher than a true positive.
- O. For the PreservCyt solution liquid Pap specimen clinical studies, the Aptima Combo 2 assay performance for detecting CT and GC is derived primarily from low prevalence populations. Nonetheless, positive results in low prevalence populations should be interpreted carefully with the understanding that the likelihood of a false positive may be higher than a true positive.
- P. Performance of the Aptima specimen transfer kit was not evaluated for testing the same PreservCyt solution liquid Pap specimen both before and after ThinPrep Pap processing.
- Q. PreservCyt solution liquid Pap specimens processed with instruments other than the ThinPrep 2000 or ThinPrep 5000 processors have not been evaluated for use in Aptima assays.
- R. Patient-collected vaginal swab specimens are an option for screening women when a pelvic exam is not otherwise indicated.
- S. The patient-collected vaginal, throat and rectal swab specimen applications are limited to health care facilities where support/counseling is available to explain procedures and precautions.
- T. The Aptima Combo 2 assay has not been validated for use with specimens collected by patients at home.
- U. The performance of the Aptima Combo 2 assay has not been evaluated in adolescents less than 14 years of age.
- V. The performance of the Tigris DTS system has not been determined at altitudes above 2240 m (7355 feet). Additional volumetric verifications and assay specific studies will be performed prior to, or as part of, the installation and acceptance process in laboratories above 2240 m (7355 feet) altitude.
- W. The performance of the Panther system has not been evaluated at altitudes above 2000 m (6561 feet).
- X. There is no evidence of degradation of nucleic acids in PreservCyt solution. If a PreservCyt solution liquid Pap specimen has small numbers of CT and GC cellular material, uneven distribution of this cellular material may occur. Also, when compared to direct sampling with the Aptima STM, the additional volume of PreservCyt solution results in greater dilution of the sample material. These factors may affect the ability to detect

small numbers of organisms in the collected material. If negative results from the specimen do not fit with the clinical impression, a new specimen may be necessary.

- Y. Customers must independently validate an LIS transfer process.

DTS Systems Expected Values**Prevalence**

The prevalence of CT and/or GC disease in patient populations depends on risk factors such as age, gender, the presence of symptoms, the type of clinic, and the test method. A summary of the prevalence of three CT and GC disease outcomes as determined by the Aptima Combo 2 assay is shown in Tables 1a, 1b, and 1c for three multi-center clinical studies by clinical site and overall.

Prevalence of *C. trachomatis* and/or *N. gonorrhoeae* Disease as Determined by the Aptima Combo 2 Assay Results by Clinical Site*Table 1a: Endocervical and Male Urethral Swab and Urine Specimens*

Site	Endocervical and Male Urethral Swab % Prevalence (# positive/# tested)						Urine % Prevalence (# positive/# tested)					
	CT+/GC+		CT+/GC-		CT-/GC+		CT+/GC+		CT+/GC-		CT-/GC+	
	%	(#)	%	(#)	%	(#)	%	(#)	%	(#)	%	(#)
1	10.0	(39/392)	12.8	(50/392)	14.5	(57/392)	8.4	(33/395)	12.9	(51/395)	13.9	(55/395)
2	7.0	(13/186)	12.9	(24/186)	6.5	(12/186)	5.3	(13/245)	13.9	(34/245)	8.6	(21/245)
3	10.4	(48/462)	22.9	(106/462)	14.3	(66/462)	10.3	(48/465)	20.9	(97/465)	12.7	(59/465)
4	3.3	(9/270)	12.2	(33/270)	7.0	(19/270)	3.3	(9/270)	11.5	(31/270)	6.7	(18/270)
5	1.9	(10/533)	8.4	(45/533)	2.3	(12/533)	2.1	(12/567)	9.4	(53/567)	1.8	(10/567)
6	6.3	(43/678)	12.8	(87/678)	16.2	(110/678)	5.9	(40/681)	10.9	(74/681)	13.5	(92/681)
7	4.4	(11/252)	8.7	(22/252)	21.8	(55/252)	4.1	(12/295)	9.2	(27/295)	18.0	(53/295)
All	6.2	(173/2773)	13.2	(367/2773)	11.9	(331/2773)	5.7	(167/2918)	12.6	(367/2918)	10.6	(308/2918)

Table 1b: Patient-Collected Vaginal Swab and Clinician-Collected Vaginal Swab Specimens

Site	Patient-Collected Vaginal Swab % Prevalence (# positive / # tested)						Clinician-Collected Vaginal Swab % Prevalence (# positive / # tested)					
	CT+/GC+		CT+/GC-		CT-/GC+		CT+/GC+		CT+/GC-		CT-/GC+	
	%	(#)	%	(#)	%	(#)	%	(#)	%	(#)	%	(#)
1	1.8	(4/220)	16.4	(36/220)	4.1	(9/220)	3	(7/230)	15.7	(36/230)	3.5	(8/230)
2	9.6	(19/198)	18.7	(37/198)	6.6	(13/198)	9.5	(19/199)	18.1	(36/199)	7	(14/199)
3	0.9	(1/111)	9	(10/111)	2.7	(3/111)	0.9	(1/113)	9.7	(11/113)	1.8	(2/113)
4	0.4	(1/266)	9	(24/266)	1.9	(5/266)	0.4	(1/267)	11.2	(30/267)	2.2	(6/267)
5	0.5	(1/199)	7.5	(15/199)	0.5	(1/199)	0.5	(1/199)	7	(14/199)	0.5	(1/199)
6	2.8	(8/290)	10	(29/290)	5.5	(16/290)	2	(6/296)	12.2	(36/296)	5.4	(16/296)
7	0	(0/102)	11.8	(12/102)	0	(0/102)	0	(0/102)	9.8	(10/102)	0	(0/102)
8	0	(0/48)	8.3	(4/48)	2.1	(1/48)	0	(0/51)	7.8	(4/51)	2	(1/51)
All	2.4	(34/1434)	11.6	(167/1434)	3.3	(48/1434)	2.4	(35/1457)	12.1	(177/1457)	3.3	(48/1457)

Table 1c: PreservCyt Solution Liquid Pap Specimen

Site	PreservCyt liquid Pap % Prevalence (# positive/# tested)		
	CT+/GC+	CT+/GC-	CT-/GC+
1	3.0 (3/100)	13.0 (13/100)	2.0 (2/100)
2	0 (0/124)	3.2 (4/124)	0.8 (1/124)
3	0.4 (2/475)	6.1 (29/475)	0.4 (2/475)
4	0.4 (1/287)	4.2 (12/287)	0 (0/287)
5	0 (0/297)	5.1 (15/297)	1.0 (3/297)
6	0 (0/364)	5.5 (20/364)	0.6 (2/364)
ALL	0.4 (6/1647)	5.6 (93/1647)	0.6 (10/1647)

The CT and GC prevalence were calculated using the Aptima Combo 2 Assay results of PreservCyt Solution liquid Pap specimen.

Positive and Negative Predictive Values for Hypothetical Prevalence Rates in North America

The estimated positive and negative predictive values (PPV and NPV) for different prevalence rates using the Aptima Combo 2 assay are shown in Tables 2 and 3 for CT and GC, respectively. These calculations are based on a hypothetical prevalence and the overall sensitivity and specificity calculated from the patient infected status for two multi-center clinical studies. The overall sensitivity and specificity for CT was 96.1% and 98.0%, respectively (Table 2). The overall sensitivity and specificity for GC was 97.8% and 99.2%, respectively (Table 3). The actual PPV and NPV calculated using the clinical trial data are shown in Tables 6a and 10a (swab and urine specimens), Tables 6b and 10b (vaginal swab specimens), and Tables 6c and 10c (PreservCyt solution liquid Pap specimens).

Table 2: Hypothetical PPV and NPV for CT

Prevalence Rate (%)	Sensitivity (%)	Specificity (%)	Positive Predictive Value (%)	Negative Predictive Value (%)
1	96.1	98.0	33.1	100.0
2	96.1	98.0	50.0	99.9
5	96.1	98.0	72.0	99.8
10	96.1	98.0	84.5	99.6
15	96.1	98.0	89.6	99.3
20	96.1	98.0	92.4	99.0
25	96.1	98.0	94.2	98.7
30	96.1	98.0	95.4	98.3

Table 3: Hypothetical PPV and NPV for GC

Prevalence Rate (%)	Sensitivity (%)	Specificity (%)	Positive Predictive Value (%)	Negative Predictive Value (%)
1	97.8	99.2	55.3	100.0
2	97.8	99.2	71.4	100.0
5	97.8	99.2	86.6	99.9
10	97.8	99.2	93.2	99.7
15	97.8	99.2	95.6	99.6
20	97.8	99.2	96.8	99.4
25	97.8	99.2	97.6	99.2
30	97.8	99.2	98.1	99.0

DTS Systems Clinical Performance

See *Tigris DTS System Clinical Specimen Agreement* following the *DTS Systems Analytical Performance* section for Tigris DTS system-specific clinical performance.

Clinical Study Results

Performance for the Aptima Combo 2 assay on DTS systems was established in three multi-center clinical studies, conducted in North America. The first multi-center clinical study evaluated clinician-collected endocervical and male urethral swabs and male and female urine specimens from 1,363 male and 1,569 female subjects enrolled at seven geographically diverse clinical sites. The second multi-center clinical study evaluated patient-collected and clinician-collected vaginal swab specimens from 1,464 female subjects enrolled at eight geographically diverse clinical sites. The third multi-center clinical study evaluated PreservCyt solution liquid Pap specimens from 1,647 subjects enrolled at six clinical sites. In performance calculations based on symptom status, subjects were classified as symptomatic if symptoms such as discharge, dysuria, and pelvic pain were reported by the subject. Subjects were classified as asymptomatic if the subject did not report symptoms.

Endocervical Swab, Male Urethral Swab, and Urine Specimen Clinical Study

In the endocervical swab, urethral swab, and urine specimen multi-center clinical study, 2,932 symptomatic and asymptomatic male and female subjects attending STD, OB/GYN and family planning clinics were enrolled in the study. As many as three urethral swabs and a urine specimen were collected from male subjects and four endocervical swabs and a urine specimen were collected from female subjects. For males providing one urethral swab, testing included GC culture only. For males providing three swabs, testing included GC culture, the Aptima Combo 2 assay, and a commercially-available NAAT for CT and GC. Testing on endocervical swabs included the Aptima Combo 2 assay, two commercially-available NAATs for CT, one commercially-available NAAT for GC, and GC culture. The GC culture swab was collected first and the collection order for the remaining swabs was rotated to minimize collection bias. Urine was tested by the Aptima Combo 2 assay, two commercially-available NAATs for CT, and one commercially-available amplified assay for GC. The commercially-available amplification assays were used as reference assays in this Aptima Combo 2 assay clinical study.

All performance calculations were based on the total number of Aptima Combo 2 assay endocervical and male urethral swab and male and female urine specimens compared to a patient infected status algorithm for each gender. In each gender-specific algorithm, the designation of a subject as being infected, not infected, or inconclusive was based on the combined results of the reference NAAT endocervical and male urethral swab and urine results. For CT infected status, any two positive reference NAAT results by any combination of swab and urine designated the subject as infected. If all reference assay results were negative, the subject was designated not infected. If there was one positive result only, the subject was designated inconclusive. For GC infected status, a positive culture, or positive swab and urine results by the amplified reference assay, designated the subject as infected. A negative culture and a single positive result by the amplified reference assay resulted in an inconclusive status. If all reference assay results were negative, the subject was designated not infected. Tables 7a, 7b, 7c, 8, 11a, 11b, 11c, and 12 summarize the frequency of test outcomes for the two reference NAATs and Aptima Combo 2 assay for clinical study subjects.

Aptima Combo 2 assay results from the clinician-collected endocervical and male urethral swab, and male and female urine specimens were compared to the patient infected status algorithm for determination of sensitivity, specificity, and predictive values. A total of 15,661 CT and 14,144 GC test results were used in the data analysis. Sensitivity and specificity for CT by gender, specimen type, and symptom status are presented in Table 5a. Table 6a shows the Aptima Combo 2 assay sensitivity, specificity, and predictive values for CT compared to patient infected status for each clinical site and overall. Sensitivity and specificity for detection of GC by gender, specimen type and symptom status are presented in Table 9a. Table 10a shows the GC sensitivity, specificity, and predictive values for the Aptima Combo 2 assay compared to patient infected status for each clinical site and overall. Samples that were Aptima Combo 2 assay positive and infected patient status negative (i.e., apparent false positives) were tested in Hologic alternate amplification assays for CT and GC. These assays amplify CT and GC sequences which are different from those amplified in the Aptima Combo 2 assay. Testing was done on a per specimen basis (i.e., not necessarily on paired swab and urine specimens) and the results of the alternate amplification assays were not used to change the original patient categorizations (Tables 5a and 9a).

Endocervical swab specimens were evaluated for the impact of blood on CT and GC assay performance. Of the 2,454 specimens evaluated for CT performance, 234 (9.5%) were bloody. Of the 2,829 specimens evaluated for GC performance, 247 (8.7%) were bloody. Neither the CT nor GC assay performance was statistically different for bloody specimens as compared to non-bloody specimens. Additional data on blood testing can be found in *Interfering Substances*.

Performance of the assay with endocervical swab and urine specimens from pregnant females was assessed in the clinical study. For CT, sensitivity for endocervical swab and urine specimens was 100% (8/8) and 100% (8/8), respectively. Specificity for endocervical swab and urine specimens was 95.8% (23/24) and 100% (24/24), respectively. For GC, sensitivity for endocervical swab and urine specimens was 100% (8/8) and 100% (8/8), respectively. Specificity for endocervical swab and urine specimens was 100% (26/26) and 100% (26/26), respectively.

Of the 11,406 Aptima Combo 2 assay test results from this multi-center clinical study, three CT results and nine GC results were equivocal on repeat testing and were excluded from the analysis. One specimen was invalid for both CT and GC results and was excluded from the study.

Vaginal Swab Specimen Clinical Study

In the vaginal swab multi-center clinical study, 1,464 symptomatic and asymptomatic female subjects attending STD, OB/GYN, teen, and family planning clinics were enrolled into the clinical study. Of the 646 asymptomatic subjects enrolled in the study, two were less than 16 years of age, 158 were between the ages of 16 and 20, 231 were between the ages of 21 and 25, and 255 were more than 25 years of age. Of the 818 symptomatic subjects enrolled in the study, 160 were between the ages of 16 and 20, 324 were between the ages of 21 and 25, and 334 were more than 25 years of age. Five specimens were collected from each eligible subject; one urine specimen, one patient-collected vaginal swab, one clinician-collected vaginal swab, and two randomized endocervical swabs. Aptima Combo 2 assay results were generated from the two vaginal swabs, one of the endocervical swabs, and an aliquot of the urine specimen. The second endocervical swab and a second aliquot of the urine specimen were tested using another commercially-available NAAT for CT and another commercially-available NAAT for GC. Endocervical swab and urine specimens tested in the Aptima Combo 2 assay and the other commercially-available NAATs were used as reference NAATs to determine infected status for each subject in the vaginal swab specimen clinical

study. Specimen testing was conducted either at the site of subject enrollment or at an external testing site.

All performance calculations were based on the total number of Aptima Combo 2 assay patient-collected and clinician-collected vaginal swab results compared to a patient infected status algorithm. A total of 2,073 CT and 2,073 GC vaginal swab test results were used in the data analysis. In the algorithm, the designation of a subject as being infected or not infected with CT or GC was based on endocervical swab and urine specimen results from the commercially-available Aptima Combo 2 assay and the other commercially-available NAAT. Subjects were considered infected with CT or GC if two of the four endocervical swab and urine specimens tested positive in the Aptima Combo 2 assay and the other reference NAAT (one specimen testing positive in each NAAT). Subjects were considered non-infected if less than two reference NAAT results were positive. Tables 7b and 11b summarize the number of results from symptomatic and asymptomatic subjects designated as infected or non-infected with CT or GC, respectively, according to the patient infected status algorithm. For this clinical study, two commercially-available NAATs were used to determine GC-infected status. Culture was not used as a reference test since the Aptima Combo 2 assay has already been evaluated against culture for other specimen types (refer to the *Endocervical Swab, Male Urethral Swab, and Urine Specimen Clinical Study* for details).

Sensitivity and specificity for CT by gender, specimen type and symptom status are presented in Table 5b. Table 6b shows the Aptima Combo 2 assay sensitivity, specificity, and predictive values for CT compared to patient infected status for each clinical site and overall. Sensitivity and specificity for detection of GC by gender, specimen type and symptom status are presented in Table 9b. Table 9b shows the GC sensitivity, specificity, and predictive values for the Aptima Combo 2 assay compared to patient infected status for each clinical site and overall. Samples that were Aptima Combo 2 assay positive and infected patient status negative (i.e., apparent false positives) were tested in alternate TMA assays for CT and GC; these alternate TMA assays target sequences which are unique from those targeted in the Aptima Combo 2 assay. The results of the alternate TMA assays were not used to change the original patient categorizations (Tables 5b and 9b).

Of the 1,464 subjects enrolled, there were 13 subjects with unknown CT patient infected status and 14 subjects with unknown GC patient infected status. Subjects were designated with an unknown patient infected status if results were missing that prevented conclusive determination of infected status. These subjects' results were not included in any performance calculations. Of the 5,782 Aptima Combo 2 assay vaginal swab results from the multi-center clinical study, there was a small percentage (28, 0.5%) of vaginal swab specimens that initially tested invalid or equivocal for CT or GC. Upon repeat testing only three CT results and two GC results were equivocal and were excluded from the analysis. No specimens tested invalid on repeat testing.

PreservCyt Solution Liquid Pap Specimen Clinical Study

A prospective multi-center clinical study was conducted to evaluate the use of the PreservCyt solution (a component of the ThinPrep 2000 system) as an alternative medium for gynecological specimens for the detection of CT and GC. One thousand six hundred forty-seven (1,647) symptomatic and asymptomatic female subjects attending OB/GYN, family planning, public health, women's and STD clinics were evaluated in the clinical study. Of the 1,647 available subjects, 1,288 were asymptomatic subjects and 359 were symptomatic subjects. Subjects were enrolled from sites with CT prevalence that ranged from 3.2% to 14.0% and GC prevalence that ranged from 0% to 5.0%. Two specimens were collected from each eligible subject: one PreservCyt solution liquid Pap specimen and one endocervical swab. PreservCyt solution liquid Pap specimens were processed in accordance with the

ThinPrep 2000 Processor Operator's Manual and Aptima Specimen Transfer Kit package insert. After processing the PreservCyt solution liquid Pap specimen with the ThinPrep 2000 processor, the specimen was transferred into the Aptima specimen transfer kit for testing with the Aptima Combo 2 assay. The PreservCyt solution liquid Pap specimens and endocervical swab specimens were tested with the Aptima Combo 2 assay.

Sensitivity and specificity for PreservCyt solution liquid Pap specimens were calculated by comparing results to a patient infected status algorithm. In the algorithm, the designation of a subject as being infected or non-infected with CT or GC was based on endocervical swab specimen results from two commercially-available NAATs (Tables 7c and 11c). For CT, the reference NAATs included the Aptima Combo 2 assay and the Aptima CT assay. For GC, the reference NAATs included the Aptima Combo 2 assay and the Aptima GC assay. Positive results from both reference NAATs were required to establish an *infected* patient. A *non-infected* patient was established if the results from the two reference NAATs disagreed or were negative.

Sensitivity and specificity for CT in PreservCyt solution liquid Pap specimens tested in the Aptima Combo 2 assay, by symptom status and overall, is presented in Table 5c. For CT, overall sensitivity was 96.7% (87/90). In symptomatic and asymptomatic subjects, sensitivity was 96.7% (29/30) and 96.7% (58/60), respectively. Overall specificity for CT PreservCyt solution liquid Pap specimens was 99.2% (1545/1557). In symptomatic and asymptomatic subjects, specificity was 98.5% (324/329) and 99.4% (1221/1228), respectively. Table 6c shows the Aptima Combo 2 assay sensitivity and specificity values for CT in PreservCyt solution liquid Pap specimens by clinical site and overall. For CT, the sensitivity ranged from 92.9% to 100%. The specificity ranged from 97.7% to 100%.

Sensitivity and specificity for GC in PreservCyt solution liquid Pap specimens tested in the Aptima Combo 2 assay, by symptom status and overall, is presented in Table 9c. For GC, overall sensitivity was 92.3% (12/13). In symptomatic and asymptomatic subjects, sensitivity was 100% (7/7) and 83.3% (5/6), respectively. Overall specificity for GC PreservCyt solution liquid Pap specimens was 99.8% (1630/1634). In symptomatic and asymptomatic subjects, specificity was 100% (352/352) and 99.7% (1278/1282), respectively. Table 10c shows the Aptima Combo 2 assay sensitivity and specificity values for GC in PreservCyt solution liquid Pap specimens by clinical site and overall. For GC, the sensitivity ranged from 80.0% to 100%. Specificity ranged from 99.0% to 100%.

The distribution of cervical sampling devices used in this clinical study according to clinical site is summarized in Table 4.

Table 4: Summary of Cervical Sampling Devices Used in the PreservCyt Solution Liquid Pap Specimen Study

Cervical sampling device	Clinical Collection Site						Total
	1	2	3	4	5	6	
Spatula/Cytobrush	0	124	475	287	57	364	1307
Broom-type Device	100	0	0	0	240	0	340

Chlamydia trachomatis Performance Tables

C. trachomatis Sensitivity and Specificity

Table 5a: Aptima Combo 2 Assay Specimens vs. Patient Infected Status

Specimen		Symptoms Status	N	TP	FP ^a	TN	FN	Sensitivity (95% CI)	Specificity (95% CI)
Male	Swab	Symptomatic	676	190	15 ^a	464	7	96.4% (92.8–98.6)	96.9% (94.9–98.2)
		Asymptomatic	388	70	5 ^b	309	4	94.6% (86.7–98.5)	98.4% (96.3–99.5)
		All ¹	1065	260	20 ^c	774	11	95.9% (92.9–98.0)	97.5% (96.1–98.5)
	Urine	Symptomatic	694	199	8 ^d	484	3	98.5% (95.7–99.7)	98.4% (96.8–99.3)
		Asymptomatic	400	77	4 ^e	316	3	96.3% (89.4–99.2)	98.8% (96.8–99.7)
		All ¹	1095	276	12 ^f	801	6	97.9% (95.4–99.2)	98.5% (97.4–99.2)
Female	Swab	Symptomatic	819	133	22 ^g	653	11	92.4% (86.7–96.1)	96.7% (95.1–97.9)
		Asymptomatic	569	61	6 ^h	501	1	98.4% (91.3–100)	98.8% (97.4–99.6)
		All ²	1389	195	28 ⁱ	1154	12	94.2% (90.1–97.0)	97.6% (96.6–98.4)
	Urine	Symptomatic	821	136	8 ^j	668	9	93.8% (88.5–97.1)	98.8% (97.7–99.5)
		Asymptomatic	569	60	5 ^k	502	2	96.8% (88.8–99.6)	99.0% (97.7–99.7)
		All ²	1391	197	13 ^l	1170	11	94.7% (90.7–97.3)	98.9% (98.1–99.4)
Total	Swab	Symptomatic	1495	323	37 ^m	1117	18	94.7% (91.8–96.8)	96.8% (95.6–97.7)
		Asymptomatic	957	131	11 ⁿ	810	5	96.3% (91.6–98.8)	98.7% (97.6–99.3)
		All ³	2454	455	48 ^o	1928	23	95.2% (92.9–96.9)	97.6% (96.8–98.2)
	Urine	Symptomatic	1515	335	16 ^p	1152	12	96.5% (94.0–98.2)	98.6% (97.8–99.2)
		Asymptomatic	969	137	9 ^q	818	5	96.5% (92.0–98.8)	98.9% (97.9–99.5)
		All ³	2486	473	25 ^r	1971	17	96.5% (94.5–98.0)	98.7% (98.2–99.2)

TP = true positive, FP = false positive, TN = true negative, FN = false negative, CI = confidence interval.

¹Includes 1 male subject for whom symptoms were not reported.

²Includes 1 female subject for whom symptoms were not reported.

³Includes 1 male and 1 female subject for whom symptoms were not reported.

^aCT Alternate TMA results represent # positive results/# specimens tested: ^a11/14, ^b3/5, ^c14/19, ^d4/8, ^e0/4,

^f4/12, ^g18/22 ^h4/6, ⁱ22/28, ^j2/8, ^k1/5, ^l3/13, ^m29/36, ⁿ7/11, ^o36/47, ^p6/16, ^q1/9, and ^r7/25.

Table 5b: Aptima Combo 2 Assay Vaginal Swab Specimens vs. Patient Infected Status

Specimen		Symptom Status	N	TP	FP ¹	TN	FN	Sensitivity (95% CI)	Specificity (95% CI)
Patient- Collected	Vaginal Swab	Asymptomatic	628	60	18 ^a	549	1	98.4% (91.2–100)	96.8% (95.0–98.1)
Clinician- Collected	Vaginal Swab	Symptomatic	809	111	25 ^b	669	4	96.5% (91.3–99.0)	96.4% (94.7–97.7)
		Asymptomatic	636	59	16 ^c	559	2	96.7% (88.7–99.6)	97.2% (95.5–98.4)
		All	1445	170	41 ^d	1228	6	96.6% (92.7–98.7)	96.8% (95.6–97.7)

TP = true positive, FP = false positive, TN = true negative, FN = false negative, CI = confidence interval.

¹CT TMA Alternate Amplification results represent # positive results/# specimens tested: ^a15/18, ^b17/25, ^c15/16, and ^d32/41.

Table 5c: Aptima Combo 2 Assay PreservCyt Specimens vs. Patient Infected Status

Symptom Status	AC2/CT PreservCyt Result	+/+	+/-	-/+	-/-	Sensitivity (95% CI)	Specificity (95% CI)
Asymptomatic	Positive	58	1	0	6	96.7% (88.5–99.6)	99.4% (98.8–99.8)
	Negative	2	1	12	1208		
	Total	60	2	12	1214		
Symptomatic	Positive	29	0	0	5	96.7% (82.8–99.9)	98.5% (96.5–99.5)
	Negative	1	3	4	317		
	Total	30	3	4	322		
All	Positive	87	1	0	11	96.7% (90.6–99.3)	99.2% (98.7–99.6)
	Negative	3	4	16	1525		
	Total	90	5	16	1536		

CI = confidence interval.

+/+ = Positive Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the ACT Assay.

+/- = Positive Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the ACT Assay.

-/+ = Negative Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the ACT Assay.

-/- = Negative Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the ACT Assay.

C. trachomatis Performance by Clinical Site

Table 6a: Aptima Combo 2 Assay Specimen vs. Patient Infected Status

Specimen	Site	N	TP	FP	TN	FN	Prev (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)
Swab	1	157	35	6	115	1	22.9	97.2% (85.5–99.9)	95.0% (89.5–98.2)	85.4	99.1
	2	93	19	2	72	0	20.4	100% (82.4–100)	97.3% (90.6–99.7)	90.5	100
	3	248	76	5	165	2	31.5	97.4% (91.0–99.7)	97.1% (93.3–99.0)	93.8	98.8
	4	51	12	1	38	0	23.5	100% (73.5–100)	97.4% (86.5–99.9)	92.3	100
	5	138	24	0	113	1	18.1	96.0% (79.6–99.9)	100% (96.8–100)	100	99.1
	6	353	74	6	268	5	22.4	93.7% (85.8–97.9)	97.8% (95.3–99.2)	92.5	98.2
	7	25	20	0	3	2	88.0*	90.9% (70.8–98.9)	100% (29.2–100)	100	60.0
	ALL	1065	260	20	774	11	25.4	95.9% (92.9–98.0)	97.5% (96.1–98.5)	92.9	98.6
Male	1	157	35	6	115	1	22.9	97.2% (85.5–99.9)	95.0% (89.5–98.2)	85.4	99.1
	2	96	22	1	73	0	22.9	100% (84.6–100)	98.6% (92.7–100)	95.7	100
	3	249	78	2	169	0	31.3	100% (95.4–100)	100% (95.8–99.9)	97.5	100
	4	51	12	0	39	0	23.5	100% (73.5–100)	98.8% (91.0–100)	100	100
	5	162	31	2	129	0	19.1	100% (88.8–100)	98.5% (94.6–99.8)	93.9	100
	6	353	74	1	273	5	22.4	93.7% (85.8–97.9)	99.6% (98.0–100)	98.7	98.2
	7	27	24	0	3	0	88.9*	100% (85.8–100)	100% (29.2–100)	100	100
	ALL	1095	276	12	801	6	25.8	97.9% (95.4–99.2)	98.5% (97.4–99.2)	95.8	99.3
Swab	1	150	34	4	110	2	24.0	94.4% (81.3–99.3)	96.5% (91.3–99.0)	89.5	98.2
	2	81	11	1	68	1	14.8	91.7% (61.5–99.8)	98.6% (92.2–100)	91.7	98.6
	3	184	51	13	114	6	31.0	89.5% (78.5–96.0)	89.8% (83.1–94.4)	79.7	95.0
	4	196	27	2	167	0	13.8	100% (87.2–100)	98.8% (95.8–99.9)	93.1	100
	5	370	27	1	341	1	7.6	96.4% (81.7–99.9)	99.7% (98.4–100)	96.4	99.7
	6	274	35	7	230	2	13.5	94.6% (81.8–99.3)	97.0% (94.0–98.8)	83.3	99.1
	7	134	10	0	124	0	7.5	100% (69.2–100)	100% (97.1–100)	100	100
	ALL	1389	195	28	1154	12	14.9	94.2% (90.1–97.0)	97.6% (96.6–98.4)	87.4	99.0
Female	1	150	34	4	110	2	24.0	94.4% (81.3–99.3)	96.5% (91.3–99.0)	89.5	98.2
	2	81	12	1	68	0	14.8	100% (73.5–100)	98.6% (92.2–100)	92.3	100
	3	185	54	3	125	3	30.8	94.7% (85.4–98.9)	97.7% (93.3–99.5)	94.7	97.7
	4	196	24	2	167	3	13.8	88.9% (70.8–97.6)	98.8% (95.8–99.9)	92.3	98.2
	5	369	28	2	338	1	7.9	96.6% (82.2–99.9)	99.4% (97.9–99.9)	93.3	99.7
	6	276	35	1	238	2	13.4	94.6% (81.8–99.3)	99.6% (97.7–100)	97.2	99.2
	7	134	10	0	124	0	7.5	100% (69.2–100)	100% (97.1–100)	100	100
	ALL	1391	197	13	1170	11	15.0	94.7% (90.7–97.3)	98.9% (98.1–99.4)	93.8	99.1

TP = true positive, FP = false positive, TN = true negative, FN = false negative, Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

*Prevalence over-estimated due to initial collection being limited to screening for symptomatic subjects.

Table 6b: Aptima Combo 2 Assay Vaginal Swab Specimens vs. Patient Infected Status

Specimen	Site	N	TP	FP	TN	FN	Prev. (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)	
Patient- Collected	Vaginal Swab	1	70	14	3	53	0	20.0	100% (76.8–100)	94.6% (85.1–98.9)	82.4	100
		2	45	13	3	29	0	28.9	100% (75.3–100)	90.6% (75.0–98.0)	81.3	100
		3	45	4	2	39	0	8.9	100% (39.8–100)	95.1% (83.5–99.4)	66.7	100
		4	152	6	3	142	1	4.6	85.7% (42.1–99.6)	99.7% (94.1–99.6)	66.7	99.3
		5	130	7	3	120	0	5.4	100% (59.0–100)	97.6% (93.0–99.5)	70.0	100
		6	75	8	2	65	0	10.7	100% (63.1–100)	97.0% (89.6–99.6)	80.0	100
		7	68	5	1	62	0	7.4	100% (47.8–100)	98.4% (91.5–100)	83.3	100
		8	43	3	1	39	0	7.0	100% (29.2–100)	97.5% (86.8–99.9)	75.0	100
		ALL	628	60	18	549	1	9.7	98.4% (91.2–100)	96.8% (95.0–98.1)	76.9	99.8
Clinician- Collected	Vaginal Swab	1	227	34	9	182	2	15.9	94.4% (81.3–99.3)	95.3% (91.2–97.8)	79.1	98.9
		2	196	50	5	139	2	26.5	96.2% (86.8–99.5)	96.5% (92.1–98.9)	90.9	98.6
		3	113	9	3	101	0	8.0	100% (66.4–100)	97.1% (91.8–99.4)	75.0	100
		4	262	19	11	231	1	7.6	95.0% (75.1–99.9)	95.5% (92.0–97.7)	63.3	99.6
		5	199	13	2	184	0	6.5	100% (75.3–100)	98.9% (96.2–99.9)	86.7	100
		6	296	33	9	254	0	11.1	100% (89.4–100)	96.6% (93.6–98.4)	78.6	100
		7	102	9	1	91	1	9.8	90.0% (55.5–99.7)	98.9% (94.1–100)	90.0	98.9
		8	50	3	1	46	0	6.0	100% (29.2–100)	97.9% (88.7–99.9)	75.0	100
		ALL	1445	170	41	1228	6	12.2	96.6% (92.7–98.7)	96.8% (95.6–97.7)	80.6	99.5

TP = true positive, FP = false positive, TN = true negative, FN = false negative, Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

Table 6c: Aptima Combo 2 Assay PreservCyt Specimens vs. Patient Infected Status

Site	AC2/CT PreservCyt Result	+/+	+/-	-/+	-/-	Prev (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)
1	Positive	14	0	0	2	14.0	100% (76.8–100)	97.7% (91.9–99.7)	87.5	100
	Negative	0	0	1	83					
	Total	14	0	1	85					
2	Positive	4	0	0	0	3.2	100% (39.8–100)	100% (97.0–100)	100	100
	Negative	0	0	2	118					
	Total	4	0	2	118					
3	Positive	29	0	0	2	6.5	93.5% (78.6–99.2)	99.5% (98.4–99.9)	93.5	99.5
	Negative	2	0	2	440					
	Total	31	0	2	442					
4	Positive	8	1	0	4	2.8	100% (63.1–100)	98.2% (95.9–99.4)	61.5	100
	Negative	0	2	1	271					
	Total	8	3	1	275					
5	Positive	13	0	0	2	4.7	92.9% (66.1–99.8)	99.3% (97.5–99.9)	86.7	99.6
	Negative	1	1	4	276					
	Total	14	1	4	278					
6	Positive	19	0	0	1	5.2	100% (82.4–100)	99.7% (98.4–100)	95.0	100
	Negative	0	1	6	337					
	Total	19	1	6	338					
All	Positive	87	1	0	11	5.5	96.7% (90.6–99.3)	99.2% (98.7–99.6)	87.9	99.8
	Negative	3	4	16	1525					
	Total	90	5	16	1536					

Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

+/+ = Positive Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the ACT Assay.

+/- = Positive Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the ACT Assay.

-/+ = Negative Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the ACT Assay.

-/- = Negative Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the ACT Assay.

***Chlamydia trachomatis* Analysis for Female Patient Infected Status**

Table 7a: Endocervical Swab and Urine Specimen

Patient Infected Status	NAAT 1		NAAT 2		Aptima Combo 2 Assay		Symptom Status	
	FU	FS	FU	FS	FU	FS	Symptomatic	Asymptomatic
Infected	NA	NA	+	+	+	+	1	0
Infected	NA	+	NA	+	+	+	1	0
Infected	NA	+	+	+	-	+	0	1
Infected	-	+	NA	+	-	+	1	0
Infected	-	+	-	+	-	+	4	0
Infected	-	+	-	+	+	+	6	1
Infected	-	+	+	+	-	+	1	0
Infected	-	+	+	+	+	+	7	3
Infected	+	NA	+	+	+	+	1	0
Infected	+	-	NA	+	+	-	1	0
Infected	+	-	+	-	-	-	1	0
Infected	+	-	+	-	+	-	7	1
Infected	+	-	+	-	+	+	2	1
Infected	+	-	+	+	+	-	1	0
Infected	+	-	+	+	+	+	3	3
Infected	+	+	NA	+	+	+	6	2
Infected	+	+	-	NA	+	+	1	0
Infected	+	+	-	+	+	+	7	3
Infected	+	+	+	NA	+	+	1	0
Infected	+	+	+	-	+	+	2	2
Infected	+	+	+	+	-	-	1	0
Infected	+	+	+	+	-	+	1	1
Infected	+	+	+	+	+	NA	1	0
Infected	+	+	+	+	+	+	88	44
Non-infected	-	-	-	-	NA	-	1	1
Non-infected	-	-	-	-	-	NA	2	1
Non-infected	-	-	-	-	-	-	648	497
Non-infected	-	-	-	-	-	+	18	4
Non-infected	-	-	-	-	+	-	4	3
Non-infected	-	-	-	-	+	+	4	2
Total							822	570

FU = female urine, **FS** = female endocervical swab.

“NA” represents specimen not obtained or available for testing.

Table 7b: Patient-Collected and Clinician-Collected Vaginal Swab Specimen

Patient Infected Status	NAAT 1		NAAT 2 (Aptima Combo 2)		Aptima Combo 2 Assay		Symptom Status		Total
	FS	FU	FS	FU	PVS	CVS	Symptomatic	Asymptomatic	
Infected	+	+	+	+	+	+	79	43	122
Infected	+	+	+	+	+	-	0	1	1
Infected	+	+	+	+	-	+	1	0	1
Infected	+	+	+	+	NA	-	1	0	1
Infected	+	-	+	+	+	+	8	5	13
Infected	+	-	+	+	-	-	1	0	1
Infected	+	-	+	+	NA	+	1	0	1
Infected	+	=	+	+	+	+	1	0	1
Infected	-	+	+	+	+	+	8	3	11
Infected	-	+	+	+	-	-	1	0	1
Infected	-	-	+	+	+	+	1	2	3
Infected	-	NA	+	+	+	+	1	0	1
Infected	+	+	+	-	+	+	5	3	8
Infected	+	-	+	-	+	+	5	0	5
Infected	+	-	+	-	-	+	2	0	2
Infected	+	+	-	+	+	+	0	1	1
Infected	-	+	-	+	+	+	1	4	5
Infected	-	+	-	+	+	-	1	0	1
Infected	-	+	-	+	-	-	0	1	1
Non-infected	-	-	+	-	+	+	0	4	4
Non-infected	-	-	+	-	+	-	2	1	3
Non-infected	-	-	+	-	-	+	2	1	3
Non-infected	-	-	+	-	-	-	6	4	10
Non-infected	-	-	+	-	NA	+	1	0	1
Non-infected	-	-	+	-	NA	-	1	0	1
Non-infected	-	-	-	+	+	+	4	2	6
Non-infected	-	-	-	+	+	-	1	0	1
Non-infected	-	-	-	+	-	-	0	2	2
Non-infected	+	-	-	-	-	-	1	1	2
Non-infected	-	+	-	-	-	-	1	2	3
Non-infected	-	-	-	-	+	+	3	2	5
Non-infected	-	-	-	-	+	-	2	7	9
Non-infected	-	-	-	-	-	+	12	3	15
Non-infected	-	-	-	-	-	-	623	516	1139
Non-infected	-	-	-	-	-	NA	0	2	2
Non-infected	-	-	-	-	-	=	1	0	1
Non-infected	-	-	-	-	NA	+	0	1	1
Non-infected	-	-	-	-	NA	-	11	8	19
Non-infected	-	-	-	-	NA	NA	1	0	1
Non-infected	-	-	-	-	NA	=	0	1	1
Non-infected	-	-	-	-	=	+	0	1	1
Non-infected	-	NA	-	-	-	-	2	2	4
Non-infected	-	NA	-	-	NA	-	0	1	1
Non-infected	-	=	-	-	-	-	12	9	21
Non-infected	-	=	-	-	-	NA	0	1	1
Non-infected	=	-	-	-	-	-	1	1	2

Table 7b: Patient-Collected and Clinician-Collected Vaginal Swab Specimen (continued)

Patient Infected Status	NAAT 1		NAAT 2 (Aptima Combo 2)		Aptima Combo 2 Assay		Symptom Status		Total
	FS	FU	FS	FU	PVS	CVS	Symptomatic	Asymptomatic	
Non-infected	-	-	-	NA	-	-	0	1	1
Non-infected	-	-	NA	-	-	-	5	4	9
Non-infected	-	-	=	-	-	+	1	0	1
Non-infected	-	-	=	-	-	-	1	0	1
Total							811	640	1451

FS = female endocervical swab, FU = female urine, PVS = asymptomatic patient-collected vaginal swab, CVS = clinician-collected vaginal swab. "NA" represents specimen not obtained or available for testing. The equal symbol (=) represents equivocal on repeat testing.

Table 7c: PreservCyt Solution Liquid Pap Specimen Clinical Study Patient Infected Status Results for *C. trachomatis*

Patient Infected Status	Endocervical Swab Result		Symptom Status	
	Aptima Combo 2 Assay	Aptima CT Assay	Symptomatic	Asymptomatic
Infected	+	+	30	60
Non-Infected	-	+	4	12
Non-Infected	+	-	3	2
Non-Infected	-	-	322	1214
Total			359	1288

C. trachomatis Analysis for Male Patient Infected Status

Table 8: *C. trachomatis* Urethral Swab and Urine Specimen Analysis for Male Patient Infected Status

Patient Infected Status	NAAT 1		NAAT 2	Aptima Combo 2 Assay		Symptom Status	
	MU	MS	MU	MU	MS	Symptomatic	Asymptomatic
Infected	NA	+	+	+	+	2	0
Infected	-	+	+	+	+	10	4
Infected	+	NA	+	+	NA	4	6
Infected	+	NA	+	+	-	2	0
Infected	+	NA	+	+	+	21	1
Infected	+	-	+	+	-	3	3
Infected	+	-	+	+	+	4	3
Infected	+	+	NA	-	+	1	0
Infected	+	+	NA	+	+	8	2
Infected	+	+	-	+	+	12	4
Infected	+	+	+	-	-	1	0
Infected	+	+	+	-	+	1	3
Infected	+	+	+	+	NA	1	0
Infected	+	+	+	+	-	1	1
Infected	+	+	+	+	+	131	53
Non-infected	-	-	-	NA	-	0	2
Non-infected	-	-	-	-	NA	13	8
Non-infected	-	-	-	-	-	461	303
Non-infected	-	-	-	-	+	10	5
Non-infected	-	-	-	+	-	3	4
Non-infected	-	-	-	+	+	5	0
Total						694	402

MU = male urine, MS = male urethral swab.

"NA" represents specimen not obtained or available for testing.

Neisseria gonorrhoeae Performance Tables**N. gonorrhoeae Sensitivity and Specificity****Table 9a: Aptima Combo 2 Assay Specimens vs. Patient Infected Status**

Specimen	Symptoms	N	TP	FP ^a	TN	FN	Sensitivity (95% CI)	Specificity (95% CI)	
Male	Swab	Symptomatic	724	304	5 ^a	412	3	99.0% (97.2–99.8)	98.8% (97.2–99.6)
		Asymptomatic	378	15	12 ^b	351	0	100% (78.2–100)	96.7% (94.3–98.3)
		All ^c	1103	319	17 ^c	764	3	99.1% (97.3–99.8)	97.8% (96.5–98.7)
	Urine	Symptomatic	750	311	1 ^d	433	5	98.4% (96.3–99.5)	99.8% (98.7–100)
		Asymptomatic	383	13	2 ^e	368	0	100% (75.3–100)	99.5% (98.1–99.9)
		All ^c	1134	324	3 ^f	802	5	98.5% (96.5–99.5)	99.6% (98.9–99.9)
Female	Swab	Symptomatic	881	94	15 ^g	772	0	100% (96.2–100)	98.1% (96.9–98.9)
		Asymptomatic	596	31	2 ^h	562	1	96.9% (83.8–99.9)	99.6% (98.7–100)
		All ⁱ	1479	126	17 ⁱ	1335	1	99.2% (95.7–100)	98.7% (98.0–99.3)
	Urine	Symptomatic	883	87	7 ^j	782	7	92.6% (85.3–97.0)	99.1% (98.2–99.6)
		Asymptomatic	599	28	3 ^k	564	4	87.5% (71.0–96.5)	99.5% (98.5–99.9)
		All ⁱ	1484	116	10 ^l	1347	11	91.3% (85.0–95.6)	99.3% (98.6–99.6)
Total	Swab	Symptomatic	1605	398	20 ^m	1184	3	99.3% (97.8–99.8)	98.3% (97.4–99.0)
		Asymptomatic	974	46	14 ⁿ	913	1	97.9% (88.7–99.9)	98.5% (97.5–99.2)
		All ^o	2582	445	34 ^o	2099	4	99.1% (97.7–99.8)	98.4% (97.8–98.9)
	Urine	Symptomatic	1633	398	8 ^p	1215	12	97.1% (94.9–98.5)	99.3% (98.7–99.7)
		Asymptomatic	982	41	5 ^q	932	4	91.1% (78.8–97.5)	99.5% (98.8–99.8)
		All ^o	2618	440	13 ^r	2149	16	96.5% (94.4–98.0)	99.4% (99.0–99.7)

TP = true positive, FP = false positive, TN = true negative, FN = false negative, CI = confidence interval.

¹Includes 1 male subject for whom symptoms were not reported.

²Includes 1 female for whom symptoms were not reported.

³Includes 1 male and 1 female for whom symptoms were not reported.

⁴GC Alternate TMA results represents # positive results/# specimens tested: ^a5/5, ^b12/12, ^c17/17, ^d0/1, ^e2/2, ^f2/3, ^g13/15, ^h2/2, ⁱ15/17, ^j4/7, ^k0/2, ^l4/9, ^m18/20, ⁿ14/14, ^o32/34, ^p4/8, ^q2/4, and ^r6/12.

Table 9b: Aptima Combo 2 Assay Vaginal Swab Specimens vs. Patient Infected Status

Specimen	Symptom Status	N	TP	FP ¹	TN	FN	Sensitivity (95% CI)	Specificity (95% CI)	
Patient- Collected	Vaginal Swab	Asymptomatic	629	21	3 ^a	605	0	100% (83.9–100)	99.5% (98.6–99.9)
		All	1423	74	8	1341	0	100% (95.1–100)	99.4% (98.8–99.7)
Clinician- Collected	Vaginal Swab	Symptomatic	807	51	7 ^b	747	2	96.2% (87.0–99.5)	99.1% (98.1–99.6)
		Asymptomatic	637	21	4 ^c	611	1	95.5% (77.2–99.9)	99.3% (98.3–99.8)
		All	1444	72	11 ^d	1358	3	96.0% (88.8–99.2)	99.2% (98.6–99.6)

TP = true positive, FP = false positive, TN = true negative, FN = false negative, CI = confidence interval.

¹GC TMA Alternate Amplification results represents # positive results/# specimens tested: ^a3/3, ^b6/7, ^c3/4, and ^d9/11.

Table 9c: Aptima Combo 2 Assay PreservCyt Specimens vs. Patient Infected Status

Symptom Status	Aptima Combo 2/GC PreservCyt Solution Result	+/+	+/-	-/+	-/-	Sensitivity (95% CI)	Specificity (95% CI)
Asymptomatic	Positive	5	0	1 ¹	3	83.3% (35.9–99.6)	99.7% (99.2–99.9)
	Negative	1	0	5	1273		
	Total	6	0	6	1276		
Symptomatic	Positive	7	0	0	0	100% (59.0–100)	100% (99.0–100)
	Negative	0	0	0	352		
	Total	7	0	0	352		
All	Positive	12	0	1	3	92.3% (64.0–99.8)	99.8% (99.4–99.9)
	Negative	1	0	5	1625		
	Total	13	0	6	1628		

CI = confidence interval.

¹One specimen had a discordant result: Equivocal endocervical swab specimen result in the Aptima Combo 2 Assay/ Positive endocervical swab specimen result in the Aptima GC Assay.

+/+ = Positive Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the AGC Assay.

+/- = Positive Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the AGC Assay.

-/+ = Negative Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the AGC assay.

-/- = Negative Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the AGC Assay.

Neisseria gonorrhoeae Performance by Clinical Site

Table 10a: Aptima Combo 2 Assay Specimens vs. Patient Infected Status

Specimen	Site	N	TP	FP	TN	FN	Prev (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)	
Male	Swab	1	159	56	1	101	1	35.8	98.2% (90.6–100)	99.0% (94.7–100)	98.2	99.0
		2	97	13	0	84	0	13.4	100% (75.3–100)	100% (95.7–100)	100	100
		3	264	71	6	187	0	26.9	100% (94.9–100)	96.9% (93.4–98.9)	92.2	100
		4	53	20	0	33	0	37.7	100% (83.2–100)	100% (89.4–100)	100	100
		5	139	12	0	127	0	8.6	100% (73.5–100)	100% (97.1–100)	100	100
		6	336	94	10	231	1	28.3	98.9% (94.3–100)	95.9% (92.5–98.0)	90.4	99.6
		7	55	53	0	1	1	98.2*	98.1% (90.1–100)	100% (2.5–100)	100	50.0
		ALL	1103	319	17	764	3	29.2	99.1% (97.3–99.8)	97.8% (96.5–98.7)	94.9	99.6
Male	Urine	1	161	57	0	103	1	36.0	98.3% (90.8–100)	100% (96.5–100)	100	99.0
		2	104	19	0	85	0	18.3	100% (82.4–100)	100% (95.8–100)	100	100
		3	265	71	2	192	0	26.8	100% (94.9–100)	99.0% (96.3–99.9)	97.3	100
		4	53	20	0	33	0	37.7	100% (83.2–100)	100% (89.4–100)	100	100
		5	160	14	0	146	0	8.8	100% (76.8–100)	100% (97.5–100)	100	100
		6	335	89	1	241	4	27.8	95.7% (89.4–98.8)	99.6% (97.7–100)	98.9	98.4
		7	56	54	0	2	0	96.4*	100% (93.4–100)	100% (15.8–100)	100	100
		ALL	1134	324	3	802	5	29.0	98.5% (96.5–99.5)	99.6% (98.9–99.9)	99.1	99.4
Female	Swab	1	196	30	2	164	0	15.3	100% (88.4–100)	98.8% (95.7–99.9)	93.8	100
		2	83	9	1	72	1	12.0	90.0% (55.5–99.7)	98.6% (92.6–100)	90.0	98.6
		3	191	31	2	158	0	16.2	100% (88.8–100)	98.8% (95.6–99.8)	93.9	100
		4	215	7	0	208	0	3.3	100% (59.0–100)	100% (98.2–100)	100	100
		5	382	8	1	373	0	2.1	100% (63.1–100)	99.7% (98.5–100)	88.9	100
		6	278	36	8	234	0	12.9	100% (90.3–100)	96.7% (93.6–98.6)	81.8	100
		7	134	5	3	126	0	3.7	100% (47.8–100)	97.7% (93.4–99.5)	62.5	100
		ALL	1479	126	17	1335	1	8.6	99.2% (95.7–100)	98.7% (98.0–99.3)	88.1	99.9
Female	Urine	1	196	24	2	164	6	15.3	80.0% (61.4–92.3)	98.8% (95.7–99.9)	92.3	96.5
		2	83	9	1	72	1	12.0	90.0% (55.5–99.7)	98.6% (92.6–100)	90.0	98.6
		3	191	30	2	158	1	16.2	96.8% (83.3–99.9)	98.8% (95.6–99.8)	93.8	99.4
		4	215	5	2	206	2	3.3	71.4% (29.0–96.3)	99.0% (96.6–99.9)	71.4	99.0
		5	383	8	0	375	0	2.1	100% (63.1–100)	100% (99.0–100)	100	100
		6	282	35	2	244	1	12.8	97.2% (85.5–99.9)	99.2% (97.1–99.9)	94.6	99.6
		7	134	5	1	128	0	3.7	100% (47.8–100)	99.2% (95.8–100)	83.3	100
		ALL	1484	116	10	1347	11	8.6	91.3% (85.0–95.6)	99.3% (98.6–99.6)	92.1	99.2

TP = true positive, FP = false positive, TN = true negative, FN = false negative, Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

*Prevalence over-estimated due to initial collection being limited to screening for symptomatic subjects.

Table 10b: Aptima Combo 2 Assay Vaginal Swab Specimens vs. Patient Infected Status

Specimen	Site	N	TP	FP	TN	FN	Prev (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)	
Patient- Collected	Vaginal Swab	1	70	5	1	65	0	7.1	100% (47.8–100)	98.5 (91.7–100)	83.3	100
		2	46	7	0	39	0	15.2	100% (59.0–100)	100% (91.0–100)	100	100
		3	45	2	0	43	0	4.4	100% (15.8–100)	100% (91.8–100)	100	100
		4	152	1	0	151	0	0.7	100% (2.5–100)	100% (97.6–100)	100	100
		5	130	1	0	129	0	0.8	100% (2.5–100)	100% (97.2–100)	100	100
		6	75	5	2	68	0	6.7	100% (47.8–100)	97.1 (90.1–99.7)	71.4	100
		7	68	0	0	68	0	0.0	N/A	100% (94.7–100)	N/A	100
		8	43	0	0	43	0	0.0	N/A	100% (91.8–100)	N/A	100
		ALL	629	21	3	605	0	3.3	100% (83.9–100)	99.5 (98.6–99.9)	87.5	100
Clinician- Collected	Vaginal Swab	1	227	12	3	212	0	5.3	100% (73.5–100)	98.6% (96.0–99.7)	80.0	100
		2	196	31	2	163	0	15.8	100% (88.8–100)	98.8% (95.7–99.9)	93.9	100
		3	113	3	0	109	1	3.5	75.0% (19.4–99.4)	100% (96.7–100)	100	99.1
		4	262	5	2	255	0	1.9	100% (47.8–100)	99.2% (97.2–99.9)	71.4	100
		5	198	2	0	196	0	1.0	100% (15.8–100)	100% (98.1–100)	100	100
		6	296	18	4	272	2	6.8	90.0% (68.3–98.8)	98.6% (96.3–99.6)	81.8	99.3
		7	102	0	0	102	0	0.0	N/A	100% (96.4–100)	N/A	100
		8	50	1	0	49	0	2.0	100% (2.5–100)	100% (92.7–100)	100	100
		ALL	1444	72	11	1358	3	5.2	96.0% (88.8–99.2)	99.2% (98.6–99.6)	86.7	99.8

TP = true positive, FP = false positive, TN = true negative, FN = false negative, Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

Table 10c: Aptima Combo 2 Assay PreservCyt Specimens vs. Patient Infected Status

Site	AC2/GC PreservCyt Result	+/+	+/-	-/+	-/-	Prev (%)	Sensitivity (95% CI)	Specificity (95% CI)	PPV (%)	NPV (%)
1	Positive	5	0	0	0	5.0	100% (47.8–100)	100% (96.2–100)	100	100
	Negative	0	0	0	95					
	Total	5	0	0	95					
2	Positive	1	0	0	0	0.8	100% (2.5–100)	100% (97.0–100)	100	100
	Negative	0	0	0	123					
	Total	1	0	0	123					
3	Positive	4	0	0	0	1.1	80.0% (28.4–99.5)	100% (99.2–100)	100	99.8
	Negative	1	0	0	470					
	Total	5	0	0	470					
4	Positive	1	0	0	0	0.3	100% (2.5–100)	100% (98.7–100)	100	100
	Negative	0	0	3	283					
	Total	1	0	3	283					
5	Positive	0	0	0	3	0.0	N/A	99.0% (97.1–99.8)	0.0	100
	Negative	0	0	0	294					
	Total	0	0	0	297					
6	Positive	1	0	1 ¹	0	0.3	100% (2.5–100)	99.7% (98.5–100)	50.0	100
	Negative	0	0	2	360					
	Total	1	0	3	360					
All	Positive	12	0	1	3	0.8	92.3% (64.0–99.8)	99.8% (99.4–99.9)	75.0	99.9
	Negative	1	0	5	1625					
	Total	13	0	6	1628					

Prev = prevalence, CI = confidence interval, PPV = positive predictive value, NPV = negative predictive value.

¹One specimen had a discordant result: Equivocal endocervical swab specimen result in the Aptima Combo 2 Assay/Positive endocervical swab specimen result in the Aptima GC Assay.

+/+ = Positive Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the AGC Assay.

+/- = Positive Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the AGC Assay.

-/+ = Negative Endocervical Swab Specimen Result in the AC2 Assay / Positive Endocervical Swab Specimen Result in the AGC Assay.

-/- = Negative Endocervical Swab Specimen Result in the AC2 Assay / Negative Endocervical Swab Specimen Result in the AGC Assay.

Neisseria gonorrhoeae Analysis for Female Patient Infected Status

Table 11a: Endocervical Swab and Urine Specimen

Patient Infected Status	NAAT		Culture	Aptima Combo 2 Assay		Symptom Status	
	FU	FS	FS	FU	FS	Symptomatic	Asymptomatic
Infected	NA	+	+	+	+	1	1
Infected	-	-	+	-	-	0	1
Infected	-	+	+	-	+	5	2
Infected	-	+	+	+	+	9	2
Infected	+	NA	+	+	+	1	0
Infected	+	-	+	+	+	3	1
Infected	+	+	NA	+	+	0	1
Infected	+	+	-	+	+	11	2
Infected	+	+	+	-	+	2	1
Infected	+	+	+	+	+	62	21
Non-Infected	-	-	-	-	NA	2	3
Non-Infected	-	-	-	-	-	768	559
Non-Infected	-	-	-	-	+	12	2
Non-Infected	-	-	-	+	-	4	3
Non-Infected	-	-	-	+	+	3	0
Total						883	599

FU = female urine, **FS** = female endocervical swab.

“NA” represents specimen not obtained or available for testing.

Table 11b: Patient-Collected and Clinician-Collected Vaginal Swab Specimen Analysis

Patient Infected Status	NAAT 1		NAAT 2		Aptima Combo 2 Assay		Symptom Status		Total
	FS	FU	FS	FU	PVS	CVS	Symptomatic	Asymptomatic	
Infected	+	+	+	+	+	+	44	15	59
Infected	+	+	+	+	+	-	1	0	1
Infected	+	+	+	+	NA	+	0	1	1
Infected	+	-	+	+	+	+	2	2	4
Infected	+	NA	+	+	+	+	1	0	1
Infected	-	+	+	+	+	+	1	1	2
Infected	-	-	+	+	+	+	1	1	2
Infected	+	+	+	-	+	+	1	0	1
Infected	+	-	+	-	+	+	1	1	2
Infected	+	-	+	-	+	-	1	0	1
Infected	+	+	-	+	+	+	1	0	1
Infected	-	+	-	+	+	+	0	1	1
Infected	-	+	-	+	+	-	0	1	1
Infected	+	+	-	-	-	+	1	0	1
Non-infected	-	-	+	-	-	-	5	1	6
Non-infected	-	-	-	+	-	-	1	0	1
Non-infected	+	-	-	-	+	+	1	0	1
Non-infected	+	-	-	-	-	-	5	2	7
Non-infected	-	+	-	-	+	+	0	1	1
Non-infected	-	+	-	-	-	-	2	1	3
Non-infected	-	-	-	-	+	+	2	0	2
Non-infected	-	-	-	-	+	-	1	1	2
Non-infected	-	-	-	-	-	+	2	2	4
Non-infected	-	-	-	-	-	-	698	577	1275
Non-infected	-	-	-	-	-	NA	0	2	2
Non-infected	-	-	-	-	-	=	2	0	2
Non-infected	-	-	-	-	NA	-	15	9	24
Non-infected	-	-	-	-	NA	NA	1	0	1
Non-infected	-	NA	-	-	-	-	2	2	4
Non-infected	-	NA	-	-	NA	-	0	1	1
Non-infected	-	=	-	-	-	-	11	10	21
Non-infected	-	=	-	-	-	NA	0	1	1
Non-infected	=	-	-	-	-	-	1	1	2
Non-infected	-	-	-	NA	-	-	0	1	1
Non-infected	-	-	NA	-	-	-	5	4	9
Non-infected	-	-	=	-	-	-	1	1	2
Total							810	640	1450

FS = female endocervical swab, FU = female urine, PVS = asymptomatic patient-collected vaginal swab, CVS = clinician-collected vaginal swab.

"NA" represents specimen not obtained or available for testing. The equal symbol (=) represents equivocal on repeat testing.

***N. gonorrhoeae* Analysis for Female Patient Infected Status**Table 11c: PreservCyt Solution Liquid Pap Specimen Clinical Study Patient Infected Status Results for *N. gonorrhoeae*

Patient Infected Status	Endocervical Swab Result		Symptom Status	
	Aptima Combo 2	Aptima GC	Symptomatic	Asymptomatic
Infected	+	+	7	6
Non-Infected	=	+	0	1
Non-Infected	-	+	0	5
Non-Infected	-	-	352	1276
Total			359	1288

***N. gonorrhoeae* Analysis for Male Patient Infected Status**

Table 12: Urethral Swab and Urine Specimen

Patient Infected Status	NAAT 1		Culture	Aptima Combo 2 Assay		Symptom Status	
	MU	MS	MS	MU	MS	Symptomatic	Asymptomatic
Infected	NA	+	+	+	+	1	0
Infected	-	NA	+	NA	+	0	1
Infected	-	NA	+	+	+	1	0
Infected	-	-	+	-	-	1	0
Infected	-	+	+	+	+	4	1
Infected	+	NA	+	NA	+	0	1
Infected	+	NA	+	+	NA	8	0
Infected	+	NA	+	+	-	1	0
Infected	+	NA	+	+	+	50	1
Infected	+	-	+	+	+	4	1
Infected	+	+	NA	+	+	1	0
Infected	+	+	-	+	+	11	1
Infected	+	+	+	-	-	1	0
Infected	+	+	+	-	+	3	0
Infected	+	+	+	+	NA	1	0
Infected	+	+	+	+	+	229	9
Non-infected	-	-	-	NA	-	0	1
Non-infected	-	-	-	NA	+	0	1
Non-infected	-	-	-	-	NA	17	9
Non-infected	-	-	-	-	-	411	349
Non-infected	-	-	-	-	+	5	10
Non-infected	-	-	-	+	-	1	1
Non-infected	-	-	-	+	+	0	1
Total						750	387

MU = male urine, MS = male urethral swab. "NA" represents specimen not obtained or available for testing.

RLU Distribution of Aptima Controls

The distribution of the RLUs for the Aptima Positive Control, GC / Negative Control, CT and the Aptima Positive Control, CT / Negative Control, GC from all the Aptima Combo 2 assay runs performed during the clinical specimen studies is presented in Table 13.

Table 13: Distribution of Total RLU of the Aptima Combo 2 Assay Controls

Control	Statistics	Total RLU (x 1000)		
		Endocervical Swab, Male Urethral Swab, and Urine Specimen Clinical Study	Vaginal Swab Specimen Clinical Study	PreservCyt Solution liquid Pap Specimen Clinical Study
Positive Control, CT / Negative Control, GC	Maximum	1572	1996	1747
	75 th Percentile	1160	1279	1264
	Median	1063	1135	1165
	25 th Percentile	996	933	1024
	Minimum	274	174	494
Positive Control, GC / Negative Control, CT	Maximum	1359	1420	1438
	75 th Percentile	1202	1255	1288
	Median	1093	1169	1201
	25 th Percentile	989	1084	1099
	Minimum	167	249	166

Precision Study

Precision testing was performed at three sites to obtain measures of repeatability and reproducibility. Precision studies were conducted as part of the Endocervical Swab, Male Urethral Swab, and Urine Specimen Clinical Study and the PreservCyt solution liquid Pap Specimen Clinical Study. For the former study, each site was provided with three identical panels of 13 samples containing 0 to 500 fg of CT rRNA, 0 to 25,000 fg of GC rRNA, or combinations of both CT and GC rRNA. Testing was performed over three days using a different assay kit lot each day. The overall RLU, within-run, between-run, and between-site descriptive statistics are summarized in Table 14a.

For the latter precision study, reproducibility was established with a 12-member panel generated by spiking PreservCyt solution with 0 to 2,000 fg/assay of CT and 0 to 5,000 fg/assay of GC rRNA and aliquotting 1.0 mL into the Aptima specimen transfer kit collection tube. Two (2) operators at each of the three sites performed one run per day on each of three days, totaling three valid runs per operator. Testing was performed using one assay kit lot. The results of this precision study are summarized in Table 14b.

For both studies, reproducibility was established by spiking the appropriate transport medium (STM, PreservCyt solution) with rRNA. Reproducibility when testing swab, urine, or PreservCyt solution liquid Pap clinical specimens containing target organism has not been determined.

Table 14a: Swab Transport Medium

Panel Member	N	Mean RLU (x1000)	Within-Run		Between-Run		Between-Site		
			SD (RLU)	CV (%)	SD (RLU)	CV (%)	SD (RLU)	CV (%)	
High	CT Swab	54	1,055	76,588	7.3	83,711	7.9	150,332	14.2
	Dual Swab*	54	2,338	93,449	4.0	90,317	3.9	142,898	6.1
	Dual Urine*	54	2,281	91,487	4.0	106,715	4.7	152,747	6.7
	GC Swab	54	1,265	30,561	2.4	55,642	4.4	34,413	2.7
Mid	CT Swab	54	1,001	69,831	7.0	77,701	7.8	159,774	16.0
	Dual Swab*	54	2,241	152,377	6.8	58,353	2.6	139,983	6.2
	GC Swab	54	1,249	35,142	2.8	60,638	4.9	46,364	3.7
Low	CT Swab	54	1,013	61,795	6.1	90,906	9.0	131,207	13.0
	Dual Swab*	54	2,085	286,034	13.7	161,764	7.8	58,837	2.8
	Dual Urine*	54	2,201	95,705	4.3	118,760	5.4	106,802	4.9
	GC Swab	54	1,177	42,478	3.6	69,821	5.9	29,836	2.5
Negative	Swab	54	7	1,301	18.3	2,311	32.5	1,901	26.8
	Urine	54	7	861	12.0	2,299	32.1	1,994	27.9

SD = standard deviation, CV (%) = percent coefficient of variation, RLU = relative light units.

*Dual positive panel members contained both CT and GC rRNA.

Table 14b: PreservCyt Solution

Concentration (fg/assay)		N	Agreement	Mean RLU (x1000)	Within-Run		Between-Run		Between-Site		Between-Operator	
CT	GC				SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)
0	0	162	97.5%	9.7	31.6	N/A	3.4	N/A	6.4	N/A	4.7	N/A
0	5,000	54	96.3%	1296	146	11.3	54.8	4.2	0.0	0.0	0.0	0.0
2,000	0	54	100%	1140	54.1	4.7	79.8	7.0	101	8.9	2.4	0.2
2,000	5,000	54	100%	2345	79.6	3.4	78.0	3.3	94.7	4.0	37.9	1.6
0	250	54	100%	953	114	12.0	0.0	0.0	161	16.9	90.7	9.5
5	0	54	100%	971	58.3	6.0	71.7	7.4	22.8	2.4	85.0	8.8
1,000	2,500	54	100%	2294	114	5.0	88.9	3.9	153	6.7	0.0	0.0
100	250	54	98.1%	1911	139	7.3	130	6.8	348	18.2	39.7	2.1
5	5,000	54	100%	2136	113	5.3	130	6.1	98.8	4.6	166	7.8
2,000	250	54	96.3%	2044	138	6.7	169	8.3	360	17.6	26.9	1.3

RLU = relative light units, SD = standard deviation, CV = coefficient of variation, N/A represents specimen not applicable for negative panel members.

Samples with discordant and equivocal results were included in the signal variability analysis.

For CV and SD values equal to 0.0, the variability due to this source is very small relative to other sources of variation.

DTS Systems Analytical Performance

See *Tigris DTS System Analytical Performance* following the *Tigris DTS System Clinical Specimen Agreement* section for Tigris DTS system-specific analytical performance.

See *Panther System Analytical Performance* for Panther system-specific analytical performance.

Analytical Sensitivity

Chlamydia trachomatis analytical sensitivity (limits of detection) was determined by directly comparing dilutions of CT organisms in cell culture and in the assay. The analytical sensitivity claim for the assay is one Inclusion-Forming Unit (IFU) per assay (7.25 IFU/swab, 5.0 IFU/mL urine, 9.75 IFU/mL PreservCyt solution liquid Pap) for all 15 CT serovars (A, B, Ba, C, D, E, F, G, H, I, J, K, L1, L2 and L3). However, dilutions of less than 1.0 IFU/assay of all serovars tested positive in the Aptima Combo 2 assay.

Neisseria gonorrhoeae analytical sensitivity was determined by directly comparing dilutions of 57 different clinical isolates in culture and in the Aptima Combo 2 assay with swab and urine specimens and 20 clinical isolates with PreservCyt solution liquid Pap specimens. The analytical sensitivity claim for the assay is 50 cells/assay (362 cells/swab, 250 cells/mL urine, 488 cells/mL PreservCyt solution liquid Pap). However, all strains tested were positive at less than 50 cells/assay.

Analytical Specificity

A total of 198 organisms were evaluated using the Aptima Combo 2 assay in two studies. An initial study included 154 culture isolates which contained 86 organisms that may be isolated from the urogenital tract and 68 additional organisms that represent a phylogenetic cross-section of organisms. An additional study for extragenital samples, included 44 microbes that may be found on the extragenital swabs. The tested organisms included bacteria, fungi, yeast, parasites, and viruses.

In the initial study, all organisms except *C. psittaci*, *C. pneumoniae*, and the viruses were tested at 1.0×10^6 cells/assay in both swab and urine transport medium. The Chlamydia and Neisseria organisms were tested in PreservCyt solution medium. *C. psittaci* and *C. pneumoniae* were tested at 1.0×10^5 IFU/assay. The viruses were tested as follows: (a) herpes simplex viruses I and II: 2.5×10^4 TCID₅₀/assay, (b) human papilloma virus 16: 2.9×10^6 DNA copies/assay and (c) cytomegalovirus: 4.8×10^5 infected cell culture cells/assay.

In the second study, all organisms were tested in STM. All non-viral isolates were tested at 1.0×10^6 CFU/mL except *Bacteriodes oralis*, *Fusobacterium necrophorum* and *Peptostreptococcus micros* which were tested at 1.0×10^6 RNA copies/mL. The viruses were tested at 1.0×10^5 TCID₅₀/mL except for Norovirus group II: 1.0×10^6 TCID₅₀/mL, Enterovirus Type 68: 1.0×10^4 TCID₅₀/mL and Influenza viruses which were tested at 2.0×10^3 TCID₅₀/mL. Only CT and GC samples produced positive results in the Aptima Combo 2 assay. The list of organisms tested in the first study are shown in Table 15 and the organisms tested in the second study are shown in Table 16.

Table 15: Analytical Specificity

Organism	Organism	Organism
<i>Achromobacter xerosis</i>	<i>Escherichia coli</i>	<i>Neisseria mucosa</i> (3)
<i>Acinetobacter calcoaceticus</i>	<i>Flavobacterium meningosepticum</i>	<i>Neisseria sicca</i> (3)
<i>Acinetobacter lwoffii</i>	<i>Fusobacterium nucleatum</i>	<i>Neisseria subflava</i> (14)
<i>Actinomyces israelii</i>	<i>Gardnerella vaginalis</i>	<i>Neisseria perflava</i>
<i>Actinomyces pyogenes</i>	<i>Gemella haemolysans</i>	<i>Neisseria polysaccharea</i>
<i>Aerococcus viridans</i>	<i>Haemophilus ducreyi</i>	<i>Paracoccus denitrificans</i>
<i>Aeromonas hydrophila</i>	<i>Haemophilus influenzae</i>	<i>Peptostreptococcus anaerobius</i>
<i>Agrobacterium radiobacter</i>	Herpes simplex virus I	<i>Peptostreptococcus productus</i>
<i>Alcaligenes faecalis</i>	Herpes simplex virus II	<i>Plesiomonas shigelloides</i>
<i>Bacillus subtilis</i>	Human papilloma virus 16	<i>Propionibacterium acnes</i>
<i>Bacteriodes fragilis</i>	<i>Kingella dentrificans</i>	<i>Proteus mirabilis</i>
<i>Bacteriodes ureolyticus</i>	<i>Kingella kingae</i>	<i>Proteus vulgaris</i>
<i>Bifidobacterium adolescentis</i>	<i>Klebsiella oxytoca</i>	<i>Providencia stuartii</i>
<i>Bifidobacterium brevi</i>	<i>Klebsiella pneumoniae</i>	<i>Pseudomonas aeruginosa</i>
<i>Branhamella catarrhalis</i>	<i>Lactobacillus acidophilus</i>	<i>Pseudomonas fluorescens</i>
<i>Brevibacterium linens</i>	<i>Lactobacillus brevis</i>	<i>Pseudomonas putida</i>
<i>Campylobacter jejuni</i>	<i>Lactobacillus jensonii</i>	<i>Rahnella aquatilis</i>
<i>Candida albicans</i>	<i>Lactobacillus lactis</i>	<i>Rhodospirillum rubrum</i>
<i>Candida glabrata</i>	<i>Legionella pneumophila</i> (2)	<i>Saccharomyces cerevisiae</i>
<i>Candida parapsilosis</i>	<i>Leuconostoc paramensenteroides</i>	<i>Salmonella minnesota</i>
<i>Candida tropicalis</i>	<i>Listeria monocytogenes</i>	<i>Salmonella typhimurium</i>
<i>Chlamydia pneumoniae</i>	<i>Micrococcus luteus</i>	<i>Serratia marcescens</i>
<i>Chlamydia psittaci</i> (2)	<i>Moraxella lacunata</i>	<i>Staphylococcus saprophyticus</i>
<i>Chromobacterium violaceum</i>	<i>Moraxella osloensis</i>	<i>Staphylococcus aureus</i>
<i>Citrobacter freundii</i>	<i>Morganella morganii</i>	<i>Staphylococcus epidermidis</i>
<i>Clostridium perfringens</i>	<i>Mycobacterium smegmatis</i>	<i>Streptococcus agalactiae</i>
<i>Corynebacterium genitalium</i>	<i>Mycoplasma genitalium</i>	<i>Streptococcus bovis</i>
<i>Corynebacterium xerosis</i>	<i>Mycoplasma hominis</i>	<i>Streptococcus mitis</i>
<i>Cryptococcus neoformans</i>	<i>N. meningitidis</i> Serogroup A	<i>Streptococcus mutans</i>
Cytomegalovirus	<i>N. meningitidis</i> Serogroup B	<i>Streptococcus pneumoniae</i>
<i>Deinococcus radiodurans</i>	<i>N. meningitidis</i> Serogroup C (4)	<i>Streptococcus pyogenes</i>
<i>Derxia gummosa</i>	<i>N. meningitidis</i> Serogroup D	<i>Streptococcus salivarius</i>
<i>Eikenella corrodens</i>	<i>N. meningitidis</i> Serogroup Y	<i>Streptococcus sanguis</i>
<i>Enterobacter aerogenes</i>	<i>N. meningitidis</i> Serogroup W135	<i>Streptomyces griseinus</i>
<i>Enterobacter cloacae</i>	<i>Neisseria cinerea</i> (4)	<i>Trichomonas vaginalis</i>
<i>Enterococcus avium</i>	<i>Neisseria dentrificans</i>	<i>Ureaplasma urealyticum</i>
<i>Enterococcus faecalis</i>	<i>Neisseria elongata</i> (3)	<i>Vibrio parahaemolyticus</i>
<i>Enterococcus faecium</i>	<i>Neisseria flava</i>	<i>Yersinia enterocolitica</i>
<i>Erwinia herbicola</i>	<i>Neisseria flavescens</i> (2)	
<i>Erysipelothrix rhusiopathiae</i>	<i>Neisseria lactamica</i> (9)	

"(n)" represents the number of strains tested.

All organisms tested produced a negative result in the Aptima Combo 2 Assay based on kinetic profile type and RLU.

Table 16: Cross-Reactivity Microorganisms for Throat and Rectal Specimens

Organism	Organism	Organism
Adenovirus	<i>Eggerthella lenta</i>	Metapneumo virus
<i>Anaerococcus spp.</i>	<i>Entamoeba histolytica</i>	<i>Moraxella catarrhalis</i>
<i>Arcanobacterium haemolyticum</i>	Enterovirus	<i>Mycoplasma pneumoniae</i>
<i>Bacteroides oralis</i>	Epstein-Barr Virus	Norovirus
<i>Bordetella parapertussis</i>	<i>Fusobacterium necrophorum</i>	<i>Peptostreptococcus micros</i>
<i>Bordetella pertussis</i>	<i>Giardia lamblia</i>	<i>Prevotella spp.</i>
<i>Burkholderia cepacia</i>	<i>Haemophilus parahaemolyticus</i>	Respiratory syncytial virus
<i>Campylobacter rectus</i>	<i>Haemophilus parainfluenzae</i>	Rhinovirus
<i>Citrobacter koseri</i>	<i>Helicobacter pylori</i>	<i>Shigella dysenteriae</i>
<i>Clostridium difficile</i>	Hepatitis B Virus	<i>Shigella flexneri</i>
Coronavirus	Hepatitis C Virus	<i>Shigella sonnei</i>
<i>Corynebacterium diphtheriae</i>	Human influenza virus A	<i>Stenotrophomonas maltophilia</i>
<i>Corynebacterium pseudodiphtheriticum</i>	Human influenza virus B	<i>Streptococcus anginosus group</i>
Coxsackie Virus	<i>Legionella jordanis</i>	<i>Veillonella parvula</i>
Echovirus	<i>Legionella micdadei</i>	

Interfering Substances

The following interfering substances were individually spiked into Swab and PreservCyt solution liquid Pap specimens: 10% blood, contraceptive jelly, spermicide, moisturizer, hemorrhoidal anesthetic, body oil, powder, anti-fungal cream, vaginal lubricants, feminine spray and leukocytes (1.0×10^6 cells/mL). The following interfering substances were individually spiked into urine specimens: 30% blood, urine analytes, protein, glucose, ketones, bilirubin, nitrate, urobilinogen, pH 4 (acidic), pH 9 (alkaline), leukocytes (1.0×10^6 cells/mL), cellular debris, vitamins, minerals, acetaminophen, aspirin and ibuprofen. All were tested for potential assay interference in the absence and presence of CT and GC at the estimated rRNA equivalent of 1.0 CT IFU/assay (5 fg/assay) and 50 GC cells/assay (250 fg/assay). The rRNA equivalents were calculated based on the genome size and estimated DNA:RNA ratio/cell of each organism.

No interference was observed with any of the tested substances. No inhibitors of amplification were observed in the Aptima Combo 2 assay.

Recovery

Escherichia coli and *Gardnerella vaginalis* (2.4×10^5 cells/assay) and *Lactobacillus acidophilus*, *Gardnerella vaginalis*, *Bacteroides ureolyticus* and *Staphylococcus epidermis* (1.0×10^8 cells/assay) were added to samples containing the rRNA equivalent of approximately 1.0 CT IFU (5 fg) and 50 GC cells (250 fg). These additions did not interfere with the amplification and detection of CT or GC rRNA using the Aptima Combo 2 assay.

Specimen Stability Studies

A. Endocervical Swab Specimens

Data to support the recommended shipping and storage conditions for endocervical swab samples were generated with pooled negative swab samples. Five pooled samples were spiked with CT and GC at final concentrations of 10 IFU and 100 CFU per reaction, respectively. The spiked samples were held at 4°C and 30°C. Samples were tested in duplicate at days 0, 20, 35, 60, and 90. All test conditions were positive for both CT and GC at all times and temperatures.

B. PreservCyt Solution Liquid Pap Specimens

Data to support the recommended shipping and storage conditions for PreservCyt solution liquid Pap samples were generated with pooled negative PreservCyt solution liquid Pap samples. Four pooled samples were spiked with CT and GC at final concentrations of 10 IFU and 100 CFU per reaction, respectively. The PreservCyt solution liquid Pap samples were placed at 30°C for 7 days, after which 1.0 mL of the sample was added to an Aptima transfer tube. The spiked samples were held at 4°C, 10°C and 30°C. Samples stored at 4°C and 10°C were tested in duplicate at days 0, 6, 13, 26, 30 and 36. Samples stored at 30°C were tested in duplicate at days 0, 5, 8, 14 and 17. All test conditions were positive for both CT and GC at all times and temperatures.

C. Vaginal Swab Specimens

Data to support the recommended shipping and storage conditions for vaginal swab samples were generated with pooled negative swab samples. Fifteen vaginal swab pools were spiked with CT and GC at final concentrations of 1.0 IFU and 50 CFU per reaction, respectively. The spiked samples were held at 4°C and 30°C. Samples were tested using one aliquot at days 0, 20, 36, 72, and 114. All test conditions were positive for both CT and GC at all times and temperatures.

D. Urine Specimens

Data to support the recommended shipping and storage conditions for urine samples were generated with ten female and ten male negative urine samples. The urine samples were spiked with CT and GC at final concentrations of 10 IFU and 100 CFU per reaction, respectively. Two sets of the spiked urine samples were held at 4°C and 30°C for 24 hours prior to being added to the Urine Transport Media (UTM). The two sets of UTM samples then were held at 4°C and 30°C, and tested in triplicate at days 1, 5, 20, and 35. All samples met the pre-specified acceptance criteria for both CT and GC at day 35.

E. Additional Frozen (at –20°C) Specimen Stability Study

The recommended frozen storage conditions for endocervical swab, urethral swab, vaginal swab, female urine, male urine, and PreservCyt solution liquid Pap specimens in transport media is between –20°C to –70°C for up to 12 months after collection. Supporting data for each specimen type were generated using 90 negative specimens. Of these, 30 specimens were spiked with CT and GC at 1.0 IFU and 50 CFU per reaction, respectively; 30 specimens were spiked with CT and GC at 0.1 IFU and 5 CFU per reaction, respectively; and 30 specimens were not spiked. The specimens in transport media were stored frozen within 7 days of collection and tested at days 200 and 400. Specimens met the acceptance criteria of 95% agreement with expected results.

Tigris DTS System Clinical Specimen Agreement

Tigris DTS System Agreement

Agreement between Aptima Combo 2 assay results generated on the fully automated Tigris DTS system and semi-automated DTS systems was evaluated by testing endocervical swab, male urethral swab, female and male urine, vaginal swab, and PreservCyt solution liquid Pap specimens. Each of the clinical specimens was tested individually with the Aptima Combo 2 assay on both the Tigris DTS system and DTS systems at Hologic.

Clinical Specimen Agreement Study — Endocervical Swab, Male Urethral Swab, and Female and Male Urine Specimens

Male and female subjects attending STD, urgent care, public health, and family planning clinics were enrolled at seven geographically diverse clinical sites with low to high prevalence for CT and GC. The clinical specimen agreement study evaluated agreement between the two systems using swab and urine specimens from 485 male and 576 female subjects. Of the 1,991 specimens tested, there was a small percentage that initially tested invalid or equivocal for CT or GC on the Tigris DTS system (20, 1.0%) and on the DTS Systems (14, 0.7%). Upon repeat testing, there were two (2) clinical specimens with equivocal GC results on the Tigris DTS system, which are not included in equivalence calculations. Overall percent agreement and percent positive and negative agreements were calculated. Specimens yielding discordant results between the DTS systems and Tigris DTS system were tested in alternate TMA amplification assays for CT and GC, which are nucleic acid amplification tests (NAATs) that target CT or GC rRNA sequences that differ from those targeted in the Aptima Combo 2 assay. Aptima Combo 2 assay repeat testing on the systems was also conducted on specimens yielding discordant Tigris DTS system and DTS systems results.

Tables 17 and 18 show the overall percent agreements for all paired test results obtained on the Tigris DTS system and DTS systems for swab and urine specimens, respectively. Overall agreements were 98.3% for swab specimens and 99.2% for urine specimens. Refer to Tables 5a and 9a for Aptima Combo 2 performance estimates for endocervical swab, male urethral swab, and female and male urine specimens tested on the DTS systems. Clinical performance estimates for the Tigris DTS system with endocervical swab, male urethral swab, and female and male urine specimens would be expected to be similar given the agreement findings.

Clinical Specimen Agreement Study — Vaginal Swab and PreservCyt Solution Liquid Pap Specimens

Female subjects attending STD, public health, and OB/GYN clinics contributed vaginal swab and PreservCyt solution liquid Pap specimens. The vaginal swab specimens were transferred directly to Hologic for testing while the PreservCyt solution liquid Pap specimens were processed at 2 cytopathology laboratories before being transferred. At Hologic, vaginal swab and PreservCyt solution liquid Pap specimens were first screened with the Aptima Combo 2 assay on the DTS systems. Specimens with final invalid or equivocal DTS systems results were not selected for further testing on the Tigris DTS system. Aptima Combo 2 assay positive specimens and a subset of Aptima Combo 2 assay negative specimens were selected for comparison testing on the Tigris DTS system. One hundred seventy (170) vaginal swab and 170 PreservCyt solution liquid Pap specimens from 181 female subjects were tested on both systems. The majority of specimens (110 vaginal swab and 107 PreservCyt solution liquid Pap specimens) selected for comparison testing were from symptomatic women. Seventeen (17) worklists were initiated: 13 (76.5%) were valid and 4

(23.5%) were invalidated because the instrument detected high background at the luminometer. The instrument had loose Detect 1 and 2 fittings that could have allowed air into the lines or incorrect amounts of detect reagents to be injected. These worklists were valid when retested. Of the 340 specimens tested, none had initial invalid or equivocal test results on the Tigris DTS system.

Tables 19 and 20 show the overall percent agreements for CT and GC detection for all paired test results obtained on the Tigris DTS and DTS systems for vaginal swab and PreservCyt solution liquid Pap specimens, respectively. Overall agreements were 98.2% for vaginal swab specimens and 98.2% for PreservCyt solution liquid Pap specimens. Refer to Tables 5b, 5c, 9b, and 9c for Aptima Combo 2 assay performance estimates for vaginal swab and PreservCyt solution liquid Pap specimens tested on the DTS systems. Clinical performance estimates for the Tigris DTS system with vaginal swab and PreservCyt solution liquid Pap specimens would be expected to be similar given the agreement findings.

CT/GC Clinical Panel Agreement Study — Endocervical Swab, Male Urethral Swab, and Female and Male Urine Specimens

The CT/GC clinical panel agreement study evaluated equivalence between the two systems using 13 Hologic-prepared CT/GC clinical panels containing 0 to 2,500 Inclusion Forming Units (IFU)/mL of CT and/or 0 to 125,000 Colony Forming Units (CFU)/mL of GC. The CT/GC clinical panels were created from swab and urine specimens collected from 222 male and 117 female subjects who were determined to be non-infected based on negative Aptima Combo 2 assay swab and urine specimen results on the DTS systems. Each of the 13 CT/GC panels consisted of 5 replicates of each specimen type (endocervical swab, male urethral swab, female urine, male urine) for a total of 20 replicates per panel.

Table 21 shows the percent agreements with expected CT and GC results for the Tigris DTS system and for the DTS systems for each of the 13 CT/GC panels. The concentrations ranged from 10 fold below to 1000 fold above the Aptima Combo 2 assay analytical claim limits of 1 IFU/assay for CT and 50 CFU/assay for GC. Also shown in Table 21 is the overall percent agreement (99.3%) between CT/GC panel results from the Tigris DTS system and from the DTS systems. Positive and negative agreements are shown in Tables 22 and 23 for CT and GC panel results, respectively. For swab and urine panels, positive agreements were 100% and 96.2% respectively for CT, and were both 100% for GC. Swab and urine negative agreements were 100% and 98.0%, respectively, for CT, and were both 100% for GC. Three of 5 female urine panel replicates, which were one log below the Aptima Combo 2 assay analytical sensitivity claim of 1 IFU/assay for CT, were CT- on the Tigris system. One of 5 female urine panel replicates from a separate panel was CT- on the DTS systems.

Table 17: Clinical Specimen Agreement Study: Endocervical and Male Urethral Swab Specimen Results¹

Tigris DTS System	DTS Systems				Total
	CT+/GC+	CT+/GC-	CT-/GC+	CT-/GC-	
CT+/GC+	30	0	0	0	30
CT+/GC-	0	108	0	2 ⁵	110
CT-/GC+	1 ²	0	67	0	68
CT-/GC-	0	12 ³	2 ⁴	796	810
Total	31	120	69	798	1018
Percent Agreement (95% CI)	96.8% (83.3–99.9)	90.0% (83.2–94.7)	97.1% (89.9–99.6)	99.7% (99.1–100)	n/a
Overall Percent Agreement (95% CI): 98.3% (97.3–99.0)					

+ denotes positive, - denotes negative, **n/a** = not applicable, **CI** = confidence interval.

¹Data not shown: Two specimens tested CT-/GC equivocal on both the Tigris and DTS Systems. One specimen tested CT-/GC- on the Tigris DTS System, but CT-/GC equivocal on the DTS Systems. When retested in the Aptima Combo 2 Assay on the DTS Systems, this specimen tested CT-/GC-. The specimen also tested GC- in the alternate TMA amplification assay.

²1/1 was CT+/GC+ when retested on the DTS Systems and was CT+ in the alternate TMA amplification assay.

³11/12 were retested. 11/11 were CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems. 9/11 were CT- when tested in the alternate TMA amplification assay and 2/11 were CT+.

⁴2/2 were CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and were GC- in the alternate TMA amplification assay.

⁵2/2 were CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and were CT- in the alternate TMA amplification assay.

Table 18: Clinical Specimen Agreement Study: Female and Male Urine Specimen Results

Tigris DTS System	DTS Systems				Total
	CT+/GC+	CT+/GC-	CT-/GC+	CT-/GC-	
CT+/GC+	32	0	0	0	32
CT+/GC-	0	100	0	1 ³	101
CT-/GC+	0	0	52	0	52
CT-/GC-	0	8 ¹	1 ²	776	785
Total	32	108	53	777	970
Percent Agreement (95% CI)	100% (89.1–100)	92.6% (85.9–96.7)	98.1% (89.9–100)	99.9% (99.3–100)	n/a
Overall Percent Agreement (95% CI): 99.2% (98.1–99.5)					

+ denotes positive, - denotes negative, **n/a** = not applicable, **CI** = confidence interval.

¹7/8 were CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and were CT- in the alternate TMA amplification assay.

1/8 was CT+/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and was CT+ in the alternate TMA amplification assay.

²1/1 was CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and was GC- in the alternate TMA amplification assay.

³1/1 was CT-/GC- when retested in the Aptima Combo 2 Assay on the DTS Systems and was CT+ in the alternate TMA amplification assay.

Table 19: Clinical Specimen Agreement Study: Vaginal Swab Specimen Results

Tigris DTS System	DTS Systems				Total
	CT+/GC+	CT+/GC-	CT-/GC+	CT-/GC-	
CT+/GC+	26	0	0	0	26
CT+/GC-	0	44	0	2	46
CT-/GC+	0	0	24	0	24
CT-/GC-	0	0	1	73	74
Total	26	44	25	75	170
Percent Agreement (95% CI)	100% (86.8–100)	100% (92.0–100)	96.0% (79.6–99.9)	97.3% (90.7–99.7)	n/a
Overall Percent Agreement (95% CI): 98.2% (94.9–99.6)					

+ denotes positive, - denotes negative, **n/a** = not applicable, **CI** = confidence interval.

Table 20: Clinical Specimen Agreement Study: PreservCyt Solution Liquid Pap Specimen Results

Tigris DTS System	DTS Systems				Total
	CT+/GC+	CT+/GC-	CT-/GC+	CT-/GC-	
CT+/GC+	26	0	0	0	26
CT+/GC-	0	44	0	1	45
CT-/GC+	0	0	24	0	24
CT-/GC-	0	1	1	73	75
Total	26	45	25	74	170
Percent Agreement (95% CI)	100% (86.8–100)	97.8% (88.2–99.9)	96.0% (79.6–99.9)	98.6% (92.7–100)	n/a
Overall Percent Agreement (95% CI): 98.2% (94.9–99.6)					

+ denotes positive, - denotes negative, **n/a** = not applicable, **CI** = confidence interval.

Table 21: CT/GC Clinical Panel Agreement Study: Agreement with Expected CT and GC Results for Endocervical Swab, Male Urethral Swab, and Female and Male Urine Panels

Panel Member CT/GC	Panel Member Concentration ¹		Replicates	CT		GC	
	CT IFU/mL	GC CFU/mL		Tigris %Agrmt	DTS %Agrmt	Tigris %Agrmt	DTS %Agrmt
Low/Low	2.5	125	20	100	100	100	100
Low/High	2.5	125,000	20	100	95 ³	100	100
High/Low	2,500	125	20	100	100	100	100
High/High	2,500	125,000	20	100	100	100	100
Very Low/Neg	0.25 ²	0	20	85 ⁴	100	100	100
Low/Neg	2.5	0	20	100	100	100	100
Medium/Neg	25	0	20	100	100	100	100
High/Neg	2,500	0	20	100	100	100	100
Neg/Very Low	0	12.5	20	100	100	100	100
Neg/Low	0	125	20	100	100	100	100
Neg/Medium	0	1,250	19	100	100	100	100
Neg/High	0	125,000	20	100	100	100	100
Neg/Neg	0	0	20	100	100	100	100
Overall Percent Agreement between Tigris and DTS (95% CI): 99.3% (98.3–99.8)							

IFU = inclusion forming units, CFU = colony forming units, CI = confidence interval, **Tigris %Agrmt** = Agreement between Tigris with expected results, **DTS %Agrmt** = Agreement between DTS with expected results.

¹A collection tube contains approximately 2.9 mL of transport medium for swab specimens and 4.0 mL of transport medium/urine mixture for urine specimens.

²The CT concentration in this CT/GC clinical panel member is one log below the Aptima Combo 2 Assay analytical sensitivity claim of 1 IFU/assay (7.25 IFU/swab, 5 IFU/mL urine).

³One of 5 female urine panel replicates was CT- on the DTS Systems.

⁴Three of 5 female urine panel replicates were CT- on the Tigris System.

Table 22: CT/GC Clinical Panel Agreement Study: CT Results for the Endocervical and Male Urethral Swab and Female and Male Urine Panels

Specimen	N	DTS+ Tigris+ n	DTS+ Tigris- n	DTS- Tigris+ n	DTS- Tigris- n	Positive Agreement (95% CI)	Negative Agreement (95% CI)
Swab	129	80	0	0	49	100 (95.5–100)	100 (92.7–100)
Urine	130	76	3 ¹	1 ²	50	96.2 (89.3–99.2)	98.0 (89.6–100)

+ denotes Positive, - denotes Negative, CI = Confidence Interval.

¹Three of 5 female urine panel replicates, which were one log below the Aptima Combo 2 Assay analytical sensitivity claim of 1 IFU/assay for CT, were CT- on the Tigris System.

²One of 5 female urine panel replicates was CT- on the DTS Systems.

Table 23: CT/GC Clinical Panel Agreement Study: GC Results for the Endocervical and Male Urethral Swab and Female and Male Urine Panels

Specimen	N	DTS+ Tigris+ n	DTS+ Tigris- n	DTS- Tigris+ n	DTS- Tigris- n	Positive Agreement (95% CI)	Negative Agreement (95% CI)
Swab	129	79	0	0	50	100 (95.4–100)	100 (92.9–100)
Urine	130	80	0	0	50	100 (95.5–100)	100 (92.9–100)

+ denotes positive, - denotes negative, CI = confidence interval, Tigris = Tigris DTS.

Precision Study

Tigris DTS system precision (i.e., reproducibility) was evaluated at one external clinical site and at Hologic. Aptima Combo 2 assay precision was evaluated across three Tigris systems, two study sites, two Aptima Combo 2 assay kit lots and four operators. Table 24 presents the precision RLU data in terms of Mean, Standard Deviation, Coefficient of Variation (CV), and percent agreement with expected results for calculations of between-site, between-operator, between-lot, between-run, and within-run variability.

At the external site, two operators performed three worklists (i.e., runs) per Aptima Combo 2 assay kit lot on one Tigris DTS system, completing a total of 6 worklists each. At Hologic, two operators performed three worklists per Aptima Combo 2 assay kit lot on each of two Tigris DTS Ssystem, completing a total of 12 worklists each. Thus, a total of 36 worklists were completed overall. Each worklist was composed of six identical, 12-member precision panels containing 0 to 2,000 fg/assay of CT rRNA and/or 0 to 2,433 fg/assay of GC rRNA. Each worklist was composed of six identical, 12-member precision panels containing 0 to 2,000 fg/assay of CT rRNA and/or 0 to 5,000 fg/assay of GC rRNA. Panel members containing CT and GC were categorized as having low (5 or 100 fg/assay), mid (1000 fg/assay), or high (≥ 2000 fg/assay) concentrations of CT and as having low (≤ 250 fg/assay), mid (approx. 2400 fg/assay), or high (5000 fg/assay) concentrations of GC. Reproducibility was established by spiking STM with rRNA. Reproducibility when testing swab and urine specimens containing target organism has not been determined. Precision was estimated according to NCCLS Guidelines EP5-A (34).

Table 24: Tigris DTS System Precision Data

Conc.		N	Mean RLU (x1000)	% Agrmt	Within-Run		Between-Site		Between-Lot		Between-Operator		Between-Run	
CT	GC				SD (RLU x1000)	CV (%)	SD (RLU x1000)	CV (%)	SD (RLU x1000)	CV (%)	SD (RLU x1000)	CV (%)	SD (RLU x1000)	CV (%)
Neg	Neg	647	4	100	1.25	26.2	0.66	13.9	0.05	1.0	0.08	1.7	0.30	6.4
Neg	High	215	1,216	100	28.5	2.3	61.2	5.0	10.0	0.8	0	0	17.1	1.4
High	Neg	216	1,266	100	38.8	3.0	0	0	93.1	7.3	40.8	3.2	40.4	3.1
High	High	210	2,445	100	54.2	2.2	40.0	1.6	110.3	4.5	28.4	1.1	52.3	2.1
Neg	Low ¹	217	1,132	100	30.3	2.6	61.0	5.3	0	0.0	20.7	1.8	18.5	1.6
Low ¹	Neg	214	1,053	100	72.8	6.9	1.5	0.1	73.8	7.0	28.5	2.7	26.9	2.5
Mid	Mid	214	2,429	100	48.8	2.0	40.0	1.6	101.1	4.1	0	0	52.9	2.1
Low ¹	Low ¹	216	2,112	99.5	112.3	5.3	84.1	3.9	33.2	1.5	34.2	1.6	52.9	2.5
Low ¹	High	216	2,282	100	77.3	3.3	97.8	4.2	59.3	2.6	0	0	41.7	1.8
High	Low ¹	215	2,318	100	61.1	2.6	50.7	2.1	86.2	3.7	4.6	0.2	42.4	1.8

SD = Standard Deviation, %CV = Percent Coefficient of Variation, % Agrmt. = Percent Agreement, Conc. = Concentration.

Note: Variability from some factors may be numerically negative, which can occur if the variability due to those factors is very small. When this occurs, the variability as measured with standard deviation and %CV is set to 0. See NCCLS Approved Guidelines EP5-A (34).

¹Low panel members were spiked at the claimed analytical sensitivities of the assay (5 fg CT rRNA/assay, 250 fg GC rRNA/assay, or both for the dual positive panel member). For CT, the target level tested is the equivalent of approximately 36 fg/swab and 25 fg/mL urine. For GC, the target level tested is the equivalent of approximately 1800 fg/swab and 1250 fg/mL urine. Based on genome size and estimated DNA:RNA ratio/cell of each organism, 5 fg is the equivalent of 1 IFU CT and 250 fg is the equivalent of 50 cells GC.

Tigris DTS System Analytical Performance

See *Panther System Analytical Performance* for Panther system-specific analytical performance.

Analytical Sensitivity Equivalence Study

Dilutions of three CT serovars (E, F, G) associated with urogenital disease were tested on three Tigris DTS system instruments and in parallel on the DTS systems. The CT serovars were diluted into swab transport media and a pool of processed urine specimen. Concentrations ranged from 3 Inclusion-Forming Units (IFU) per assay to 0.1 IFU per assay, which is one log below the analytical sensitivity claim for the assay of one IFU per assay (7.25 IFU/swab, 5 IFU/mL urine). Percent positivity between the Tigris DTS and DTS systems was equivalent to 95% confidence for all three serovars down to the analytical claim level. Dilutions below the level also tested positive on both platforms. Overall, comparable sensitivity was demonstrated at a detection level of one IFU per assay between the Tigris DTS and DTS systems.

One sensitivity panel in vaginal specimen pool and one sensitivity panel in post-processed PreservCyt solution liquid Pap specimen pool were prepared at CT 5 fg rRNA and tested 60 replicates on the Tigris DTS system. Percent positivity (95% CI) on the Tigris DTS system for vaginal swab specimen was 100% (95.1–100) and post-processed PreservCyt solution liquid Pap specimen was 100% (95.1–100).

Dilutions of three GC clinical isolates were tested on three Tigris DTS system and in parallel on the DTS systems. The GC isolates were diluted into swab transport media and a pool of processed urine specimen. Concentrations ranged from 150 cells per assay to 5 cells per assay, which is one log below the analytical sensitivity claim for the assay of 50 cells/assay (362 cells/swab, 250 cells/mL urine). Percent positivity between the Tigris DTS and DTS systems was equivalent to 95% confidence for all three isolates down to the analytical claim level. Dilutions below the level also tested positive on both platforms. Overall, comparable sensitivity was demonstrated at a detection level of 50 cells per assay between the Tigris DTS and DTS systems.

One sensitivity panel in vaginal specimen pool and one sensitivity panel in post-processed PreservCyt solution liquid Pap specimen pool were prepared at GC 250 fg rRNA and tested 60 replicates on the Tigris DTS system. Percent positivity (95% CI) on the Tigris DTS system for vaginal swab specimen was 100% (95.1–100) and post-processed PreservCyt solution liquid Pap specimen was 100% (95.1–100).

CT/GC rRNA Spiked Clinical Panel Study — Vaginal Swab and PreservCyt Solution Liquid Pap Specimens

The CT/GC rRNA spiked clinical panel study evaluated agreement between the two systems using two Hologic-prepared CT/GC clinical panels spiked with 0 to 5,000 fg rRNA/assay of CT and/or 0 to 250,000 fg rRNA/assay of GC. The CT/GC clinical panels were created from vaginal swab and PreservCyt solution liquid Pap specimens collected from 309 female subjects whose specimens had negative Aptima Combo 2 assay results on the DTS systems when tested at Hologic. Negative specimens were pooled by specimen type, spiked or not spiked with CT and/or GC rRNA, and aliquotted as replicates of each panel member. Replicates of each of 13 panel members with different spiked rRNA levels were combined to create one clinical panel for each specimen type. Each panel contained a total of 132 replicates.

One vaginal swab replicate from the very low CT concentration panel member (0.05 fg rRNA/assay) had an equivocal CT result on the DTS systems.

Table 25 shows the percent agreements for each level of rRNA in the vaginal swab and PreservCyt solution liquid Pap panels, respectively, with expected CT and GC results for the Tigris DTS system and for the DTS systems. The concentrations ranged from 1 log below to 3 logs above the 5 fg rRNA/assay for CT and 250 fg rRNA/assay for GC. Also shown in Table 25 are the overall percent agreements (99.2% for the vaginal swab panel and 100% for the PreservCyt solution liquid Pap panel).

Table 25: CT/GC rRNA Spiked Clinical Panel Agreement Study: Agreement with Expected CT and GC Results for the Vaginal Swab Panel and PreservCyt Solution Liquid Pap Panel

Panel Member CT/GC	Concentration (fg rRNA/assay)		Replicates	Vaginal Swab Panel				PreservCyt Solution Liquid Pap Panel			
	CT	GC		CT		GC		CT		GC	
				Tigris %Agrmt	DTS %Agrmt	Tigris %Agrmt	DTS %Agrmt	Tigris %Agrmt	DTS %Agrmt	Tigris %Agrmt	DTS %Agrmt
Low/Low	5	250	10	100	100	100	100	100	100	100	100
Low/High	5	250,000	10	100	100	100	100	100	100	100	100
High/Low	5000	250	10	100	100	100	100	100	100	100	100
High/High	5000	250,000	10	100	100	100	100	100	100	100	100
Very Low/Neg	0.5	0	10	100	88.9 ¹	100	100	100	100	100	100
Low/Neg	5	0	10	100	100	100	100	100	100	100	100
Medium/Neg	50	0	10	100	100	100	100	100	100	100	100
High/Neg	5000	0	10	100	100	100	100	100	100	100	100
Neg/Very Low	0	25	10	100	100	100	100	100	100	100	100
Neg/Low	0	250	10	100	100	100	100	100	100	100	100
Neg/Medium	0	2500	10	100	100	100	100	100	100	100	100
Neg/High	0	250,000	10	100	100	100	100	100	100	100	100
Neg/Neg	0	0	12	100	100	100	100	100	100	100	100
				Overall Percent Agreement between Tigris and DTS (95% CI): 99.2% (95.8–100)				Overall Percent Agreement between Tigris and DTS (95% CI): 100% (97.2–100)			

DTS % Agrmt = Agreement between DTS and expected results, **CI** = confidence interval, **Tigris % Agrmt** = Agreement between Tigris DTS and expected results.

¹1/10 replicates had equivocal CT results on the DTS Systems and was excluded from this analysis. 8/9 agreed with expected results. 1/9 was CT- on the DTS Systems. The CT concentration of this panel member is 1 log below 5 fg rRNA/assay.

Analytical Specificity Equivalence Study

For a nucleic acid amplification assay, analytical specificity with respect to individual organisms is largely determined by the chemistry of the assay (e.g. oligonucleotide sequences) rather than by the platform. Because the reagents for the Aptima Combo 2 assay are identical between the Tigris DTS system and the DTS systems, analytical specificity experiments on the Tigris DTS system were designed to focus on the most challenging culture isolates. These organisms included those known to cross-react in other amplification assays. Twenty-four (24) culture isolates were selected from the panel of organisms in Table 15, including 3 organisms that are most closely related to CT and 17 organisms that are most closely related to GC. All of the organisms tested produced negative results on the Tigris DTS system.

Interfering Substances Equivalence Study

Blood commonly found in urogenital specimens may interfere in some amplification assays. Whole blood was used to establish the degree of blood interference on the Tigris DTS and equivalence between the Tigris DTS system and DTS systems with respect to this potential interferant. Fresh blood was added to clinical swab, vaginal swab, post-processed PreservCyt solution liquid Pap, and urine specimen pools, then tested for potential assay interference in the absence and presence of CT and GC target. The estimated rRNA equivalent of one CT IFU/assay (5 fg/assay) and 50 GC cells/assay (250 fg/assay) were used as these represent the analytical sensitivity of the assay. The rRNA equivalents were calculated based on the genome size and estimated DNA:RNA ratio/cell of each organism. Specimens were tested on two Tigris DTS systems. All samples containing target nucleic acid were positive when tested at a level of 10% (vol/vol) blood in swab specimens, vaginal swab specimens, post-processed PreservCyt solution liquid Pap specimens and 30% (vol/vol) blood in urine specimens. All samples that did not contain target were correctly identified as negative for both CT and GC. These results are identical to those demonstrated for the DTS systems when spiked with the same quantities of blood.

Blood added to swab, vaginal swab, post-processed PreservCyt solution liquid Pap specimens, and urine specimens at levels much higher than could be expected with normal specimen collection, did not interfere with results on the Tigris DTS system.

Carryover Studies for the Tigris DTS System

To establish that the Tigris DTS system minimizes the risk of false positive results arising from carryover contamination, a multi-day analytical study was conducted using spiked panels on three Tigris DTS system. The study used 20% high-target GC samples containing 1.0×10^9 cells/reaction, which were randomly spaced amongst 80% negative samples containing swab transport media. Over the course of the study, 1,372 high-target samples and 5,516 negative samples were tested across the three Tigris DTS system. The overall carryover rate, including both false positive and equivocal results, averaged 0.3% (18/5491). A total of 25 negative samples were reported as invalid and were excluded from the calculation. A separate analysis was conducted on a subset of the study population comprised of the negative samples that immediately followed a high-target positive. The carryover rate for this subset of the population, including both false positive and equivocal results, averaged 1.1% (12/1097). For false positives in this subset, the carryover rate ranged from 0% to 1.1% across the three Tigris DTS system. For equivocals in this subset, the carryover rate ranged from 0% to 0.9% across the three Tigris DTS system. These results demonstrate that carryover contamination is minimized on the Tigris DTS system.

Panther System Clinical Performance with Extragenital Specimens

Panther System Expected Value

Prevalence

The prevalence of CT and GC in patient populations depends on risk factors such as age, gender, the presence or absence of symptoms, the type of clinic, and the sensitivity of the test used to detect infections. A summary of the positivity of three CT and GC disease outcomes in rectal swab and throat swab samples, as determined by the Aptima Combo 2 assay, is shown in Table 26 for the multi-center clinical study by clinical site and overall.

Table 26: Prevalence of CT and GC Infections as Determined by the Aptima Combo 2 Assay in Rectal and Throat Swab Samples by Clinical Site

Site	Prevalence % (# positive/# tested with valid results)					
	RS			TS		
	CT+/GC-	CT-/GC+	CT+/GC+	CT+/GC-	CT-/GC+	CT+/GC+
1	10.6 (15/141)	6.4 (9/141)	2.1 (3/141)	2.8 (4/143)	9.8 (14/143)	0.0 (0/143)
2	6.3 (14/223)	1.3 (3/223)	0.4 (1/223)	0.4 (1/225)	1.3 (3/225)	0.0 (0/225)
3	4.5 (16/357)	4.5 (16/357)	3.4 (12/357)	0.8 (3/363)	5.5 (20/363)	0.3 (1/363)
4	1.8 (2/110)	0.9 (1/110)	0.0 (0/110)	0.9 (1/112)	1.8 (2/112)	0.0 (0/112)
5	4.2 (14/332)	3.6 (12/332)	2.4 (8/332)	1.5 (5/333)	4.5 (15/333)	0.6 (2/333)
6	2.5 (10/395)	5.8 (23/395)	0.8 (3/395)	1.0 (4/398)	7.8 (31/398)	0.3 (1/398)
7	5.5 (16/290)	5.5 (16/290)	3.4 (10/290)	1.7 (5/288)	9.7 (28/288)	0.3 (1/288)
8	10.9 (40/366)	6.3 (23/366)	1.6 (6/366)	4.1 (15/367)	10.4 (38/367)	0.3 (1/367)
9	9.8 (34/348)	12.9 (45/348)	4.6 (16/348)	1.7 (6/355)	17.2 (61/355)	0.8 (3/355)
All	6.3 (161/2562)	5.8 (148/2562)	2.3 (59/2562)	1.7 (44/2584)	8.2 (212/2584)	0.3 (9/2584)

RS = rectal swab, TS = throat swab.

Note: CT and GC prevalence was estimated using rectal swab and throat swab samples from symptomatic and asymptomatic subjects.

Panther System Clinical Performance for Rectal Swab and Throat Swab Specimens

A prospective, multi-center clinical study was conducted to establish the performance characteristics of the Aptima Combo 2 assay on the Panther system in rectal swab and throat swab specimens. Specimens were collected from symptomatic and asymptomatic women and men enrolled at 9 geographically and ethnically diverse US clinical sites, including STI screening and management, family planning, student health, women's health, and HIV management clinics, and clinics focusing on the LGBT population. Subjects were classified as symptomatic at the rectal and/or throat anatomic site if the subject reported anatomic site-specific symptoms. Of the 2767 subjects enrolled, 8 did not complete the collection visit and had no specimens sent for testing, 167 had samples tested but were excluded due to temperature excursions that compromised specimen integrity, and 1 had no samples tested in error. Of the 2591 non-excluded subjects that had at least one sample type tested, 181 were 18 to 20 years of age, 565 were 21 to 25 years of age, and 1845 were >25 years of age.

Up to eight specimens were collected by the clinician from each subject: 4 rectal swab and 4 throat swab specimens, collected in randomized order. Specimens were processed for CT/GC

testing with the Aptima Combo 2 assay and different NAATs in accordance with the instructions in the appropriate specimen collection kit package insert.

Results from up to three reference NAATs – cleared for the detection of urogenital CT/GC infection and validated for use in rectal and throat swab specimens – were used to establish the anatomic site infected status (ASIS) at each anatomic site for each subject. The ASIS was determined based on results from testing the same sample type. Subjects were categorized as infected if a positive result occurred in at least two reference NAATs, and as not infected if at least 2 of the reference results were negative; the third (tie-breaker) reference was only required if the first 2 reference results were discordant (see Tables 31, 32, 33, and 34 for the ASIS algorithms).

In total, 5500 samples were tested with the Aptima Combo 2 assay on the Panther system, including samples from the 167 subjects with results excluded due to temperature excursions. The samples were split between two external laboratories. Sites were instructed to retest samples with initial invalid, equivocal, or error results. All but 1 sample (5499/5500) had final valid results after required retesting.

Of the 2591 non-excluded subjects that had at least one sample type tested, the following samples were excluded from performance analyses: 6 throat samples were excluded from evaluations of CT performance (4 not tested with the Aptima Combo 2 assay, and 2 with invalid/indeterminate ASIS); 12 throat samples were excluded from evaluations of GC performance (4 with invalid or no result reported for the Aptima Combo 2 assay, 3 with final equivocal Aptima Combo 2 assay results, and 5 with to invalid/indeterminate ASIS); 29 rectal samples were excluded from evaluations of CT performance (2 samples were not collected, 1 with invalid results for the Aptima Combo 2 assay, 9 not tested with the Aptima Combo 2 assay, 12 with final equivocal Aptima Combo 2 assay results, and 5 with invalid/indeterminate ASIS); and 22 rectal swab samples were excluded from evaluations of GC performance (2 samples were not collected, 1 with invalid results for the Aptima Combo 2 assay, 9 not tested with the Aptima Combo 2 assay, 5 with final equivocal Aptima Combo 2 assay results, and 5 with invalid/indeterminate ASIS).

Chlamydia trachomatis Performance Results

Tables 27 and 28 show the PPA, NPA, and predictive values overall and by symptom status, respectively, for CT detection based on the ASIS in rectal swab and throat swab specimens.

Table 27: Performance Characteristics of the Aptima Combo 2 Assay for CT Detection in Rectal Swab and Throat Swab Specimens

Specimen Type	n	ASIS+/ AC2+	ASIS-/ AC2+	ASIS-/ AC2-	ASIS+/ AC2-	Prev %	PPA % (95% CI) ¹	NPA % (95% CI) ¹	PPV % (95% CI) ²	NPV % (95% CI) ²
RS	2562	197	25 ³	2322	18 ⁴	8.4	91.6 (87.2–94.6)	98.9 (98.4–99.3)	88.7 (84.4–92.3)	99.2 (98.8–99.5)
TS	2585	45	8 ⁵	2526	6 ⁶	2.0	88.2 (76.6–94.5)	99.7 (99.4–99.8)	84.9 (74.5–92.5)	99.8 (99.5–99.9)

AC2 = Aptima Combo 2 assay, **ASIS** = anatomic site infected status, **CI** = confidence interval, **NPA** = negative predictive agreement, **NPV** = negative predictive value, **PPA** = positive predictive agreement, **PPV** = positive predictive value, **Prev** = prevalence, **RS** = rectal swab, **TS** = throat swab.

¹Score CI.

²PPV 95% CI computed from the exact 95% CI for the positive likelihood ratio, NPV 95% CI computed from the exact 95% CI from the negative likelihood ratio.

³14/25 subjects had a positive CT result for one of the three reference assays.

⁴12/18 subject had a negative CT result for one of the three reference assays.

⁵3/8 subjects had a positive CT result for one of the three reference assays.

⁶2/6 subjects had a negative CT result for one of the three reference assays.

Table 28: Performance Characteristics of the Aptima Combo 2 Assay for CT Detection by Symptom Status in Rectal Swab and Throat Swab Specimens

Specimen Type	Symptom Status	n	ASIS+/ AC2+	ASIS-/ AC2+	ASIS-/ AC2-	ASIS+/ AC2-	Prev %	PPA % (95% CI) ¹	NPA % (95% CI) ¹	PPV % (95% CI) ¹	NPV % (95% CI) ¹
RS	Sym	190	23	2 ³	164	1 ⁴	12.6	95.8 (79.8–99.3)	98.8 (95.7–99.7)	92.0 (77.0–98.8)	99.4 (97.0–100)
	Asym	2372	174	23 ⁵	2158	17 ⁶	8.1	91.1 (86.2–94.4)	98.9 (98.4–99.3)	88.3 (83.6–92.1)	99.2 (98.8–99.5)
TS	Sym	306	9	1 ⁷	296	0	2.9	100 (70.1–100)	99.7 (98.1–99.9)	90.0 (61.9–99.7)	100 (99.0–100)
	Asym	2279	36	7 ⁸	2230	6 ⁹	1.8	85.7 (72.2–93.3)	99.7 (99.4–99.8)	83.7 (71.9–92.4)	99.7 (99.5–99.9)

AC2 = Aptima Combo 2 assay, **ASIS** = anatomic site infected status, **Asym** = asymptomatic, **CI** = confidence interval, **NPA** = negative percent agreement, **NPV** = negative predictive value, **PPA** = positive percent agreement, **PPV** = positive predictive value, **Prev** = prevalence, **RS** = rectal swab, **Sym** = symptomatic, **TS** = throat swab.

¹Score CI.

²PPV 95% CI computed from the exact 95% CI for the positive likelihood ratio, NPV 95% CI computed from the exact 95% CI from the negative likelihood ratio.

³2/2 subjects had a positive CT result for one of the three reference assays.

⁴1/1 subject had a negative CT result for one of the three reference assays.

⁵12/23 subjects had a positive CT result for one of the three reference assays.

⁶11/17 subjects had a negative CT result for one of the three reference assays.

⁷1/1 subject had negative CT results for all reference NAATs.

⁸3/7 subjects had a positive CT result for one of the three reference assays.

⁹2/6 subjects had a negative CT result for one of the three reference assays.

Neisseria gonorrhoeae Performance Results

Tables 29 and 30 show the PPA, NPA, and predictive values overall and by symptom status, respectively, for GC detection based on the ASIS in rectal swab and throat swab specimens.

Table 29: Performance Characteristics of the Aptima Combo 2 Assay for GC Detection in Rectal Swab and Throat Swab Specimens

Specimen Type	n	ASIS+/ AC2+	ASIS-/ AC2+	ASIS-/ AC2-	ASIS+/ AC2-	Prev %	PPA % (95% CI) ¹	NPA % (95% CI) ¹	PPV % (95% CI) ²	NPV % (95% CI) ²
RS	2569	192	13 ³	2359	5 ⁴	7.7	97.5 (94.2–98.9)	99.5 (99.1–99.7)	93.7 (89.8–96.4)	99.8 (99.5–99.9)
TS	2579	195	25 ⁵	2351	8 ⁶	7.9	96.1 (92.4–98.0)	98.9 (98.5–99.3)	88.6 (84.2–92.2)	99.7 (99.3–99.9)

AC2 = Aptima Combo 2 assay, ASIS = anatomic site infected status, CI = confidence interval, NPA = negative predictive agreement, NPV = negative predictive value, PPA = positive predictive agreement, PPV = positive predictive value, Prev = prevalence, RS = rectal swab, TS = throat swab.

¹Score CI.

²PPV 95% CI computed from the exact 95% CI for the positive likelihood ratio, NPV 95% CI computed from the exact 95% CI from the negative likelihood ratio.

³9/13 subjects had a positive CT result for one of the three reference assays.

⁴4/5 subjects had a negative CT result for one of the three reference assays.

⁵11/25 subjects had a positive CT result for one of the three reference assays.

⁶6/8 subjects had a negative CT result for one of the three reference assays.

Table 30: Performance Characteristics of the Aptima Combo 2 Assay for GC Detection by Symptom Status in Rectal Swab and Throat Swab Specimens

Specimen Type	Symptom Status	n	ASIS+/ AC2+	ASIS-/ AC2+	ASIS-/ AC2-	ASIS+/ AC2-	Prev %	PPA % (95% CI) ¹	NPA % (95% CI) ¹	PPV % (95% CI) ²	NPV % (95% CI) ²
RS	Sym	192	38	0	154	0	19.8	100 (90.8–100)	100 (97.6–100)	100 (91.2–100)	100 (97.8–100)
	Asym	2377	154	13 ³	2205	5 ⁴	6.7	96.9 (92.9–98.6)	99.4 (99.0–99.7)	92.2 (87.6–95.6)	99.8 (99.5–99.9)
TS	Sym	303	39	2 ⁵	262	0	12.9	100 (91.0–100)	99.2 (97.3–99.8)	95.1 (84.5–99.4)	100 (98.7–100)
	Asym	2276	156	23 ⁶	2089	8 ⁷	7.2	95.1 (90.7–97.5)	98.9 (98.4–99.3)	87.2 (82.1–91.4)	99.6 (99.3–99.8)

AC2 = Aptima Combo 2 assay, ASIS = anatomic site infected status, Asym = asymptomatic, CI = confidence interval, NPA = negative percent agreement, NPV = negative predictive value, PPA = positive percent agreement, PPV = positive predictive value, Prev = prevalence, RS = rectal swab, Sym = symptomatic, TS = throat swab.

¹Score CI.

²PPV 95% CI computed from the exact 95% CI for the positive likelihood ratio, NPV 95% CI computed from the exact 95% CI from the negative likelihood ratio.

³9/13 subjects had a positive GC result for one of the three reference assays.

⁴4/5 subjects had a negative GC result for one of the three reference assays.

⁵2/2 subjects had a positive GC result for one of the three reference assays.

⁶9/23 subjects had a positive GC result for one of the three reference assays.

⁷6/8 subjects had a negative GC result for one of the three reference assays.

***Chlamydia trachomatis* Infected Status Tables**

The frequency of test outcomes from reference NAAT and investigational Panther system testing is summarized in Table 31 and 32 for CT for rectal swab and throat swab samples, respectively.

Table 31: CT Infected Status for Performance Evaluation in Rectal Swab Samples

Rectal Infected Status	Assay Results				Rectal Symptom Status	
	NAAT1	NAAT 2	NAAT 3	Aptima Combo 2 Panther	Symptomatic	Asymptomatic
Infected	+	+	+	+	0	3
Infected	+	+	+	-	0	6
Infected	+	+	+	=	0	3
Infected	+	+	-	=	0	1
Infected	+	+	N/A	+	21	148
Infected	+	-	+	+	1	13
Infected	+	-	+	-	0	7
Infected	+	NR	+	+	0	2
Infected	-	+	+	+	1	7
Infected	-	+	+	-	1	4
Infected	-	+	+	=	0	1
Infected	NR	+	+	+	0	1
Not Infected	+	-	-	+	0	2
Not Infected	+	-	-	-	1	4
Not Infected	-	+	-	+	0	1
Not Infected	-	+	-	-	1	10
Not Infected	-	-	+	+	2	9
Not Infected	-	-	+	=	0	2
Not Infected	-	-	-	+	0	10
Not Infected	-	-	-	-	0	2
Not Infected	-	-	-	=	0	2
Not Infected	-	-	N/A	-	158	2062
Not Infected	-	NR	-	-	0	47
Not Infected	NR	-	-	+	0	1
Not Infected	NR	-	-	-	4	33
Not Infected	NR	-	-	=	1	0
Indeterminate	+	-	NR	-	1	0
Indeterminate	-	+	NR	-	0	1
Indeterminate	-	+	NR	=	0	1
Indeterminate	-	NR	+	=	1	0

Aptima Combo 2 Panther = Aptima Combo 2 assay on the Panther System, **N/A** = not applicable, **NR** = result not available.

The equal symbol (=) represents an equivocal result.

Table 32: CT Infected Status for Performance Evaluation in Throat Swab Samples

Throat Infected Status	Assay Results			Aptima Combo 2 Panther	Throat Symptom Status	
	NAAT1	NAAT 2	NAAT 3		Symptomatic	Asymptomatic
Infected	+	+	+	+	0	1
Infected	+	+	+	-	0	2
Infected	+	+	-	-	0	1
Infected	+	+	=	-	0	1
Infected	+	+	N/A	+	8	31
Infected	+	-	+	+	1	4
Infected	+	-	+	-	0	1
Infected	+	NR	+	-	0	1
Not Infected	+	-	-	+	0	1
Not Infected	+	-	-	-	0	3
Not Infected	-	+	-	+	0	1
Not Infected	-	+	-	-	0	2
Not Infected	-	-	+	+	0	1
Not Infected	-	-	-	+	1	4
Not Infected	-	-	-	-	1	6
Not Infected	-	-	N/A	-	295	2202
Not Infected	-	=	-	-	0	1
Not Infected	-	NR	-	-	0	6
Not Infected	NR	-	-	-	0	10

Aptima Combo 2 Panther = Aptima Combo 2 assay on the Panther System, **N/A** = not applicable, **NR** = result not available.

The equal symbol (=) represents an equivocal result.

Neisseria gonorrhoeae Infected Status Tables

The frequency of test outcomes from reference NAAT and investigational Panther system testing is summarized in Tables 33 and 34 for GC for rectal swab and throat swab samples, respectively.

Table 33: GC Infected Status for Performance Evaluation in Rectal Swab Samples

Rectal Infected Status	Assay Results				Rectal Symptom Status	
	NAAT1	NAAT 2	NAAT 3	Aptima Combo 2 Panther	Symptomatic	Asymptomatic
Infected	+	+	+	+	1	0
Infected	+	+	+	-	0	1
Infected	+	+	+	=	1	0
Infected	+	+	-	-	0	2
Infected	+	+	-	=	0	1
Infected	+	+	N/A	+	34	137
Infected	+	-	+	+	2	11
Infected	+	-	+	-	0	2
Infected	-	+	+	+	1	5
Infected	NR	+	+	+	0	1
Not Infected	+	-	-	-	0	4
Not Infected	-	+	-	+	0	1
Not Infected	-	+	-	-	0	5
Not Infected	-	-	+	+	0	8
Not Infected	-	-	+	=	0	1
Not Infected	-	-	-	+	0	4
Not Infected	-	-	-	-	0	5
Not Infected	-	-	-	=	0	2
Not Infected	-	-	N/A	-	148	2109
Not Infected	-	NR	-	-	1	48
Not Infected	NR	-	-	-	5	34
Indeterminate	-	+	=	+	0	1
Indeterminate	-	NR	+	+	0	1

Aptima Combo 2 Panther = Aptima Combo 2 assay on the Panther System, **N/A** = not applicable, **NR** = result not available. The equal symbol (=) represents an equivocal result.

Table 34: GC Infected Status for Performance Evaluation in Throat Swab Samples

Throat Infected Status	Assay Results			Aptima Combo 2 Panther	Throat Symptom Status	
	NAAT1	NAAT 2	NAAT 3		Symptomatic	Asympomatic
Infected	+	+	+	+	1	3
Infected	+	+	+	-	0	2
Infected	+	+	-	-	0	4
Infected	+	+	N/A	+	36	135
Infected	+	-	+	+	2	14
Infected	+	-	+	-	0	2
Infected	+	NR	+	+	0	2
Infected	-	+	+	+	0	2
Not infected	+	-	-	+	0	4
Not infected	+	-	-	-	1	15
Not infected	+	-	-	=	1	0
Not infected	-	+	-	+	0	2
Not infected	-	+	-	-	0	4
Not infected	-	+	-	=	1	0
Not infected	-	-	+	+	2	3
Not infected	-	-	+	=	0	1
Not infected	-	-	-	+	0	14
Not infected	-	-	-	-	1	7
Not infected	-	-	N/A	-	260	2049
Not infected	-	NR	-	-	0	5
Not infected	NR	-	-	-	0	9
Indeterminate	+	-	=	+	0	1
Indeterminate	+	-	=	-	1	0
Indeterminate	NR	-	+	-	0	1

Aptima Combo 2 Panther = Aptima Combo 2 assay on the Panther System, **N/A** = not applicable, **NR** = result not available. The equal symbol (=) represents an equivocal result.

Panther System Analytical Performance

Reproducibility Study

Aptima Combo 2 assay reproducibility was evaluated at two external US laboratories and at Hologic using the Panther system. Testing was performed over six days using two lots of assay reagents and a total of six operators (two at each site). Reproducibility panel members were created using clinical urine specimens. The CT positive and GC positive panel members were created using naturally infected individual or pooled CT and/or GC positive samples that were diluted with volume from pooled negative samples to result in panel members with expected mean targeted RLU ranges (low positive or positive).

Table 35 presents, for each panel member, RLU data in terms of mean, standard deviation (SD), and coefficient of variation (CV) between sites, between operators, between lots, between runs, within runs, and overall. Percent agreement with expected results is also shown. Samples with valid results were included in the analyses.

Table 35: Panther System Reproducibility Data

Panel Member CT/GC	Agreed/N	Agrmt (%)	Mean RLU (x1000)	Between Sites		Between Operators		Between Lots		Between Runs		Within Runs		Total	
				SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)	SD (x1000)	CV (%)
Neg/Neg	108/108	100	5.5	0.0	0.0	0.0	0.0	0.6	11.3	0.3	5.5	0.6	10.4	0.9	16.3
Pos/Neg	107/108	99.1	1049.5	27.2	2.6	53.4	5.1	0.0	0.0	42.7	4.1	115.9	11.0	137.3	13.1
Low/Neg	107/107 ¹	100	637.0	20.4	3.2	34.4	5.4	38.5	6.0	38.4	6.0	153.5	24.1	167.7	26.3
Neg/Pos	108/108	100	1170.9	32.7	2.8	6.6	0.6	32.4	2.8	17.5	1.5	24.5	2.1	55.4	4.7
Neg/Low	103/108	95.4	354.9	58.6	16.5	65.6	18.5	0.0	0.0	0.0	0.0	178.7	50.3	199.1	56.1
Pos/Pos	107/107 ¹	100	2180.8	52.4	2.4	0.0	0.0	0.0	0.0	55.4	2.5	78.0	3.6	109.1	5.0

Agrmt = agreement, CV = coefficient of variation, Low = low positive, N = number of panel members, Neg = negative, Pos = positive, SD = standard deviation.

¹There was 1 invalid result excluded from the analysis.

Note: Variability from some factors may be numerically negative, which can occur if the variability due to those factors is very small. When this occurs, the variability as measured with standard deviation and %CV is set to 0.

Analytical Sensitivity Study

Analytical sensitivity of the Aptima Combo 2 assay was tested using urine processed with Urine Transport Medium (UTM), PreservCyt solution liquid Pap specimens diluted with STM, vaginal swab specimens, and STM. Panels were made by spiking CT and GC organisms into pools of these four matrices at 0.25 IFU/mL or 2.5 IFU/mL for CT or 12.5 CFU/mL or 125 CFU/mL for GC. These panels were tested on three Panther systems using two lots of reagents over four days for a total of 60 replicates per panel member. Agreement with the expected result was calculated. Agreement to expected results was 100% (95% CI 95.7–100%) for all urine panels, all PreservCyt solution liquid Pap solution panels, all vaginal swab panels, and all STM panels. The analytical sensitivity for the Aptima Combo 2 assay is 2.5 IFU/mL for CT and 125 CFU/mL for GC.

Carryover Studies for the Panther System

A multi-run analytical study was conducted using spiked panels on three Panther systems. Carryover was assessed using approximately 20% high titer GC samples dispersed between negative samples. The runs included clusters of high positive samples with clusters of negative samples as well as single high positives dispersed within the run. High titer samples were made using GC rRNA spiked into STM to give a final concentration equivalent to 2.5×10^5 CFU/mL. Testing was carried out using 5 runs on each of three Panther systems.

Carryover was calculated from a total of 2938 valid negative results. The overall carryover rate was 0% with a 95% confidence interval of 0–0.1%.

Extragenital Specimen Types (Throat and Rectal Swab Specimens)

Summary

Collectively, the analytical and clinical data provided below support the use of the Aptima Combo 2 assay for testing rectal and throat swab specimens for the qualitative detection and differentiation of ribosomal RNA (rRNA) from *Chlamydia trachomatis* (CT) and/or *Neisseria gonorrhoeae* (GC) to aid in the diagnosis of chlamydial and/or gonococcal disease.

Analytical Sensitivity

The 95% limit of detection for the extragenital swabs with the Aptima Combo 2 assay was determined for throat and rectal swabs. Two CT Serovars (E and G) and two clinical GC isolates were spiked into pools of these swabs. The panels were tested on two Panther systems using one reagent lot in replicates of at least 20 over eight days.

The 95% limit of detection for throat swabs is 0.005 IFU/ml (95% CI 0.003–0.020) for CT and 0.10 CFU/ml (95% CI 0.09–0.12) for GC. The 95% limit of detection for rectal swabs is 0.007 IFU/ml IFU/ml (95% CI 0.005–0.023) for CT and 0.10 CFU/ml (95% CI 0.09–0.12) for GC.

Cross-Reactivity of Microorganisms

For a list of microorganisms tested for cross-reactivity in urogenital specimens, refer to Table 15. For a list of microorganisms tested for cross-reactivity in throat and rectal swab specimens, refer to Table 16.

Potential Interfering Substances

The following interfering substances that may be found on extragenital swabs were individually spiked into STM: cold sore medication, lip balm, hemorrhoidal cream, human feces, cough suppressant, toothpaste, mouthwash, laxative suppository, anti-diarrheal medication, and antacid. All were tested for potential assay interference in the absence and presence of CT and GC at 3X the 95% limit of detection of the sample type. Samples spiked with CT and GC showed at least 95% positivity in the presence of the substances. Substances not spiked with CT or GC did not give a positive result for either CT or GC.

Refer to *Tigris DTS System Analytical Performance for Interfering Substances Equivalence Study* for information regarding potential interfering substances in urogenital specimens.

Sample Handling and Stability

Data to support the recommended storage conditions for extragenital swab samples were generated with pooled negative swab samples. Rectal and throat pools were spiked with CT and GC at concentrations of 2X the 95% limit of detection per each swab sample type. The spiked samples were held at –70°C, –20°C, 4°C, and 30°C. Samples were tested at days 0, 8, 15, 23, 36, and 60. All test conditions were at least 95% positive for both CT and GC at all times and temperatures.

Bibliography

1. **Alexander S et al.** 2007. *Confirming the Chlamydia trachomatis status of referred rectal specimens.* Sex Transm Infect. Jul 83(4):327-9. Epub 2007 May 2.
2. **Alexander S et al.** 2008. Self-taken pharyngeal and rectal swabs are appropriate for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in asymptomatic men who have sex with men. Sex Transm Infect. Nov 84(6):488-92.
3. **Bachmann LH et al.** 2010. Nucleic Acid Amplification Tests for Diagnosis of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Rectal Infections. J. Clin. Microbiol. 48(5):1827.
4. **Beem, M. O., and E. M. Saxon.** 1977. Respiratory tract colonization and a distinctive pneumonia syndrome in infants infected with *Chlamydia trachomatis*. NEJM 296:306-310.
5. **Berger R, Alexander E, Harnisch J et al.** 1979. Etiology, manifestations and therapy of acute epididymitis: prospective study of 50 cases. J Urol. 121(6), 750-754.
6. **Buimer, M., G. J. J. Van Doornum, S. Ching, P. G. H. Peerbooms, P. K. Plier, D. Ram, and H. H. Lee.** 1996. Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* by Ligase chain reaction-based assays with clinical specimens from various sites: implications for diagnostic testing and screening. J. Clin. Microbiol. 34:2395-2400.
7. **Cates, Jr., W., and J. N. Wasserheit.** 1991. Genital chlamydia infections: epidemiology and reproductive sequelae. Am. J. Obstet. Gynecol. 164:1771-1781.
8. **Centers for Disease Control and Prevention.** 2002. Screening Tests to Detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections. United States Morbid. and Mortal. Weekly Rep. 51 (RR-15).
9. **Chan PA, Robinette A, Montgomery M, Almonte A, Cu-Uvin S, Lonks JR, et al.** Extragenital infections caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: A review of the literature. Infect Dis Obstet Gynecol. 2016; 2016:5758387.
10. **Choudhri Y, Miller J, Sandhu J, Leon A, Aho J.** Sexually Transmitted Infections 2010–2015. Canada Communicable Disease Report 2018;44(2):49-54. <https://doi.org/10.14745/ccdr.v44i02a03>.
11. **Chernesky, M. A., D. Jang, J. Sellors, K. Luinstra, S. Chong, S. Castriciano, and J. B. Mahony.** 1996. Urinary inhibitors of polymerase chain reaction and Ligase chain reaction and testing of multiple specimens may contribute to lower assay sensitivities for diagnosing *Chlamydia trachomatis* infected women. Mol. Cell. Probes. 11:243-249.
12. **Ching, S., H. Lee, E. W. Hook, III, M. R. Jacobs, and J. Zenilman.** 1995. Ligase chain reaction for detection of *Neisseria gonorrhoeae* in urogenital swabs. J. Clin. Microbiol. 33:3111-3114.
13. **Chong, S., D. Jang, X. Song, J. Mahony, A. Petrich, P. Barriga, and M. Chernesky.** 2003. Specimen processing and concentration of *Chlamydia trachomatis* added can influence false-negative rates in the LCx assay but not in the Aptima Combo 2 assay when testing for inhibitors. J. Clin. Microbiol. 41:778-782.
14. **Cosentino LA et al.** 2012. Use of nucleic acid amplification testing for diagnosis of anorectal sexually transmitted infections. J Clin Microbiol. Jun 50(6): 2005-2008.
15. **Crotchfelt, K. A., B. Pare, C. Gaydos, and T. C. Quinn.** 1998. Detection of *Chlamydia trachomatis* by the Hologic AMPLIFIED *Chlamydia Trachomatis* assay (AMP CT) in urine specimens from men and women and endocervical specimens from women. J. Clin. Microbiol. 36:391-394.
16. **Farrel, D. J.** 1999. Evaluation of AMPLICOR *Neisseria gonorrhoeae* PCR using cppB nested PCR and 16S rRNA PCR. J. Clin. Microbiol. 37:386-390.
17. **Freeman AH et al.** 2011. Evaluation of self-collected versus clinician-collected swabs for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* pharyngeal infection among men who have sex with men. Sex Transm Dis. Nov 38(11):1036-1039.
18. **Frommell, G. T., R. Rothenberg, S. Wang, and K. McIntosh.** 1979. Chlamydial infection of mothers and their infants. Journal of Pediatrics 95:28-32.
19. **Gaydos, C. A., T.C. Quinn, D. Willis, A. Weissfeld, E. W. Hook, D. H. Martin, D. V. Ferraro, and J. Schachter.** 2003. Performance of the Aptima Combo 2 assay for detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in female urine and endocervical swab specimens. J. Clin. Microbiol. 41:304-309.
20. **Geiger R et al.** 2016. Investigation of the GeneXpertCT/NG assay for use with male pharyngeal and rectal swabs. Int J STD AIDS. August.
21. **Goessens, W. H. F., J. W. Mouton, W. I. Van Der Meijden, S. Deelen, T. H. Van Rijsoort-Vos, N. L. Toom, H. Verbrugh, and R. P. Verkooyen.** 1997. Comparison of three commercially available amplification assays, AMP CT, LCx, and COBAS AMPLICOR, for detection of *Chlamydia trachomatis* in first-void urine. J. Clin. Microbiol. 35:2628-2633.
22. **Harryman L et al.** 2012. Comparative performance of culture using swabs transported in Amies medium and the Aptima Combo 2 nucleic acid amplification test in detection of *Neisseria gonorrhoeae* from genital and extra-genital sites: a retrospective study. Sex Transm Infect. Feb 88(1):27-31.
23. **Holmes, K. K., G. W. Counts, and H. N. Beatz.** 1971. Disseminated Gonococcal infection. Ann. of Intern. Med. 74:979-993.
24. **Holmes, K. K., H. H. Handsfield, S. P. Wang, B. B. Wentworth, M. Turck, J. B. Anderson, and E. R. Alexander.** 1975. Etiology of nongonococcal urethritis. NEJM 292:1199-1205.
25. **Hook, E. W., III, and H. H. Handsfield.** 1999. Gonococcal infections in the adult. p. 458. In K. Holmes et al. (eds.) Sexually Transmitted Diseases. McGraw Hill, New York, NY.
26. **Jaschek, G., C. A. Gaydos, L. E. Welsh, and T. C. Quinn.** 1993. Direct detection of *Chlamydia trachomatis* in urine specimens from symptomatic and asymptomatic men by using a rapid polymerase chain reaction assay. J. Clin. Microbiol. 31:1209-1212.

27. **Krauss, S. J., R. C. Geller, G. H. Perkins, and D. L. Rhoden.** 1976. Interference of *Neisseria gonorrhoeae* growth by other bacterial species. *J. Clin. Microbiol.* **4**:288-295.
28. **Laboratory Diagnosis of Sexually Transmitted Infections.** Canadian Guidelines on Sexually Transmitted Infections. Public Health Agency of Canada, January 2018. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-18.html>.
29. **Mahony, J., S. Chong, D. Jang, K. Luinstra, M. Faught, D. Dalby, J. Sellors, and M. Chernesky.** 1998. Urine specimens from pregnant and nonpregnant women inhibitory to amplification of *Chlamydia trachomatis* nucleic acid by PCR, Ligase chain reaction, and transcription-mediated amplification: identification of urinary substances associated with inhibition and removal of inhibitory activity. *J. Clin. Microbiol.* **36**:3122-3126.
30. **Mahto M., Mallinson H.** 2012. Response to 'Comparative performance of culture using swabs transported in Amies medium and the Aptima Combo 2 nucleic acid amplification test in detection of *Neisseria gonorrhoeae* from genital and extra-genital sites: a retrospective study. *Sex Transm Infect. Apr*; **88**(3):211.
31. **Masi, A. T., and B. I. Eisenstein.** 1981. Disseminated Gonococcal Infections (DGI) and Gonococcal Arthritis (GCA): II Clinical Manifestations, Diagnosis, Complications, Treatment and Prevention. *Semin. Arthritis Rheum.* **10**:173.
32. **McCurdy, Brenda W.** 1997. *Cumitech Guide on Verification and Validation of Procedures in the Microbiology Laboratory.* February, 1997, American Society for Microbiology. ASM Press.
33. **Moncada J et al.** 2009. Evaluation of self-collected glans and rectal swabs from men who have sex with men for detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* by use of nucleic acid amplification tests. *J Clin Microbiol.* Jun **47**(6): 1657-62.
34. **National Committee for Clinical Laboratory Standards.** 1999. NCCLS EP5-A: Evaluation of Precision Performance of Clinical Chemistry Devices; Approved Guideline (Vol. 19, No. 2).
35. **National Committee for Clinical Laboratory Standards.** 2002. User Protocol for Evaluation of Qualitative Test Performance: Approved Guideline for additional Guidance on Appropriate Internal Quality Control Testing Practices.
36. **National Committee for Clinical Laboratory Standards.** 2004. NCCLS EP5-A2: Evaluation of Precision Performance of Quantitative Measurement Methods: Approved Guideline (2nd edition, Vol. 24, No. 25).
37. **Ota KV et al.** 2009. Detection of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in pharyngeal and rectal specimens using the BD Probetec ET system, the Hologic Aptima Combo 2 assay and culture. *Sex Transm Infect.* Jun **85**(3):182-6.
38. **Papp JR et al.** 2007. The use and performance of oral-throat rinses to detect pharyngeal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections. *Diagn Microbiol Infect Dis.* Nov **59**(3):259-264. Epub 2007 Jul 26.
39. **Peterson E. M., V. Darrow, J. Blanding, S. Aarnaes, and L. M. de La Maza.** 1997. Reproducibility problems with the AMPLICOR PCR *Chlamydia trachomatis* test. *J. Clin. Microbiol.* **35**:957-959.
40. **Schachter, J.** 1985. Chlamydiae (Psittacosis-Lymphogranuloma Venereum-Trachoma group), p. 856-862. *In* E. H. Lennette, et al. (ed.), *Manual of Clinical Microbiology*, 4th ed. American Society for Microbiology, Washington, D.C.
41. **Schachter, J., and M. Grossman.** 1981. chlamydial infections. *Ann. Rev. Med.* **32**:45-61.
42. **Schachter, J.** 1978. Medical progress: chlamydial infections (third of three parts). *NEJM* **298**:540-549.
43. **Schachter, J., E. C. Hill, E. B. King, V. R. Coleman, P. Jones, and K. F. Meyer.** 1975. Chlamydial infection in women with cervical dysplasia. *Am. J. Obstet. Gynecol.* **123**:753-757.
44. **Schachter J et al.** 2008. Nucleic acid amplification tests in the diagnosis of chlamydial and gonococcal infections of the oropharynx and rectum in men who have sex with men. *Sex Transm Dis.* Jul **35**(7):637-642.
45. **Sexton ME et al.** 2013. How reliable is self-testing for gonorrhea and chlamydia among men who have sex with men? *J Fam Pract.* Feb **62**(2):70-78.
46. **Stary, A., E. Schuh, M. Kerschbaumer, B. Gotz, and H. Lee.** 1998. Performance of transcription-mediated amplification and Ligase chain reaction assays for detection of chlamydial infection in urogenital samples obtained by invasive and noninvasive methods. *J. Clin. Microbiol.* **36**:2666-2670.
47. **Toye, B., W. Woods, M. Bobrowska, and K. Ramotar.** 1998. Inhibition of PCR in genital and urine specimens submitted for *Chlamydia trachomatis* testing. *J. Clin. Microbiol.* **36**:2356-2358.
48. **Turner AN et al.** HIV, rectal chlamydia, and rectal gonorrhoeae in men who have sex with men attending a sexually transmitted disease clinic in a Midwestern US city. *Sex Transm Dis.* Jun **40**(6):433-438.
49. **Turra M et al.** 2015. Detection and Confirmation of *Neisseria gonorrhoeae* Infections in Genital and Extragenital Samples using Aptima Assays on the Panther™ Instrument. *Microbiol Pathol.* **1**(2): 018.
50. **Verkooyen, R. P., A. Luijendijk, W. M. Huisman, W. H. F. Goessens, J. A. J. W. Kluytmans, J. H. Rijsoort-Vos, and H. A. Verbrugh.** 1996. Detection of PCR inhibitors in cervical specimens by using the AMPLICOR *Chlamydia trachomatis* assay. *J. Clin. Microbiol.* **34**:3072-3074.
51. **Vincelette, J., J. Schirm, M. Bogard, A. Bourgault, D. Luijt, A. Bianchi, P. C. Van Voorst Vader, A. Butcher, and M. Rosenstraus.** 1999. Multicenter evaluation of the fully automated COBAS AMPLICOR PCR test for detection of *Chlamydia trachomatis* in urogenital specimens. *J. Clin. Microbiol.* **3**:74-80.
52. **Yuan, Y., Y-X. Zhang, N. G. Watkins, and H. D. Caldwell.** 1989. Nucleotide and deduced amino acid sequences for the four variable domains of the major outer membrane proteins of the 15 *Chlamydia trachomatis* serovars. *Infect. Immun.* **57**:1040-1049.



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502487 Rev. 006
2024-02