

Q&A SESSION

Here all the questions that emerged during the Webinar “Laboratory Diagnosis of SARS CoV-2 Infection: Impact of Automation on the Different Steps” held by Professor Sambri. Professor Sambri kindly answered the ones specifically related to his lab workflow, while Copan took care of the ones regarding UniVerse. Enjoy!

1- Which is the % of Antigen tests you performe out of the total?

Currently, Professor Sambri's Laboratory performs 400 antigen tests over a total of 6000 tests, and it is currently trying to reach 1000 antigen tests per day. The lab goal is to have at least 2000 antigen tests per day, around 1/3 of the total tests, within the next month.

2- What do you think about saliva specimens for COVID-19 diagnosis?

Professor Sambri's main concern on the Saliva Samples is that, as far as he knows, the only methodology for testing them is Manual PCR setup. Anyway, he believes that saliva samples will be the future of Covid-19 testing.

3- Do you expect saliva to replace NP specimens?

This is foreseeable in a few months. Prof. Sambri believes that saliva could be considered as an alternative specimen at first. Once more robust evidence about the agreement of the result will be available, the Professor believes that saliva could become the main SARS-CoV-2 specimen.

4- In the UK many clinical labs have struggled with the increased workflow, do you foresee an increase in staff retention with the introduction of automation?

Since its lab is now working 24/7, Professor Sambri enrolled 25 people (doctors and technicians) since March. He does not foresee any personnel reduction in the future, but the same people working in a safer and a bit more relaxed way. This will open to the possibility of increasing the testing volumes, especially in the antigen section.

5- Do you still remove the swab that is attached to the cap before loading on UniVerse™?

There is no need to remove the swab when loading samples into UniVerse™.

6- Which system did you implement for the stat (2Hr) samples?

Professor Sambri's lab is using Cepheid.

7- How did you cope with getting out your urgent sample results while introducing a new methodology?

The new methodology is used only for green coded samples, representing 95% of the total sample volume. The red and yellow coded samples are kept apart from the green ones and are analyzed using other platforms: Cepheid for the red coded and Liaison DX for the yellow ones.

8- How can you manage urgent samples based on a multi-step process?

We ask the collection point to sort the urgent samples from the NON-urgent green samples, and as mentioned before, the Urgent samples (Red Coded) are processed through the Cepheid platform.

9- Which system did you use the UniVerse™ for: Diasorin Liaison, Panther, See-gene, or all three?

We are currently using UniVerse™ for Diasorin Liaison and Panther. Once we have more UniVerse™ platforms in our lab, we will consider integrating it with all three workflows.

10- When will UniVerse™ be launched in the market?

UniVerse™ is already available on the market. Three preliminary systems have already been installed, and the official launch will happen at the beginning of December.

11- What is the way you inactivate the infectivity of the samples before you load them to the UniVerse™ system?

There is no need to inactivate the sample in UniVerse™, as a BSL2 Laminar Flow Hood protects the operator.

12- What kind of ongoing validation testing do you perform on the UniVerse™ daily, weekly, etc.?

Further to the Instrumental Validation, whose results are exposed in the ppt, we have been performing for one week a daily comparison between manual and automated process. As results were successful, currently the instrument is running in routine mode.

13- Can you run samples with Universe™ for Liaison and Hologic and Tecan at the same time or one system/run?

Yes, UniVerse™ can run multiple kinds of Secondary tests at the same time.