FACT SHEET FOR HEALTHCARE PROVIDERS

Talis Biomedical Corporation
Talis One COVID-19 Test System

November 5. 2021

Coronavirus
Disease 2019
(COVID-19)

This Fact Sheet informs you of the significant known and potential risks and benefits of the emergency use of the Talis One COVID-19 Test System.

The Talis One COVID-19 Test System is authorized for use with mid-turbinate nasal swab specimens collected from individuals suspected of COVID-19 by their healthcare provider.

All patients whose specimens are tested with this assay will receive the Fact Sheet for Patients: Talis Biomedical Corporation – Talis One COVID-19 Test System.

What are the symptoms of COVID-19?

Many patients with COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, dyspnea), although some individuals experieng only mild symptoms or no symptoms at all. The curre information available to characterize the spectrum of clinical illness associated with COVID-19 suggests t when present, symptoms include cough, shorting breath or dyspnea, fever, chills, myalgias, heada sore throat, new loss of taste or smell, nausea or vomiting or diarrhea. Signs and symptoms may app any time from 2 to 14 days after exposure and the median time to symptom of et is appro-5 days. For further information or ne symptoms of COVID-19 please see the link Jvided i Where can I ation?" go for updates and more info ection.

Public health officials ha COVID-19 entifie ases infection throughout the includi United COVID-15-webpage (see States. Please chea the CD link provided in "V ere can ates and more information?" section end of this document) or your local jurisdictions site for the most up to date information.

What do I need to know about COVID-19 testing? Current information on COVID-19 for healthcare providers is available at CDC's webpage, *Information for Healthcare Professionals* (see links provided in "Where can I go for updates and more information?" section).

This test is to be performed only using midturbinate nasal swab specimens collected from individuals suspected of COVID-19 by their healthcare provider.

- The Talis One Could Test system can be used to test mixturbinate asal swap specimens.
- The Table One COVID-17 at System should be ordered for the detection. COVID-19 in individuals sus, atted of COVID-19 by their healthcare provider.
- he Tallia the COVID-19 Test System is authorized or use in corato as certified under the Clinical aboratory in the ement Amendments of 1988 CLIA), 42 U.S.C. §263a, that meet requirements to amount of Covid and the Talis One COVID-19 Test System is authorized use at the Point of Care (POC), i.e., in patient call settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

ecimens should be collected with appropriate infection control precautions. Current guidance is available at the CDC's website (see links provided in "Where can I go for updates and more information?" section).

When collecting and handling specimens from individuals suspected of being infected with COVID-19, appropriate personal protective equipment should be used as outlined in the CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19). For additional information, refer to CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) (see links provided in "Where can I go for updates and more information?" section).

What does it mean if the specimen tests positive for the virus that causes COVID-19?

A positive test result for COVID-19 indicates that RNA from SARS-CoV-2 was detected, and therefore the

Report Adverse events, including problems with test performance or results, to MedWatch by submitting the online FDA Form 3500 (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home) or by calling **1-800-FDA-1088**

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patient is infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data (such as local prevalence rates and current outbreak/epicenter locations) in making a final diagnosis and patient management decisions. Patient management should be made by a healthcare provider and follow current CDC guidelines.

The Talis One COVID-19 Test System has been designed to minimize the likelihood of false positive test results. However, it is still possible that this test can give a false positive result, even when used in locations where the prevalence is below 5%. In the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.

All laboratories using this test must follow the state dark testing and reporting guidelines according to their appropriate public health authorities.

What does it mean if the specimen tests the tive the virus that causes COVID-197

A negative test result for this tea neans that SARSne speg CoV-2 RNA was not present in en above the limit of detection. However, a esult do rule out COVID-19 and should no used as basis for treatment or p cisions. It nanag son to is possible to test a p ate during early or COVID-19 infection o make Test accurate diagnosis via Talis One COVID

When diagnostic testing regative, the possibility of a false negative result should considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-

19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative.

If COVID-19 is still suspected based on exposure history together with other clinical findings, re-testing with an alternative method should be considered by healthcare providers in consultation with public health authorities. Additional testing may be helpful bensure testing was not conducted today rely.

Risks to a pa nt of a ta nega e test result include: delayed or ck of supportiv tment, lack of d individuals and their household or monitori is for symptoms resulting in increased other cit within the community, or risk oth adv unintend e events.

The reformance of this test was established based on the care a limited number of clinical specimens. In inical performance has not been established in all circle ring variants but is anticipated to be reflective of a present variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of \$1.000 ARSCOV-2 and their prevalence, which change over time.

What is an EUA?

The United States FDA has made this test available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in diagnosing COVID-19.

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The EUA for this test is in effect for the duration of the COVID-19 declaration justifying emergency use of IVDs, unless terminated or revoked (after which the test may no longer be used).

What are the approved available alternatives?

Any tests that have received full marketing status (e.g., cleared, approved), as opposed to an EUA, by FDA can be found by searching the medical device databases here: https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases. A cleared or approved test should be used instead of a test made available under an EUA, when appropriate and available. FDA has issued EUAs for other tests that can be found at:

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization.

Where can I go for updates and more information?

CDC webpages:

General: https://www.componavirus/2019-

ncov/index.html
Symptoms:

https://www.cdc.go.goronavirus/201 ncov/symptoms-

testing/symptoms.htm.

Healthcare ofessional

https://www.cdc.gov/coronav.cd/19-nCoV/hcp/index.html

Inform on for V oratories:

https://www.cdg.pv/corona/irus/2019-nCoV/lab/index.html

nt V/lab-bio sty-gui /ines.html

station Precaution Healthcare Settings:

htts://www.cdc.go...nfectioncontrol/guidelines/isolation/index.ht

Specimen Conection: https://www.cdc.gov/coronavirus/2019-

//guidelines-clinical-specimens.html

Infection Control: https://www.cdc.gov/coronavirus/2019-

cov/b. infection-control.html

A webpages:

eneral: www.fda.gov/novelcoronavirus

EUAs:(includes links to fact sheet for individuals and manufacturer's instructions) https://www.fda.gov/medicaldevices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas



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