KBMO DIAGNOSTICS

COVID-19 RAPID TEST

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JAMES WHITE CEO

BRENT DORVAL CSO

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The FIT Test: KBMO Diagnostics

- Founded in 2004 by Dr Brent Dorval MIT Founder of Rapid HIV Diagnostic

- Patent Granted 2012: Detection of Antigen Specific Immune Complexes: #8,309,318

- Owner of the C3d Cell Line and lyophilization technology to ensure quality and consistent results for our lead food sensitivity products

- ISO 13485 certified quality and FDA registered Manufacturing Facility and CLIA High Complexity Labs

- 20,000 sq. ft of buildings on a campus outside of Boston MA

- Growing list of distributors and partner labs in Europe, Latin America, Asia and Africa

Management Team

James White CEO and Owner
- 20 years experience in Leadership roles in Healthcare Diagnostic Companies
- Launched multiple products from concept thru FDA and on to commercial success
- Multiple successful Mand A transactions taking non core assets from Multinationals

Brent Dorval PhD MIT: Founder and Chief Scientific Officer
- 35 Years Medical Devices Leadership with multiple patents and product launches
- Invented first 60 second HIV Diagnostic
- Advisor to WHO Vaccines and Diagnostics Committee in Geneva

Anthony Ricupero: Chief Operations Officer
- 20 years of Laboratory Management experience
- Set up and run multiple laboratories from Hospital to start up
- Multiple successful CLIA High Complexity inspections and new product launches

Jia He: Lab director
- PHD in Microbiology and Immunology from VCU
- Board Certified Lab Director for three US Labs
- Works with Junson Capital as a healthcare advisor between USA and China
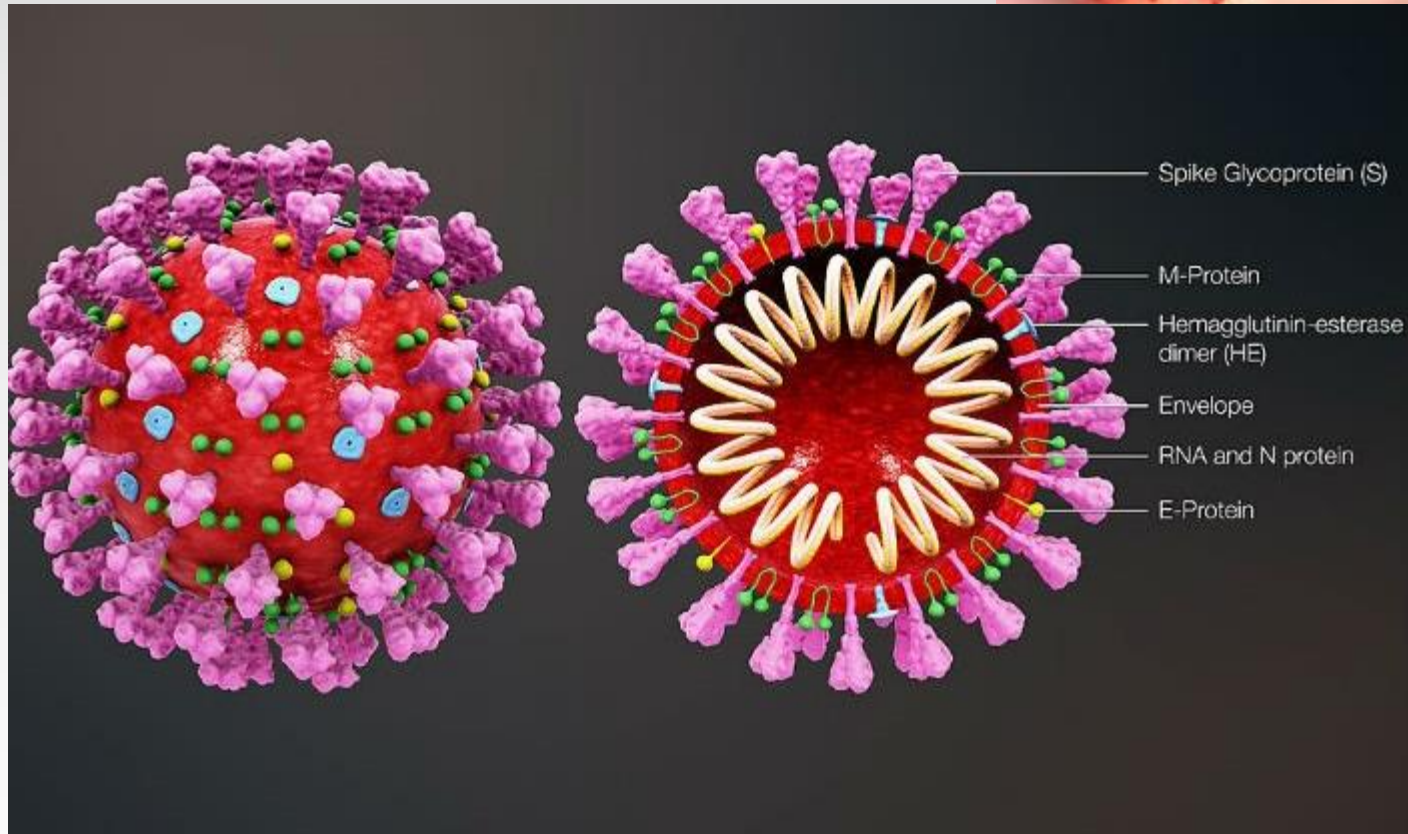
Our Lab team

We have 20,000 sq. ft of laboratory, manufacturing and warehouse just outside of Boston, USA

The Clinical team ran 2.5m assays in 2019 ready to do the same with our COVID-19 Assay

COVID-19 Assay

Spike Glycoprotein (S)

M-Protein

Hemagglutinin-esterase dimer (HE)

Envelope

RNA and N protein

E-Protein

Current Laboratory Diagnostic Methods

|	Advantages	Limitations
Isolation & Culture	Golden Standard	• Time-consuming (about 1 week) • Easily polluted
Nucleic Acid Detection	Early diagnosis with high sensitivity and specificity	• High requirements for lab condition • Expensive
Antigen Detection	Direct evidence of infection	• High skills required for operators • Specimen quality may affect the result easily.
IgM Antibody Detection	Earliest serum antibody with high sensitivity and specificity	• Individual differences and low immunity may delay antibody emergence.
IgG Antibody Detection	• Past/Secondary infection • Retrospective diagnosis reference	• Developed later

Why we test for IgG and IgM?

Antibody Response to SARS-CoV Proteins During Infection
NucleoProtein (N), Membrane (M), Spike (S)
Wu et.al. J Biomed Sci 2004, 11:117-126
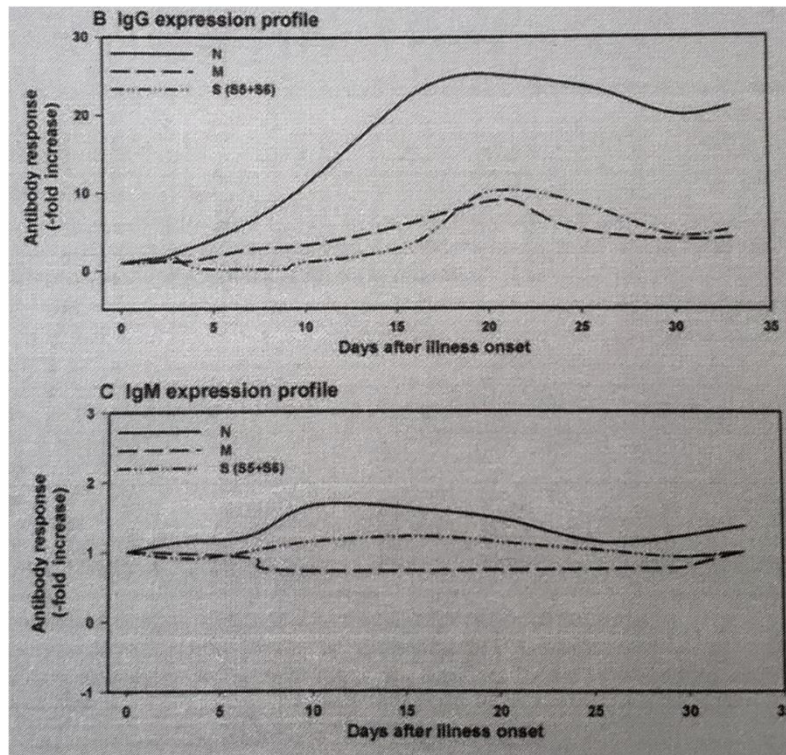
Principle

The kit detects 2019-nCoV IgM and IgG antibodies by immuno- capture method. The nitrocellulose membrane is coated by mouse-anti human monoclonal IgM antibodies, mouse-anti human monoclonal IgG antibodies, and goat-anti-mouse IgG antibodies. The recombinant 2019-nCoV antigen and mouse IgG antibodies are labeled with colloidal gold as a tracer. The antibodies will bind to colloidal gold-coated 2019- nCoV antigens to form compounds, which are further captured by pre-coated mouse-anti human IgM antibodies to form new compounds, and generate purple line (T). The binding of colloidal gold-labeled mouse IgG antibodies with goat-anti-mouse IgG antibodies will present purple line, which is used as the control line(C).
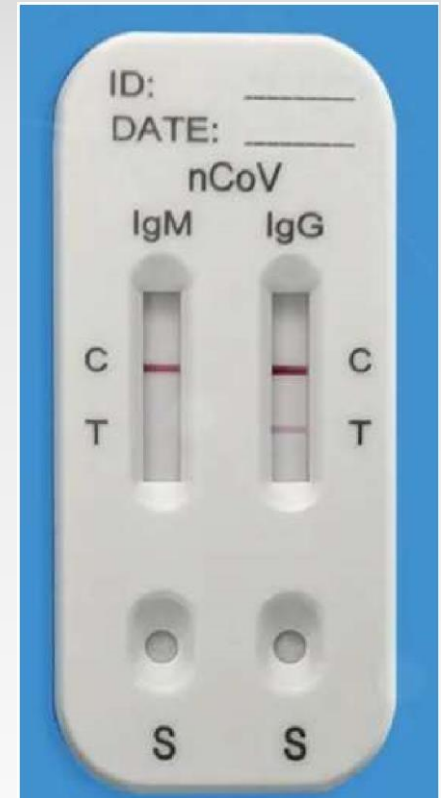
Result Interpretation
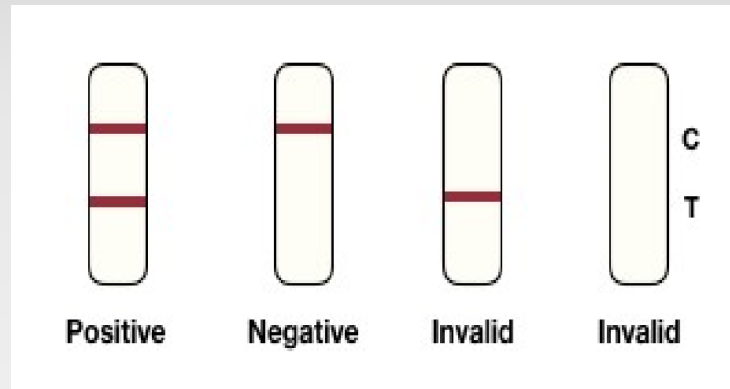
IgM Positive: The presence of two purple bands (T and C) within the IgM result window indicates positive for 2019-nCoV IgM antibody.

IgG Positive: The presence of two purple bands (T and C) within the IgG result window indicates positive for 2019-nCoV IgG antibody.

Negative: Only one purple band appearing at the control line (C) indicates negative result.

Invalid: If control line (C) fails to appear, no matter whether the T line is visible or not, the test is invalid. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons.

Clinical Data used for CFDA approval

The clinical trial of this product is based on the clear diagnosis / exclusion criteria of the disease identified in the "Novel Coronavirus Pneumonia Diagnosis and Treatment Program" developed by the Chinese CDC

Clinical research was conducted in 5 institutions and the total cases were 447.

Using this kit, 110 cases out of 126 clinically confirmed cases are positive, with the sensitivity of 87.3% (95% CI: 80.40% to 92.0%); 62 cases of clinically excluded cases are totally negative with the specificity of 100% (95% CI: 94.20% to 100%).

Recent Peer Reviewed Data

The COVID-19 IgM/IgG Rapid Test was used in a cohort of 304 clinically diagnosed patients

ZHANG Wenjian et al.: http://www.nhc.gov.cn/yzygj/s7652m/202003/a31191442e29474b98bfed5579d5af95.shtml

Group I.	**PCR Positive and Antibody Positive:**	34.5% (105/304)
IgM only:	76.2%	early infection
IgG only:	86.6%	late infection/convalescent phase
IgM and IgG:	96.1%	transition phase
Group II.	**PCR Negative but Antibody Positive:**	41.4% (126/304)
IgM only:	69.2%	early infection
IgG only:	98.3%	late infection/convalescent phase
IgM and IgG:	100%	transition phase
Group III.	**PCR and IgG Negative:**	24.0% (73/304)

FUO: fever of unknown origin but not as a result of COVID-19

Conclusion: the COVID-19 rapid test is clinically useful and more predictive than PCR

Our Test could be used in the absence of PCR?

The COVID-19 IgM/IgG Rapid Test was used in a cohort of 202 healthy or fever patients

ZHANG Wenjian et al.: http://www.nhc.gov.cn/yzygj/s7652m/202003/a31191442e29474b98bfed5579d5af95.shtml

PCR testing was not used or not available in this cohort of patients

IgM only:	99.0%	early infection
IgG only:	98.0%	late infection/convalescent phase
IgM and IgG:	99.0%	transition phase

Conclusion: the COVID-19 rapid test is clinically useful in the absence of PCR testing

KBMO test does NOT cross react with the following

Coronavirus HKU1-IgG	Coronavirus OC43-IgG
Coronavirus NL63-IgG	Coronavirus 229E-IgG
IInfluenza A virus H1N1 (new type influenza A virus H1N1 2009, seasonal influenza virus H1N1) IgG	H3N2-IgG
H5N1-IgG	H7N9-IgG
Influenza B virus IgG	Respiratory Syncytial Virus IgG
Adenovirus IgG	Rhinovirus IgG
Enterovirus A-IgG	EB virus IgG
Measles virus IgG	Cytomegalovirus IgG
Rotavirus IgG	Mumps IgG
Varicella-zoster virus IgG	Parainfluenza virus IgG
Mycoplasma pneumoniae IgG	Chlamydia pneumoniae IgG
Coxsackievirus group B IgG	

# ONLY Dual IGM and IGG Antibody test with CFDA

2m tests run in Wuhan to date...

Peking University Third Hospital	Hubei Provincial Hospital of Integrated Traditional Chinese and Western Medicine
Beijing Friendship Hospital	Wuhan Xiehe Hospital
Beijing Youan Hospital	Hubei Provincial Hospital of Traditional Chinese Medicine
Beijing Chaoyang Hospital	Wuhan Children's Hospital
Beijing Armed Police General Hospital	Wuhan Fangcai Hospital
Children's Hospital of Fudan University	Beijing Children's Hospital
Shanghai Xinhua Hospital	Capital Institute of Pediatrics
Shanghai Children's Medical Center	Shanghai Xinhua Hospital
Shanghai Children's Hospital	Affiliated Children's Hospital of Fudan University
Henan Provincial Center for Disease Control	Shanghai Children's Hospital
Guangdong Provincial Center for Disease Control	Suzhou Children's Hospital
Sichuan Provincial Center for Disease Control	Xuzhou Children's Hospital
Beijing Centers for Disease Control	Tianjin Children's Hospital
Disease Control Center of Shanxi Province	Shenyang Children's Hospital
Wuhan Tongji Hospital	Children's Hospital of Hebei Province

Distribution Table of 2019-nCoV Ab Test

No.	Receiving agency	Quantity (PCS)
1	Union Hospital, Tongji Medical College, Huazhong University of Science and Technology	7,000
2	Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology	7,000
3	People's Hospital of Wuhan University	7,000
4	Zhongnan Hospital of Wuhan University	7,000
5	Wuhan First Hospital	2,000
6	Wuhan Central Hospital	1,000
7	Wuhan Third Hospital	2,000
8	Wuhan Fourth Hospital	2,000
9	Wuhan Children's Hospital	1,000
10	Wuhan Hospital of Traditional Chinese Medicine	1,000
11	Wuhan Hankou Hospital	2,000
12	Wuhan Wuchang Hospital	2,000
13	Wuhan Pulmonary Hospital	2,000
14	Wuhan Jinyintan Hospital	2,000
15	Wuhan Red Cross Hospital	1,000
16	Wuhan Ninth Hospital	1,000
17	Dongxihu District People's Hospital	1,000
18	Wuhan Mental Health Center	1,000
19	Wuhan Wudong Hospital	500
20	Wuhan Donghu Hospital	500
	Total	50,000

US Regulatory Approvals
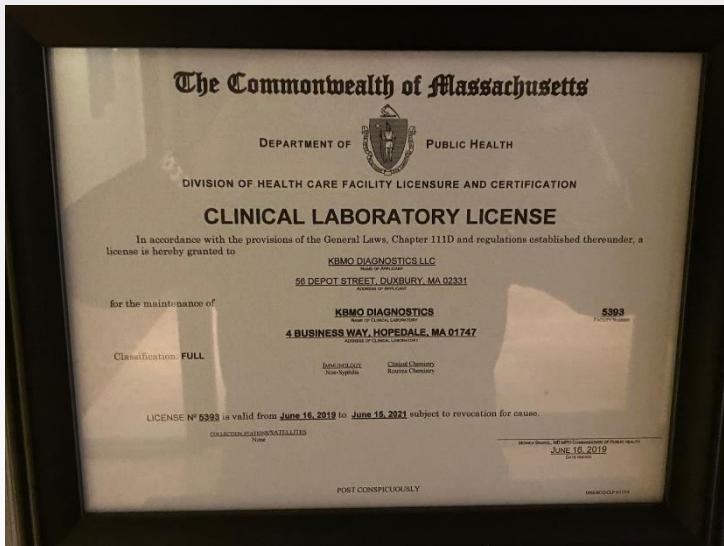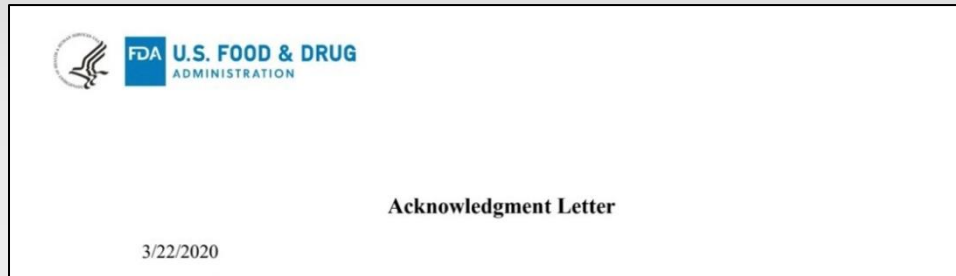
How to get a Serum or Fingerstick C-19 kit

- The serum or fingerstick test are available now via the website: https://kbmodiagnostics.com/

- The price is $100 plus $50 which includes overnight shipping to the client and back

- Payment is required before we ship the test kit out

- The Turnaround time is 24-48 hours for the Serum and 48-72 hours for the Fingerstick from arriving at the Lab

- If you are not a Provider you need to sign up at KBMO Diagnostics by going to our website: https://kbmodiagnostics.com/

- Patient results will be uploaded to the Provider's Box.com folder a HIPPA compliant CLOUD