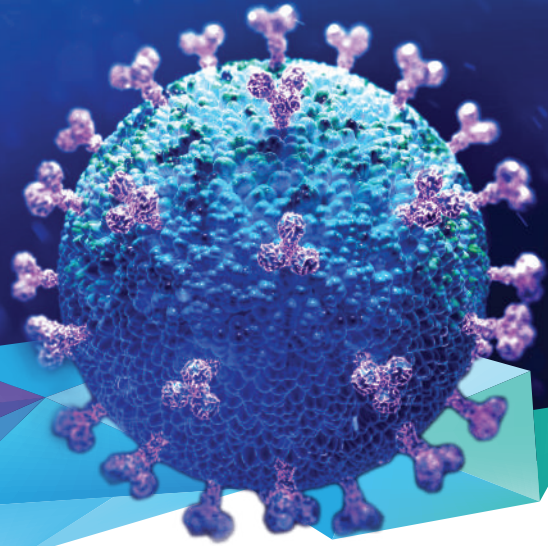# COVID-19 RNA and Antibody Testing Now Available!

IGX® IGeneX Inc.

Fast, accurate testing to determine the presence of SARS-CoV-2 RNA and SARS-CoV-2 antibodies.

OVERVIEW

IGeneX offers both the Real Time RT-PCR and antibody tests for COVID-19. The SARS-CoV-2 real-time RT-PCR test detects the presence of SARS-CoV-2, the virus that causes COVID-19. This test determines if a patient is currently infected with SARS-CoV-2 and should be used on patients showing symptoms such as fever, cough, and difficulty breathing. If positive, the patient can be quarantined and treated before the disease spreads. Antibody testing, in contrast, determines whether a patient has been exposed to SARS-CoV-2 and if the patient's immune system has produced antibodies against the infection. Antibody positivity likely means a person has recovered and may have protective immunity. This test is valuable in determining if it's safe for someone to return to work or school.

Individuals seeking a test for COVID-19 should consult with their physician or healthcare provider prior to placing an order. A test requisition form signed by a doctor or healthcare provider must be included when sending in samples to be tested.

C100
SARS-CoV-2 RT PCR – NP (Nasopharyngeal swab)

The C100 SARS-CoV-2, RT-PCR test detects the presence of the underlying virus that causes COVID-19 and is for use with patients who meet current guidance for evaluation of infection. A nasopharyngeal swab from the back of the nose is the recommended collection method. If a nasopharyngeal specimen cannot be collected, an oropharyngeal (throat) swab can be used.

PRICE
$135

CPT Code
U0003

COV1
SARS-CoV-2 IMMUNOBLOT PANEL 1 IgM/IgG

The COV1 ImmunoBlot Panel 1 can determine whether a patient has been exposed to SARS-CoV-2, and if the patient's immune system has produced antibodies against the infection. The Panel will detect both IgM and IgG antibodies to the virus by testing a blood sample. The body makes IgM antibodies when first infected with a new virus. IgG antibodies develop later, and may protect against the infection.

PRICE
$250

CPT Code
86769 X 2

COV2
SARS-CoV-2 COMPLETE PANEL 2

The COV2 SARS-CoV-2 Complete Panel 2 includes C100 and COV1. This test panel is the recommended option because it provides a comprehensive view of exposure to COVID-19 by testing for both active infection and antibody response. It helps determine if someone could potentially spread the virus, as well as determine if that person has developed antibodies that might protect them from further infection.

PRICE
$325

CPT Code
U0003, 86769 X 2

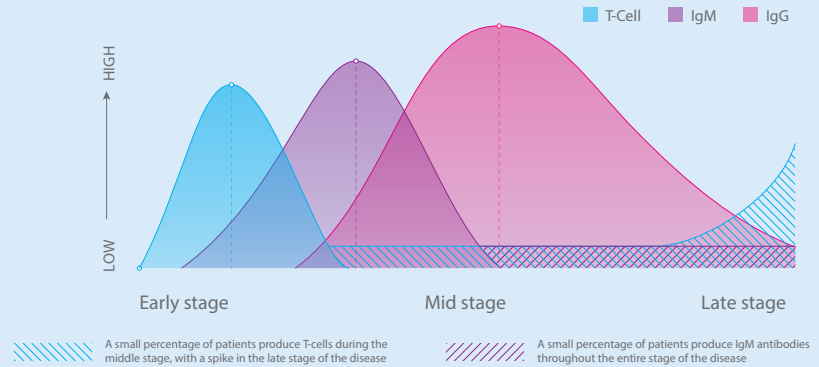IGeneX.com

WHICH TEST IS BEST?

The stage of the disease will determine which test will be most effective. In the early stages, when a patient is presenting with symptoms such as fever or shortness of breath, a PCR test, which looks for the RNA of the virus, is recommended because the body has yet to produce antibodies. Over time, as the body starts to produce antibodies in response to the infection and the patient begins to recover, testing for antibodies with the ImmunoBlots becomes important. The body makes IgM antibodies when first infected with a new virus. IgG antibodies develop later and protect against infection by remembering which virus the body has been exposed to before.

A panel approach is recommended

To get the most accurate assessment of a patient, it is recommended to test patients with both PCR and ImmunoBlots. The graphic on the right shows how it can take a number of days for IgM and IgG antibodies to develop, making the PCR test, along with a clinical diagnosis, the most effective way of determining active infection.
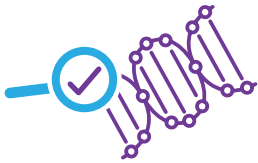
T-Cell and Antibody Response
PCR Testing is most effective in the early stage of disease.

T-Cell   IgM   IgG

HIGH

LOW

Early stage   Mid stage   Late stage

A small percentage of patients produce T-cells during the middle stage, with a spike in the late stage of the disease

A small percentage of patients produce IgM antibodies throughout the entire stage of the disease

TEST METHODOLOGY & INTERPRETATIONS

SARS-CoV-2 RT PCR

Viral RNA is extracted from the patient sample and converted to DNA by a process known as reverse transcription. The DNA is then amplified and SARS-CoV-2 specific DNA is detected using fluorescent labeled probes.

Results & Disclaimers

- A positive result is considered definitive evidence of infection
- If no viral sequence is present, amplification will not occur, resulting in a negative result

A negative result means that no SARS-Cov-2 RNA was detected in the sample because it was either absent or below the limit of detection. Therefore, test results need to be considered in the context of patient symptoms and exposure history.

SARS-CoV-2 IMMUNOBLOT PANEL 1 IgM/IgG

The test will detect SARS-CoV-2 specific IgM and IgG antibodies on a blood sample taken from a patient's vein. This method is typically more sensitive and reliable than Lateral Flow Assays and other techniques that rely on fingerprick blood tests.

Results & Disclaimers

- IgM Positive: Recent exposure to SARS-CoV-2 virus (Active disease)
- IgM and IgG Positive: Converting from IgM to IgG (Active infection)
- IgG Positive: Has been exposed and has already converted from IgM to IgG (Recovering/or Recovered)
- Negative: Not exposed to SARS-CoV-2 virus (or does not make antibodies)

Negative results do not preclude SARS-CoV-2 infection as IgM antibodies may not be detected in the first few days of infection. False positive results for IgM and IgG antibodies may occur due to cross-reactivity from pre-existing antibodies or other possible causes.

MORE INFORMATION

Test results will be provided to physicians within 24-72 hours. For more information on specimen collection and shipping, as well as access to test requisition forms, please visit igenex.com.

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