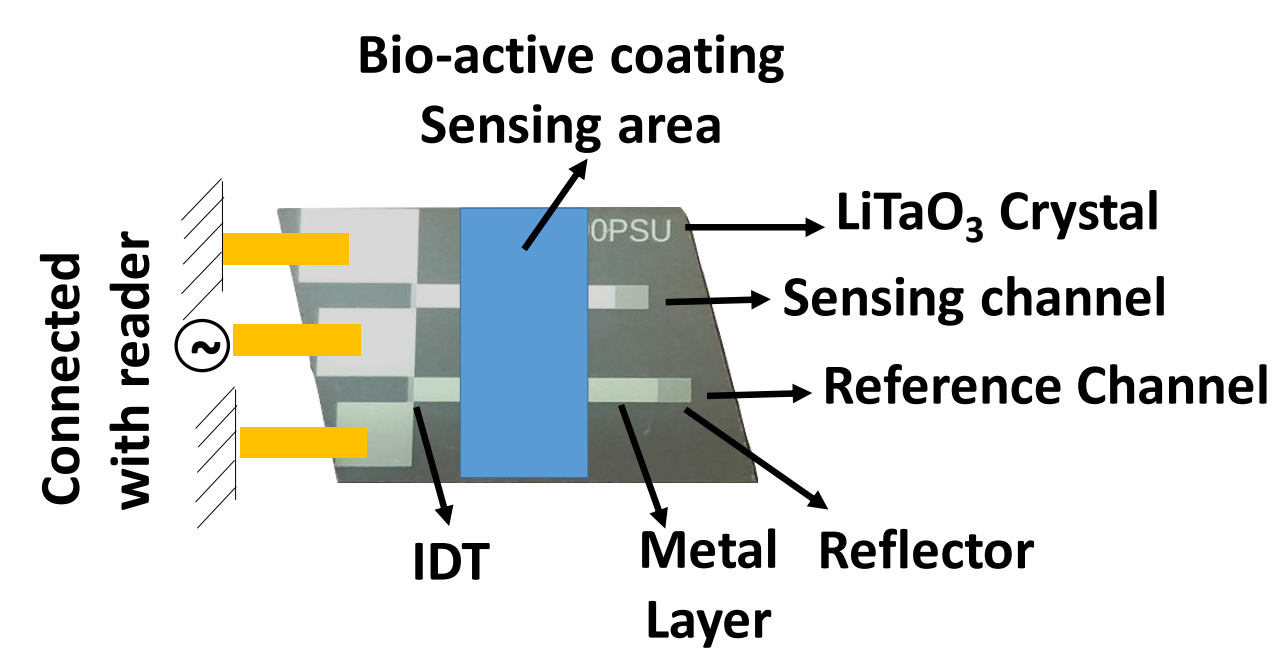


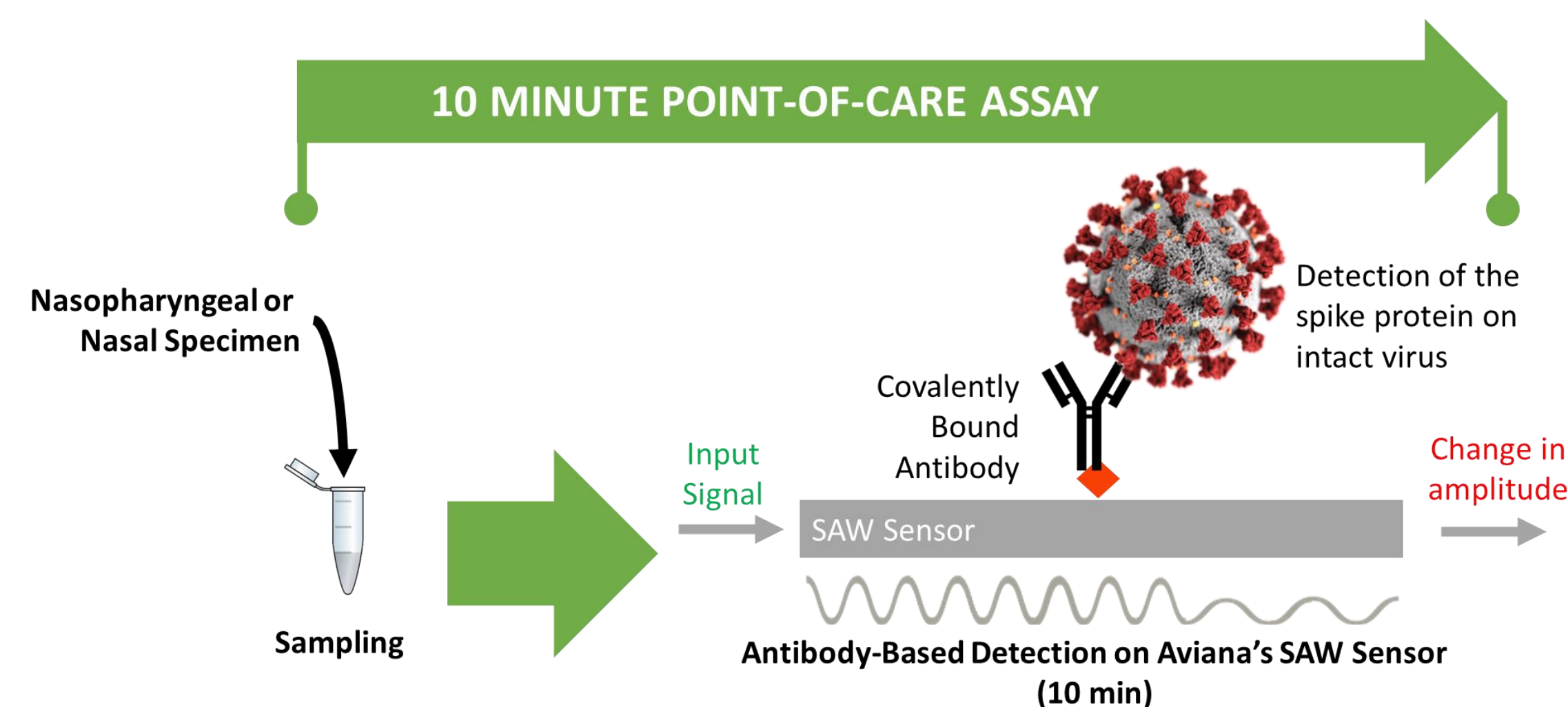
Abstract

- SARS-CoV-2 has devastated the health of millions of people worldwide and while this pandemic has stimulated many innovations in testing, none can detect the actual infectious virions but rely on RNA or protein detection
- Aviana (AMT) has developed a surface acoustic wave based (SAW) innovative, fast (<10 min), potentially cost-effective, and point of care (POC) platform that can detect infectious virions of SARS-CoV-2
- AMT's sensors are based on radiofrequency-based chips which detect mass changes bound to the chip surface; the chosen chip is ideal for detection of whole virus
- We present initial data on detection of SARS-CoV-2 virus using our Pegasus Digital Biosensing Platform (DBP) utilizing our RF chips

Sensor Design & Operating Principal



Top view of the sensor which consists of a sample channel and reference channel. Reference channel removes background signal and improves sensitivity.

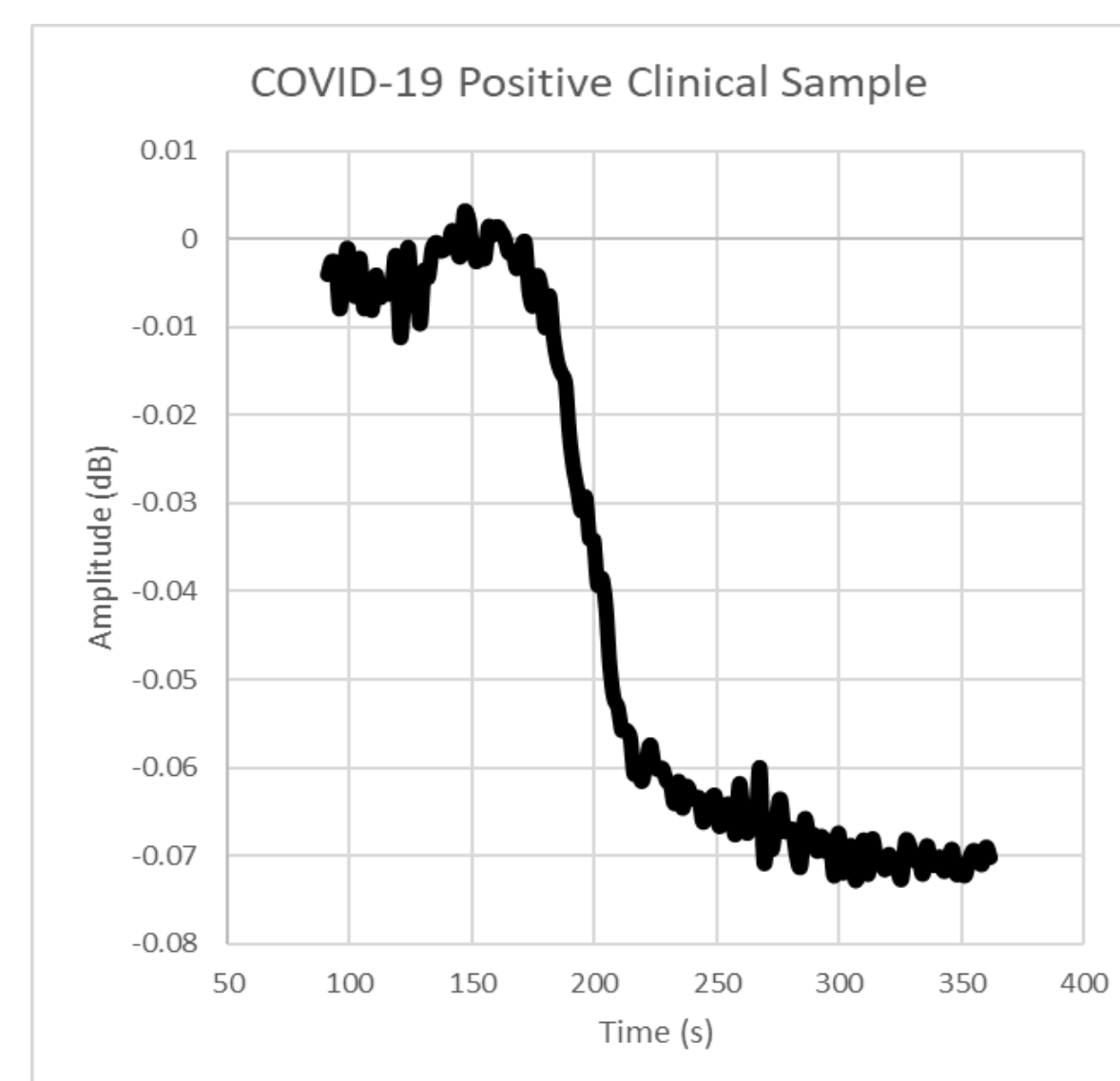


Side view of the sensor, showing the principle of SAW sensor. The property of the wave (amplitude) changes due to binding of the analyte when propagated through the sensing area.

Data Collection Process

- Spike monoclonal antibody obtained from Sorrento Therapeutics was immobilized to the surface of the sensor's sample channel.
- Limit of detection (LoD) was demonstrated using a BSL-2 safe SARS-CoV-2 pseudovirus from Integral Molecular.
- Sensitivity and specificity was determined using positive and negative COVID-19 clinical samples from nasopharyngeal specimens (NPS) in viral transport media (VTM) identified via an EUA RT-PCR test.
 - After a brief sample processing procedure, the sample was flown over the sensor in an enclosed fluid cartridge
- Binding of the virus to the antibody was determined by real-time changes in the amplitude of the SAW.

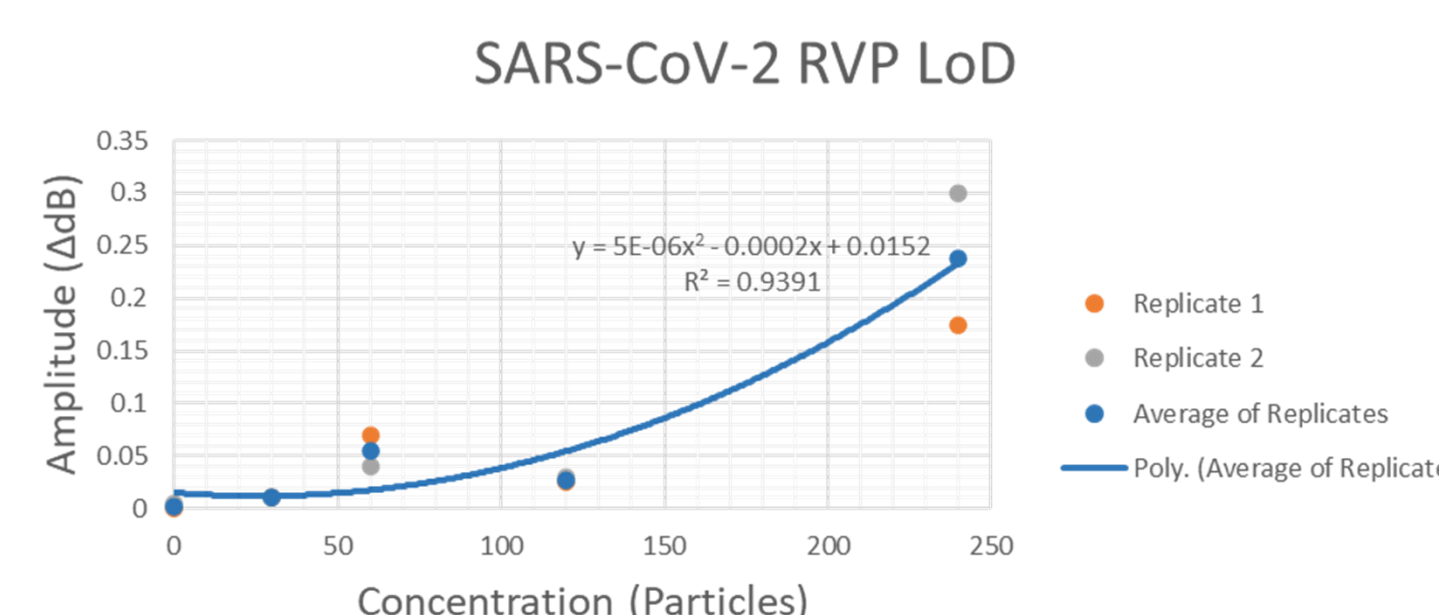
Real-Time Amplitude Shift



- The system reacts almost immediately after sample is added, amplitude change starts immediately (<30 seconds).
- Shown here is an example of the real-time amplitude change on the differential (sample channel response minus reference channel response) for a COVID-19 positive clinical sample.

Results – Limit of Detection Study

The RVP was diluted in VTM and tested on the DBP in duplicate through direct addition to the fluid cartridge.



| Concentration: TU/mL | Concentration: Virus Particles | Replicate 1 ΔdB | Replicate 2 ΔdB | Average of Replicates ΔdB |
|----------------------|--------------------------------|-----------------|-----------------|---------------------------|
| 0 | 0 | 0 | 0.005 | 0.0025 |
| 1000 | 30 | 0.01 | 0.01 | 0.01 |
| 2000 | 60 | 0.07 | 0.04 | 0.055 |
| 4000 | 120 | 0.025 | 0.03 | 0.0275 |
| 8000 | 240 | 0.175 | 0.3 | 0.2375 |

The data indicates that the DBP has an LoD of 30 virus particles per sample.

Results – Sensitivity and Specificity Study

| COVID-19 Sensitivity Data – RT-PCR Positive Clinical Samples | | |
|--|----------------------|------------------------------------|
| Sample No. | Pegasus DBP Response | Pegasus DBP Amplitude change (ΔdB) |
| 1 | Positive | 0.03 |
| 2 | Positive | 0.04 |
| 3 | Positive | 0.04 |
| 4 | Positive | 0.075 |
| 5 | Negative | 0.0 |
| 6 | Positive | 0.025 |
| 7 | Positive | 0.04 |
| 8 | Negative | 0.0 |
| 9 | Positive | 0.025 |
| 10 | Positive | 0.25 |

| COVID-19 Sensitivity Data – RT-PCR Negative Clinical Samples | | |
|--|----------------------|------------------------------------|
| Sample No. | Pegasus DBP Response | Pegasus DBP Amplitude change (ΔdB) |
| 1 | Positive | 0.4 |
| 2 | Negative | 0.0 |
| 3 | Negative | 0.0 |
| 4 | Negative | 0.0 |
| 5 | Negative | 0.0 |
| 6 | Negative | 0.0 |
| 7 | Negative | 0.0 |
| 8 | Negative | 0.0 |
| 9 | Positive | 0.03 |
| 10 | Negative | 0.0 |

The data demonstrates an initial sensitivity of 80% and a specificity of 80-90%*, which we are currently working on improving for EUA submission.

*9 out of 10 RT-PCR negative clinical samples tested negative on the Pegasus DBP (90% specificity) using our original sample processing method. 8 out of 10 RT-PCR negative clinical samples tested negative on the Pegasus DBP (80% specificity) using an optimized sample processing procedure used for testing the positive clinical samples (results shown in the tables above).

Disc

- Accurate and timely diagnosis is one of the obstacles to the control of COVID-19, even in vaccinated populations. A new variant now in circulation.
- In our preliminary studies, we can detect the presence of infectious particles on the platform.
- The platform is advantageous for detecting protein on virus particles and protein in the patient sample. The frequency of the SAW is optimized for bioparticles, such as virions and bacteria.
- Our novel diagnostic platform provides quantitative and real-time analysis of a fingerpick size sample volume for rapid and accurate diagnosis.

Con

- In this study, we have shown that our novel sensor platform has the capability for detection of SARS-CoV-2.
- Given its potential, this system could be used for many tests that could be an accurate system.

Future

- Conduct a live virus study in analytical studies using real-time monitoring of nasopharyngeal and nasal swabs for the delta variant
- Confirm the presence of virus particles in the sensor's sample channel using Microscopy
- Evaluate the system against other diagnostic methods

Ackno

We would like to thank Sorrento Therapeutics for their support. We also acknowledge that the views expressed here do not reflect the official views or policy of the Department of Defense. This work was partly funded by the DOD SBIR.