

# LumiraDx™ D-Dimer µg/L FEU

**For Professional Use Only**

Product name	Product description	REF	
			12
			24
			48

SPEC-31057 R4  
ART-00228 R8 Date of Rev 2022-05

## LumiraDx D-Dimer test

The LumiraDx D-Dimer Test Strips (hereafter referred to as Test Strips) are to be used with the LumiraDx Platform. The LumiraDx Platform is a point of care system for professional use which is used for *in vitro* diagnostic tests. It comprises a portable LumiraDx instrument and a LumiraDx Test Strip for the required test. This test is for **HEALTHCARE PROFESSIONAL USE ONLY** and allows users to perform tests using small sample volumes and to view results quickly on the instrument touch-screen.

### Intended use:

The LumiraDx D-Dimer test is an *in vitro* diagnostic test for the quantitative determination of D-Dimer in human capillary and venous whole blood and plasma samples (Sodium Citrate). The LumiraDx D-Dimer Test Strips are intended for use with the LumiraDx Instrument. It is an automated *in vitro* diagnostic test for near-patient testing to aid in the assessment and diagnosis of patients with suspected venous thromboembolism (VTE) such as deep vein thrombosis (DVT) and pulmonary embolism (PE).

The test can be used in conjunction with a clinical pre-test probability assessment model to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE) disease in patients suspected of DVT or PE. The LumiraDx D-Dimer test is for Professional Use Only. For patients ≥18 years of age.

**Caution:** For *in vitro* diagnostic use only.

Before you start testing, if you are new to the LumiraDx Instrument and LumiraDx Platform, you must read the LumiraDx Platform User Manual, the LumiraDx D-Dimer Quick Reference Instructions, and this entire Product Insert. In addition, please watch the LumiraDx Platform Training Video available at lumiradx.com.

### Summary and explanation of the test:

D-Dimer testing is used as an aid in the diagnosis of venous thromboembolism (VTE) and is widely accepted as the first step in the management of patients with suspected VTE<sup>1</sup>.

D-Dimer is a degradation product of fibrin, present in the blood after a blood clot is degraded by fibrinolysis. D-Dimer testing is of clinical use when there is a suspicion of VTE and is used alongside clinical pre-test probability scoring systems and additional test methods such as ultrasound.

D-Dimer levels are almost always increased in cases of VTE. A normal D-Dimer result can exclude patients from the VTE pathway in conjunction with a low-risk clinical pre-test probability score<sup>2</sup>. Please refer to the Expected Values section for more information.

### Principle of the assay:

The LumiraDx D-Dimer test is a rapid microfluidic immunofluorescence assay for use with the LumiraDx Instrument for the quantitative measurement of D-Dimer in human whole blood (capillary finger stick and sodium citrated-venous) and sodium citrated-plasma specimens.

The test procedure involves the addition of fingerstick, venous whole blood or plasma sample to the sample application area of the Test Strip inserted in the Instrument.

The Test Strip is inserted into the Instrument which is programmed to perform the analysis when the sample has reacted with the reagents. The analysis is based on the amount of fluorescence the Instrument detects within the measurement area of the Test Strip. The concentration of the analyte in the sample is proportional to the fluorescence detected. The results are displayed on the Instrument touch-screen in approximately 6 minutes from the addition of sample.

### Materials provided:

- LumiraDx D-Dimer Test Strips packed individually in desiccant foil pouches
- LumiraDx D-Dimer Product Insert
- RFID (Radio frequency ID) Tag held inside the Test Strip carton
- Quality Control Ranges Product Insert

### Materials required but not provided with the Test Strip carton:

- LumiraDx Instrument
- LumiraDx D-Dimer Quality Controls (as required to meet local and organizational compliance)
- Standard blood collection equipment (high flow lancets, venous/arterial transfer tubes, biohazard disposal)
- LumiraDx Connect if connectivity required (refer to LumiraDx Connect User Manual)

### Warnings and precautions:

- For *in vitro* diagnostic use only
- Do not open the Test Strip until ready for immediate use
- Discard and do not use any damaged or dropped Test Strips or other materials

### Inadequate or inappropriate sample collection, storage, and transport can result in incorrect results.

- The test cannot be visually interpreted; the LumiraDx Instrument must be used to generate results.
- Do not use the kit components beyond the expiration date
- Do not reuse any kit components
- Samples must be processed as indicated in the Performing a Test section of this Product Insert. Failure to follow the instructions for use can result in inaccurate results
- All components of this kit should be discarded as Biohazard waste according to local regulations and procedures
- Refer to the product safety data sheet for risk and safety phrases and disposal information. The product safety data sheet is available via our website lumiradx.com
- Exercise the normal precautions required for handling all laboratory reagents. Wear protective clothing such as laboratory coats, disposable gloves, and eye protection when samples are collected and evaluated.
- Proper laboratory safety techniques should be followed at all times when working with patient samples. Patient samples, used Test Strips, used Lysis Devices and used blood collection equipment may be potentially infectious. Proper handling and disposal methods should be established by the laboratory in accordance with local regulations and procedures.

### Storing the Test Strips:

Store the Test Strips in their original carton. You can store the Test Strips at a temperature between 2°C and 30°C (36°F and 86°F). Avoid freezing or storing in any area that could exceed 30°C. When stored properly, the Test Strips can be used until the expiration date printed on the Test Strip foil pouch and the Test Strip carton. Discard the Test Strips if they are past the expiration date.

### Handling the Test Strips:

When you are ready to perform a test, open the Test Strip carton, take out a Test Strip, and remove it from the foil pouch. Hold the Test Strip by gripping the blue label end with the label facing upwards. Do not touch the Test Strip Sample Application Area. Do not bend or fold the Test Strip. Do not touch the Test Strip contacts. After removing the Test Strip from the foil pouch, it should be used immediately. Do not use the Test Strip if there are any visible signs of damage to the foil pouch such as tears or holes.

### Sample material:

- The following samples can be used with the LumiraDx D-Dimer Test Strip:
- Whole blood - Capillary fingerstick sample (direct - non-anticoagulated) or using Transfer tube - (Lithium-Heparin anticoagulated)
  - Anticoagulated venous whole blood (citrated)
  - Plasma (citrated)
  - LumiraDx D-Dimer Quality Controls
- The Test device contains:**
- Mouse monoclonal antibodies
  - Fluorescent Latex particles
  - Magnetic particles
  - Buffer and Stabilising Agents

### Sample collection and preparation for analysis:

**Note:** It is recommended to analyse both venous blood and venous plasma immediately after draw.

When collecting any type of sample, follow universal blood collection precautions and guidelines according to your organization. For specimen collection of venous whole blood or plasma, follow the sample tube manufacturer's recommended procedure.

The steps that follow apply to collecting a capillary blood sample from a finger stick. Optionally, you may use a Transfer Tube to collect the fingerstick blood sample. The Transfer Tube must be a Lithium Heparin anticoagulated tube. Details of recommended Transfer Tubes are available at lumiradx.com. Only auto-disabling, single use, high flow lancing devices may be used to collect capillary blood.

When testing from venous whole blood or plasma specimen collect blood by clean venipuncture in trisodium citrate (0.109 mol/L/3.2%), observing the correct anticoagulant to blood ratio.

If using venous whole blood, it is recommended to analyse the sample immediately after draw. If not possible to analyse the sample immediately, at a maximum, test the venous whole blood patient specimen within no more than 1 hour of sample collection. Whole blood should be processed to plasma within no more than 1 hour of being drawn from the patient. If not testing plasma immediately, it should be stored frozen at a temperature between -70°C and -80°C (-94°F and -112°F). No more than a single freeze/thaw cycle is recommended.

### Preparing the Instrument to perform a test:

Power on the Instrument by pressing the power button at the rear of the Instrument. You will hear the Instrument powering on, and the display will be a blank black screen for several seconds before starting up. If the screen is just dimmed tap the touch-screen to wake up the Instrument.

Refer to the section on Performing a Test in this Product Insert for information on how to test a Patient sample. The LumiraDx Quick Reference Instructions (QR) provide an illustrated step-by-step procedure on how to run a Test. Operate the LumiraDx Platform with the D-Dimer test at room temperature between 15°C and 30°C (59°F and 86°F) and 10% - 75% relative humidity.

The Instrument will prompt to install the Lot Calibration File when inserting a new Test Strip Lot. Once installed, the Instrument will have all the information required to process the test, and any future tests from the same Lot of Test Strips.

### Lot Calibration File installation

Lot Calibration Files are required to provide the Instrument with the information needed to perform diagnostic tests. This only needs to be completed once for each Test Strip Lot. The Instrument will prompt to install the Lot Calibration File when inserting a new Test Strip Lot.

### RFID strip code reader

Locate symbol on Instrument.

**Installation**  
Touch back of Test Strip Carton symbol to install.



When indicated by the touch-screen, open the foil pouch just before use and insert the LumiraDx Test Strip into the LumiraDx Instrument. The Instrument will indicate when it is ready for the sample to be applied.

The LumiraDx D-Dimer Test results should be evaluated by a Healthcare Professional in the context of all available clinical and laboratory data.

### Testing from a fresh capillary fingerstick sample:

- Collecting a capillary blood sample from a finger stick:** Ensure the patient thoroughly washes and dries their hands with warm soapy water prior to sample collection. **Note:** the hands must be completely clean of all hand oils, lotions, gels, sanitizers and/or any foreign matter prior to sample collection, which may otherwise cause unreliable results. If isopropyl alcohol (IPA) wipes are used, wipe the finger stick site with a gauze pad and make sure the site is completely dry. If any alcohol remains (or is reintroduced) on the finger, it may cause unreliable results. Increasing the blood flow in the finger will help to get a good drop of blood. Before lancing the finger, the following techniques can be used until the fingertip has increased colour:
  - Ask the patient to rinse their hands with warm water.
  - Ask the patient to hold his or her arm straight down at their side.
  - Massage the finger from its base, and if required, immediately after lancing, very gently squeeze the finger from its base to encourage blood flow.
- Use a high flow lancet** on the selected finger to obtain a blood sample.
- Immediately apply the sample** by holding the finger and the hanging blood drop over the Sample Application Area of the inserted Test Strip. Allow the blood drop to touch the Sample Application Area of the Test Strip. Blood will then be drawn by capillary action into the Test Strip. When the sample is detected the Instrument will sound (if sounds are enabled) and a confirmation message will be displayed. The touch-screen of the LumiraDx Instrument will request the user to close the door.
- Do not add more blood.** Do not open the door while the test is in progress. The touch-screen will indicate test progress.
- The result** will appear on the Instrument touch-screen within approximately 6 minutes of applying the sample and starting the test.
- Dispose** of the lancet and Test Strip in the appropriate clinical waste.
- Clean** the patient's finger with a clean tissue and apply slight pressure.
- If you need to retest, use a new Test Strip and lancet, and a different finger.

### Using a transfer tube from a capillary finger stick sample:

You must use a Lithium Heparin anticoagulated transfer tube to transfer the capillary sample from the finger stick to the Sample Application Area of the Test Strip. To do this, follow the procedure above for collecting a capillary blood sample from a finger stick. Use the Transfer Tube by placing it into the blood droplet on the finger, and the blood should quickly move into the tube. Then hold the Transfer Tube over the Sample Application Area of the Test Strip and dispense the sample. This should be enough just to fill the Sample Application Area. Take care not to introduce air bubbles into the sample. When the sample is detected the Instrument will sound (if sounds are enabled) and a confirmation message will be displayed. The touch-screen of the LumiraDx Instrument will request the user to close the door. Dispose of the Transfer Tube in the appropriate clinical waste. Follow instructions from step 4.

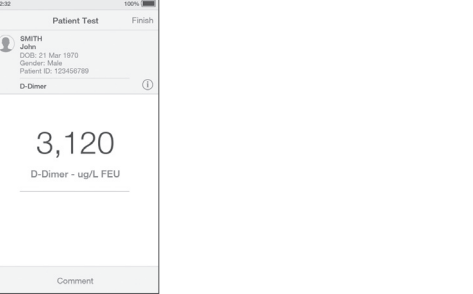
### Testing from venous blood and plasma sample:

**Note:** It is recommended to analyse both venous blood and venous plasma immediately after draw.

Mix the sample well before testing. You may use venous blood or plasma samples for testing. Use a pipette to remove 20µl of sample from the tube. Hold the pipette over the Sample Application Area of the Test Strip and dispense the sample. This should be enough just to fill the Sample Application Area. Take care not to introduce air bubbles into the sample. When the sample is detected the Instrument will sound (if sounds are enabled) and a confirmation message will be displayed. The touch-screen of the LumiraDx Instrument will request the user to close the door. Follow instructions step 4 and 5.

### Results interpretation:

The results will be displayed on the Instrument screen - **example of results screen display:**

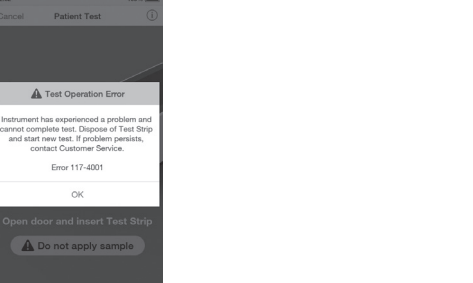


### Invalid test results:

If an issue occurs, a message will be displayed on the Instrument touch-screen. Alert messages include useful information and are highlighted by an orange banner. Error messages also include a symbol. All messages will contain a description of the Instrument status or error and an instruction. Error messages contain an identifying code that may be used for further troubleshooting purposes. Refer to the LumiraDx Platform User Manual if an error message is displayed on the LumiraDx Instrument touch-screen and contact LumiraDx Customer Services.

### Example of an error message:

If the On Board Control (OBC) fails, an error message will be shown and no test result will be returned. Follow the on screen instructions to dispose of the Test Strip and start a new test. If the problem persists, contact Customer Services.



### Testing patient specimens procedural notes:

Refrigerated whole blood or plasma specimens must be allowed to reach room temperature and be mixed thoroughly before testing.

- Before use, mix whole blood venous specimens by gently inverting the tube several times.
- Before use, mix plasma specimens by vortexing or inverting the tube several times.

### Built-in controls:

The Instrument reads the 2D barcode on each Test Strip and can identify if the Test Strip has exceeded the expiry date for use, and if the Test Strip Lot Calibration file has not yet been loaded at which point it will request it.

The LumiraDx Instrument and LumiraDx D-Dimer Test Strips have several quality control functions integrated to ensure validity of each test run. These checks ensure that the volume of sample added is sufficient and the assay sequence of the Test Strip is as expected. The checks also ensure that the Test Strip has not been damaged or used previously.

If these checks are not verified, the test run will be rejected and an error message displayed on the Instrument touch-screen.

The LumiraDx Instrument ensures the quality of test results obtained through the following features:

- Automated checks of the correct functioning of the Instrument at power on and during operation. This includes electrical component operation, heater operation, battery charge state, mechanical actuators and sensors and optical system performance.
- Monitoring of Test Strip performance and controls during test runtime.
- Ability to perform Quality Control Tests using LumiraDx Quality Control solutions to meet regulatory compliance requirements.

### Hematocrit (Hct) range:

The Hct level is determined by the Instrument for each blood sample applied to the test. The LumiraDx D-Dimer test can be used with blood samples with Hct levels of 20-55%. Hct. Samples with Hct levels outside this range are shown as "Hot Out of Range" on the Instrument touch-screen. No D-Dimer value is reported in samples with Hct "Out of Range".

### External Quality Controls:

External liquid Quality Controls for LumiraDx D-Dimer are available from LumiraDx and may be used to demonstrate that the Test is functioning properly by demonstrating the expected Quality Control results and correct test performance by the operator. External Quality Control requirements should be established in accordance with local and organizational compliance. It is recommended that external control testing be performed with each new operator and before using a new lot or shipment of the LumiraDx D-Dimer. Refer to the LumiraDx D-Dimer Quality Controls or the LumiraDx Multi Quality Controls insert available at lumiradx.com for detailed instructions. LumiraDx D-Dimer Quality Controls and LumiraDx Multi Quality Controls are purchased separately.

The LumiraDx D-Dimer Quality Controls or the LumiraDx Multi Quality Controls do not perform as expected, repeat the QC Test and if the problems persist, do not report patient results and contact LumiraDx Customer Services.

### Cleaning and disinfection:

It is recommended to disinfect the Instrument after each patient sample, or if contamination is suspected. Excessive liquid may damage the Instrument. It is important to ensure that the Instrument that is exposed to excess moisture is prevented. All disinfection cloths and/or wipes should only be slightly damp, with any excess liquid being manually removed from the cloth before use. Alcohol wipes alone are not sufficient to disinfect the Instrument for blood-based samples, due to the potential presence of biohazard pathogens.

- Using a LumiraDx recommended disinfecting material, wipe the external surfaces of the Instrument while taking care to avoid the door hinges, Test Strip inlet, power cord, and USB port.
- Allow the disinfectant for least 5 minutes contact time with the Instrument before testing the next sample.
- Dispose of disinfectant materials in accordance with local biohazardous waste disposal procedures.

To clean the Instrument wipe the external surfaces with a soft, slightly damp cloth when it appears visibly dirty.

For more information, or for the full procedure on cleaning and disinfection, please refer to the Technical Bulletin Platform Disinfection Procedure at lumiradx.com.

### Limitations:

- The LumiraDx D-Dimer test uses fresh capillary whole blood, venous blood and plasma samples. The sample size must be a minimum of 15µl in volume. Low sample volume will cause an error message. Never add more blood to the Test Strip after the test has begun.
- Use the Test Strip only once and then dispose of it appropriately in clinical waste.
- There is the possibility that factors such as technical or procedural errors, as well as additional substances in blood specimens that are not listed below, may interfere with the test and cause erroneous results.
- Blood specimen types, draw methods or anticoagulants different from those described in this Product Insert have not been evaluated.
- As with any assay employing mouse antibodies, the possibility exists for interference by human anti-mouse antibodies (HAMAs) in the sample. The test has been formulated to minimize this interference: However, specimens from patients who have been routinely exposed to animal serum products may contain heterophile antibodies which may cause erroneous results.
- The test has been formulated to minimise interference from Rheumatoid Factors (RF), however, due to the heterogeneity of RF, specimens from patients with highly elevated RF may cause erroneous results.
- Hematocrit values between 20% and 55% do not significantly affect test results. Hematocrit values outside of range 20-55% will generate an error message showing "Hct Out of Range" and no D-Dimer result will be reported.
- Any unusual result must always be followed up to identify the potential cause.
- Results that do not match the clinical symptoms should be repeated to rule out a procedural error.
- The assay has not been validated for individuals younger than 18 years old.
- When performing a new test or repeating a patient test, always use a new lancet to obtain a fresh drop of blood from a different finger and use a new Test Strip.
- Unusual Results: If the LumiraDx Instrument displays an error message, refer to the Troubleshooting section of the LumiraDx Platform User Manual. If the LumiraDx Instrument displays an unexpected test result (other than an error message), check this Limitations section.
- The LumiraDx D-Dimer test is not validated in pregnant women.
- Venous whole blood and venous plasma samples should be tested immediately after initial blood draw. Increased D-Dimer values can be observed if specimen collection and time to analysis recommendations are not followed precisely.
- False negative results can occur in patients who have been recently treated with anti-thrombotic medications, including patients receiving therapeutic heparin treatment or patients with suspected DVT during oral anticoagulant therapy<sup>3</sup>.
- When used for diagnostic purposes, each LumiraDx D-Dimer test result should always be used in conjunction with a clinical pre-test probability score, including but not limited to a full patient examination, their corresponding medical history, and any other relevant clinical information.
- It is not recommended to perform a D-Dimer test on a patient who has a high clinical pre-test probability score.
- It is not recommended to perform a D-Dimer test on patients with symptoms of a VTE for over 14 days<sup>4</sup>.

### Hook effect:

No hook effect was observed up to a tested concentration of 20,000 µg/L FEU.

### Precision:

A precision study was carried out in citrated venous plasma on a protocol based on CLSI EP5-A3<sup>5</sup>. The study was carried out with levels of D-Dimer, each was tested in 2 runs of 2 replicates per day, for twenty days. The results of the precision study are summarised below:

D-Dimer conc (µg/L FEU)	Within run precision (%CV)	Within day precision (%CV)	Between day precision (%CV)	Total precision (%CV)	n
291	9.8	11.1	0.0	11.1	80
552	9.4	9.4	2.5	9.7	80
1790	10.1	10.1	0.7	10.2	80

Fingerstick capillary, citrated venous blood and citrated plasma precision was calculated using the average paired replicate %CV from 98, 90 and 95 patient samples respectively with D-Dimer concentrations between 55 - 3335 µg/L FEU. Calculated %CV for fingerstick capillary, venous whole blood and plasma was 9.5%, 9.0%, and 7.6% respectively.

### Method comparison:

The method comparison was performed using plasma samples from patients (n=327, range= 60 - 4515µg/L FEU). A comparison of 1767 D-Dimer measurements with the LumiraDx D-Dimer test to the VIDAS Exclusion II D-Dimer assay yielded the following statistics: Slope = 1.02, Intercept = -21.1, r = 0.92.

### Clinical performance:

Using LumiraDx D-Dimer test in conjunction with a patient's pre-test probability (PTP) to exclude venous thromboembolism (VTE) - prospective study.

A prospective clinical study was performed on 585 subjects where fresh samples (capillary blood, venous (blood citrated) and plasma (citrated)) were collected from patients presenting with symptoms of VTE (PE or DVT)<sup>6</sup>. Subjects also required an assessment with the Wells score and were classed as PTP "Likely" or PTP "Unlikely". The overall prevalence of VTE within this study population was 9.1%. Those with "Unlikely" PTP categorization were further analysed using the LumiraDx D-Dimer test with 500 µg/L D-Dimer as cut-off. The sensitivity, specificity, positive and negative predictive values (PPV, NPV) are summarised below with corresponding Wilson Score 95% confidence intervals (CI).

### Results:

Please note that for this LumiraDx D-Dimer test configuration, results are displayed in µg/L FEU.

### Performance characteristics:

#### Expected values:

The LumiraDx D-Dimer test used with the LumiraDx Instrument has a reportable range of 190 - 4000µg/L Fibrinogen Equivalent Units (FEU).

LumiraDx D-Dimer Result	Recommended Outcome
<500 µg/L FEU	If clinical pre-test probability scores are low, VTE is considered to be unlikely.
≥500 µg/L FEU	VTE cannot be excluded as a potential clinical outcome. Follow local guidelines and clinical pathways to further investigate.

### Reference Clinical Performance section of this Product Insert for more information:

Please note that the above does not take into account age adjusted D-Dimer values.

Each laboratory should investigate the transferability of the expected values to its own patient population and, if necessary, determine its own reference ranges.

### Matrix comparison:

The matrix comparison was performed using paired; fingerstick capillary (direct), fingerstick capillary (Lithium Heparin Transfer Tube), venous citrated blood and venous citrated plasma samples from 95 patients with D-Dimer concentrations between 55 - 3335 µg/L FEU. All sample types were shown to give the following results when compared with citrated plasma by regression testing.

Correlation between:

- Capillary blood (direct application) and citrated plasma on LumiraDx D-Dimer test (n = 95): concordance = 91.6%
- Capillary blood (Lithium-Heparin Transfer Tube) and citrated plasma (n = 93): concordance = 91.4%
- Venous citrated blood and citrated plasma (n = 95): concordance = 96.8%

### Linearity:

Linearity was established according to a protocol based on CLSI EP06-A<sup>7</sup>. A low and high pool was prepared by pooling clinical, citrated plasma samples. A linearity series was then prepared by mixing the low and high pools together. The results obtained confirm linearity across the measuring range of 157 to 3593 µg/L FEU.

### Detection capability:

Detection Capability studies were performed according to a protocol that was based on the CLSI EP17-A2<sup>8</sup> guideline. The studies were carried out in venous blood and plasma with 1 lot of Test Strips. Limit of blank (LoB) was calculated non-parametrically using 4 samples depleted of D-Dimer, on 10 Instruments over 2 days. Limit of Detection (LoD) was determined non-parametrically using 4 low concentration D-Dimer samples, on 10 Instruments over 2 days. The Limit of Quantitation (LoQ) was determined by testing 5 low concentration D-Dimer samples, on 10 Instruments over 2 days.

Detection Limit	D-Dimer Conc. (µg/L FEU)
LoB	152
LoD	190
LoQ	190

### Hook effect:

No hook effect was observed up to a tested concentration of 20,000 µg/L FEU.

### Precision:

A precision study was carried out in citrated venous plasma on a protocol based on CLSI EP5-A3<sup>5</sup>. The study was carried out with levels of D-Dimer, each was tested in 2 runs of 2 replicates per day, for twenty days. The results of the precision study are summarised below:

D-Dimer conc (µg/L FEU)	Within run precision (%CV)	Within day precision (%CV)	Between day precision (%CV)	Total precision (%CV)	n
291	9.8	11.1	0.0	11.1	80
552	9.4	9.4	2.5	9.7	80
1790	10.1	10.1	0.7	10.2	80

Fingerstick capillary, citrated venous blood and citrated plasma precision was calculated using the average paired replicate %CV from 98, 90 and 95 patient samples respectively with D-Dimer concentrations between 55 - 3335 µg/L FEU. Calculated %CV for fingerstick capillary, venous whole blood and plasma was 9.5%, 9.0%, and 7.6% respectively.

### Method comparison:

The method comparison was performed using plasma samples from patients (n=327, range= 60 - 4515µg/L FEU). A comparison of 1767 D-Dimer measurements with the LumiraDx D-Dimer test to the VIDAS Exclusion II D-Dimer assay yielded the following statistics: Slope = 1.02, Intercept = -21.1, r = 0.92.

### Clinical performance:

Using LumiraDx D-Dimer test in conjunction with a patient's pre-test probability (PTP) to exclude venous thromboembolism (VTE) - prospective study.

A prospective clinical study was performed on 585 subjects where fresh samples (capillary blood, venous (blood citrated) and plasma (citrated)) were collected from patients presenting with symptoms of VTE (PE or DVT)<sup>6</sup>. Subjects also required an assessment with the Wells score and were classed as PTP "Likely" or PTP "Unlikely". The overall prevalence of VTE within this study population was 9.1%. Those with "Unlikely" PTP categorization were further analysed using the LumiraDx D-Dimer test with 500 µg/L D-Dimer as cut-off. The sensitivity, specificity, positive and negative predictive values (PPV, NPV) are summarised below with corresponding Wilson Score 95% confidence intervals (CI).

Estimate	Matrix
----------	--------