

1 **Reliable detection of SARS-CoV-2 RNA using RT-(q)PCR critically depends on**  
2 **primer design and PCR test parameters: an evaluation study of novel primers**

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42 **ABSTRACT**

43

44 **Objectives** To assess the performance of newly developed polymerase chain reaction (PCR) primers  
45 to detect severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA, using gel  
46 electrophoresis and sequencing. Our results were compared against those obtained with the primers  
47 developed by Charité Berlin and ones commercially available in the Applex™ SARS-CoV-2 assay.

48

49 **Design** Evaluation study

50

51 **Setting** This evaluation study was conducted at the Erasmus MC an academic hospital in the southwest  
52 of the Netherlands. Samples were obtained from a Medical Diagnostic Center also stationed in the  
53 South-West of the Netherlands that offers routine microbiology diagnostics (e.g., serology, molecular  
54 testing, bacterial cultures) for approximately 1,500 primary health care facilities. The primer sequences  
55 were designed by BioCoS, a biotechnology company providing bioinformatics services for biomarker  
56 discovery and primer design.

57

58 **Participants** 150 symptomatic patients suspicious for a SARS-CoV-2 infection who presented  
59 themselves at a general practitioner or at a geriatric specialist were included.

60

61 **Main outcome measures** Presence or absence of SARS-CoV-2 RNA in oro-nasopharyngeal swabs as  
62 detected by RT-(q)PCR, gel electrophoresis and sequencing of the PCR amplicons after which the  
63 positive predicted value (PPV), negative predicted value (NPV), positive percentage agreement (PPA)  
64 and negative percentage agreement (NPA) of each primerset was determined.

65

66 **Results** Gel electrophoresis of RT-(q)PCR amplicons and sequencing methods demonstrated that the  
67 newly discovered and designed triplet STAMINA primersets by BioCoS in the ORF1ab (PPV,100%;  
68 NPV, 80%), E- (PPV 100%; NPV 73.85%) and N-gene (PPV 100%; NPV 60%) harbored an increased  
69 PPA compared to the triplet Charité Berlin primersets designed in the RdRp- (PPV 100%; NPV 67.61%),  
70 E- (PPV 100%; NPV 71.64%) and N-gene (PPV 96.97%; NPV 39.17%), by using the Allplex™ SARS-  
71 CoV-2 assay as a criterion standard. Moreover, calculating the PPA by using our own constructed  
72 composite reference as a standard confirmed that the STAMINA primersets outperformed the Charité  
73 Berlin primersets, which came with a trade-off in NPA. Sequencing of the RT-(q)PCR amplicons  
74 revealed the presence of aspecific products e.g., Homo sapiens, bacteria and viruses other than SARS-  
75 CoV-2, but excluded the presence of related coronaviruses in the amplicons generated with the  
76 STAMINA primersets.

77

78 **Conclusion** This evaluation study reveals that reliable detection of SARS-CoV-2 RNA using RT-(q)PCR  
79 critically depends on primer design and PCR test parameters. Moreover, our work shows that the newly  
80 developed primers, despite outperforming the ones designed by Charité Berlin in PPA, are still  
81 suboptimal to detect SARS-CoV-2 RNA.

82 **INTRODUCTION**

83 The emergence of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and the associated  
84 pandemic has dramatically affected human health, society and economics worldwide [1–4]. SARS-CoV-  
85 2 is a single-stranded, positive-sense RNA virus, which is closely related to the beta-coronavirus-2B  
86 lineage of the *Coronavirinae* subfamily [5]. In early 2020, it was shown that the SARS-CoV-2 genome  
87 encodes for the coronavirus-typical essential nucleocapsid (N), membrane (M), spike (S), envelope (E)  
88 proteins and expresses 16 additional non-structural proteins, including a RNA-dependent RNA-  
89 polymerase (RdRp) gene [5–8]. During the early stages of the pandemic, the reverse transcription-  
90 (quantitative) PCR (RT-(q)PCR) method, designed by Charité Berlin [9], quickly provided support to  
91 monitor the pandemic and was advised to be used as a reference test for the detection of SARS-CoV-  
92 2 RNA [10]. The RT-(q)PCR assay was selected as a result of achieved performances during previous  
93 coronavirus outbreaks, because other techniques like antibody-based detection still required  
94 optimization for SARS-CoV-2 identification [11]. The RT-(q)PCR assay is based on the detection of the  
95 RdRp-, E- and N-genes as present in SARS-CoV-2 [9], which was introduced into the market in a relative  
96 short-time window after whole-genome sequencing data became available on Jan 5<sup>th</sup> 2020 [12]. A  
97 challenge to the development of this detection test was the lack of patient samples at that time. So the  
98 designed primersets were validated on a set of synthetic sequences only, which subsequently turned  
99 into a limitation [9,11,13]. Despite this, the nucleic acid detection test offered valuable support in  
100 monitoring the spread of SARS-CoV-2 during the early stages of the pandemic. Logically, as time  
101 progressed, data and new knowledge accumulated inevitably, revealing that the protocol by the World  
102 Health Organization had space for improvements [10,14]. The main concerns related to lower sensitivity  
103 and specificity levels as seen with other developed methods [11,13,15,16] was in part driven by the  
104 genomic nature of SARS-CoV-2, in terms of sequence variations and mutations that affected the test  
105 results [16-19]. The observation that a specific mutation reduced the performance of the WHO  
106 recommended assay underlines also the necessity to further validate the SARS-CoV-2 positive test  
107 results using sequencing methods on the generated PCR amplicons [18]. This type of validation is  
108 fundamental to keep improving the nucleic acid detection methods, since among other factors that affect  
109 pandemic management, also the test accuracy has its important role to prevent misjudgment of an  
110 outbreak situation [14]. Indeed, a high number of false positives may force decision makers to apply  
111 unnecessarily measures and regulations [19,20]. For obvious reasons, high number of false negative  
112 results (undetected infected subjects) also interfere with an appropriate response of decision makers  
113 [20,21], which led to important remarks that need to be considered to improve such nucleic acid  
114 detection tests [14,19,22–28]. Moreover, the more reliable a detection test is, the better the development  
115 of treatment options can be validated to tackle later stages of a pandemic [29–37].

116 The development of nucleic acid detection tests was also part of STAMINA (ID: 883441), an EU  
117 funded project focused on management and intelligent decision support to tackle a pandemic crisis  
118 within and across European borders. In this paper, we present data on the first of the two nucleic acid  
119 detection tests on SARS-CoV-2 developed in STAMINA. The herein test involves the validation of three  
120 novel primersets discovered and designed in the ORF1ab-, E- and N-gene.

121

122 The obtained results were evaluated against primersets designed in the RdRp-, E- and N-gene to detect  
123 SARS-CoV-2 RNA by Charité Berlin or as available in the Allplex™ SARS-CoV-2 assay [9,38,39].  
124 Moreover, gel electrophoresis and sequencing methods were applied to increase the resolution of  
125 detection of the generated PCR amplicons.

126

## 127 **METHODS**

128

### 129 **Study population**

130 A Medical Diagnostic Center that provides laboratory services in the South-West of the Netherlands was  
131 involved, which performs for approximately 1,500 primary health care facilities diagnostic services (e.g.,  
132 serology, molecular testing, bacterial cultures). During the pandemic, patients presenting at a general  
133 practitioner or geriatric medicine specialist with signs and symptoms suspicious for a SARS-CoV-2  
134 infection, were sampled from both the oral and nasal cavity, subsequently using a single oro-  
135 nasopharyngeal swab (Aptima® Multitest Swab Transport Media, Hologic Inc., Marlborough, MA, USA).  
136 The Allplex™ SARS-CoV-2 assay (Seegene Inc., Seoul, Republic of Korea) was used, since it was  
137 thoroughly validated [38,39]. Oro-nasopharyngeal samples were stored at -20°C until assayed.

138

### 139 **Sample collection**

140 Oro-nasopharyngeal samples ( $n = 150$ ), in Aptima® Multitest Swab Transport Media, were collected  
141 based on results obtained from the three genes (RdRp-, E, and N-gene) targeted in the Allplex™ SARS-  
142 CoV-2 assay and several patients' characteristics (e.g., gender, age and the day of sample collection).  
143 SARS-CoV-2 was detected in 102 and remained undetected in 48 samples, respectively. In addition,  
144 data on cycle threshold (Ct)-values for each of the three genes were collected (**Table 1**) and on average,  
145 a Ct-value  $\geq 35$  was considered as negative. A SARS-CoV-2 reference sample (inactivated) with known  
146 viral load was kindly provided by the Virology department of Erasmus University Medical Center  
147 Rotterdam, Netherlands.

148

### 149 **Nucleic acid extraction**

150 First, nucleic acids were extracted on the MagNA Pure 96 Instrument (Roche, Almere, Netherlands)  
151 using the "Viral NA Plasma ext Lys SV 4.0 protocol" from the "MagNA Pure 96 DNA and Viral NA Small  
152 Volume kit" (Roche). 450  $\mu$ l of each sample was processed to obtain an elution volume of 50  $\mu$ l,  
153 whereafter the nucleic acid samples were stored at -20 °C.

154

### 155 **SARS-CoV-2 RNA detection using reverse transcription polymerase chain reaction (RT-PCR)**

156 The SensiFast Probe No-ROX One-step kit (Meridian Bioscience®, Boxtel, Netherlands) was executed  
157 using six different sets of primer pairs (**Table 2**). The RT-PCR forward and reverse primersets designed  
158 by the STAMINA partner BioCoS in the ORF1ab, N- and E-gene from now on referred to as the  
159 STAMINA primers and the Charité Berlin SARS-CoV-2 forward and reverse primersets designed by  
160 Corman *et al.*, [9] in the RdRp-, N- and E-gene were used (**Table 2**). Briefly, the reaction mixture of the  
161 STAMINA or the Charité Berlin primersets contained 1x SensiFAST™ Probe No-ROX One-Step mix

162 (Meridian Bioscience®), 0.4 µM forward and reverse primer, 0.4 µl Ribosafe RNase inhibitor (Meridian  
163 Bioscience®), 0.2 µl reverse transcriptase (Meridian Bioscience®) and 5 µl extracted nucleic acids in a  
164 final volume of 20 µl. The RT-PCR program used included ten minutes of reverse transcription at 45 °C,  
165 two minutes of polymerase activation at 95 °C, 45 cycles of five seconds of denaturation at 95 °C  
166 together with 30 seconds of annealing/extension at 60 °C and a final step of 30 seconds of cooling at  
167 40 °C. For the Charité Berlin N-gene primerset, the same reaction mixture was used with a concentration  
168 of 0.6 µM forward primer and 0.8 µM reverse primer as stated in their protocol [9]. The RT-PCR program  
169 used included ten minutes of reverse transcription at 45 °C, three minutes of polymerase activation at  
170 95 °C, 45 cycles of 15 seconds of denaturation at 95 °C together with 30 seconds of annealing/extension  
171 at 55 °C and a final step of 30 seconds of cooling at 40 °C. The human RNase P gene used as an  
172 internal control was detected by PCR using 1x Dreamtaq Green buffer (ThermoFisher Scientific (TFS),  
173 Breda, Netherlands)), 1.0 µM forward and reverse primer, 0.2 mM dNTP (TFS), 1.25 U DreamTaq DNA  
174 polymerase (TFS) and 2 µl extracted nucleic acids with a final volume of 50 µl. The PCR program used  
175 included five minutes of initial denaturation, 35 cycles of 40 seconds of denaturation at 95 °C together  
176 with 40 seconds of annealing/extension at 57 °C and one minute of extension at 72 °C and a final step  
177 of 30 seconds of cooling at 40 °C. All PCR reactions were executed using the Veriti 96 Well Thermal  
178 Cycler (Applied Biosystems, Nieuwerkerk aan den IJssel, Netherlands) and all amplified products were  
179 analysed by gel electrophoresis and sequencing.

180

#### 181 **Limit of detection**

182 To investigate the limit of detection (LOD) of the STAMINA and the Charité Berlin primersets, the  
183 SensiFast Probe No-ROX One-step kit was executed according to the 45 cycles RT-PCR SARS-CoV-2  
184 RNA detection protocol, testing serial reference sample dilutions.

185

#### 186 **Agarose gel analysis**

187 The 2.5% agarose gels were prepared using agarose (SphaeroQ, Gorinchem, Netherlands), 1x TBE  
188 Electrophoresis buffer (TFS) and SYBR safe (Invitrogen, Carlsbad, USA). Agarose gels were run using  
189 a Bio-Rad SUB-CELL® GT tank and Bio-Rad Power Pac 300 in 1x TBE Electrophoresis buffer. The gels  
190 were analysed using an Isogen Life sciences Proxima 16 Phi+ gel reader. GeneRuler 100 bp plus DNA  
191 ladders (TFS) and samples were prepared using a 6x Orange DNA loading dye (Fermentas, Vilnius,  
192 Lithuania). The agarose gels were run at 60 mA.

193

#### 194 **Sequence analysis**

195 All in-house generated RT-(q)PCR products were sequenced by BaseClear (Leiden, Netherlands). The  
196 identity of the sequences was analysed via the Basic Local Alignment Search Tool for Nucleotides  
197 (BLASTN) from the National Center of Biotechnological Information (NCBI) [40]. The produced results  
198 from BLASTN were reported as: 'Confirmed', 'No significant result' and 'To repeat'. Based on the  
199 outcomes of the sequencing analyses, a final overall conclusion considering the identity of each  
200 individual primerset and all primersets combined was formulated. In total, a set of two sequencing runs  
201 were performed. During the first sequencing analysis all 102 positive samples and a selection of

202 negative samples that generated positive results were sequenced. A second sequencing run was  
203 executed to validate the positive and negative reported samples that produced a weak signal during the  
204 first run using a low primer concentration.

205

## 206 **Ethical approval**

207 This study involving participants' residual materials was conducted in accordance with the 1964 Helsinki  
208 declaration. Anonymous data corresponding to Allplex™ SARS-CoV-2 assay run 1 and 2 were courtesy  
209 received from a medical diagnostic center that provides laboratory services in the South-West of the  
210 Netherlands, in support to the EU project STAMINA. Separate approval by an ethics review committee  
211 was therefore not required.

212

## 213 **RESULTS**

214

### 215 **Limit of detection**

216 To assess the limit of detection (LOD) of the STAMINA and Charité Berlin primersets, we generated  
217 serial dilutions of a reference sample known to contain 8.56E06 infectious units of SARS-CoV-2 per  
218 microliter. Both the RdRp- and the ORF1ab-gene had a LOD of 85 infectious units per microliter  
219 (**Supplementary Figure 1A**). The LOD for the E-gene using STAMINA primerset was 8,560, while for  
220 the Charité Berlin primerset this number was 856 infectious units of SARS-CoV-2 per microliter,  
221 respectively (**Supplementary Figure 1B**). For the N-gene, both primersets revealed a LOD of 8,560  
222 infectious units of SARS-CoV-2 per microliter (**Supplementary Figure 1C**).

223

### 224 **The Allplex™ SARS-CoV-2 assay and agarose banding pattern analyses**

225 Oro-pharyngeal samples ( $n = 150$ ) were analysed using the Allplex™ SARS-CoV-2 assay and agarose  
226 gel electrophoresis (**Table 1**). In the first Allplex™ SARS-CoV-2 assay run, hundred patient samples  
227 were found to be positive and 50 were found to be negative for the genetic material of SARS-CoV-2, as  
228 measured by the presence of the RdRp/S-, E- and N-gene in a RT-(q)PCR setting (**Table 1**). In the  
229 second Allplex™ SARS-CoV-2 assay run, a discrepancy was detected for three negative samples  
230 (sample 101, 107 and 127). In addition, multiple negative samples ( $n = 13$ ) identified in the first Allplex™  
231 SARS-CoV-2 assay run were found to give a signal for one or more SARS-CoV-2 genes in the second  
232 Allplex™ SARS-CoV-2 assay run, which were not detected in the first run (**Table 1**). We used gel  
233 electrophoresis to visualize the RT-(q)PCR products banding patterning of all and these dubious  
234 negative samples (**Fig 1A**), one of them (sample 103) revealed amplicons resembling a RT-(q)PCR  
235 product generated from the RdRp/S-, E- and N- and an internal control gene. For two other samples  
236 (sample 101 and 127) we first obtained negative data on their Ct-values in the first Allplex™ SARS-  
237 CoV-2 assay run, which was later on corrected (**Table 1**). Moreover, sample 103 had Ct-values around  
238 37 and was actually counted as negative earlier (**Table 1**). All the positive samples identified in the  
239 Allplex™ SARS-CoV-2 assay, including the two samples (101 and 127) ( $n = 102$ ) were run on an  
240 agarose gel revealing positive banding patterns of RT-(q)PCR products obtained from the RdRp/S-, N-  
241 , E- and internal control gene (**Fig 1B**).

## 242 **RT-PCR and agarose banding pattern analyses**

243 We then analyzed the performance of the STAMINA primers designed in the ORF1ab, E- and N-gene  
244 by agarose banding pattern analysis using gel electrophoresis (**Fig 2A-C**). The ORF1ab primerset (167  
245 bp amplicon) resulted in 12 negative PCR samples, whereas the E-gene primerset (181 bp amplicon)  
246 revealed 17 and the N-gene primerset (193 bp amplicon) revealed 32 negative PCR samples out of the  
247 102 that were found to be positive in the Allplex™ SARS-CoV-2 assay, which we used as our criterion  
248 standard (**Table 1**), see American Medical Association manual of style for additional info on this standard  
249 [41]. Hereafter, we analyzed the primer performance of the primers (RdRp-, E- and N-gene) as  
250 mentioned in the Charité Berlin protocol by agarose banding pattern analysis (**Fig 3A-C**). The RdRp-  
251 gene primerset (100 bp amplicon) resulted in 23 negative PCR samples, whereas the E-gene (113 bp  
252 amplicon) and the N-gene (128 bp amplicon) primersets revealed 19 and 73 negative PCR samples,  
253 respectively, out of the 102 that were found to be positive in the Allplex™ SARS-CoV-2 assay (**Table**  
254 **1**). In contrast, the N-gene primerset revealed one positive PCR sample out of the 48 that were found  
255 to be negative in the Allplex™ SARS-CoV-2 assay (**Table 1**).

256 The Ct-value cut-off is important to eliminate false positives and negatives from true positives  
257 and negatives with respect to the ability to identify infectious persons and therefore we made advantage  
258 of available literature in which such cut-off values were established [42,43]. We therefore reanalysed  
259 our STAMINA and Charité Berlin primer results against the Allplex™ SARS-CoV-2 assay data with Ct-  
260 values at different cut-offs at 25 and 20 cycles (**Table 1**). At a Ct-value  $\leq 25$  the number of false positives  
261 for the STAMINA primers were for the ORF1ab-, E- and N-gene 23, 18 and 5, respectively, whereas the  
262 number of false negatives was 0, 0 and 2. For the Charité Berlin primers the number of false positives  
263 were for the RdRp-, E- and N-gene 14, 16 and 4 respectively, whereas the number of false negatives  
264 was 2, 0 and 41, respectively. At a Ct-value  $\leq 20$  the number of false positives for the STAMINA primers  
265 rose for the ORF1ab-, E- and N-gene to 49, 44 and 29, respectively, whereas the number of false  
266 negatives was zero for all three genes. The number of false positives for the Charité Berlin primers rose  
267 for the RdRp-, E- and N-gene to 38, 42 and 8, respectively, whereas the number of false negatives was  
268 0, 0 and 19. Our data thus reveals that by lowering the Ct-value cut-off and using the Allplex™ SARS-  
269 CoV-2 assay as a criterion standard, there is a trade-off for the six primer pairs (STAMINA and Charité  
270 Berlin) in the number of false negatives and false positives.

271

## 272 **RT-PCR amplicon sequencing**

273 We then analyzed the RT-PCR generated amplicons for each of the used primerset (ORF1ab-, RdRp-,  
274 E- and N-gene) by sequencing. After two sequencing runs out of the 102 samples that were found to be  
275 positive in the Allplex™ SARS-CoV-2 assay, the STAMINA primersets resulted in three SARS-CoV-2  
276 negative RT-PCR samples for the ORF1ab gene obtained amplicons, whereas for the E-gene and N-  
277 gene obtained RT-PCR amplicons, the number of samples negative for genetic material of SARS-CoV-  
278 2 was 8 and 22, respectively (**Supplementary data 1-3**). For the Charité Berlin related RdRp-gene  
279 primerset, out of the 102 samples that were found to be positive in the Allplex™ SARS-CoV-2 assay,  
280 the number of negative amplicons for SARS-CoV-2 obtained after RT-PCR and sequencing was 29,  
281 whereas the number of SARS-CoV-2 negative RT-PCR amplicons for the E- and N-gene amplicons was

282 23 and 52, respectively (**Supplementary data 4-6**). From our sequencing results it thus becomes clear,  
283 that by taking care in primer design, the accuracy in detection of the genetic material of SARS-CoV-2  
284 can be improved, e.g., by reducing potential false positive hits initiated by primer cross-reactivity. By not  
285 doing so, as can be seen in the results obtained after sequencing of the Charité Berlin amplicons, there  
286 will be an increase in the detection of genetic material of species other than SARS-CoV-2, ranging from  
287 Hepatitis and Rotaviruses, to *Solobacterium* spp., *Rothia mucilaginosa* to Homo sapiens, amongst  
288 others (**Supplementary data 4-6**). Furthermore, the STAMINA primersets for ORF1ab-, E- and N-gene  
289 generated amplicons in two samples that were corrected (sample 101 and 127). These amplicons ( $n =$   
290 6) were sequenced and found all to be positive for SARS-CoV-2 (**Supplementary data 1-3**), confirming  
291 that the correction of the error found in the Allplex™ SARS-CoV-2 assay run 1 dataset was valid. The  
292 Charité Berlin primersets (RdRp-, E- and N-gene) also generated for each SARS-CoV-2 gene RT-PCR  
293 amplicons in three samples, the two corrected samples (101 and 127) and a negative sample, number  
294 102. The RT-PCR related amplicons ( $n = 9$ ) were all sequenced and five of these amplicons (101 and  
295 127) revealed to be positive for a SARS-CoV-2 gene (**Supplementary data 4-6**). Number six, the N-  
296 gene amplicon of sample number 127 provided unexpectedly a signal for Homo sapiens genomic DNA  
297 (**Supplementary data 6**).

298 We then constructed a composite reference standard [44] by combining the results of the  
299 STAMINA and Charité Berlin tests (both with their limitations) and found when compared to the test  
300 results obtained earlier that eight of the 102 samples (36, 45, 52, 82, 83, 101, 127 and 143) shown to  
301 be positive and one of the 48 samples (number 103) found to be negative in the Allplex™ SARS-CoV-  
302 2 assay criterion standard were dubious (**Table 1 & 4**). Subsequently, these results made us reanalyse  
303 these samples again by sequencing. Noteworthy, the Allplex™ SARS-CoV-2 assay harbors primersets  
304 that enabled the detection of the RdRp/S-, E- and N-gene with primer sequences that were unknown to  
305 us, complicating the sequencing process at the start of this analyses. To overcome this problem we tried  
306 using the Charité Berlin primersets for the RdRp-, E- and N-gene on all nine RT-(q)PCR amplicons  
307 obtained in the Allplex™ SARS-CoV-2 assay and to our surprise successfully discovered that eight out  
308 of nine generated a positive agarose banding result for the RdRp- and E-gene, respectively, whereas  
309 the N-gene generated only three aspecific PCR products (**Supplementary Figure 2A-C**). After tackling  
310 this problem all nine samples were found to be positive for the E-gene, surprisingly also the PCR  
311 negative sample 143 (**Table 4**). This indicates that sequencing of the PCR amplicons can increase the  
312 sensitivity of detection, but also revealed that for these nine dubious samples only the SARS-CoV-2 E-  
313 gene was detected in all the PCR amplified samples (**Supplementary Figure 2A-C & Table 4**).

314

### 315 **Positive and negative percentage agreement analysis**

316 We then calculated the positive (PPA) and negative (NPA) percentage agreement for each primersets  
317 tested and used the Allplex™ SARS-CoV-2 assay as a criterion standard or our own constructed  
318 composite standard as a reference (**Table 1**). PPA and NPA nomenclature were preferred in use instead  
319 of sensitivity and specificity, since the SARS-CoV-2 reference test was brought to the market with an  
320 emergency use authorization [9,45,46]. The composite standard was used to control whether the  
321 Allplex™ SARS-CoV-2 assay was truly positive for SARS-CoV-2 RNA or not. Firstly, by using the



322 Allplex™ SARS-CoV-2 assay with a Ct-value 35 cut-off, we calculated the positive (PPV) and negative  
323 (NPV) predicted value and the PPA and NPA for the STAMINA and Charité Berlin primersets (**Table**  
324 **3A**). We found that the performance of the STAMINA primersets in eliminating false negatives was  
325 increased compared to the Charité Berlin primersets (**Table 3A**). We then calculated the PPV, NPV and  
326 PPA and NPA of the RT-PCR tests (STAMINA and Charité Berlin) for each primerset validated, using  
327 our own constructed composite reference as a standard (**Table 1**). This calculation confirmed that the  
328 STAMINA primersets outperformed the Charité Berlin primersets in PPA (**Table 3B**). By using the  
329 Allplex™ SARS-CoV-2 assay as the criterion standard with a Ct-value 25 cut-off, we found that the  
330 STAMINA primersets still outperformed the Charité Berlin primers in PPA, which came with a trade-off  
331 in NPA. The number of false positives obtained with the STAMINA primersets was increased compared  
332 to the Charité Berlin primers (**Table 3A**), which was further established by using the Allplex™ SARS-  
333 CoV-2 assay as the criterion standard with a Ct-value 20 cut-off (**Table 3A**), respectively.

334

### 335 **DISCUSSION**

336 In the present work we assessed the performance of new PCR primers discovered and designed in the  
337 STAMINA project against primers developed by Charité Berlin and ones commercially available  
338 (Applex™ assay) to detect the genetic material of SARS-CoV-2. Gel electrophoresis and sequencing  
339 methods were applied to increase the resolution of detection of the generated PCR amplicons. When  
340 the commercial Applex™ assay was used as a criterion standard, we found that the STAMINA  
341 primersets harbored an increased PPA to detect the RNA of SARS-CoV-2 in symptomatic patients.  
342 Results that we could confirm by establishing our own constructed composite reference standard.  
343 Indeed, specifically the N-gene primerset was improved in performance by increasing the PPA from  
344 28% as observed for the Charité Berlin primerset to a 100% for the STAMINA primerset, depending on  
345 the condition validated. There against, the increase in PPA was accompanied with a trade-off in NPA in  
346 which the STAMINA primers were less well performing compared to the Charité Berlin primers. On the  
347 other hand, our sequencing data did reveal that the STAMINA primers were more specific in detecting  
348 SARS-CoV-2 RNA, whereas the Charité Berlin PCR amplicons were more often associated with a-  
349 specific products. Indeed, we identified hits with species other than SARS-CoV-2, ranging from Hepatitis  
350 and Rotaviruses, to *Solobacterium* spp., *Rothia mucilaginosa* to Homo sapiens, amongst others, but we  
351 also excluded the presence of coronaviruses other than SARS-CoV-2 in the amplicons generated with  
352 the STAMINA primersets. Increasing the PPA of the SARS-CoV-2 RT-PCR test is important, because  
353 in a situation where a virus spreads in the community, it is mandatory, specifically from a track and trace  
354 situation or clinic point of view, not to miss real potential positive (infectious) cases. Our evaluation study  
355 thus demonstrated that in symptomatic patients suspicious for a SARS-CoV-2 infection, the STAMINA  
356 RT-PCR test protocol harbors an increased PPA, indicating that genetic material of this pathogen will  
357 be less often missed compared to the Charité Berlin protocol. Unfortunately, the NPA of both tests still  
358 exhibits problems, which became obvious when we reduced the Ct-value cut-off, to correct for infectious  
359 persons only [42,43]. Overall, our data shows that the RT-(q)PCR tests used in this work are still  
360 suboptimal in detecting SARS-CoV-2 RNA. However, we do demonstrate that by optimizing primer  
361 design and increasing the resolution of detection, the performance of the RT-(q)PCR test can be

362 substantially improved to trace back the genetic material of SARS-CoV-2, particularly by substantially  
363 reducing false negatives.

364 After the WHO recommended the usage of the Charité Berlin RT-(q)PCR protocol at the  
365 beginning of the pandemic, many colleagues in the field started to consider this protocol as a 'gold-  
366 standard' to detect SARS-CoV-2 RNA [47], whereas Corman *et al.*, nor the WHO explicitly mentioned  
367 to treat this protocol as a gold standard in their documents [9,10]. Based on findings by us and others  
368 [14,19,22–28], it is clear that the Charité Berlin protocol required improvement despite having a crucial  
369 role at the start of the pandemic. On the other hand this protocol is acceptable as a criterion standard,  
370 a test for a particular disease or condition that can be used as a basis of comparison for new tests to  
371 further optimize the technology, as described in the American Medical Association manual of style [41].

372 In the EU funded STAMINA project, we aimed to develop tools that facilitate intelligent and  
373 evidence-based decision support to assist end-users and optimize pandemic management by decision  
374 makers. The current pandemic crisis revealed that while this project was executed many problems and  
375 gaps were identified in tackling a viral outbreak in a coordinated manner. Indeed, care is required in all  
376 processes involved in tackling a pandemic crisis from which lessons needs to be learned [48], because  
377 in the end they will influence healthcare, policy and decision making accordingly [49].

378

#### 379 **Strengths and limitations of this study**

380 A clear strength of our study is that we cross-validated the performance of the new primersets designed  
381 by BioCoS in the ORF1ab-, E- and N-gene, on their ability to detect the genetic material of SARS-CoV-  
382 2 in symptomatic patients with the Charité Berlin primers designed in the RdRp-, E- and N-gene, and  
383 the commercially available Allplex™ assay primersets. The oro-nasopharynx swab samples obtained  
384 from symptomatic patients were put in Aptima transport media that enabled the inactivation, but also the  
385 preservation of the genetic material of SARS-CoV-2, to guarantee the quality of the samples for longer  
386 periods of storage. Furthermore, after RT-(q)PCR amplification we increased the resolution of detection  
387 by performing combined gel electrophoresis and sequencing of the PCR amplicons, our main  
388 parameters tested in this study. The short fragments of some of the PCR amplicons might have affected  
389 the reliability of the sequencing results [50], although a second run was added, next to forward and  
390 reverse sequencing of the PCR amplicons to validate the findings. Another limitation that might have  
391 influenced our study outcome is that, although the PCR amplicons were all small sized < 200 bp, those  
392 obtained with the Charité Berlin protocol were at least 50 bp smaller when compared to the PCR  
393 amplicons obtained with the primers generated by BioCoS, which might have affected our sequencing  
394 results as well. Finally, different standards were used, one based on the commercially available Allplex™  
395 SARS-CoV-2 assay and one based on our own constructed composite reference standard. In this  
396 way, we obtained insight in the performance of our newly developed primersets during the STAMINA  
397 project, the WHO recommended RT-(q)PCR protocol as developed by Charité Berlin [10] and the ones  
398 commercially available as provided with Allplex™ SARS-CoV-2 assay. Moreover, the adaptation of the  
399 Ct-value cut-off helped us to study the effect on viral infectiousness [42,43], revealing that there is a  
400 trade-off in PPA and NPA. There against the main limitation of this study is the lack of an *in vitro* assay,  
401 to control for the presence of infectious virus particles in the patient samples, and its correspondence to

402 the Ct-value cut-off. In this respect, existing literature to this topic was of support [42,43], with a recent  
403 study even showing prolonged time of positive RT-PCR results in comparison to a negative viral culture  
404 already at Ct-values < 36 [51]. Moreover, the performance and interpretation of the assays also depends  
405 on disease status of the patients, which was not available to us, except that they were suspicious for a  
406 SARS-CoV-2 infection. Finally, our results and findings are limited to the 150 samples tested, therefore  
407 follow up work with more samples and a broader variety of commercial test kits will be of importance to  
408 establish our findings by gel electrophoresis and sequencing.

409

#### 410 **Comparisons with other studies**

411 Our findings are in agreement with a multitude of studies questioning the reliability of the WHO  
412 recommended protocol overtime [11,13–16], and with a series of studies showing that the Charité Berlin  
413 primers were not optimal [19–28,52]. Of note, it is important to clarify that our work does not aim to  
414 criticize the work performed by Charité Berlin, where the primers design and the test were developed in  
415 an emergency state and without any prior genomic knowledge of SARS-CoV-2 as well as the lack of  
416 patient samples. Our findings were solely compared to the above test, due to the availability of data and  
417 results from other studies. Indeed, in our work we noticed that by adapting the Ct-values the number of  
418 false positives and false negatives became altered, a finding reported and discussed before in relation  
419 to infectivity and the Charité Berlin protocol [42,43,51,53–55]. This narrative indicates there is still space  
420 for an optimized and validated diagnostic nucleic acid detection test [14]. However, we cannot  
421 completely exclude that among the several diagnostic tests developed during the pandemic, such issues  
422 have already been taken into consideration. This is why more research studies evaluating (non-)  
423 commercial tests are fundamental to keep improving the scientific knowledge that will serve to empower  
424 the monitoring of SARS-CoV-2 or any other emerging pathogen.

425

#### 426 **Health care and policy implications**

427 During the STAMINA project (ID: 883441), although submitted and funded before the SARS-CoV-2  
428 pandemic, our team from Erasmus MC and BioCoS became by coincidence involved in a real-time  
429 unfolding pandemic. Part of this project was focused to develop, validate and apply point of care tests  
430 to anticipate on potential pandemic threats and to plan daily efforts to enhance health security of the  
431 European citizens. However, the unfolding pandemic also provided a unique opportunity to critically  
432 analyze the suitability of molecular tests implemented under an emergency state. Summarized, our  
433 results point towards the need of a thorough cross-validation of different tests, but also a continuous  
434 improvement of diagnostic laboratory assays as the virus continuously evolves. Indeed, the more  
435 accurate a test applied on a global scale the better the healthcare response, and the management of a  
436 pandemic will become, even if the latter is a multidimensional process. A suboptimal diagnostic test can  
437 both over- and under-interpret the severity of a pandemic [21,56], and moreover, can affect (mislead)  
438 the validation process of medical treatment options [23–30], that will be desperately sought to control or  
439 even eliminate a pandemic causing pathogen. In that respect, our work adds additional insights and  
440 knowledge to enhance the accuracy in pandemic monitoring, an important factor in supporting health-  
441 care system and decision-making processes in which communication based on solid data is mandatory.

442 **Conclusion**

443 This evaluation study reveals that reliable detection of SARS-CoV-2 RNA using RT-(q)PCR critically  
444 depends on primer design and PCR test parameters. Moreover, we found that the STAMINA primers  
445 outperform the ones as designed by Charité Berlin in PPA, but are still suboptimal to detect SARS-CoV-  
446 2 RNA.

447

448 **What is already known on this topic**

449 A substantial number of publications reported on the shortcomings of the RT-(q)PCR laboratory assay  
450 implemented at the start of the pandemic to detect SARS-CoV-2 RNA, revealing certain risks in using  
451 nucleic acid detection test in interpreting the severity of an outbreak. Moreover, the RT-(q)PCR test  
452 implemented at the start of the SARS-CoV-2 pandemic played a crucial role in healthcare, economics,  
453 policy and decision making and in the clinical validation of different treatment options targeting SARS-  
454 CoV-2.

455

456 **What this study adds**

457 This work reveals the importance of wet lab data on how to increase the resolution of detection by gel  
458 electrophoresis and sequencing analysis of the generated RT-PCR amplicons obtained of tested  
459 suspects suspicious for a SARS-CoV-2 infection. Furthermore, our new primersets show that the  
460 detection of SARS-CoV-2 RNA can be improved, but also reveals that all the RT-PCR tests analyzed in  
461 this work remain suboptimal. The more the SARS-CoV-2 RT-(q)PCR tests are optimized the more  
462 sophisticated the accuracy of monitoring a pandemic will become. Indeed, solid laboratory assays will  
463 not only help us to understand how pathogens are spreading, but will also minimize collateral effects  
464 that may appear in the short and long run, affecting healthcare, economies, and most importantly  
465 societies [49]. As a final note we would like to suggest that future studies should specifically focus on  
466 technological developments that act faster and better and search for infectious viral particles only, so  
467 that future pandemics or outbreaks can be monitored more precise.

468

469

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480

481 **Competing interest**

482 Erasmus MC and BioCoS, have signed a joint ownership agreement related to SARS-CoV-2 detection  
483 methods. All other authors declare no competing interest.

484

485 **Author contributions**

486 **RL** Study management, Experimental design, result interpretation, manuscript writing, editing and  
487 reviewing; **SV** Experimental design, primer validation, execution, result interpretation, manuscript  
488 reviewing and editing; **IL** bioinformatic analysis, biomarker discovery, primer design, manuscript  
489 reviewing; **PB** Experimental design, result interpretation, manuscript writing, editing and reviewing; **AMD**  
490 primer design, manuscript editing and reviewing and **SA** Bioinformatic analysis, primer design,  
491 manuscript editing and reviewing

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493 **REFERENCES**

494

495 1 Osterrieder A, Cuman G, Pan-Ngum W, *et al.* Economic and social impacts of COVID-19 and  
496 public health measures: results from an anonymous online survey in Thailand, Malaysia, the UK,  
497 Italy and Slovenia. *BMJ Open* 2021;**11**:e046863. doi:10.1136/bmjopen-2020-046863

498 2 Marty AM, Jones MK. The novel Coronavirus (SARS-CoV-2) is a one health issue. *One Heal*  
499 *(Amsterdam, Netherlands)* 2020;**9**:100123. doi:10.1016/j.onehlt.2020.100123

500 3 Pinilla J, Barber P, Vallejo-Torres L, *et al.* The Economic Impact of the SARS-COV-2 (COVID-  
501 19) Pandemic in Spain. *Int J Environ Res Public Health* 2021;**18**. doi:10.3390/ijerph18094708

502 4 Huang C, Wang Y, Li X, *et al.* Clinical features of patients infected with 2019 novel coronavirus  
503 in Wuhan, China. *Lancet* 2020;**395**:497–506. doi:10.1016/S0140-6736(20)30183-5

504 5 V'kovski P, Kratzel A, Steiner S, *et al.* Coronavirus biology and replication: implications for SARS-  
505 CoV-2. *Nat Rev Microbiol* 2021;**19**:155–70. doi:10.1038/s41579-020-00468-6

506 6 Wang M-Y, Zhao R, Gao L-J, *et al.* SARS-CoV-2: Structure, Biology, and Structure-Based  
507 Therapeutics Development. *Front Cell Infect Microbiol* 2020;**10**. doi:10.3389/fcimb.2020.587269

508 7 Gadhav K, Kumar P, Kumar A, *et al.* Conformational dynamics of 13 amino acids long NSP11  
509 of SARS-CoV-2 under membrane mimetics and different solvent conditions. *Microb Pathog*  
510 2021;**158**:105041. doi:https://doi.org/10.1016/j.micpath.2021.105041

511 8 Lu R, Zhao X, Li J, *et al.* Genomic characterisation and epidemiology of 2019 novel coronavirus:  
512 implications for virus origins and receptor binding. *Lancet* 2020;**395**:565–74. doi:10.1016/S0140-  
513 6736(20)30251-8

514 9 Corman VM, Landt O, Kaiser M, *et al.* Detection of 2019 novel coronavirus (2019-nCoV) by real-  
515 time RT-PCR. *Eurosurveillance* 2020;**25**. doi:https://doi.org/10.2807/1560-  
516 7917.ES.2020.25.3.2000045

517 10 Corman V, Bleicker T, Brünink S, *et al.* Diagnostic detection of Wuhan coronavirus 2019 by real-  
518 time RT-PCR Corman V, Bleicker T, Brünink S, Drosten C, Zambon M, World Health  
519 Organization: Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR. 2020.  
520 https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-  
521 v1991527e5122341d99287a1b17c111902.pdf

522 11 Fuk-Woo CJ, Chik-Yan YC, Kai-Wang TK, *et al.* Improved Molecular Diagnosis of COVID-19 by  
523 the Novel, Highly Sensitive and Specific COVID-19-RdRp/Hel Real-Time Reverse Transcription-  
524 PCR Assay Validated In Vitro and with Clinical Specimens. *J Clin Microbiol* 2022;**58**:e00310-20.  
525 doi:10.1128/JCM.00310-20

526 12 Wu F, Zhao S, Yu B, *et al.* A new coronavirus associated with human respiratory disease in  
527 China. *Nature* 2020;**579**:265–9. doi:10.1038/s41586-020-2008-3

528 13 Bustin S, Kirvell S, Huggett JF, *et al.* RT-qPCR Diagnostics: The “Drosten” SARS-CoV-2 Assay  
529 Paradigm. *Int. J. Mol. Sci.* . 2021;**22**. doi:10.3390/ijms22168702

530 14 Verna R, Alallon W, Murakami M, *et al.* Analytical Performance of COVID-19 Detection Methods  
531 (RT-PCR): Scientific and Societal Concerns. *Life (Basel, Switzerland)* 2021;**11**.  
532 doi:10.3390/life11070660

533 15 Vogels CBF, Brito AF, Wyllie AL, *et al.* Analytical sensitivity and efficiency comparisons of SARS-  
534 CoV-2 RT-qPCR primer-probe sets. *Nat Microbiol* 2020;**5**:1299–305. doi:10.1038/s41564-020-  
535 0761-6

536 16 Lopez-Rincon A, Tonda A, Mendoza-Maldonado L, *et al.* Classification and specific primer  
537 design for accurate detection of SARS-CoV-2 using deep learning. *Sci Rep* 2021;**11**:947.  
538 doi:10.1038/s41598-020-80363-5

539 17 Marston DA, McElhinney LM, Ellis RJ, *et al.* Next generation sequencing of viral RNA genomes.  
540 *BMC Genomics* 2013;**14**:444. doi:10.1186/1471-2164-14-444

541 18 Artesi M, Bontems S, Göbbels P, *et al.* A Recurrent Mutation at Position 26340 of SARS-CoV-2  
542 Is Associated with Failure of the E Gene Quantitative Reverse Transcription-PCR Utilized in a  
543 Commercial Dual-Target Diagnostic Assay. *J Clin Microbiol* 2020;**58**. doi:10.1128/JCM.01598-  
544 20

545 19 Surkova E, Nikolayevskyy V, Drobniowski F. False-positive COVID-19 results: hidden problems  
546 and costs. *Lancet Respir Med* 2020;**8**:1167–8. doi:10.1016/S2213-2600(20)30453-7

547 20 Mallett S, Allen AJ, Graziadio S, *et al.* At what times during infection is SARS-CoV-2 detectable  
548 and no longer detectable using RT-PCR-based tests? A systematic review of individual  
549 participant data. *BMC Med* 2020;**18**:346. doi:10.1186/s12916-020-01810-8

550 21 Jindal H, Jain S, Suvvari TK, *et al.* False-Negative RT-PCR Findings and Double Mutant Variant  
551 as Factors of an Overwhelming Second Wave of COVID-19 in India: an Emerging Global Health  
552 Disaster. *SN Compr Clin Med* 2021;**3**:2383–8. doi:10.1007/s42399-021-01059-z

553 22 Keaney D, Whelan S, Finn K, *et al.* Misdiagnosis of SARS-CoV-2: A Critical Review of the  
554 Influence of Sampling and Clinical Detection Methods. *Med Sci (Basel, Switzerland)* 2021;**9**.  
555 doi:10.3390/medsci9020036

556 23 Pecoraro V, Negro A, Pirotti T, *et al.* Estimate false-negative RT-PCR rates for SARS-CoV-2. A  
557 systematic review and meta-analysis. *Eur J Clin Invest* 2022;**52**:e13706. doi:10.1111/eci.13706

558 24 Kanji JN, Zelyas N, MacDonald C, *et al.* False negative rate of COVID-19 PCR testing: a  
559 discordant testing analysis. *Virology* 2021;**18**:13. doi:10.1186/s12985-021-01489-0

560 25 Borger, Pieter, Malhotra, Rajesh Kumar, Yeadon M. External peer review of the RTPCR test to  
561 detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level:  
562 consequences for false positive results. *Zenodo* Published Online First: 2020.  
563 doi:doi:10.5281/zenodo.4298004

564 26 Braunstein GD, Schwartz L, Hymel P, *et al.* False Positive Results With SARS-CoV-2 RT-PCR  
565 Tests and How to Evaluate a RT-PCR-Positive Test for the Possibility of a False Positive Result.  
566 *J Occup Environ Med* 2021;**63**:e159–62. doi:10.1097/JOM.0000000000002138

567 27 Roy S. Physicians' Dilemma of False-Positive RT-PCR for COVID-19: a Case Report. *SN Compr  
568 Clin Med* 2021;**3**:255–8. doi:10.1007/s42399-020-00655-9

569 28 Layfield LJ, Camp S, Bowers K, *et al.* SARS-CoV-2 detection by reverse transcriptase  
570 polymerase chain reaction testing: Analysis of false positive results and recommendations for  
571 quality control measures. *Pathol Res Pract* 2021;**225**:153579. doi:10.1016/j.prp.2021.153579

572 29 Brosh-Nissimov T, Orenbuch-Harroch E, Chowers M, *et al.* BNT162b2 vaccine breakthrough:  
573 clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel. *Clin  
574 Microbiol Infect* 2021;**27**:1652–7. doi:10.1016/j.cmi.2021.06.036

575 30 Tartof SY, Slezak JM, Fischer H, *et al.* Effectiveness of mRNA BNT162b2 COVID-19 vaccine up  
576 to 6 months in a large integrated health system in the USA: a retrospective cohort study. *Lancet  
577 (London, England)* 2021;**398**:1407–16. doi:10.1016/S0140-6736(21)02183-8

578 31 Jara A, Undurraga EA, González C, *et al.* Effectiveness of an Inactivated SARS-CoV-2 Vaccine  
579 in Chile. *N Engl J Med* 2021;**385**:875–84. doi:10.1056/NEJMoa2107715

580 32 Boulware DR, Pullen MF, Bangdiwala AS, *et al.* A Randomized Trial of Hydroxychloroquine as  
581 Postexposure Prophylaxis for Covid-19. *N Engl J Med* 2020;**383**:517–25.  
582 doi:10.1056/NEJMoa2016638

583 33 Ulrich RJ, Troxel AB, Carmody E, *et al.* Treating COVID-19 With Hydroxychloroquine (TEACH):  
584 A Multicenter, Double-Blind Randomized Controlled Trial in Hospitalized Patients. *Open Forum  
585 Infect Dis* 2020;**7**:ofaa446. doi:10.1093/ofid/ofaa446

586 34 Kerr L, Cadejani FA, Baldi F, *et al.* Ivermectin Prophylaxis Used for COVID-19: A Citywide,  
587 Prospective, Observational Study of 223,128 Subjects Using Propensity Score Matching.  
588 *Cureus* 2022;**14**:e21272. doi:10.7759/cureus.21272

589 35 Babalola OE, Bode CO, Ajayi AA, *et al.* Ivermectin shows clinical benefits in mild to moderate  
590 COVID19: a randomized controlled double-blind, dose-response study in Lagos. *QJM*  
591 2022;**114**:780–8. doi:10.1093/qjmed/hcab035

592 36 López-Medina E, López P, Hurtado IC, *et al.* Effect of Ivermectin on Time to Resolution of  
593 Symptoms Among Adults With Mild COVID-19: A Randomized Clinical Trial. *JAMA*  
594 2021;**325**:1426–35. doi:10.1001/jama.2021.3071

595 37 Loannidis JPA. Factors influencing estimated effectiveness of COVID-19 vaccines in non-  
596 randomised studies. *BMJ evidence-based Med* Published Online First: March 2022.  
597 doi:10.1136/bmjebm-2021-111901

598 38 van Kasteren PB, van der Veer B, van den Brink S, *et al.* Comparison of seven commercial RT-  
599 PCR diagnostic kits for COVID-19. *J Clin Virol Off Publ Pan Am Soc Clin Virol* 2020;**128**:104412.  
600 doi:10.1016/j.jcv.2020.104412

601 39 Hur K-H, Park K, Lim Y, *et al.* Evaluation of Four Commercial Kits for SARS-CoV-2 Real-Time  
602 Reverse-Transcription Polymerase Chain Reaction Approved by Emergency-Use-Authorization  
603 in Korea. *Front Med* 2020;**7**:521. doi:10.3389/fmed.2020.00521

604 40 Altschul SF, Gish W, Miller W, *et al.* Basic local alignment search tool. *J Mol Biol* 1990;**215**:403–  
605 10. doi:10.1016/S0022-2836(05)80360-2

606 41 Stewart B. Criterion Standard. *AMA Man Style* Published Online First:  
607 2011.<https://amastyleinsider.com/2011/06/21/criterion-standard/>

608 42 Stang A, Robers J, Schonert B, *et al.* The performance of the SARS-CoV-2 RT-PCR test as a  
609 tool for detecting SARS-CoV-2 infection in the population. *J Infect* 2021;**83**:237–79.  
610 doi:10.1016/j.jinf.2021.05.022

611 43 Jefferson T, Spencer EA, Brasseley J, *et al.* Viral Cultures for Coronavirus Disease 2019 Infectivity  
612 Assessment: A Systematic Review. *Clin Infect Dis* 2021;**73**:e3884–99. doi:10.1093/cid/ciaa1764

613 44 Umemneku Chikere CM, Wilson K, Graziadio S, *et al.* Diagnostic test evaluation methodology:  
614 A systematic review of methods employed to evaluate diagnostic tests in the absence of gold  
615 standard - An update. *PLoS One* 2019;**14**:e0223832. doi:10.1371/journal.pone.0223832

616 45 Racehl West AK. Understanding the Accuracy of Diagnostic and Serology Tests: Sensitivity and  
617 Specificity. *Factsheet* 2020;:1–4. <https://www.centerforhealthsecurity.org/resources/COVID-19/COVID-19-fact-sheets/201207-sensitivity-specificity-factsheet.pdf>

618 46 FDA. Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical  
619 Devices. *FDA Doc Med devices* Published Online First: 2021. [https://www.fda.gov/medical-](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices)  
620 [devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices)  
621 [emergency-use-authorizations-medical-devices](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices)

622 47 Böger B, Fachi MM, Vilhena RO, *et al.* Systematic review with meta-analysis of the accuracy of  
623 diagnostic tests for COVID-19. *Am J Infect Control* 2021;**49**:21–9.  
624 doi:10.1016/j.ajic.2020.07.011

625 48 Sachs JD, Karim SSA, Akinin L, *et al.* The Lancet Commission on lessons for the future from the  
626 COVID-19 pandemic. *Lancet (London, England)* Published Online First: September 2022.  
627 doi:10.1016/S0140-6736(22)01585-9

628 49 Loannidis JPA. The end of the COVID-19 pandemic. *Eur J Clin Invest* 2022;**n/a**:e13782.  
629 doi:<https://doi.org/10.1111/eci.13782>

630 50 Crossley BM, Bai J, Glaser A, *et al.* Guidelines for Sanger sequencing and molecular assay  
631 monitoring. *J Vet diagnostic Investig Off Publ Am Assoc Vet Lab Diagnosticians, Inc*  
632 2020;**32**:767–75. doi:10.1177/1040638720905833

633 51 Boucau J, Marino C, Regan J, *et al.* Duration of Shedding of Culturable Virus in SARS-CoV-2  
634 Omicron (BA.1) Infection. *N. Engl. J. Med.* 2022. doi:10.1056/NEJMc2202092

635 52 Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, Klaus  
636 Steger, Paul McSheehy, Lidiya Angelova, Fabio Franchino, Thomas Binder, Henrik Ullrich,  
637 Makoto Ohashi, Stefano Scoglio, Marjolein Doesburg-van Kleffens, Dorothea Gilb UK.  
638 Addendum to the Corman-Drosten Review Report. 2021. doi:10.31219/osf.io/9mjy7

639 53 Buchan BW, Hoff JS, Gmehlin CG, *et al.* Distribution of SARS-CoV-2 PCR Cycle Threshold  
640 Values Provide Practical Insight Into Overall and Target-Specific Sensitivity Among Symptomatic  
641 Patients. *Am J Clin Pathol* 2020;**154**:479–85. doi:10.1093/ajcp/aqaa133

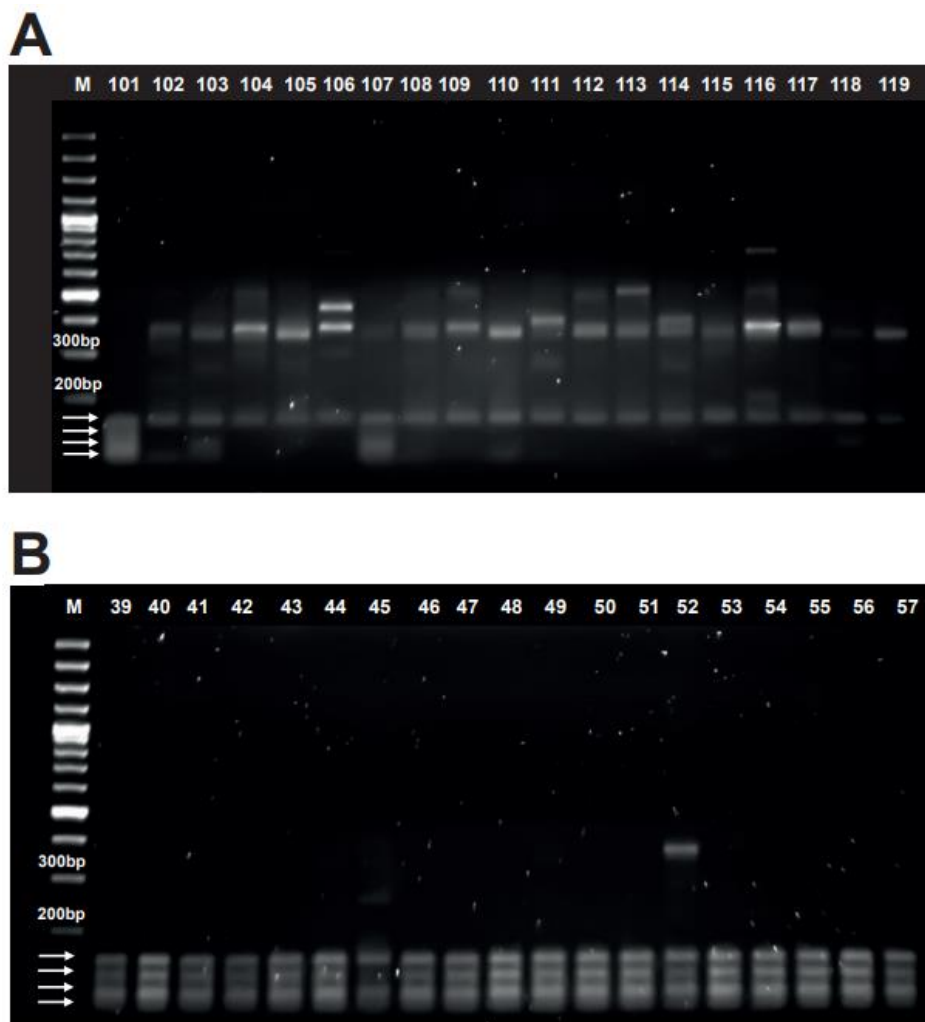
642 54 Kucirka LM, Lauer SA, Laeyendecker O, *et al.* Variation in False-Negative Rate of Reverse  
643 Transcriptase Polymerase Chain Reaction–Based SARS-CoV-2 Tests by Time Since Exposure.  
644 *Ann Intern Med* 2020;**173**:262–7. doi:10.7326/M20-1495

645 55 Rabaan AA, Tirupathi R, Sule AA, *et al.* Viral Dynamics and Real-Time RT-PCR Ct Values  
646 Correlation with Disease Severity in COVID-19. *Diagnostics* . 2021;**11**.  
647 doi:10.3390/diagnostics11061091

648 56 Larkin M. Curbing false positives and pseudo-epidemics. *Lancet Infect Dis* 2007;**7**:186.  
649 doi:10.1016/S1473-3099(07)70044-0

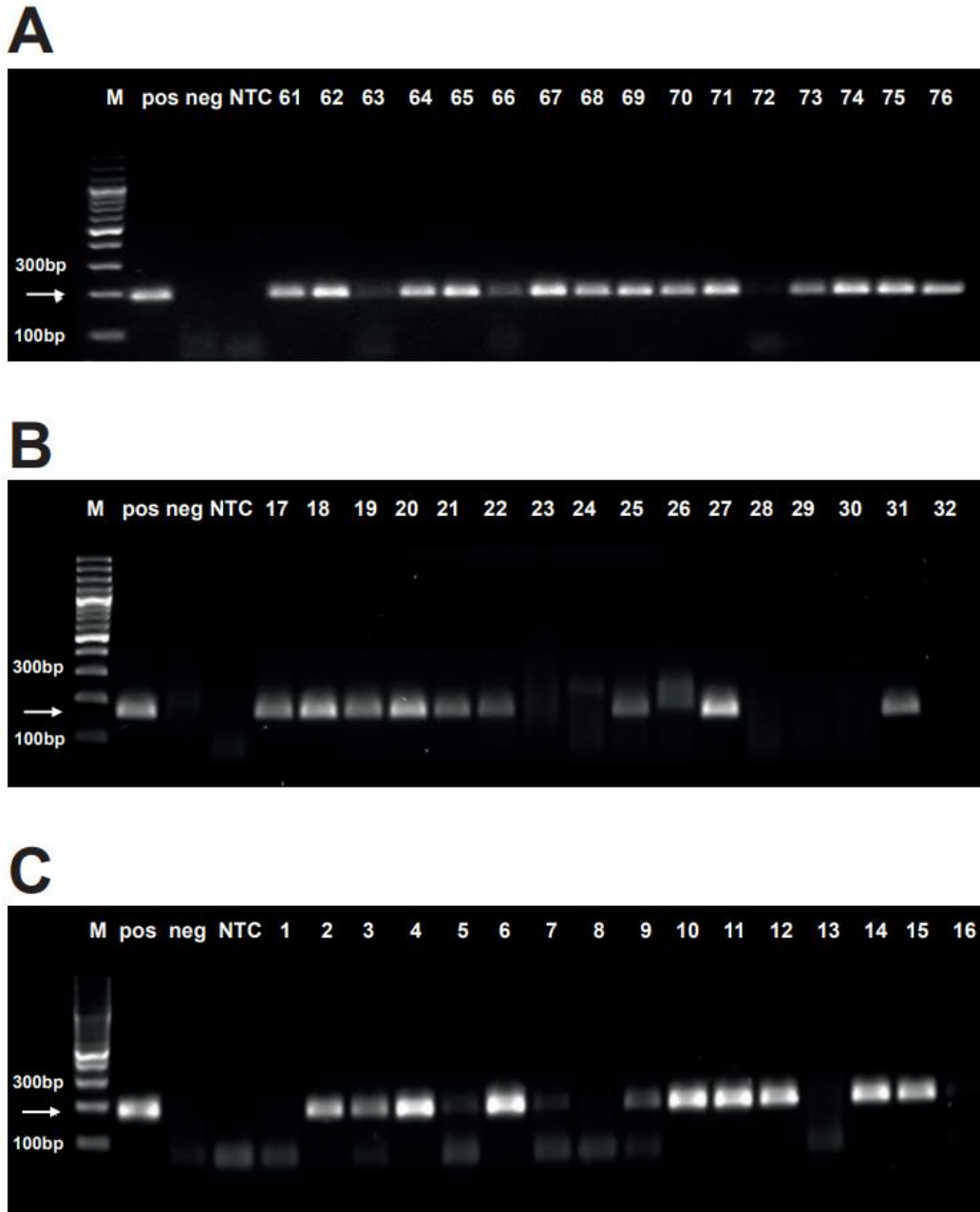
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658 **Fig 1 SARS-CoV-2 Allplex™ assay and agarose banding pattern analyses.**

659 Examples of (A) negative and (B) positive Allplex™ assay samples are shown. The presence or absence  
660 of the RdRp/S-, E-, N- and control gene is visualised (white arrow) using gel electrophoresis. (M) 100  
661 base pairs Plus DNA size marker; (pos) positive control sample; (neg) negative control sample; (NTC)  
662 no template control sample; (number) patient sample numbers.



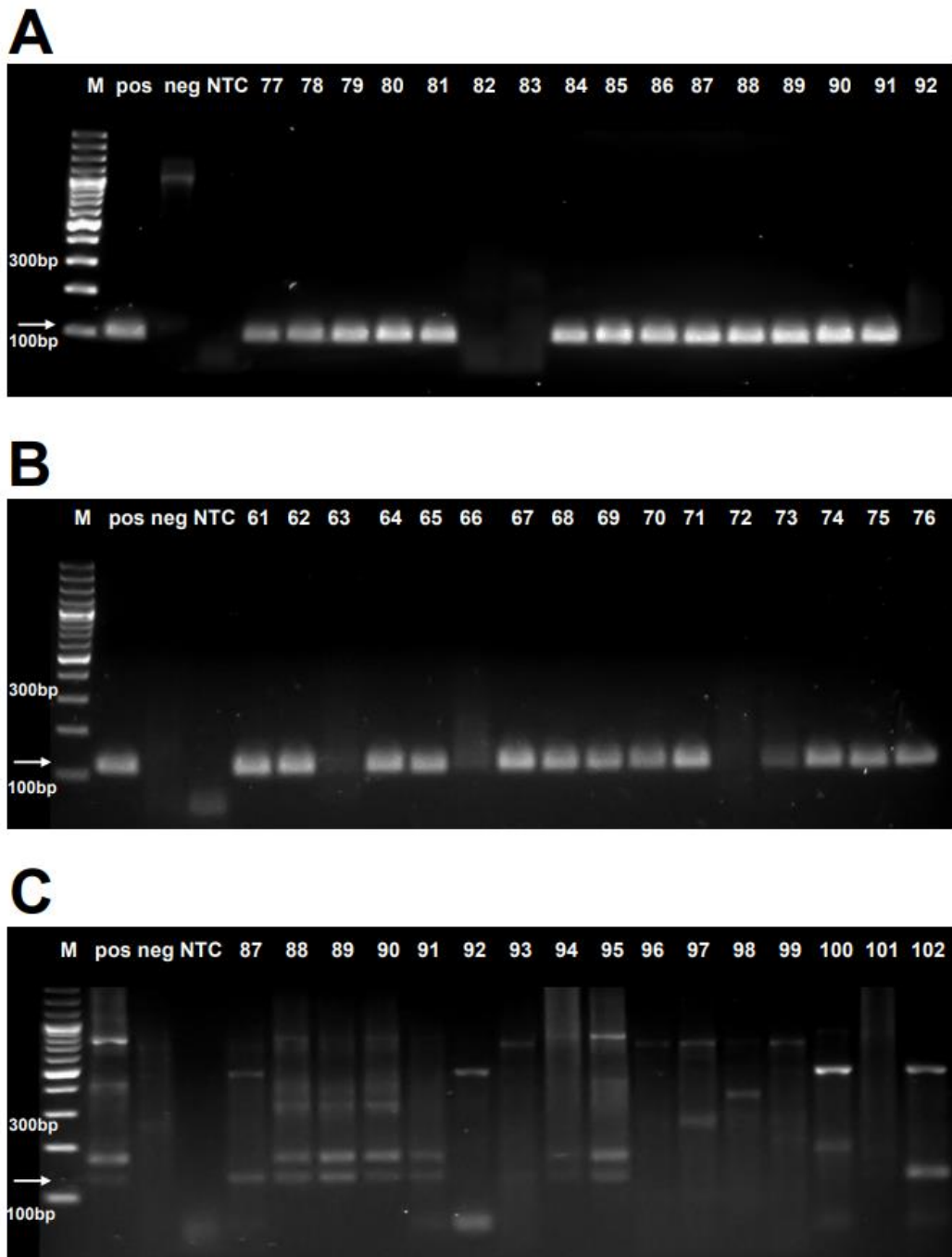
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665 **Fig 2 SARS-CoV-2 STAMINA RT-PCR agarose banding pattern analyses.**

666 Examples of (A) ORF1ab, (B) E-gene and (C) N-gene RT-PCR agarose banding pattern results are  
 667 shown. The presence or absence of the ORF1ab-, E-, and N-gene is visualised (white arrow) using gel  
 668 electrophoresis. (M) 100 base pairs Plus DNA size marker; (pos) positive control sample; (neg) negative  
 669 control sample; (NTC) no template control sample; (number) patient sample numbers.

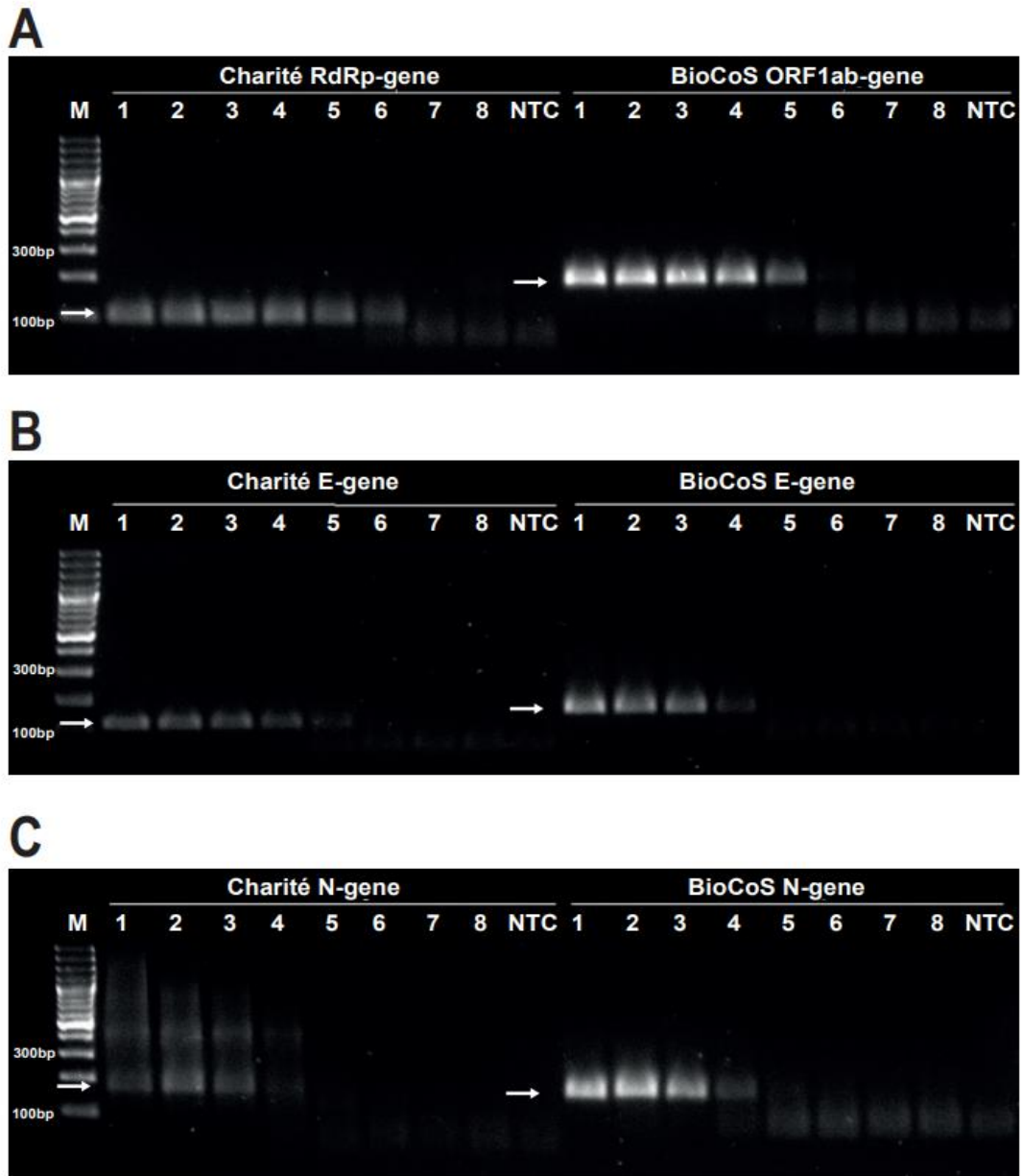
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**Fig 3 SARS-CoV-2 Charité Berlin RT-PCR agarose banding pattern analyses.**

Examples of (A) RdRp-, (B) E-gene and (C) N-gene RT-PCR agarose banding pattern results are shown. The presence or absence of the RdRp-, E-, and N-gene is visualised (white arrow) using gel electrophoresis. (M) 100 base pairs Plus DNA size marker; (pos) positive control sample; (neg) negative control sample; (NTC) no template control sample; (number) patient sample numbers.



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683 **Supplementary Figure 1 SARS-CoV-2 RT-PCR Limit of detection agarose banding pattern**684 **analyses. (A)** Limit of detection of the Charité Berlin and STAMINA SARS-CoV-2 RdRp- (100 bp) and685 ORF1ab gene (167 bp), **(B)** E-gene (113 bp and 181 bp) and **(C)** N-gene (128 bp and 193 bp) primers

686 are shown (white arrow). (M) 100 base pairs Plus DNA size marker; (1) reference sample SARS-CoV-

687 2 Delta 8.56E6 IU/uL; (2) reference sample SARS-CoV-2 Delta 8.56E5 IU/uL; (3) reference sample

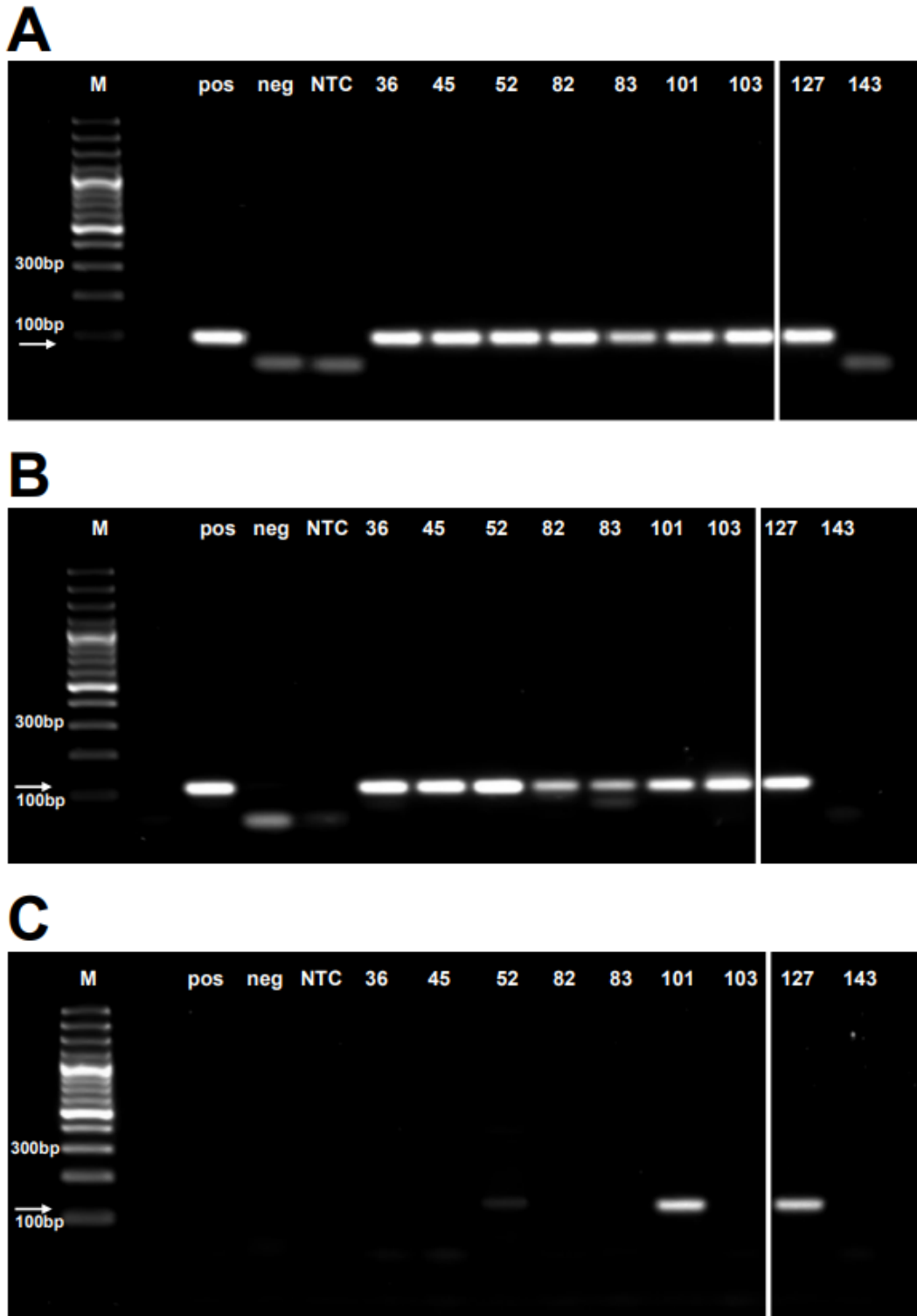
688 SARS-CoV-2 Delta 8.56E4 IU/uL; (4) reference sample SARS-CoV-2 Delta 8.56E3 IU/uL; (5) reference

689 sample SARS-CoV-2 Delta 8.56E2 IU/uL; (6) reference sample SARS-CoV-2 Delta 8.56E1 IU/uL; (7)

690 reference sample SARS-CoV-2 Delta 8.56 IU/uL; (8) reference sample SARS-CoV-2 Delta 0.856 IU/uL;

691 (NTC) no template control sample.

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695 **Supplementary Figure 2 SARS-CoV-2 PCR on nine dubious Allplex™ assay samples.** PCR result  
 696 of the (A) RdRp-, (B) E-gene and (C) N-gene on the Allplex™ assay obtained RT-qPCR amplicons are  
 697 shown. The presence or absence of the RdRp-, E-, and N-gene is visualised (white arrow) using gel  
 698 electrophoresis. (M) 100 base pairs Plus DNA size marker; (pos) positive control sample; (neg) negative  
 699 control sample; (NTC) no template control sample; (number) patient sample numbers that were found  
 700 to be dubious.

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## Tables

Table 1: Analyses of 150 symptomatic patients suspicious for a SARS-CoV-2 infection using RT-(q)PCR and sequencing

Sample number	RT-(q)PCR Allplex™ assay run 1	Ct-value E-gene	Ct-value RdRp/S-gene	Ct-value N-gene	RT-(q)PCR Allplex™ assay run 2	Ct-value E-gene	Ct-value RdRp/S-gene	Ct-value N-gene	Agarose gel	RT-PCR STAMINA ORF1ab-gene	RT-PCR STAMINA E-gene	RT-PCR STAMINA N-gene	RT-PCR Charité Berlin RdRp-gene	RT-PCR Charité Berlin E-gene	RT-PCR Charité Berlin N-gene	Composite reference standard
1	pos	31.81	31.06	31.00	pos	29,84	30,92	29,87	pos	neg	neg	neg	neg	neg	neg	pos
2	pos	21.33	21.20	20.57	pos	20,60	21,26	20,03	pos	pos	pos	pos	pos	pos	neg	pos
3	pos	24.47	25.75	23.88	pos	23,30	24,90	23,24	pos	pos	pos	pos	neg	pos	neg	pos
4	pos	16.70	16.40	13.43	pos	15,99	16,58	14,12	pos	pos	pos	pos	pos	pos	neg	pos
5	pos	27.18	30.91	26.16	pos	27,57	28,51	26,60	pos	pos	pos	neg	pos	pos	neg	pos
6	pos	16.64	16.83	15.14	pos	15,45	16,24	13,97	pos	pos	pos	pos	pos	pos	pos	pos
7	pos	27.74	30.91	27.97	pos	26,48	27,47	26,88	pos	pos	pos	neg	pos	pos	neg	pos
8	pos	31.06	30.74	29.70	pos	29,26	30,38	28,19	pos	pos	neg	neg	neg	pos	neg	pos
9	pos	26.22	28.70	26.05	pos	24,89	25,76	24,33	pos	pos	pos	neg	neg	pos	neg	pos
10	pos	16.41	16.42	13.27	pos	14,23	14,96	12,39	pos	pos	pos	pos	pos	pos	neg	pos
11	pos	17.16	17.13	15.50	pos	15,63	16,36	14,54	pos	pos	pos	pos	pos	pos	neg	pos
12	pos	16.85	17.09	15.73	pos	15,54	17,18	14,50	pos	pos	pos	pos	pos	pos	neg	pos
13	pos	30.18	29.77	28.87	pos	27,71	29,01	26,74	pos	pos	neg	neg	pos	pos	neg	pos
14	pos	18.18	17.58	17.15	pos	16,68	17,11	16,05	pos	pos	pos	pos	pos	pos	neg	pos
15	pos	19.78	19.17	19.08	pos	19,02	19,13	18,23	pos	pos	pos	pos	pos	pos	neg	pos
16	pos	22.46	22.57	23.10	pos	22,06	23,07	22,55	pos	pos	pos	pos	pos	pos	neg	pos
17	pos	21.19	20.76	20.62	pos	20,25	20,67	19,73	pos	pos	pos	pos	pos	pos	neg	pos
18	pos	18.26	18.27	16.09	pos	16,49	17,39	14,61	pos	pos	pos	pos	pos	pos	neg	pos
19	pos	20.95	21.47	18.75	pos	21,03	22,19	18,64	pos	pos	pos	pos	pos	pos	neg	pos
20	pos	16.89	17.03	15.66	pos	16,91	17,42	14,78	pos	pos	pos	pos	pos	pos	neg	pos
21	pos	20.40	20.64	19.65	pos	20,02	18,86	18,69	pos	pos	pos	pos	pos	pos	neg	pos
22	pos	22.62	22.46	21.02	pos	21,39	21,83	19,86	pos	pos	pos	pos	pos	pos	neg	pos
23	pos	26.82	26.65	27.43	pos	25,93	27,12	26,28	pos	pos	pos	neg	neg	neg	neg	pos
24	pos	29.72	29.83	29.19	pos	29,25	30,09	28,88	pos	pos	neg	neg	neg	neg	neg	pos
25	pos	23.22	23.17	22.31	pos	21,84	23,67	20,86	pos	pos	pos	pos	pos	pos	neg	pos
26	pos	27.91	27.78	28.28	pos	25,98	27,10	26,14	pos	pos	pos	neg	neg	neg	neg	pos
27	pos	24.76	24.90	22.94	pos	20,03	21,20	17,22	pos	pos	pos	pos	pos	pos	neg	pos
28	pos	27.15	27.32	26.43	pos	27,01	28,31	26,52	pos	pos	pos	neg	neg	pos	neg	pos
29	pos	31.27	31.58	31.85	pos	30,40	31,12	31,04	pos	neg	neg	neg	neg	neg	neg	pos
30	pos	30.95	31.38	30.13	pos	29,36	30,50	28,54	pos	neg	neg	neg	neg	neg	neg	pos
31	pos	23.05	22.61	21.83	pos	21,96	22,72	20,67	pos	pos	pos	pos	pos	pos	neg	pos
32	pos	28.34	27.69	28.41	pos	26,98	27,99	27,02	pos	pos	pos	neg	neg	pos	neg	pos
33	pos	21.13	20.40	20.85	pos	20,50	20,74	20,86	pos	pos	pos	neg	pos	pos	neg	pos
34	pos	17.25	18.06	15.59	pos	16,16	17,23	13,95	pos	pos	pos	pos	pos	pos	neg	pos
35	pos	18.06	18.92	18.75	pos	16,80	18,48	18,10	pos	pos	pos	pos	pos	pos	neg	pos

36	pos	30.25	30.03	30.16	pos	29,49	30,41	28,50	pos	neg	neg	neg	neg	neg	neg	pos
37	pos	24.50	23.99	23.58	pos	23,12	24,28	22,47	pos	pos	pos	pos	pos	pos	neg	pos
38	pos	15.35	15.22	12.12	pos	14,33	14,76	12,32	pos	pos	pos	pos	pos	pos	neg	pos
39	pos	26.06	27.16	25.03	pos	24,99	26,63	24,96	pos	pos	pos	pos	pos	pos	pos	pos
40	pos	26.43	27.39	25.32	pos	26,09	27,05	24,77	pos	pos	pos	neg	pos	pos	neg	pos
41	pos	24.39	23.69	23.93	pos	22,98	23,92	22,61	pos	pos	pos	pos	pos	pos	neg	pos
42	pos	25.61	26.07	23.26	pos	24,27	26,15	21,92	pos	pos	pos	pos	neg	pos	neg	pos
43	pos	20.36	21.09	18.31	pos	15,58	16,10	13,99	pos	pos	pos	pos	pos	pos	neg	pos
44	pos	26.96	28.30	25.06	pos	26,40	28,05	24,51	pos	pos	pos	neg	pos	pos	neg	pos
45	pos	34.35	34.65	32.58	pos	33,81	34,55	32,53	pos	neg	neg	neg	neg	neg	neg	pos
46	pos	30.54	30.48	30.55	pos	28,80	29,97	28,80	pos	neg	neg	neg	neg	neg	neg	pos
47	pos	16.98	17.75	15.45	pos	15,68	17,42	14,51	pos	pos	pos	pos	pos	pos	neg	pos
48	pos	18.99	19.56	17.20	pos	18,31	18,92	16,38	pos	pos	pos	pos	pos	pos	neg	pos
49	pos	27.22	27.84	25.58	pos	25,89	27,28	24,24	pos	pos	pos	neg	pos	pos	neg	pos
50	pos	24.43	24.32	22.56	pos	22,76	24,42	21,19	pos	pos	pos	pos	pos	pos	neg	pos
51	pos	21.35	22.23	19.31	pos	19,91	20,56	19,11	pos	pos	pos	pos	pos	pos	neg	pos
52	pos	33.55	33.54	33.16	pos	31,68	32,56	31,01	pos	neg	neg	neg	neg	neg	neg	pos
53	pos	19.47	19.16	18.83	pos	18,10	19,20	17,58	pos	pos	pos	pos	pos	pos	neg	pos
54	pos	19.70	19.12	19.93	pos	18,84	19,26	19,02	pos	pos	pos	pos	pos	pos	neg	pos
55	pos	12.79	13.98	11.24	pos	12,60	13,98	11,32	pos	pos	pos	pos	pos	pos	neg	pos
56	pos	20.34	20.36	18.81	pos	19,63	20,37	18,16	pos	pos	pos	pos	pos	pos	pos	pos
57	pos	28.02	27.84	28.10	pos	27,79	28,63	27,61	pos	neg	pos	neg	neg	neg	neg	pos
58	pos	18.30	18.98	16.39	pos	17,65	19,70	15,69	pos	pos	pos	pos	pos	pos	pos	pos
59	pos	26.17	26.28	26.49	pos	24,94	26,11	25,20	pos	pos	pos	neg	pos	pos	neg	pos
60	pos	18.49	17.80	17.95	pos	17,84	18,10	17,17	pos	pos	pos	pos	pos	pos	pos	pos
61	pos	18.41	18.21	17.36	pos	18,37	18,88	17,20	pos	pos	pos	pos	pos	pos	pos	pos
62	pos	17.49	17.43	15.47	pos	15,96	17,07	14,47	pos	pos	pos	pos	pos	pos	pos	pos
63	pos	29.89	29.46	28.38	pos	28,83	30,44	27,55	pos	pos	pos	neg	neg	neg	neg	pos
64	pos	19.35	19.84	18.36	pos	19,29	19,92	17,70	pos	pos	pos	pos	pos	pos	pos	pos
65	pos	17.70	18.09	16.26	pos	17,39	18,21	15,67	pos	pos	pos	pos	pos	pos	pos	pos
66	pos	29.51	29.48	30.04	pos	28,18	29,07	28,57	pos	pos	pos	pos	pos	neg	neg	pos
67	pos	13.12	14.61	12.16	pos	14,32	15,08	13,07	pos	pos	pos	pos	pos	pos	pos	pos
68	pos	13.01	14.31	11.39	pos	13,84	14,83	11,90	pos	pos	pos	pos	pos	pos	pos	pos
69	pos	24.14	24.53	21.50	pos	21,84	23,23	18,81	pos	pos	pos	pos	pos	pos	pos	pos
70	pos	22.54	22.07	20.98	pos	21,36	22,08	20,39	pos	pos	pos	neg	pos	pos	neg	pos
71	pos	16.24	16.29	13.29	pos	15,72	16,98	13,75	pos	pos	pos	pos	pos	pos	pos	pos
72	pos	32.26	32.24	31.34	pos	32,44	32,63	31,23	pos	neg	neg	neg	neg	neg	neg	pos
73	pos	26.16	26.17	25.79	pos	25,36	27,18	25,27	pos	pos	pos	pos	pos	pos	neg	pos
74	pos	20.18	20.18	18.23	pos	19,30	19,36	16,74	pos	pos	pos	pos	pos	pos	pos	pos
75	pos	20.54	20.04	20.34	pos	19,29	19,03	19,12	pos	pos	pos	pos	pos	pos	pos	pos
76	pos	17.41	17.97	15.40	pos	15,50	16,07	13,67	pos	pos	pos	pos	pos	pos	neg	pos
77	pos	24.53	24.25	23.80	pos	23,46	23,31	22,54	pos	pos	pos	pos	pos	pos	neg	pos
78	pos	24.52	24.44	24.45	pos	23,10	23,49	23,2	pos	pos	pos	pos	pos	pos	neg	pos
79	pos	27.91	27.78	28.28	pos	19,99	20,07	18,4	pos	pos	pos	pos	pos	pos	pos	pos
80	pos	27.91	27.78	28.28	pos	18,39	18,57	17,09	pos	pos	pos	pos	pos	pos	pos	pos
81	pos	19.68	19.44	17.95	pos	20,46	20,41	20,22	pos	pos	pos	pos	pos	pos	pos	pos
82	pos	34.59	34.23	34.94	pos	33,86	33,54	34,44	pos	neg	neg	neg	neg	neg	neg	pos
83	pos	30.66	31.04	30.30	pos	30,14	31,20	29,84	pos	neg	neg	neg	neg	neg	neg	pos

84	pos	19.46	19.23	18.81	pos	18,51	18,11	18,07	pos	pos	pos	pos	pos	pos	pos	pos
85	pos	21.30	21.27	20.20	pos	20,37	20,17	19,24	pos	pos	pos	pos	pos	pos	pos	pos
86	pos	16.28	17.26	16.32	pos	15,47	15,51	14,87	pos	pos	pos	pos	pos	pos	pos	pos
87	pos	22.50	24.50	25.06	pos	21,64	20,9	24,21	pos	pos	pos	pos	pos	pos	pos	pos
88	pos	18.10	20.82	18.43	pos	17,08	17,84	17,08	pos	pos	pos	pos	pos	pos	pos	pos
89	pos	17.41	17.65	15.91	pos	16,66	16,87	15,33	pos	pos	pos	pos	pos	pos	pos	pos
90	pos	14.09	15.36	12.61	pos	14,73	15,05	12,65	pos	pos	pos	pos	pos	pos	pos	pos
91	pos	20.29	20.30	18.79	pos	20,03	20,43	17,63	pos	pos	pos	pos	pos	pos	pos	pos
92	pos	31.02	30.61	30.42	pos	30,54	30,58	30,55	pos	pos	neg	neg	neg	neg	neg	pos
93	pos	24.30	24.50	24.27	pos	23,46	22,84	24,47	pos	pos	pos	pos	pos	pos	neg	pos
94	pos	16.60	16.37	15.63	pos	15,19	14,61	24,22	pos	pos	pos	pos	pos	pos	pos	pos
95	pos	16.10	15.97	13.50	pos	15,32	14,91	14,44	pos	pos	pos	pos	pos	pos	pos	pos
96	neg				neg				neg	neg	neg	neg	neg	neg	neg	
97	neg				neg				neg	neg	neg	neg	neg	neg	neg	
98	neg				neg	37,49	38,47	35,3	neg	neg	neg	neg	neg	neg	neg	
99	neg				neg				neg	neg	neg	neg	neg	neg	neg	
100	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
101	pos	17.52	18,2	16,43	pos	16,30	17,50	15,24	pos	pos	pos	pos	pos	pos	neg	pos
102	neg				neg			37,71	neg	neg	neg	neg	neg	neg	pos	neg
103	neg				neg	37,60	38,51	36,8	pos	neg	neg	neg	neg	neg	neg	pos
104	neg				neg				neg	neg	neg	neg	neg	neg	neg	
105	neg				neg				neg	neg	neg	neg	neg	neg	neg	
106	neg				neg				neg	neg	neg	neg	neg	neg	neg	
107	neg		36,14		pos	34,50	35,80	33,56	pos	neg	neg	neg	neg	neg	neg	
108	neg				neg			37,53	neg	neg	neg	neg	neg	neg	neg	
109	neg				neg				neg	neg	neg	neg	neg	neg	neg	
110	neg				neg			36,60	neg	neg	neg	neg	neg	neg	neg	
111	neg				neg				neg	neg	neg	neg	neg	neg	neg	
112	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
113	neg				neg				neg	neg	neg	neg	neg	neg	neg	
114	neg				neg				neg	neg	neg	neg	neg	neg	neg	
115	neg				neg				neg	neg	neg	neg	neg	neg	neg	
116	neg				neg	37,58			neg	neg	neg	neg	neg	neg	neg	
117	neg				neg				neg	neg	neg	neg	neg	neg	neg	
118	neg				neg		38,60		neg	neg	neg	neg	neg	neg	neg	pos
119	neg				neg			37,61	neg	neg	neg	neg	neg	neg	neg	
120	neg				neg				neg	neg	neg	neg	neg	neg	neg	
121	neg				neg			38,10	neg	neg	neg	neg	neg	neg	neg	
122	neg				neg				neg	neg	neg	neg	neg	neg	neg	
123	neg				neg	36,95		36,56	neg	neg	neg	neg	neg	neg	neg	
124	neg				neg				neg	neg	neg	neg	neg	neg	neg	
125	neg				neg				neg	neg	neg	neg	neg	neg	neg	
126	neg				neg			37,80	neg	neg	neg	neg	neg	neg	neg	
127	pos	20,86	21,53	19,04	pos	19,83	21,24	18,06	pos	pos	pos	pos	pos	pos	pos	pos
128	neg				neg				neg	neg	neg	neg	neg	neg	neg	
129	neg				neg				neg	neg	neg	neg	neg	neg	neg	
130	neg				neg				neg	neg	neg	neg	neg	neg	neg	
131	neg				neg				neg	neg	neg	neg	neg	neg	neg	



132	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
133	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
134	neg				neg		37,49		neg	neg	neg	neg	neg	neg	neg	neg
135	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
136	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
137	neg				neg		37,45		neg	neg	neg	neg	neg	neg	neg	neg
138	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
139	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
140	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
141	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
142	pos	21.51	21.2	20.24	pos	21,40	21,75	19,78	pos	pos	pos	pos	pos	pos	neg	pos
143	pos	32.36	32.7	31.24	pos	31,57	32,63	30,77	pos	neg	neg	neg	neg	neg	neg	pos
144	pos	20.41	19.5	20.65	pos	17,59	17,54	18,72	pos	pos	pos	pos	pos	pos	neg	pos
145	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
146	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
147	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
148	neg				neg				neg	neg	neg	neg	neg	neg	neg	neg
149	pos	29.83	30.33	29.95	pos	28,66	30,23	29,10	pos	pos	neg	neg	pos	neg	neg	pos
150	pos	28.59	29.48	27.87	pos	27,42	29,24	26,49	pos	pos	neg	neg	pos	pos	neg	pos

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715 **Table 2: SARS-CoV-2 RT-PCR primers**

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**A. Charité Berlin**

Target	Oligonucleotide	Sequence (5' – 3')
SARS-CoV-2 RdRp-gene	FW, Charité Berlin	GTGAAATGGTCATGTGTGGCGG
	RV, Charité Berlin	CAAATGTTAAAAACACTATTAGCATA
SARS-CoV-2 E-gene	FW, Charité Berlin	ACAGGTACGTTAATAGTTAATAGCGT
	RV, Charité Berlin	ATATTGCAGCAGTACGCACACA
SARS-CoV-2 N-gene	FW, Charité Berlin	CACATTGGCACCCGCAATC
	RV, Charité Berlin	GAGGAACGAGAAGAGGCTTG

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**B. STAMINA**

Target	Oligonucleotide	Sequence (5' – 3')
SARS-CoV-2 ORF1ab-gene	FW, STAMINA	Confidential
	RV, STAMINA	Confidential
SARS-CoV-2 E-gene	FW, STAMINA	Confidential
	RV, STAMINA	Confidential
SARS-CoV-2 N-gene	FW, STAMINA	Confidential
	RV, STAMINA	Confidential

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**Table 3: Comparison of the STAMINA and Charité Berlin primersets using the Allplex™ assay as a criterion standard**

**A. Results based on the Allplex™ assay**

Ct value	Assay	Target gene	PPA <sup>a</sup>	NPA <sup>b</sup>	PPV <sup>c</sup>	NPV <sup>d</sup>
35	STAMINA	ORF1ab-gene	88.24% (90/102)	100.00% (48/48)	100.00% (90/90)	80.00% (48/60)
		E-gene	83.33% (85/102)	100.00% (48/48)	100.00% (85/85)	73.85% (48/65)
		N-gene	68.63% (70/102)	100.00% (48/48)	100.00% (70/70)	60.00% (48/80)
	Charité Berlin	RdRp-gene	77.45% (79/102)	100.00% (48/48)	100.00% (79/79)	67.61% (48/71)
		E-gene	81.37% (82/102)	100.00% (48/48)	100.00% (83/83)	71.64% (48/76)
		N-gene	28.43% (29/102)	97.92% (47/48)	100.00% (29/30)	39.17% (47/120)
25	STAMINA	ORF1ab-gene	100.00% (67/67)	72.29% (60/83)	74.44% (67/90)	100.00% (60/60)
		E-gene	100.00% (67/67)	78.31% (65/83)	78.82% (67/85)	100.00% (65/65)
		N-gene	97.01% (65/67)	93.98% (78/83)	92.86% (65/70)	97.50% (78/80)
	Charité Berlin	RdRp-gene	97.01% (65/67)	83.13% (69/83)	82.28% (65/79)	97.18% (69/71)
		E-gene	100.00% (67/67)	80.72% (67/83)	80.72% (67/83)	100.00% (67/67)
		N-gene	38.81% (26/67)	95.18% (79/83)	86.67% (26/30)	65.83% (79/120)
20	STAMINA	ORF1ab-gene	100.00% (41/41)	55.05% (60/109)	45.56% (41/90)	100.00% (60/60)
		E-gene	100.00% (41/41)	59.53% (65/109)	48.24% (41/85)	100.00% (65/65)
		N-gene	100.00% (41/41)	73.39% (80/109)	58.57% (41/70)	100.00% (80/80)
	Charité Berlin	RdRp-gene	100.00% (41/41)	65.14% (71/109)	51.90% (41/79)	100.00% (71/71)
		E-gene	100.00% (41/41)	61.47% (67/109)	49.40% (41/83)	100.00% (67/67)
		N-gene	53.66% (22/41)	92.66% (101/109)	73.33% (22/30)	84.17% (101/120)

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**B. Results based on our composite reference standard**

Assay	Target gene	PPA <sup>a</sup>	NPA <sup>b</sup>	PPV <sup>c</sup>	NPV <sup>d</sup>
STAMINA	ORF1ab-gene	86.54% (90/104)	100.00% (46/46)	100.00% (90/90)	76.67% (46/60)
	E-gene	81.73% (85/104)	100.00% (46/46)	100.00% (85/85)	70.77% (46/65)
	N-gene	67.31% (70/104)	100.00% (46/46)	100.00% (70/70)	57.50% (46/80)
Charité Berlin	RdRp-gene	75.96% (79/104)	100.00% (46/46)	100.00% (79/79)	64.79% (46/71)
	E-gene	79.81% (83/104)	100.00% (46/46)	100.00% (83/83)	68.66% (46/67)
	N-gene	27.88% (29/104)	97.83% (45/46)	96.97% (29/30)	37.50% (45/120)

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<sup>a</sup> PPA: positive percentage agreement; <sup>b</sup> NPA: negative percentage agreement  
<sup>c</sup> PPV: positive predictive value; <sup>d</sup> NPV: negative predictive value

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**Table 4: RT-qPCR, RT-PCR, banding patterning and sequencing analysis results of nine dubious Allplex™ assay samples**

	<i>Sample 36</i>	<i>Sample 45</i>	<i>Sample 52</i>	<i>Sample 82</i>	<i>Sample 83</i>	<i>Sample 101</i>	<i>Sample 103</i>	<i>Sample 127</i>	<i>Sample 143</i>
<b><i>STAMINA PCR ORF1ab-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>STAMINA PCR E-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>STAMINA PCR N-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>Charité Berlin PCR RdRp-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>Charité Berlin PCR E-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>Charité Berlin PCR N-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Pos	Neg
<b><i>RT-(q)PCR Allplex™ assay run 1</i></b>	Pos	Pos	Pos	Pos	Pos	Pos	Neg	Pos	Pos
<b><i>RT-(q)PCR Allplex™ assay run 2</i></b>	Pos	Pos	Pos	Pos	Pos	Pos	Neg	Pos	Pos
<b><i>Gel electrophoresis Allplex™ assay run 2</i></b>	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos
<b><i>Sequencing Allplex™ RdRp-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg
<b><i>Sequencing Allplex™ E-gene</i></b>	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos
<b><i>Sequencing Allplex™ N-gene</i></b>	Neg	Neg	Neg	Neg	Neg	Pos	Neg	Pos	Neg
<b><i>Composite reference standard</i></b>	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos	Pos

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**Supplementary Data 1: Sequencing analyses of 150 STAMINA SARS-CoV-2 ORF1ab-gene RT-PCR samples**

<b>Sample number</b>	<b>First run Highly similar</b>	<b>First run Somewhat similar</b>	<b>Second run Highly similar</b>	<b>Second run Somewhat similar</b>
1	To repeat		Confirmed	
2	Confirmed			
3	Confirmed		Confirmed	
4	Confirmed			
5	Confirmed		Confirmed	
6	Confirmed			
7	Confirmed		Confirmed	
8	Confirmed			
9	Confirmed		Confirmed	
10	Confirmed			
11	Confirmed			
12	Confirmed			
13	Confirmed			
14	Confirmed			
15	Confirmed			
16	Confirmed			
17	Confirmed			
18	Confirmed			
19	Confirmed			
20	Confirmed			
21	Confirmed			
22	Confirmed			
23	Confirmed			
24	Confirmed			
25	Confirmed			
26	Confirmed			
27	Confirmed			

28	Confirmed			
29	Confirmed (very low query cover)	Confirmed (very low query cover)	Confirmed (very low query cover)	Confirmed (very low query cover)
30	Confirmed	Confirmed	Rotavirus A	
31	Confirmed			
32	Confirmed			
33	Confirmed			
34	Confirmed			
35	Confirmed			
36	No significant similarity found	No significant similarity found	Confirmed	
37	Confirmed			
38	Confirmed			
39	Confirmed			
40	Confirmed			
41	Confirmed			
42	Confirmed			
43	Confirmed			
44	Confirmed			
45	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
46	Confirmed		Confirmed	
47	Confirmed			
48	Confirmed			
49	Confirmed		Confirmed	
50	Confirmed			
51	Confirmed			
52	To repeat		No significant similarity found	No significant similarity found
53	Confirmed			
54	Confirmed			
55	Confirmed			
56	Confirmed			
57	Confirmed		Confirmed	
58	Confirmed			

59	Confirmed			
60	Confirmed			
61	Confirmed			
62	Confirmed			
63	Confirmed			
64	Confirmed			
65	Confirmed			
66	Confirmed			
67	Confirmed			
68	Confirmed			
69	Confirmed		Confirmed	
70	Confirmed		Confirmed	
71	Confirmed		Confirmed	
72	Confirmed		Confirmed	
73	Confirmed		Confirmed	
74	Confirmed		Confirmed	
75	Confirmed		Confirmed	
76	Confirmed			
77	Confirmed			
78	Confirmed			
79	Confirmed			
80	Confirmed			
81	Confirmed			
82	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
83	No significant similarity found	No significant similarity found	Confirmed	
84	Confirmed			
85	Confirmed			
86	Confirmed			
87	Confirmed			
88	Confirmed			
89	Confirmed			

90	Confirmed				
91	Confirmed				
92	Confirmed				
93	Confirmed				
94	Confirmed			Confirmed	
95	Confirmed			Confirmed	
96					
97					
98					
99					
100	No significant similarity found	No significant similarity found			
101	Confirmed				
102	No significant similarity found	No significant similarity found			
103	No significant similarity found	No significant similarity found		Confirmed	Confirmed
104					
105					
106					
107					
108					
109					
110					
111					
112	No significant similarity found	No significant similarity found			
113					
114					
115					
116					
117					
118	Confirmed				
119					
120					



121				
122				
123				
124				
125				
126				
127	Confirmed			
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139	Homo sapiens		No significant similarity found	No significant similarity found
140				
141				
142	Confirmed			
143	No significant similarity found	Confirmed	Homo sapiens	Confirmed
144	Confirmed			
145				
146	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
147				
148				
149	Confirmed			
150	Confirmed			

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**Supplementary Data 2: Sequencing analyses of 150 STAMINA SARS-CoV-2 E-gene RT-PCR samples**

Sample number	First run Highly similar	First run Somewhat similar	Second run Highly similar	Second run Somewhat similar
1	Confirmed	Confirmed	No significant similarity found	Confirmed
2	Confirmed			
3	Confirmed			
4	Confirmed		No significant similarity found	No significant similarity found
5	Confirmed			
6	Confirmed		Confirmed	
7	Confirmed			
8	Confirmed		Confirmed	
9	Confirmed			
10	Confirmed		Confirmed	
11	No significant similarity found	No significant similarity found	Confirmed	
12	Confirmed	Confirmed	Confirmed	
13	Confirmed		Confirmed	
14	Confirmed		Confirmed	
15	Confirmed		Confirmed	
16	Confirmed			
17	No significant similarity found	Confirmed	Confirmed	
18	Confirmed		No significant similarity found	No significant similarity found
19	Confirmed		Confirmed	
20	Confirmed		Confirmed	
21	Confirmed		Confirmed	
22	Confirmed		Confirmed	
23	Confirmed		Confirmed	
24	No significant similarity found	No significant similarity found		
25	Confirmed		Confirmed	
26	Confirmed		Confirmed	
27	Confirmed		Confirmed	

28	Confirmed		Confirmed	
29	Confirmed		Confirmed	
30	No significant similarity found	No significant similarity found		
31	Confirmed	Confirmed	Confirmed	
32	Confirmed			
33	Confirmed		Confirmed	
34	No significant similarity found	No significant similarity found	Confirmed	
35	Confirmed		Confirmed	
36	No significant similarity found	No significant similarity found	No significant similarity found	Confirmed
37	Confirmed		Confirmed	
38	No significant similarity found	No significant similarity found	Confirmed	
39	No significant similarity found	Confirmed	Confirmed	
40	Confirmed		Confirmed	
41	Confirmed		Confirmed	
42	Confirmed		Confirmed	
43	Confirmed	Confirmed	Confirmed	
44	Confirmed		Confirmed	
45	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
46	Confirmed		Confirmed	
47	Confirmed		Confirmed	
48	Confirmed	Confirmed	Confirmed	
49	Confirmed			
50	Confirmed		Confirmed	
51	Confirmed			
52	No significant similarity found	Confirmed	No significant similarity found	No significant similarity found
53	Confirmed			
54	Confirmed			
55	Confirmed		Confirmed	
56	Confirmed		Confirmed	
57	Confirmed			
58	Confirmed			

59	Confirmed			
60	Confirmed		Confirmed	
61	Confirmed		Confirmed	
62	Confirmed		Confirmed	
63	Confirmed		Confirmed	
64	Confirmed		Confirmed	
65	Confirmed		Confirmed	
66	Confirmed		Confirmed	
67	Confirmed		Confirmed	
68	Confirmed		Confirmed	
69	Confirmed		Confirmed	
70	Confirmed		Confirmed	
71	Confirmed		Confirmed	
72	Confirmed		No significant similarity found	No significant similarity found
73	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
74	Confirmed		Confirmed	
75	Confirmed		Confirmed	
76	Confirmed		Confirmed	
77	Confirmed		Confirmed	
78	Confirmed		Confirmed	
79	No significant similarity found	No significant similarity found	Confirmed	Confirmed
80	Confirmed		Confirmed	
81	Confirmed		Confirmed	
82	No significant similarity found	Confirmed	No significant similarity found	No significant similarity found
83	No significant similarity found	No significant similarity found		
84	Confirmed		Confirmed	
85	Confirmed	Confirmed	Confirmed	
86	Confirmed		Confirmed	
87	Confirmed		Confirmed	
88	Confirmed	Confirmed	Confirmed	
89	Confirmed		Confirmed	

90	Confirmed		Confirmed	
91	Confirmed		Confirmed	
92	Confirmed		No significant similarity found	No significant similarity found
93	Confirmed		Confirmed	
94	Confirmed			
95	Confirmed		Confirmed	
96				
97				
98				
99				
100	No significant similarity found	Confirmed		
101	Confirmed		Confirmed	
102	No significant similarity found	No significant similarity found		
103	No significant similarity found	Confirmed	No significant similarity found	No significant similarity found
104				
105				
106				
107				
108				
109				
110				
111				
112	Confirmed		No significant similarity found	No significant similarity found
113				
114				
115				
116				
117				
118	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
119				
120				

121				
122				
123				
124				
125				
126				
127	Confirmed	Confirmed	No significant similarity found	No significant similarity found
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139	No significant similarity found	Confirmed	Confirmed	No significant similarity found
140				
141				
142	Confirmed			
143	Confirmed		Confirmed	
144	No significant similarity found	No significant similarity found	Confirmed	
145				
146	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
147				
148				
149	Confirmed			
150	Confirmed			

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**Supplementary Data 3: Sequencing analyses of 150 STAMINA SARS-CoV-2 N-gene RT-PCR samples**

Sample number	First run Highly similar	First run Somewhat similar	Second run Highly similar	Second run Somewhat similar
1	No significant similarity found	Confirmed	Cloning vectors	Cloning vectors
2	Confirmed		Confirmed	
3	Confirmed		Confirmed	
4	Confirmed		Confirmed	
5	Legionella	Confirmed	Legionella	
6	Confirmed		Confirmed	
7	Cloning vectors		Neisseria	
8	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
9	Confirmed		Confirmed	
10	Confirmed		Confirmed	
11	Confirmed		Confirmed	
12	Confirmed		Confirmed	
13	Rothia		Rothia	
14	Confirmed		Confirmed	
15	Confirmed		Confirmed	
16	Confirmed		Confirmed	
17	Confirmed		Confirmed	
18	Confirmed		Confirmed	
19	Confirmed		Confirmed	
20	Confirmed		Confirmed	
21	Confirmed		Confirmed	
22	Confirmed		Confirmed	
23	Confirmed	Confirmed	No significant similarity found	Confirmed
24	Neisseria		Neisseria	
25	Confirmed		Confirmed	
26	Confirmed	Species		
27	Confirmed		Confirmed	

28	Confirmed	Confirmed	No significant similarity found	No significant similarity found
29	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
30	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
31	Confirmed		Confirmed	
32	No significant similarity found	Rothia	No significant similarity found	No significant similarity found
33	No significant similarity found	Confirmed	Confirmed	
34	Confirmed		Confirmed	
35	Confirmed		Confirmed	
36	Cloning vectors	No significant similarity found	Cloning vectors	No significant similarity found
37	Confirmed		Confirmed	
38	Confirmed		Confirmed	
39	Confirmed		Confirmed	
40	No significant similarity found	Confirmed	Confirmed	
41	Confirmed		Confirmed	
42	Confirmed		Confirmed	
43	Confirmed		Confirmed	
44	Confirmed		Confirmed	
45	Confirmed (primer sequence)		Rothia	Rothia
46	Confirmed	Confirmed	Cloning vectors	
47	Confirmed		Confirmed	
48	Confirmed		Confirmed	
49	Confirmed		Confirmed	
50	Confirmed		Confirmed	
51	Confirmed		Confirmed	
52	Confirmed	Confirmed	Confirmed	
53	Confirmed		Confirmed	
54	Confirmed		Confirmed	
55	Confirmed		Confirmed	
56	Confirmed		Confirmed	
57	No significant similarity found	No significant similarity found	No significant similarity found	Confirmed
58	Confirmed		Confirmed	



59	Confirmed		Confirmed	
60	Confirmed		Confirmed	
61	Confirmed		Confirmed	
62	Confirmed		Confirmed	
63	No significant similarity found	Confirmed	No significant similarity found	Confirmed
64	Confirmed		Confirmed	
65	Confirmed		Confirmed	
66	Confirmed		Confirmed	
67	Confirmed		Confirmed	
68	Confirmed		Confirmed	
69	Confirmed		Confirmed	
70	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
71	Confirmed		Confirmed	
72	No significant similarity found	Rothia	Rothia	Rothia
73	Confirmed		Confirmed	
74	Confirmed		Confirmed	
75	Confirmed		Confirmed	
76	Confirmed		Confirmed	
77	Confirmed		Confirmed	
78	Confirmed		Confirmed	
79	Confirmed		Confirmed	
80	Confirmed		Confirmed	
81	Confirmed		Confirmed	
82	No significant similarity found	No significant similarity found	No significant similarity found	Species
83	Neisseria		Neisseria	
84	Confirmed		Confirmed	
85	Confirmed		Confirmed	
86	Confirmed		Confirmed	
87	Confirmed		Confirmed	
88	Confirmed		Confirmed	
89	Confirmed		Confirmed	

90	Confirmed		Confirmed	
91	Confirmed		Confirmed	
92	Veillonella		Veillonella	
93	Confirmed		Confirmed	
94	Confirmed		Confirmed	
95	Confirmed		Confirmed	
96				
97				
98				
99				
100	Veillonella		Veillonella	
101	Confirmed		Confirmed	
102	No significant similarity found	Rothia	No significant similarity found	Veillonella
103	Cloning vectors		No significant similarity found	Cloning vectors / species
104				
105				
106				
107				
108				
109				
110				
111				
112	No significant similarity found	No significant similarity found	No significant similarity found	Confirmed
113				
114				
115				
116				
117				
118	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
119				
120				

121				
122				
123				
124				
125				
126				
127	Confirmed		Confirmed	
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139	No significant similarity found	Homo sapiens	No significant similarity found	No significant similarity found
140				
141				
142	Confirmed		Confirmed	
143	No significant similarity found	Species	No significant similarity found	Veillonella
144	Confirmed		Confirmed	
145				
146	Rothia		Rothia	
147				
148				
149	No significant similarity found	Homo sapiens	No significant similarity found	Homo sapiens / species
150	No significant similarity found	No significant similarity found	Veillonella	Confirmed

752  
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754  
755

**Supplementary Data 4: Sequencing analyses of 150 Charité Berlin SARS-CoV-2 RdRp-gene RT-PCR samples**

Sample number	First run Highly similar	First run Somewhat similar	Second run Highly similar	Second run Somewhat similar
1	No significant similarity found		Hepatitis A virus / Hepatovirus A	Hepatitis A virus / Hepatovirus A
2	To repeat		Hepatitis A virus / Hepatovirus A	
3	Confirmed			
4	Confirmed			
5	To repeat			
6	Confirmed			
7	Confirmed			
8	To repeat		No significant similarity found	Rotavirus A
9	Error / Cannot be determined			
10	Confirmed			
11	Confirmed			
12	Confirmed			
13	To repeat		No significant similarity found	Rotavirus A and SARS-CoV-2 (query cover 10%)
14	To repeat		Confirmed	
15	Confirmed			
16	No significant similarity found	Confirmed	No significant similarity found	Rotavirus A and SARS-CoV-2 (query cover 15%)
17	Confirmed	Confirmed	Confirmed	Confirmed
18	Confirmed	Confirmed	Confirmed	Confirmed
19	No significant similarity found	Confirmed	No significant similarity found	Confirmed (very low query cover)
20	Confirmed			
21	Confirmed			
22	Confirmed			
23	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
24	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
25	No significant similarity found	Solobacterium	Solobacterium	
26	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
27	To repeat		Confirmed	Confirmed

28	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
29	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
30	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
31	No significant similarity found			
32	16S ribosomal RNA genes			
33	Confirmed			
34	Confirmed			
35	Confirmed			
36	No significant similarity found	No significant similarity found		
37	No significant similarity found	Confirmed		
38	Confirmed			
39	No significant similarity found	Confirmed		
40	Confirmed	Confirmed		
41	Confirmed			
42	No significant similarity found	Confirmed		
43	Confirmed			
44	Confirmed	Confirmed		
45	No significant similarity found	No significant similarity found		
46	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
47	Confirmed			
48	Confirmed			
49	No significant similarity found	No significant similarity found		
50	Confirmed			
51	Confirmed			
52	To repeat		No significant similarity found	No significant similarity found
53	Confirmed			
54	Confirmed			
55	Confirmed			
56	Confirmed			
57	To repeat		No significant similarity found	No significant similarity found
58	Confirmed			

59	Confirmed	Confirmed	Confirmed	
60	Confirmed			
61	Confirmed		Confirmed	
62	Confirmed		Confirmed	
63	Confirmed		Confirmed	
64	Confirmed			
65	No significant similarity found	Confirmed	Confirmed	
66	No significant similarity found	Confirmed	Confirmed	
67	Confirmed		Confirmed	
68	Confirmed		Confirmed	
69	Confirmed			
70	No significant similarity found	Confirmed	Confirmed	
71	No significant similarity found	Confirmed	Confirmed	
72	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
73	Confirmed			
74	No significant similarity found	Confirmed	Confirmed	
75	No significant similarity found	Confirmed	Confirmed	
76	Confirmed			
77	Confirmed			
78	Confirmed			
79	Confirmed			
80	Confirmed			
81	Confirmed			
82	No significant similarity found	No significant similarity found	Homo sapiens	No significant similarity found
83	Solobacterium	No significant similarity found	No significant similarity found	Solobacterium
84	Solobacterium			
85	Confirmed			
86	No significant similarity found	No significant similarity found	Confirmed	
87	Confirmed			
88	Confirmed			
89	Confirmed			

90	Confirmed	Confirmed		
91	Confirmed	No significant similarity found		
92	Confirmed / Staphylococcus	Confirmed		
93	Confirmed		Confirmed	Confirmed
94	No significant similarity found	Confirmed	Confirmed	
95	Confirmed		Confirmed	
96				
97				
98				
99				
100	Solobacterium		Solobacterium	
101	Confirmed		Confirmed	
102	Solobacterium			
103	No significant similarity found	No significant similarity found		
104				
105				
106				
107				
108				
109				
110				
111				
112	No significant similarity found	No significant similarity found		
113				
114				
115				
116				
117				
118	No significant similarity found	No significant similarity found		
119				
120				

121				
122				
123				
124				
125				
126				
127	Confirmed			
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
140				
141				
142	Confirmed			
143	To repeat	No significant similarity found	No significant similarity found	No significant similarity found
144	Confirmed			
145				
146	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
147				
148				
149	Confirmed			
150	No significant similarity found	Uncultured bacterium clones		

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757



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759

**Supplementary Data 5: Sequencing analyses of 150 Charité Berlin SARS-CoV-2 E-gene RT-PCR samples**

Sample number	First run Highly similar	First run Somewhat similar	Second run Highly similar	Second run Somewhat similar
1	To repeat		Rotavirus A	
2	Confirmed			
3	Confirmed			
4	Confirmed			
5	Confirmed / also Bat SARS-like coronavirus			
6	Confirmed			
7	Confirmed			
8	No significant similarity found	Confirmed	Rotavirus A	
9	Confirmed			
10	Confirmed			
11	Confirmed			
12	Confirmed			
13	Confirmed			
14	Confirmed			
15	Confirmed / also Bat SARS-like coronavirus			
16	Confirmed			
17	Confirmed			
18	Confirmed			
19	Confirmed			
20	Confirmed			
21	Confirmed			
22	Confirmed			
23	Confirmed			
24	To repeat	Confirmed (very low query cover)	Confirmed	
25	Confirmed			
26	Confirmed			
27	Confirmed			

28	Confirmed	Confirmed		
29	No significant similarity found	No significant similarity found	No significant similarity found	Corynebacterium
30	No significant similarity found	Confirmed	No significant similarity found	Confirmed
31	No significant similarity found	Confirmed (very low query cover)		
32	No significant similarity found	No significant similarity found	Error / Cannot be determined	
33	To repeat		Error / Cannot be determined	
34	To repeat		Error / Cannot be determined	
35	No significant similarity found	No significant similarity found	Error / Cannot be determined	
36	No significant similarity found	No significant similarity found	Error / Cannot be determined	
37	To repeat		Error / Cannot be determined	
38	No significant similarity found	No significant similarity found	Error / Cannot be determined	
39	To repeat		Error / Cannot be determined	
40	No significant similarity found	No significant similarity found	Error / Cannot be determined	
41	To repeat		Error / Cannot be determined	
42	To repeat		Error / Cannot be determined	
43	To repeat		Error / Cannot be determined	
44	To repeat		No significant similarity found	No significant similarity found
45	To repeat		Error / Cannot be determined	
46	No significant similarity found	Confirmed	Confirmed	
47	Confirmed		Confirmed	
48	Confirmed			
49	Confirmed			
50	Confirmed			
51	Confirmed			
52	To repeat		No significant similarity found	No significant similarity found
53	Confirmed			
54	Confirmed			
55	Confirmed			
56	Confirmed			
57	To repeat		Confirmed	
58	Confirmed			

59	Confirmed			
60	Confirmed			
61	Confirmed			
62	Confirmed		Confirmed	
63	Confirmed (low query cover%)			
64	Confirmed		Confirmed	
65	Confirmed			
66	Confirmed			
67	Confirmed		Confirmed	
68	Confirmed			
69	Confirmed			
70	Confirmed		No significant similarity found	Confirmed
71	Confirmed		Confirmed	
72	No significant similarity found	Confirmed		
73	Confirmed		Confirmed	
74	Confirmed	Confirmed	Confirmed	
75	Confirmed		Confirmed	
76	Confirmed		Confirmed	
77	Confirmed			
78	Confirmed			
79	Confirmed			
80	Confirmed			
81	Confirmed			
82	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
83	No significant similarity found	No significant similarity found		
84	Confirmed		Confirmed	
85	Confirmed	No significant similarity found	Confirmed	
86	Confirmed	No significant similarity found	Confirmed	
87	Confirmed	No significant similarity found	Confirmed	
88	Confirmed	No significant similarity found	Confirmed	
89	Confirmed	Confirmed	Uncultured archaeon clone	

90	Confirmed		Confirmed	
91	Confirmed		Confirmed	
92	Confirmed / Sarbecovirus	Confirmed		
93	Confirmed			
94	Confirmed			
95	Confirmed			
96				
97				
98				
99				
100	No significant similarity found			
101	Confirmed			
102	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
103	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
104				
105				
106				
107				
108				
109				
110				
111				
112	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
113				
114				
115				
116				
117				
118	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
119				
120				

121				
122				
123				
124				
125				
126				
127	Confirmed			
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
140				
141				
142	Confirmed			
143	No significant similarity found	Confirmed	No significant similarity found	Confirmed
144	Confirmed			
145				
146	No significant similarity found	No significant similarity found	No significant similarity found	No significant similarity found
147				
148				
149	Confirmed		Confirmed	
150	Confirmed			

760  
761

762  
763

**Supplementary Data 6: Sequencing analyses of 150 Charité Berlin SARS-CoV-2 N-gene RT-PCR samples**

Sample number	First run Highly similar	First run Somewhat similar	Second run Highly similar	Second run Somewhat similar
1	Homo sapiens	Homo sapiens		
2	Confirmed			
3	No significant similarity found	Confirmed		
4	Confirmed			
5	No significant similarity found			
6	Confirmed			
7	No significant similarity found			
8	No significant similarity found	Homo sapiens		
9	Homo sapiens			
10	Confirmed		Confirmed	
11	Confirmed			
12	Rothia mucilaginosa	Confirmed	Rothia mucilaginosa	
13	No significant similarity found			
14	Confirmed			
15	Confirmed			
16	Rothia mucilaginosa	Rothia mucilaginosa		
17	Confirmed			
18	Confirmed		Confirmed	
19	Confirmed			
20	Confirmed			
21	Confirmed			
22	Confirmed			
23	No significant similarity found	No significant similarity found		
24	Homo sapiens	No significant similarity found		
25	No significant similarity found			
26	No significant similarity found			
27	Confirmed			

28	Homo sapiens		
29	Homo sapiens		
30	No significant similarity found		
31	Confirmed		
32	No significant similarity found		
33	No significant similarity found		
34	Confirmed		
35	Confirmed		
36	No significant similarity found		
37	Homo sapiens		
38	Confirmed		
39	Homo sapiens		
40	Homo sapiens		
41	Confirmed		
42	Homo sapiens		
43	Confirmed		
44	Rothia mucilaginosa		
45	Homo sapiens		
46	No significant similarity found		
47	Confirmed		
48	Confirmed		
49	No significant similarity found		
50	Confirmed		
51	Confirmed		
52	No significant similarity found	No significant similarity found	
53	Confirmed		
54	Confirmed		
55	No significant similarity found	No significant similarity found	No significant similarity found
56	Confirmed		
57	Homo sapiens	Homo sapiens	
58	Confirmed		

59	Streptococcus	Homo sapiens	Homo sapiens
60	Confirmed		
61	Confirmed		Confirmed
62	Confirmed		
63	No significant similarity found		
64	Confirmed		
65	Confirmed		
66	Rothia mucilaginosa		
67	Confirmed		
68	Confirmed		
69	Homo sapiens		
70	No significant similarity found		Homo sapiens
71	Confirmed		
72	Rothia mucilaginosa		
73	Homo sapiens	Confirmed	
74	Confirmed		
75	Confirmed		Confirmed
76	Confirmed		
77	Homo sapiens	Confirmed	
78	Homo sapiens		
79	Confirmed		
80	Confirmed		
81	Confirmed		
82	Homo sapiens		
83	Homo sapiens		
84	Confirmed		
85	Confirmed		
86	Confirmed		Confirmed
87	Confirmed		Rothia mucilaginosa
88	Confirmed		
89	Confirmed		Confirmed



90	Confirmed	Confirmed	
91	Confirmed	Confirmed	
92	Rothia mucilaginosa		
93	Confirmed		
94	Confirmed		
95	Confirmed		
96			
97			
98			
99			
100	Homo sapiens		
101	Homo sapiens		
102	Homo sapiens		
103	Confirmed		
104			
105			
106			
107			
108			
109			
110			
111			
112	Homo sapiens	No significant similarity found	No significant similarity found
113			
114			
115			
116			
117			
118	Homo sapiens	No significant similarity found	
119			
120			

121	
122	
123	
124	
125	
126	
127	Confirmed
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	Homo sapiens
140	
141	
142	Homo sapiens
143	Homo sapiens
144	Confirmed
145	
146	Homo sapiens
147	
148	
149	Homo sapiens
150	Homo sapiens

765 **Supplemental data 7**

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767 **Raw sequencing data of positive RT-PCR amplicons obtained from symptomatic patients**  
768 **suspicious on SARS-CoV-2 (Confidential)**

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