

OSOM - 2-PACK - JOB FORM

KIT LOT:

42825009A

EXP-26-07-31

QTY:

14838

**DON'T KIT
PRIOR TO:**

08-31-25

**CONFIRM
LABELS**



☐ _____

☐ _____

osom® COVID-19 Antigen
Home 2-Test Kit

REF 1067-2 **QTY** 6

For Emergency Use Authorization Only



Manufactured by:
ANP Technologies, Inc.
824 Interchange Blvd.
Newark, DE 19711, USA

Distributed by:
SEKISUI Diagnostics, LLC
6659 Top Gun Street
San Diego, CA 92121 USA

LOT 42825009A

2026-07-31

1907-0

☐ _____

osom® COVID-19 Antigen
Home 2-Test Kit

REF 1067-2 **QTY** 60

For Emergency Use Authorization Only



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ANP Technologies, Inc.
824 Interchange Blvd.
Newark, DE 19711, USA

Distributed by:
SEKISUI Diagnostics, LLC
6659 Top Gun Street
San Diego, CA 92121 USA

LOT 42825009A

2026-07-31

CL1893-1

☐ _____

osom® Antigen
Buffer Tubes

Open When Ready To Test



For use under Emergency Use Authorization (EUA) only.

LOT 252023

2026-07-31

1888-2

☐ _____

osom® COVID-19 Antigen Home Test
Device

Open When Ready To Test

For use under Emergency Use Authorization (EUA) only. **LOT** 252009

Manufactured by:
ANP Technologies, Inc.
824 Interchange Blvd.
Newark, DE 19711, USA

Distributed by:
SEKISUI Diagnostics, LLC
6659 Top Gun Street
San Diego, CA 92121 USA

2027-01-31

☐ _____

SWAB LOT NUMBER: PXXXX



IMAGEN, Inc.
421 E Route 66
Glendora, CA 91740
www.imagenagency.com
Phone: 626.593.9618
Email: info@imagenagency.com

Certificate of Conformance

Product Name:	OSOM[®] COVID-19 Antigen Home Test Kit		
Product Number:	1067 - 2	Lot Number:	42825009A
Manufacture Date:		Expiration Date:	2026-07-31
Storage Condition:	15-30°C	Lot Size:	
Test Device Lot	252009	Buffer Tube Lot	252023
COC #:	COC-42825009A-0		

Test	Test Method	Acceptance Criteria	Result
Description of Contents	Visual	Kit contents include: 2 x Individually pouched Test Devices 2 x Tubes containing 300 µl of buffer liquid 2 x Sterile Swabs 4 x Tube holders (backside of carton) 1 x Quick Reference Instructions	Conforms

Inspected by: _____

Date: _____

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____