

OSOM - 2-PACK - JOB FORM

KIT LOT:

42824005

EXP-24-11-30

QTY:

13250

**DON'T KIT
PRIOR TO:**

12-30-23

**CONFIRM
LABELS**



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osom® COVID-19 Antigen
Home 2-Test Kit

REF 1067-2 **QTY** 6

For Emergency Use Authorization Only



15°C
59°F

30°C
86°F

LOT 42824005

2024-11-30

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

1907-0

☐ _____

osom® COVID-19 Antigen
Home 2-Test Kit

REF 1067-2 **QTY** 60

For Emergency Use Authorization Only



15°C
59°F

30°C
86°F

LOT 42824005

2024-11-30

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

CL1893-1

☐ _____

osom® Antigen
Buffer Tubes

Open When Ready To Test



15°C
59°F

30°C
86°F

LOT 42623093

2025-05-31

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

1888-2

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osom® COVID-19 Antigen Home Test
Device



Open When Ready To Test

15°C

For use under Emergency Use
Authorization (EUA) only.

LOT 232005

2025-12-31

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

Distributed by:
SEKISUI Diagnostics, LLC
San Diego, CA 92121 USA

SWAB LOT NUMBER: P1121

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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:	42824005
Manufacture Date:		Expiration Date:	2024-11-30
Storage Condition:	15-30°C	Lot Size:	
Test Device Lot	232005	Buffer Tube Lot	42623093
COC #:	COC-42824005-0		

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: _____