

OSOM - 2-PACK - JOB FORM

KIT LOT:

42824003

EXP-24-12-13

QTY:

12460

**DON'T KIT
PRIOR TO:**

01-13-24

**CONFIRM
LABELS**

☐☐

osom® COVID-19 Antigen Home 2-Test Kit

REF 1067-2 QTY 6

For Emergency Use Authorization Only



15°C 30°C
59°F 86°F

LOT 42824003

2024-12-13

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 30°C
59°F 86°F

LOT 42824003

2024-12-13

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 30°C
59°F 86°F

LOT 232010

2025-06-30

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

1888-2

osom® COVID-19 Antigen Home Test Device



Open When Ready To Test

15°C 30°C

For use under Emergency Use Authorization (EUA) only.

LOT 242003

20NA-NA-NA

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

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

SWAB LOT NUMBER: P1118

☐☐

IMAGEN

FOR INTERNAL USE ONLY



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Email: info@imagenagency.com

Certificate of Conformance

Product Name:	OSOM® COVID-19 Antigen Home Test Kit		
Product Number:	1067 - 2	Lot Number:	42824003
Manufacture Date:		Expiration Date:	2024-12-13
Storage Condition:	15-30°C	Lot Size:	
Test Device Lot	242003	Buffer Tube Lot	232010
COC #:	COC-42824003-0		

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: _____