



PHYSICIANS PRACTICE MANAGEMENT ASSOCIATES, LTD.

"Doing things right the first time costs less forever."

"PPMA has secured COVID-19 rapid test kits available for delivery next week"

It is been assigned an Emergency Use Authorization number of by the FDA

87635 is he assigned CPT code for this test

A Corona Virus kit contains 25 cartridges, 25 pipets, and 1 bottle of reagent

Cost of a kit of cartridges is \$450 for box or \$18.00 per test – Tear Sheets attached

Credit card authorization form attached

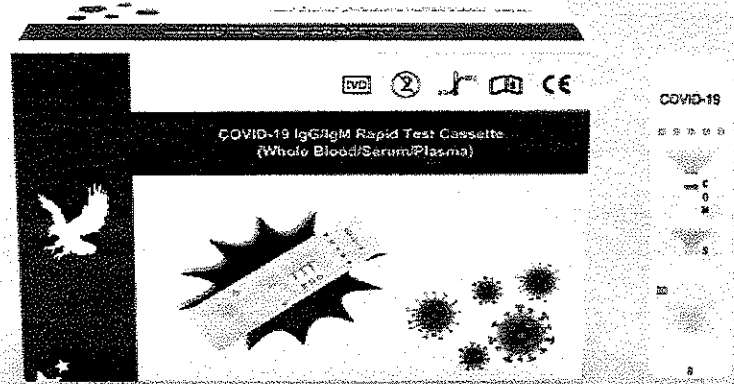
Please email harry@ppmaltd.com for any additional information needed

FDA EMERGENCY USE AUTHORIZED

Coronavirus (COVID-19) Rapid Test

For Medical Professional Use Only

CONFIRM
BIOSCIENCES



NOW AVAILABLE FOR PRE-ORDER*

Our easy-to-use COVID-19
test kit provides results in
just 10 minutes



COST-EFFECTIVE



FAST



ACCURATE

HOW ACCURATE IS THE CORONAVIRUS (COVID-19) RAPID TEST?

The COVID-19 IgG/IgM Rapid Test Cassette underwent internal and independent clinical agreement validation to confirm clinical performance.

MEASURE	ESTIMATE	CONFIDENCE INTERVAL
IgM Sensitivity	100% (30/30)	(88.7%; 100%)
IgG Sensitivity	96.7% (29/30)	(83.3%; 99.4%)
(IgM+ or IgG+; Total) Sensitivity (PPA)	100% (30/30)	(88.7%; 100%)
(IgM-/IgG-; Total) Specificity (NPA)	97.5% (78/80)	(91.3%; 99.3%)
Cross-reactivity with HIV+	0% (0/10) not detected	N/A

Summary Statistics of the Clinical Agreement Validation studies, published May 28, 2020. For additional information, please reach out to request the manufacturer's product insert / Instructions for Use.

COVID-19 "Coronavirus" IgG/IgM Rapid Test Kit

To support public health & safety, we are offering a proven, cost-effective option to detect and help stop the spread of coronavirus.

- FDA Emergency Use Authorization (EUA)¹
- Rapid results within 10 minutes
- Small sample sizes; works with whole blood, plasma and serum samples
- Shelf Life: Up to 24 months from date of manufacture
- Storage: The kit can be stored at room temperature or refrigerated (2-30°C).
- Medical Professional Use Only²
- Test to be performed in a CLIA moderate- or high-complexity setting³
- Sold in packs of 25
- Verification of use case prior to shipping is mandatory

*Currently, available for pre-order

More Info About Our Rapid Coronavirus (Covid-19) Test Kit

For additional information, such as instructions, how-to videos, clinical trial info, and the product insert, ask your sales representative or visit:

[ConfirmBioSciences.com/covid19-instant-coronavirus-test-kit](https://www.confirmbiosciences.com/covid19-instant-coronavirus-test-kit)



¹These tests are authorized by the FDA for emergency use as of May 29, 2020. This test has not been FDA cleared or approved; this test has been authorized by FDA under an EUA for use by authorized laboratories; this test has been authorized only for the presence of IgM and IgG antibodies against SARS-CoV-2, not for any other viruses or pathogens; and this test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

²Medical professional use only: Tests should be conducted in a CLIA moderate- or high-complexity setting. Verification of use case prior to shipping is mandatory.

³Please defer to your local regulations. To learn more, download the FDA Fact Sheet: Antibody Test Oversight and Use For COVID-19 on our website.

"We ran 12 tests on known positives (10) and negatives (2) and got 100(%) concordance on the IgG with some of the IgG positives [were also IgM positive]. There were no isolated IgM positives but all of these people were sick over 10 days prior and now recovered."

— Clinic in East Hampton, NY, April 16, 2020

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Physicians Practice Management Associates LTD

350 Jericho Turnpike Suite 003, Jericho, NY 11753

Fax Number: 516-942-4847 (Secure Fax Line)

Email: harry@ppmaltd.com (Secure email address)