

## CONCLUSION

### Verification of the methodology

A test is only valid if the following criteria are fulfilled:

- a) The titre of the test suspension of at least  $10^8$  TCID<sub>50</sub> /ml is sufficiently high to at least enable a titre reduction of 4 lg to verify the method.
- b) Detectable titre reduction is at least  $4 \log_{10}$ .
- c) Difference of the logarithmic titre of the virus control minus the logarithmic titre of the test virus in the reference inactivation test is between:
  - Between 0.75 and 3.5 after 5 min and between 2.0 and 4.0 after 15 min for *Vaccinia* virus
- d) Cytotoxicity of the product solution does not affect cell morphology and growth or susceptibility for the test virus in the dilutions of the test mixtures which are necessary to demonstrate a  $4 \log_{10}$  reduction of the virus.
- e) The interference control result does not show a difference of  $< 1.0 \log_{10}$  of virus titre for test product treated cells in comparison to the non-treated cells.
- f) Neutralisation validation. This is called the disinfectant suppression test in this protocol. The disinfectant was neutralised by column chromatography through an Illustra Microspin S-400 HR column to achieve the best possible neutralisation available for this test. The difference for virus is greater than  $0.5 \log_{10}$  indicating rapid irreversible virucidal activity of the disinfectant by dilution at a concentration of 80.0% v/v for VS1. This neutralisation validation has been verified by VS2, which shows the product has been successfully neutralised.

According to EN 14476:2013 + A2:2019, **A-18S RTU POSSESSES VIRUCIDAL** activity at a concentration of **10.0% v/v** of the working concentration as tested after **5 MINUTES** at **20°C** under **CLEAN** conditions (0.3 g/l bovine albumin) against *Vaccinia* virus VR-1549 Elstree strain / Vero cells.

**This product therefore is effective against all enveloped viruses as defined in EN 14476:2013 + A2:2019 Annex A\*. This therefore includes all coronaviruses and SARS-CoV-2.**

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