**SenSARS: A Low-Cost Portable Electrochemical System for Ultra-Sensitive, Near-Real-Time, Diagnostics of SARS-CoV-2 Infections**

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**Abstract**—A critical path to solving the SARS-CoV-2 pandemic, without further socioeconomic impact, is to stop its spread. For this to happen, pre- or asymptomatic individuals infected with the virus need to be detected and isolated opportunistically. Unfortunately, there are no current ubiquitous (i.e., ultra-sensitive, cheap, and widely available) rapid testing tools capable of early detection of SARS-CoV-2 infections. In this article, we introduce an accurate, portable, and low-cost medical device and bio-nanosensing electrode dubbed SenSARS and its experimental validation. SenSARS’ device measures the electrochemical impedance spectra of a disposable bio-modified screen-printed carbon-based working electrode (SPCE) to the changes in the concentration of SARS-CoV-2 antigen molecules ("S" spike proteins) contained within a sub-microliter fluid sample deposited on its surface. SenSARS offers real-time diagnostics and viral load tracking capabilities. Positive and negative control tests were performed in phosphate-buffered saline (PBS) at different concentrations (between 1 and 50 fg/mL) of SARS-CoV-2(S), Epstein–Barr virus (EBV) glycoprotein gp350, and Influenza H1N1 M1 recombinant viral proteins. We demonstrate that SenSARS is easy to use, with a portable and lightweight (<200 g) instrument and disposable test electrodes (<US $5), capable of fast diagnosis (∼10 min), with high analytical sensitivity (low limits of detection, LOD = 1.065 fg/mL, and quantitation, LOQ = 3.6 fg/mL) and selectivity to SARS-CoV-2(S) antigens, even in the presence of structural proteins from the other pathogens tested. SenSARS provides a potential path to pervasive rapid diagnostics of SARS-CoV-2 in clinical, point-of-care, and home-care settings, and to breaking the transmission chain of this virus. Medical device compliance testing of SenSARS to EIC-60601 technical standards is underway.

**Index Terms**—Biosensors, electrochemical biosensors, electrochemical impedance spectroscopy (EIS), SARS-CoV-2.

1. INTRODUCTION

**THE world is experiencing one of the worst historically recorded public health crises [1], one that threatens human existence and our way of life as a whole [2]. The socioeconomic impacts caused by the appearance of the SARS-CoV-2 virus are not yet fully quantified [3]. The worldwide outbreak of the COVID-19 disease, caused by this virus, has spurred a response like few others from the scientific community, a race to find effective and innovative solutions to stop its spread [4]. SARS-CoV-2’s high pathogenicity continues to wreak havoc, with thousands of people worldwide still dying and a significantly higher number being infected per day [5].**

The advent of effective vaccines has brought some relief, albeit improved diagnostic, prophylactic, and therapeutic solutions are still sorely needed, especially considering a large portion of the world’s population remains unvaccinated. For diagnostics, rapid and early detection tools for selective identification of pre, asymptomatic, and symptomatic individuals infected with SARS-CoV-2 remains a top priority, one that will contribute to breaking the chain of transmission [5], [6].

Current diagnostic tests for SARS-CoV-2 include nucleic acid, antibody, and protein-based detections, with viral nucleic acid detection by reverse transcriptase–polymerase chain reaction (RT-PCR) as the “golden standard” [7]. Real-time RT-PCR technologies offer high sensitivity and detection specificity, with 2–3 h for diagnosis. They require extensive sample manipulation, isolation, and amplification of the virus’ genetic material, as well as the use of expensive instrumentation, both of which restrict ubiquitous use and effective control strategies to limit infections [8]. Real-time RT-PCR diagnostics tools are capable of detecting the genetic material of the virus in a human host approximately 4–5 days after infection, but due to costs (U.S. $100–200), their prophylactic use is limited to a fraction of those infected [9].

Today, a wide range of alternative technologies to RT-PCR are available to diagnose viral diseases, including immunoassays [10], [11], and immunoreaction-based biosensors [12]. Immunoassays measure the presence of an analyte in solution through the use of antibodies or antigens, by producing a mea-
surable signal in response to the binding of an antibody to its antigen. Immunoreaction-based biosensors have recently been demonstrated on SARS-CoV-2 diagnosis [13], including electronic field-effect currents [14], surface plasmon energies [15], optical shifts [15], electrochemical processes [16]–[20], piezoelectric [21], or thermal [15]. Unfortunately, most remain at a low technology readiness level (TRL < 4) or are limited by poor production scalability.

Immunoreaction-based biosensors allow the detection of target analytes in solution at very low concentrations (<nM/L) [22], [23]. They consist of three main elements: a biologically modified electrode, a transducer, and a signal processing element. The biologically modified electrode/receptor is used to selectively capture analytes on an electroactive material. The transducer then transforms the signal resulting from the analyte’s interaction with the electrode’s surface into a signal that can be measured and quantified, e.g., physicochemical, electrochemical, field-effect, optical, and piezoelectric. The signal processing element is then used to adjust the units of measurement and present the results in a user-friendly fashion.

In this article, we describe an antigen-based technology, dubbed SenSARS (see Fig. 1), which involves an antibody-modified screen-printed carbon working electrode (SPCE) on a polyethylene terephthalate (PET) substrate, in a planar three-electrode electrochemical cell configuration, and a microcontroller-based processing and interface unit. The electrochemical transducer converts the redox reactions from an electroactive species occurring on the surface of the bio-modified SPCE into a change in impedance, which in turn correlates directly and accurately with the concentration of selectively adsorbed antigen molecules from a fluid sample on the electrode’s surface. SenSARS includes a portable impedance spectrometer with a minimum of 5-h operational autonomy in a small and light form factor unit (<200 g) capable of ultra-sensitive measurement (1 fg/mL limit of detection, LOD) of spike protein concentrations from a sub-μL sample of fluid and a fast time to diagnosis (~10 min).

The rest of this article covers the design and implementation (Section II), characterization, testing, and validation results (Section III) of SenSARS’ different components (depicted in the lower right inset of Fig. 1). Section IV summarizes the relevance and potential impact of SenSARS.
from the PABA and promotes grafting of the aryl radical to the carbon substrate. The PABA-modified WEs were then washed with type 1 water and dried under a cold air stream. The PABA was then chemically activated with 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide hydrochloride (EDC). EDC reacts with the carboxylic groups to form an active O- intermediate. N-hydroxysuccinimide (NHS) was added to increase the efficiency of EDC reactions. A solution of monoclonal antibody (mAb) dissolved in phosphate-buffered saline (PBS 1X, 0.01 M at pH 7.4) was then incubated for 2 h on the WE. Reference 4015-D003 chimeric Anti-Spike-mAb from Sinobiological was used for spike protein selectivity.

We accelerated the EDC-sulfo(NHS) activation process with 2-(N-morpholino)ethanesulfonic acid (MES). mAbs bind to the carboxyl end of PABA, preferentially through their lysine residues. The SPCE was then washed with 5 mL of PBS 1X solution and dried at room temperature.

To passivate the carboxylic vacancies from the PABA, a 1% concentrated solution (10 mg/mL) of bovine serum albumin (BSA) was dissolved in a sodium salt (0.5 M MES) buffer solution at pH 6.0 and incubated on the WE for 1 h at room temperature. The SPCE was then washed again with 5 mL of PBS 1X solution and dried at room temperature.

To characterize each SPCE using EIS and obtained a nanoscale morphological view of the different modification stages from multiple sites of a single WE, using a Cypher-ES atomic force microscope (AFM) from Asylum Research. These results are described in Sections II-C and III-A.

### B. SenSARS’ EIS Instrument

Fig. 4 depicts a block diagram representation of SenSARS’ device architecture. It uses a Raspberry Pi 4B single-board computer, with a Broadcom BCM2711 Quad-Core Cortex-A72 64 bits processor running at a frequency of 1.5 GHz, a 2-GBK LPDDR4 RAM, a 2.8” resistive LCD touch screen with 320 × 240 pixels resolution (DFR0275), an integrated XR2206 waveform generation module capable of producing sine, square, and triangular waveforms, over a frequency range between 0.5 Hz and 1 MHz, a signal acquisition module with a digital-to-analog conversion (DAC) unit, and an operational amplifier circuitry for signal conditioning and filtering. Power is supplied by an Alongza USB 5-V charging module with a 5000-mAh capacity, which delivers 5 h of continuous operation (~37 tests, with an average time of 8 min per EIS), a DC–DC converter producing 12- and −8:8-V sources [Fig. 5(a)]. We used the −8–/−8-V range to power the XR2206 signal generator, following the datasheet recommendations, and the operational amplifier circuitry considering the output current range shown in Table I. The 5-V source is used to power the Raspberry unit and digital components. The 0–3.3-V electronics will be used in a next version of the instrument, to reduce its overall power consumption. The electronic specifications for the signal generator module are summarized in Table I; it uses an XR2206 monolithic function generator integrated circuit (IC) at its core. Table II summarizes the resistance and capacitance values that control the system’s frequency range, between 0.5 Hz and 10 kHz, enabled via the XR2206 with resistance and capacitance values digitally controlled by the Raspberry Pi unit.

The resistors that control the frequency and amplitude, and the capacitance that sets the working frequency range, were replaced by digital potentiometers (DS1809-10 10 kΩ and DS1809-100 of 100 kΩ) and by a digitally controlled capacitors, respectively. This enabled software-based parameterization of the waveform signal’s frequency and amplitude. The switched capacitor network is controlled by a 74hc4066 IC, via the CPU. Fig. 5(b) illustrates the circuit schematic of the signal generation module.

The signal conditioning module adjusts the offset (0 V) to compensate for the open-circuit potential and the ± signal
TABLE II
XR2206 FREQUENCY RANGE PER R, C TUPLES

| Frequency range   | Capacitance | Resistance |
|-------------------|-------------|------------|
| 0.1 – 1 Hz        | 100 μF      | 100 kΩ     |
| 1 – 10 Hz         | 10 μF       |            |
| 10 – 100 Hz       | 1 μF        |            |
| 100 – 1 kHz       | 100 nF      |            |
| 1 k – 10 kHz      | 10 nF       |            |

amplitudes and then applies the potential waveforms produced by the signal generation module to the WE and amplifiers and filters the current through the WE [26]. Fig. 5(c) provides a schematic diagram of the signal conditioning module.

It includes a potentiostat to maintain a constant potential between RE and CE and to decouple electrodes [27]–[29]. The operational amplifiers act as buffers for each electrode. Here, the LF411 JFET-based operational amplifier allows for high input impedance and low input noise current. With the need to capture ultra-low analyte concentrations (<fg/mL), with currents in the nA range, we use a trans-impedance amplifier (TIA) [30]–[33] that provides the current ranges specified in Table I, while filtering adherent noise [34]. These current ranges can be controlled with the analog switch 74hc4066 using the Raspberry. Currents above these ranges are limited (saturated) by the dual ±8-V potential and the low feedback resistance implemented in the TIA operational amplifier. The latter stage in the conditioning module incorporates a 10-bit MCP3008 DAC unit capable of sampling at 100 ks/s that discretizes the generated waveforms and the output current from the SPCE. Here, the offset of the output signal from the TIA stage must be adjusted to span it within the range of 0–3.3 V allowed by the DAC.

C. Electrochemical Characterization of the WE

All SPCEs reported here were characterized via EIS [35] using SenSARS. CV characterization during the intermediate functionalization stages of the WE was performed using a PalmSens4 instrument. Impedimetric measurements were carried out after depositing 50 μL of K₃Fe(CN)₆ in PBS 1X solution over all three electrodes. Impedance measurements were performed at the equilibrium potential of the [Fe(CN)₆]⁻⁴/[Fe(CN)₆]⁻³ redox couple with a \( V(t) = 0.01 \) V (RMS) sinusoidal excitation amplitude. Measurements were made at 40 steps per decade in the appropriate frequency range, five times at each frequency, and averaged during each run. The impedance (\( Z \)) is expressed in terms of a real (\( Z' \)) and an imaginary (−\( Z'' \)) component. These parameters were selected to: 1) improve the measurement speed and response time of the EIS test ensuring that all critical data are recorded and 2) produce an interpretable EIS response minimizing the effect of noise [36].

Each resulting EIS was parameterized via a Randles equivalent electrical circuit model [30] (Fig. 6(b)) to describe the biosensor–liquid interface, using 50 μL of 1-mM solution of K₃Fe(CN)₆/PBS 1X.

To test the biomodified SPCEs in the laboratory, we prepared sample solutions of recombinant SARS-CoV-2 spike protein at different concentrations, from 1 to 100 fg/mL, in PBS 1X and incubated 0.3 μL of this mixture on the WE’s surface at 5 ± 0.5 °C for 5 min, before recording an EIS. The EIS is used to determine the concentration of adsorbed spike proteins on the anchored mAbs. We established a positive infection threshold above 10% of the measured \( R_{ct} \), to that of the blank SPCE (i.e., up to BSA layer). SenSARS' data...
Fig. 6. (a) Parameters associated with a typical EIS (adapted from [37]). (b) Equivalent Randles electronic model of our SPCE’s electrochemical cell. The measured opposition of the bio-functional layer to electric current flow under the alternating voltage signal, i.e., the impedance, is used to extract its charge transfer resistance \(R_{ct}\) across the biological layer. By fitting the curve obtained from the Nyquist plot to an equivalent Randles electrical circuit model, we extract \(R_{ct}\) as the difference between the maximum projected real impedance and the minimum starting real impedance, which corresponds to the ionic solvent’s resistance \(R_s\).

Fig. 7. (a) Exploded view of SenSARS portable device. (b) Photograph of the physical instrument and SPCE on a holder.

processing unit computes the impedance at each frequency over the specified range, using Ohm’s law

\[
Z = \frac{V}{I}e^{i\Gamma}
\]

where \(\Gamma\) corresponds to the phase difference between the generated voltage \(V\) and the measured current \(I\). The real and imaginary components of the impedance \(Z\) in (1) are then derived from Euler’s identity, as

\[
Z' = \frac{V}{I}\cos\Gamma, \quad Z'' = \frac{V}{I}\sin\Gamma
\]

where the impedance tuple \([Z', Z'']\) represents a frequency point in the Nyquist plot (as shown in Fig. 6).

D. SenSARS’ Enclosure

A plastic enclosure supports and protects the electronic circuitry. It includes an SPCE docking bay to avoid sample cross-contamination with a Faraday cage to protect low-current measurements from electromagnetic interference (EMI) and a touch screen interface to improve user control and monitoring [see Fig. 7(b)]. A reusable SPCE silicone sandwich support with an integrated fluid funnel allows safe measurements and secure disposal of the SPCE. The flip-top shown in Fig. 7(a) seals the SPCE’s Faraday cage during EIS recording.

E. EIS Algorithm and Diagnostic Interface

SenSARS’ touch screen interface provides two options, one to characterize a blank electrode and one to characterize a loaded electrode. In each case, the unit verifies the presence of an SPCE in the docking bay, before applying the sinusoidal excitation potential between the WE and the RE and recording the output current flow. All input signals are digitally filtered to reduce noise [Fig. 8(a)]. The CPU calculates the impedance for each applied frequency, as described by (1) and (2). We use the steepest descent (SD) optimization algorithm to determine the phase difference between the applied potential and the output current. The amplitude and dc offset for each signal is calculated on the fly, thus only requiring the optimization of the waveform phase shift via SD. The root-mean-square (rms) error between the acquired signal, which changes in phase, and a reference sinusoidal signal at the same frequency and amplitude is used as a fitness function [Fig. 8(b)].

SenSARS calculates real and imaginary impedances from (2) over the range of frequencies. Impedance tuples are used to generate the corresponding Nyquist plot. The EIS macro-algorithm is described in Fig. 9.

The graphical user interface (GUI) was developed using the Python TKInter library and consists of the following routines: test type selection (unloaded electrode and loaded electrode characterization), a digital keyboard for correlating patient and electrode IDs, EIS graphing, and diagnostics based on the automated extraction of the \(R_{ct}\) difference between the loaded and unloaded SPCE EIS’ (automatically extracted from the Randles equivalent circuit model fit). The unloaded SPCE EIS is recorded and stored after biomodification for each SPCE.

III. EXPERIMENTAL RESULTS

A. Nanoscale WE Surface Morphology Characterization

To physically confirm the biofunctionalization of the WE, AFM height and phase images were obtained after each functionalization step for two different WEs, using a silicon FS-1500 AFM tip over randomly chosen regions of 0.5 × 0.5 \(\mu\text{m}^2\) in noncontact (tapping) repulsive mode, for
the bare WE and the PABA-modified layer, and in a noncontact attractive mode for antibody and BSA layers to prevent mechanical damage to the biomodified WE surface. Roughness parameters were estimated by analyzing the topography scans of the dry WE’s surface at each stage. The percent changes, from the bare to the PABA-modified surfaces, for ten different regions in both electrodes in terms of average roughness ($R_a$), rms roughness ($R_q$), and peak to valley height ($H_t$) were ($\Delta R_a =$ 55%, $\Delta R_q =$ 55%, and $\Delta H_t =$ 52%), respectively (see Fig. S2 of the SI). This indicates a ballistic growth model (BD) [38], consistent with filling of grain interstitials and an otherwise homogeneous layer deposition. Changes in the phase space between valley and cusp regions of the surface were also observed. These are attributed to the difference in the mechanical properties of the softer bio-materials deposited and the harder carbon substrate, as reported in the literature [39], [40]. Lesser changes in the surface roughness of the WEs were observed after incubating the mAb ($\langle \Delta R_a \rangle =$ 25%, $\langle \Delta R_q \rangle =$ 24%, $\langle \Delta H_t \rangle =$ 31%), albeit an increase in phase space contrast was observed at the grains’ boundaries. This confirms anchoring of the mAb onto the activated carboxylic PABA groups, primarily within the interstitial regions. Antibodies covered $\sim$5.42% of the WE electrode surfaces, which is consistent with the findings from Nidzworski et al. [41]. Surface roughness parameters did not change significantly after incubating the final BSA layer ($<$5% for all parameters), yet there was an increase in phase space contrast at the inter-grain boundaries, commensurate with the additional organic material deposition. These results point to a higher electroactivity in the interstitial regions of the screen-printed carbon phases, which in turn facilitate chemical bio-functionalization. Images in Fig. S2 of the supplemental information provide additional visual insights into the nature of the deposited layers, including evidence of an antibody lying flat on a WE surface (inset Fig. S2C), similar to that reported by Orlando et al. [42], with a slightly larger footprint (12–20 nm along the mAb’s Fc axis) than expected from the crystallographic information [43]. Noise and distortion in these images are attributed to denaturing of the protein by the AFM’s probe [44].

B. SPCE Electrochemical Characterization

To confirm the accuracy of our results, obtained with SenSARS, we performed EIS experiments with a fixed reference Randles equivalent circuit [see Fig. 10(a)]. The dummy cell consists of $R_1 = 10.2-\Omega$ and $R_2 = 9.9-\Omega$ resistors in series with the parallel arrangement of $C_1 = 100-\mu F$ capacitor and $R_3 = 98.9-\Omega$ resistor. To further validate the agreement of the EIS plots obtained with SenSARS and two commercial potentiostats (a PalmSens4 from Palm sens and an Autolab PGSTAT128N unit from Metrohm), under equal settings (Table I), we calculated a theoretical EIS with the corresponding Randles circuit using the EIS Spectrum Analyser software [52] [Fig. 10(b)]. The values for $R_1-3$ and $C_1$ were selected to validate all instruments for a small $R_{ct}$ and small double-layer capacitance, where signal variance becomes more demanding for all instruments. The results show an $R^2$ of 0.9208 between SenSARS-Simulation, 0.8681 between Palmsens4-Simulation, and 0.9296 between Autolab-Simulation curves. The $R^2$ fit between instrument results was 0.9679 and 0.8915 for SenSARS-Autolab and SenSARS-PalmSens4, respectively, which in addition to portability and usability confirm the price-performance benefits of SenSARS for our application.

To verify the performance of our system with biological samples, we compared the EISs obtained for different SPCEs incubated with liquid samples at specific spike protein concentrations using SenSARS, Autolab, and PalmSens4 potentiostats, under equal settings (Fig. 11(a) and Table I).

Fig. 11(a) shows the EIS test results performed by SenSARS, Palmsens4, and Autolab’s PGSTAT128N for a WE reference to BSA and the same electrode’s response with SARS-CoV2 spike protein (Simobiological ref 40591-V08H Spike S1-His Recombinant Protein) at a concentration of 5 fg/mL. (b) Relative $\Delta R_{ct}$ values’ comparison for each EIS obtained on different SPCE electrodes at a concentration of 5 fg/mL.
TABLE III

| Properties                      | SenSARS | RT-PCR | [45] | [46] | [47] | [48] | [49] | [50] | [51] |
|--------------------------------|---------|--------|------|------|------|------|------|------|------|
| Viral sample manipulation      | NO      | YES    | YES  | YES  | YES  | YES  | NO   | NO   | NO   |
| Requires trained personal*     | NO      | YES    | NO   | YES  | YES  | YES  | YES  | YES  | YES  |
| Requires specialized laboratories* | NO    | NO     | YES  | YES  | YES  | YES  | NO   | NO   | NO   |
| Degree of manual sample processing | 5%    | 75%    | 0%   | >70% | >70% | >70% | 30%  | 50%  | 30%  |
| Time to results                | 1-10 min| 2-3 h  | 30 min| >30 min| >30 min| 21 min| NA   | 15 min| 30 min|
| LOD                            | 77 virions/10^6 viruses/mL | 100 virions/10^9 viruses/mL | 10 ng/mL | 1 copy/μL | 0.1 μg/mL | 15 M | 5 nM | 8 ng/mL |
| Type of samples                | AS, HO, or SA | AS, HO or SA | Human serum | AS, HO Cells | AS, HO or SA Human serum | AS, HO |
| Selective to                   | Antigen | RNA    | Antigen | RNA | Antigen | RNA | Antigen | RNA | Antigen |
| Price per test                 | < $5   | $100   | >$10 | >$10 | >$10 | >$10 | NA   | NA   | >$10 |
| Pathogen adaptability          | YES     | YES    | YES NO | YES | YES | YES | YES | YES |
| Specificity                    | >90% | >96% | >90% | >90% | NA | NA | NA | NA |
| Negative control to other pathogens | YES (FPV, H1N1, rhin) | NA | NA | YES | YES | YES (S1, BSA, E2 HCV, CD48) | YES |
| Mass producible               | YES    | YES    | NO NO NO NO | YES | NO NO | YES | YES |
| Portable                      | YES    | NO NO | NO NO | YES | NO NO | YES | YES |
| EMI electrode protection       | YES    | NO NO | NO NO | YES | NO NO | YES | YES |
| Standalone System*             | YES    | YES    | NO NO | NO NO | NO NO | YES | NO |

*For usage, not production. *No external devices required for detection. AS: nasopharyngeal aspirate, HO: nasopharyngeal swab, SA: Saliva, NA: not available.

concentrations, i.e., 1, 5, 10, 20, and 50 fg/mL, from which the LOD and LOQ can be reproduced.

To confirm the analytical selectivity of SenSARS to SARS-CoV-2, the EIS was recorded on one electrode incubated with influenza virus (H1N1) and with Epstein–Barr virus (EBV), at 10 and 20 fg/mL dissolved in PBS 1X, 0.01 M at pH 7.4. As expected, no significant changes in $R_{ct}$ are observed (Fig. 13 and Fig. S3) given there should be no cross-reactions between antigens from H1N1 and EBV and the anchored anti-spike–mAbs.

The time to diagnosis using the SenSARS system is approximately 10 min, of which 7 corresponds to the acquisition of electrode response signals to the ac potential excitations (Fig. 8) and less than 3 min to the EIS calculation. This assumes that the disposable SPCE has been previously characterized with a blank solution after bio-modification, and the corresponding EIS is available to compute the relative change in $R_{ct}$. This is a significant improvement over RT-PCR diagnostics, i.e. 2–3 h [8].

IV. DISCUSSION

SenSARS is a portable and standalone device that does not require any external device to operate. The overall cost of this instrument is <U.S. $200 (including manufacturing and assembly costs), while the estimated cost per bio-modified SPCE is under U.S. $5. With a diagnostic time under 10 min, an LOD of 1.065 fg/mL, an LOQ of 3.6 fg/mL (considering 10 times the standard deviation of the blank divided by its sensitivity), a high analytical selectivity (verified for influenza and EBV cross-reactions), and a linear calibration curve between 1 and 20 fg/mL, SenSARS should enable ubiquitous, rapid, early, and accurate detection of SARS-CoV-2 infections, as well as tracking viral load over tendency time, thereby addressing some of the salient challenges in the diagnosis of this disease [53], [54]. An important issue that needs to be addressed in developing this technology further involves reducing inhomogeneities from the manual bio-modification of the SPCEs, as evidenced from the error bars in the calibration curves (Figs. 11(b) and 13). To this end, we propose using finer grain carbon-based paste for the SPCE thick-film screen printing, along with a pipetting robot or a liquid-handling station with a Peltier-controlled SPCE sheet holder at 5°C and a multiplexed potentiostat configuration to automate the surface functionalization and characterization protocols;
increasing the number of Fc-anchored mAbs via intermediate ligands (e.g., protein A) to improve epitope binding and sensitivity; and preserving the SPCEs in a controlled humid environment, including protecting the RE in a saturated KCl solution, to reduce degradation by oxidation, contamination, and denaturing of bio-functional layers (SPCE characteristics were confirmed to be consistent up to one week). Furthermore, the planar interdigitated three-electrode configuration used in SenSARS requires special care when characterizing patient samples containing surfactants (e.g., Triton X-100) to denature any viral capsids in the samples. Surfactants lower the surface tension at the air–liquid interface of the WE, which can lead to contamination (spilling over) of the Ag/AgCl RE with chloride and other species from incubated human samples that dynamically alter the reference potential and therefore the EIS results. We are currently working on embedding microfluidic channels in the SPCEs to constrain the fluid samples to the WE surface during incubation.

Despite the variance, our results show that a relative increase in $R_{ct}$ above 10%, measured to the clean bio-modified SPCE, is sufficient for accurate, highly sensitive, and selective measurement of SARS-CoV-2 antigens. In other words, strict SPCE repeatability is not necessary, albeit desirable.

To improve point-of-care testing (POCT) and home-testing (HT) capabilities with SenSARS, other price performance factors need to be considered. We are currently working toward replacing the LCD touch screen with an LED bar and a mechanical function/test button to reduce weight and costs; reducing the form factor and overall weight via surface-mounted low-voltage electronics; and encapsulating the SPCE into a cartridge to effectively handle and safely dispose of hazardous biological materials (e.g., virus-containing fluids).

SenSARS’ benefits are compared in Table III against RT-PCR and other antigen-based technologies.

V. CONCLUSION

We have demonstrated a rapid and accurate antigen-based test (≈10 min) for SARS-CoV-2 detection and viral load tracking. SenSARS combines a portable (<200 g), battery-powered (5-hautonomy), low-cost (<U.S. $200) instrument and disposable bio-modified SPCEs (<U.S. $5), both of which are amenable to commercial massification. SenSARS’ low LOD (estimated at ≈77 virions) should enable early diagnosis of SARS-CoV-2 infections where pathogen concentrations in the body are still undetectable by other means, even in the presence of other viruses with similar pathologies (EBV and H1N1). Improved fabrication and bio-modification of SPCEs may be addressed by automated means and the use of microfluidic techniques. Yet, even in the absence of highly homogeneous electrodes, our results demonstrate that relative $R_{ct}$ values can provide an accurate diagnosis of SARS-CoV-2 infections.

At the time of this submission, SenSARS has now been validated in a controlled clinical trial of $n = 60$. The results from a cohort of patients confirmed via RT-PCR, undiagnosed co-habitants of patients, and healthy subjects using oro/nasopharyngeal fluid and saliva samples are consistent with those reported here using recombinant fluid matrix samples. These results are beyond the scope of this article [55]. SenSARS is designed for compliance with the IEC 60601-1 standard for in vitro diagnostics (IVDs), albeit further work needs to be done for certification.

We expect technologies like SenSARS will enable frequent, rapid, and accurate screening of individuals at primary care facilities, point-of-care (POC) sites, and even at home (HT). This will, in turn, enable selective and individualized quarantining, reduce transmission rates, load-balance health care systems, improve epidemiological tracking and management, and most importantly, save lives as we gradually return to a new socioeconomic equilibrium.

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