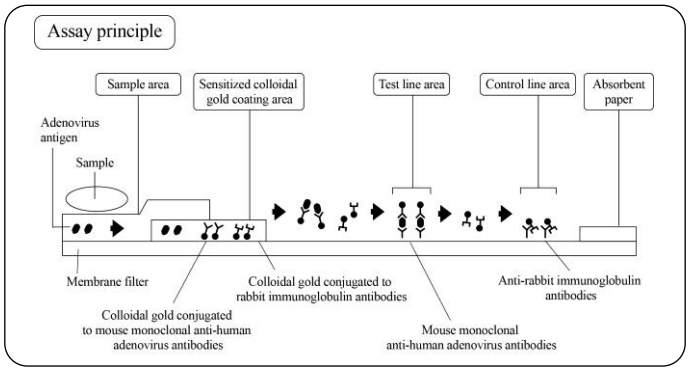
Read this Instructions for Use carefully before testing.

For in vitro diagnostic use only

MIZUHO MEDY Co., Ltd.

Adenovirus kit

Quick Chaser Adeno



[Package]

70030: Quick Chaser Adeno - 10 tests/kit

[Contents]

1) Test plate - 10 tests
   - Mouse monoclonal anti-human adenovirus antibodies
   - Colloidal gold conjugated to mouse monoclonal anti-human adenovirus antibodies
2) Extraction reagent solution vial - 0.5mL×10 vials
   Extraction reagent solution is buffer containing detergent.
   Note) Extraction reagent solution of the following Quick Chaser products can be shared.
   - Influenza virus kit Quick Chaser Flu A,B
   - Adenovirus kit Quick Chaser Adeno
   - SARS coronavirus antigen and Influenza virus kit
     Quick Chaser SARS-CoV-2/Flu
     Quick Chaser SARS-CoV-2/Flu A, B
   - SARS coronavirus antigen kit Quick Chaser SARS-CoV-2
3) Swab (for oropharyngeal swab specimen and conjunctival swab specimen) - 10 pieces
4) Filter (for extraction reagent solution vial) - 10 pieces
5) Filter cap - 10 pieces

[Intended use]

For qualitative detection of adenovirus antigen in pharyngeal mucosa epithelial cell, nasopharyngeal swab specimen, nasal aspirate specimen or conjunctival epithelial cell
(An aid in the diagnosis of adenovirus infection)

[Principle of the test]

"Quick Chaser Adeno" is the in vitro diagnostic reagent for qualitative detection of adenovirus based on the immunochromatographic assay.
Colloidal gold conjugated to mouse monoclonal anti-human adenovirus antibodies and colloidal gold conjugated to rabbit immunoglobulins antibodies for control line are coated in sensitized colloidal gold coating area on a membrane filter which is set in test plate. Also, mouse monoclonal anti-human adenovirus antibodies are immobilized in test line area, and anti- rabbit immunoglobulin antibodies are immobilized in the control line area.
If adenovirus antigens are present in the sample, according to the principle of immunochromatography, they react with colloidal gold conjugated to mouse monoclonal anti-human adenovirus as they migrate from the sample area. Moreover, they are captured in the test line area by reacting with mouse monoclonal anti-human adenovirus. As a result, a purple-red line with the colloidal gold appears in the test line area.

At the same time, the colloidal gold conjugated to rabbit immunoglobulins also migrate and will be captured by the anti-rabbit immunoglobulin antibodies on the control line area, resulting in the appearance of a purple-red line in the control line area regardless of the presence or absence of adenovirus antigens.

[Warnings and Precautions]

1) For in vitro diagnostic use only
2) Adenovirus is highly infectious; hence efforts should be made to prevent nosocomial infections.
3) Procedures not described in the Instructions for Use are not guaranteed.
4) This product can be interpreted both visually and with the dedicated device "Smart QC Reader". When interpreting with the dedicated device, use it according to the Instructions for Use and User Manual of the dedicated device.
5) When adding a sample, keep the tip of the filter by about 10mm from the center of the sample area so that a drop can be formed, and add the specified volume (3 drops). If the sample volume is not as specified, the reaction may not be accurate.
6) Bring test plate and extraction reagent solution to 15 to 30℃ prior to testing.
7) Sample (specimen) may contain infectious materials such as HIV, HBV, and HCV, etc. Handle sample (specimen) with great care as there is a risk of infection during the test.
8) When using, wear protective equipment (glasses, disposable gloves, mask, etc.) and be careful not to let the sample (specimen) or extraction reagent solution directly adhere to the skin or get into your eyes.
9) Do not collect the specimen with a swab soaked in the extraction reagent solution.
10) If a sample (specimen) or extraction reagent solution accidentally gets into your eyes or mouth, take first-aid measures such as rinsing it thoroughly with water and seek medical attention if necessary.
11) The filter cap does not provide an airtight seal. Do not use it for purposes of transportation or preservation.
12) Perform the specimen collection under the guidance of a qualified person.
13) The material of the membrane used for the test plate is nitrocellulose. Do not perform tests near a fire as nitrocellulose is extremely flammable.
14) Regarding the aspiration tube with a trap for collecting nasal aspirate specimen tube, use an unused, uncontaminated one for each test to prevent the spread of infection, to maintain the accuracy of the test, and to prevent contamination.
15) If the sample (specimen) spatters, wipe it off with alcohol for disinfection, etc.
16) Do not freeze this product. Store it in accordance with the description of storage. Do not use frozen reagents as they may change the quality and may not give correct results.
17) Do not use this product beyond the expiration date.
18) Do not store extraction reagent solution vial sideways or upside down.
19) Use the test plate immediately after opening the aluminum foil pouch. If the test plate is left in a room for a long time, it could not react by exposure to moisture.
20) Do not touch sample area, test line area, and control line area by hand directly.
21) Do not perform the test in a place such as under an air conditioner where the dry wind directly blows the test plate to prevent uneven migration.
22) Do not use the reagents, accessories, etc. of this product for any purpose other than this inspection.
23) Test plate, swab, and extraction reagent solution vial (including filter and caps) are intended for single use only.
24) Use swabs included in this product or Quick Chaser Flu A,B.
25) Do not touch the spherical tip of the swab before use.
26) Use swab immediately after opening the packaging.
27) Do not use a swab if a break and/or hole are found on the package.
28) Do not use a swab if stained, broken, or bent.

29) Do not bend or curve the rod of the swab before collecting the specimen.
30) Be careful not to break the rod of the swab or damage the collection site (mucosa) by applying too much force or pressing too hard when collecting specimen with a swab.
31) After preparing the sample, be careful not to spatter the sample when removing the swab.
32) If the amount of specimen collected is excessive or the specimen is highly viscous, the filter may become clogged, and adequate sample volume may not be dropped. In that case, collect a new specimen and perform the retest.
33) Handle liquid waste and used utensils by any of the following disinfection and sterilization methods as sample (specimen) may contain infectious material such as HIV, HBV, and HCV, etc.
   a) Immerse in sodium hypochlorite solution (effective chlorine concentration of 1,000 ppm) for 1 hour or longer
   b) Immerse in 2% glutaraldehyde solution for 1 hour or longer
   c) Autoclave at 121℃ for 20 minutes or longer
34) Regarding disposal of used reagents and utensils, dispose of them in accordance with the Local Regulation and Law of waste disposal.

[Storage and stability of the device]

Store kit at 1 to 30°C, out of direct sunlight or high humidity. Kit contents are stable until the expiration dates printed on the product box and packaging. Do not store upside down or sideways. Do not freeze.

[Preparation of specimen collection]

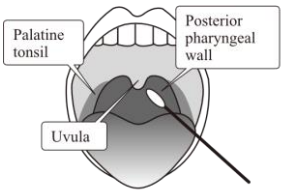
This product can be interpreted both visually and with a dedicated device. **"Specimen collection"** and **"Sample preparation"** are common to both visual and dedicated devices.

1. Swab (for oropharyngeal swab specimen and conjunctival swab specimen) : Use swab of plastic rod included in kit.
2. Swab (for nasopharyngeal swab specimen) : Swab of plastic rod included in the kit cannot be used to collect nasopharyngeal swab and nasal aspirate specimen. Use a swab (for nasopharyngeal specimen) included in Quick Chaser Flu A,B.
3. Extraction reagent solution : Use it without preparation.

[Specimen collection and handling]

Proper specimen collection and handling are critical to the performance of this kit.

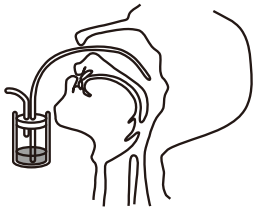
1. Oropharyngeal swab specimen:
Insert swab (for oropharyngeal swab specimen and conjunctival swab specimen) from oral cavity into pharynx, and collect mucous epidermis by rubbing the reddened area of the posterior pharyngeal wall or palatine tonsil several times by swab.



2. Nasopharyngeal swab specimen:
Along inferior nasal conchae (imaging a horizontal plane connecting nostril with external acoustic meatus), insert a swab in the nasal cavity and rub it on the mucosal surface several times to collect mucous epidermis.

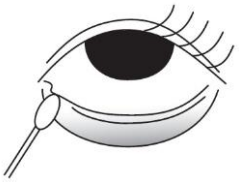
Note) An elastic plastic rod is employed in swabs to reduce the burden of patients. However, on the other hand, the tip of the swab may not be reached to the inflamed region on the wall of the nasal cavity or you may not be able to rub the tip on the wall of the nasal cavity adequately to collect enough volume of virus antigens, even though the tip of the swab is reached to the inflamed region on the wall of the nasal cavity. Therefore, make sure the tip of the swab is reached to the wall of the nasal cavity to rub the inflamed region at the time of collecting mucous epidermis.

3. Nasal aspirate specimen:
Dip the spherical tip of a swab (for nasopharyngeal swab specimen) into the low-viscosity liquid part of the nasal aspirate specimen in a trap.
If it is difficult to collect specimen due to high viscosity or low volume of specimen, add 0.5 to 1mL of saline, and use suspension for the test.



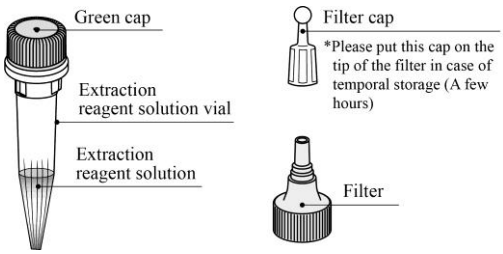
*Be reminded that sensitivity decreases by dilution of the specimen with saline.

4. Conjunctival swab specimen:
Use swab (for oropharyngeal swab specimen and conjunctival swab specimen) to strongly rub the palpebral conjunctiva and collect as much epithelium as possible.
If necessary, apply a surface anesthetic before rubbing the inflamed area as strongly as possible.



[Sample preparation and Test procedure]

• Details of extraction reagent solution vial



• Sample preparation

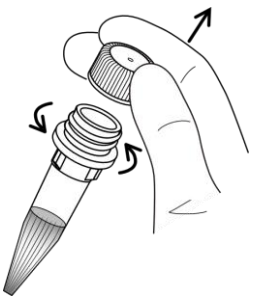
Relations of mutual use of sample prepared by Quick Chaser Adeno with another Quick Chaser product are as follows:

Products \ Specimen	Nasopharyngeal swab specimen	Oropharyngeal swab specimen	Nasal aspirate Specimen	Conjunctival swab specimen
Adeno	○	○	○	○
Flu A, B	○	○	○	×
SARS-CoV-2/Flu	○	×	×	×
SARS-CoV-2/Flu A,B	○	×	×	×
SARS-CoV-2	○	×	×	×

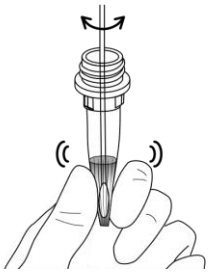
Applicable specimen : ○

Note) Do not use sample mutually except the above combinations.

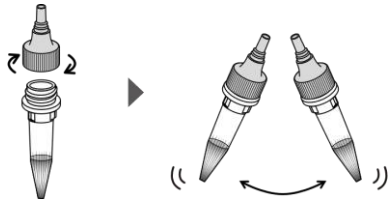
1. Loosen the green cap by turning it counterclockwise.



2. Insert the spherical tip with the specimen into the bottom of the extraction reagent solution vial. Press the spherical tip from the outside of the vial so that the surface of the spherical tip touches the inside of the vial lightly for extracting the specimen. Turn the swab clockwise and counterclockwise about five times and rub the spherical tip on the inside wall and the bottom of the vial. Squeeze out liquid from the spherical tip and take the swab out of the vial.

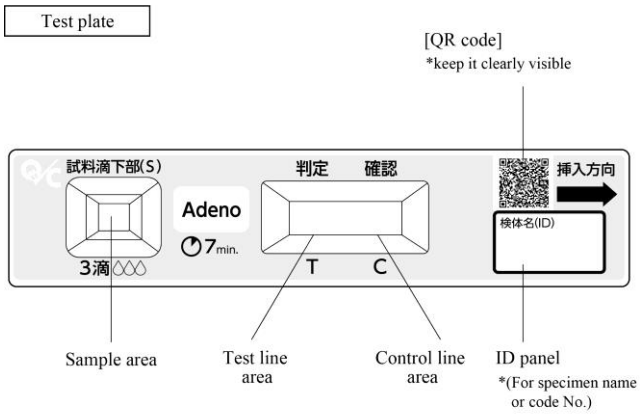


3. Install filter and shake the vial gently to mix specimen thoroughly. The sample is ready for use.



Samples should be tested as soon as possible. However, if specimens cannot be tested immediately, specimens extracted in the extraction reagent solution can be held at 2 to 8℃ for up to 24 hours. Do not use the filter and filter cap for the purposes of transportation or preservation as they do not provide an airtight seal. Bring samples to room temperature before testing.

· Details of test plate



· Test procedure

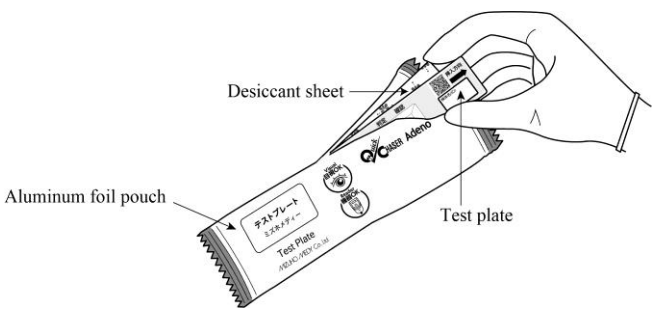
1) Preparation of reagent

Test plate: No prior preparation required.

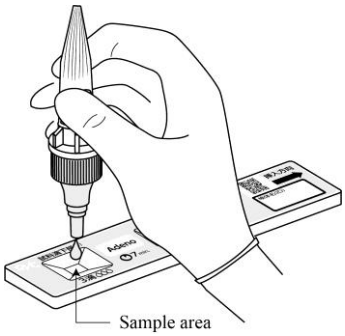
2) Test procedure

1.Remove the test plate from the aluminum foil pouch. Discard the desiccant sheet included in the aluminum foil pouch.

(Note) Please be careful not to stain the QR code when writing the sample name in the ID panel.



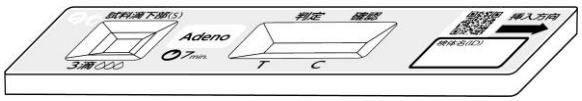
2. Add 3 drops (about 110 μL) of sample to the sample area of the test plate from the extraction reagent solution vial containing the prepared sample. Hold the vial vertically so that the tip of the extraction filter does not come into contact with the sample area of the test plate.



<When interpreting visually>

3.-1 Leave to react at 15 to 30°C .

Interpret test results visually by reading lines in the test line area and control line area after 7 minutes.



<When interpreting with the dedicated device>

3.-2 A method of reading and interpreting the lines that appear in the test line area and control line area with the dedicated device.

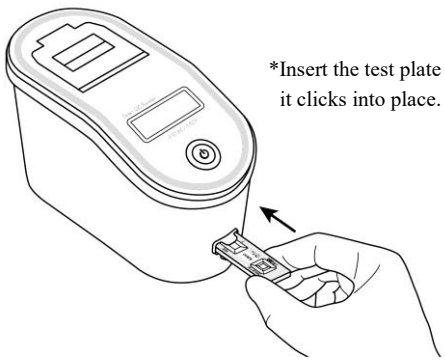
After checking the insertion direction of the test plate, measure according to the operation method of "Mode 1" or "Mode 2".

Note) · Do not attach labels etc. on the test plate.

· Be careful not to touch the sample area when inserting the test plate.

· Insert the test plate by keeping it horizontal to prevent the sample from spilling or splashing into the instrument.

· Insert the test plate all the way.



*Insert the test plate until it clicks into place.

1) Mode 1 [Read Now]

This mode interprets the test plate after the reaction time has elapsed.

1. Leave to react at 15 to 30°C .
2. After 7 minutes, insert the test plate into the test plate insertion slot of the dedicated device.
3. The lines appearing in the test line area and control line area are read inside the dedicated device.

2) Mode 2 [Walk Away]

This mode automatically interprets the test plate after dropping the sample inside the dedicated device.

1. Immediately after dropping the sample, insert the test plate into the test plate insertion slot of the dedicated device.
2. The measurement starts automatically, and the lines appearing in the test line area and control line area are read after 7 minutes inside the dedicated device.

*When the environmental temperature is lower than 15°C, the temperature of the test plate is controlled to be 15 to 30°C. (function only in Mode 2)

[Interpretation]

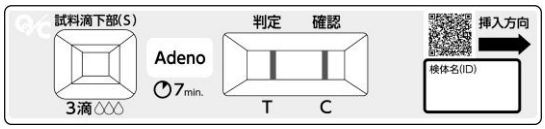
<When interpreting visually>

Interpretation by the existence of red-purple lines in the test line area and control line area.

<Positive>

Both test line and control line appear.

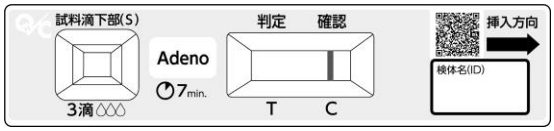
Positive



<Negative>

Only a control line appears.

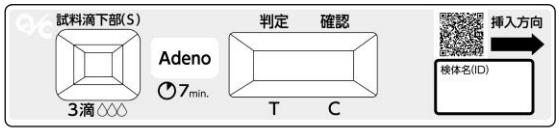
Negative



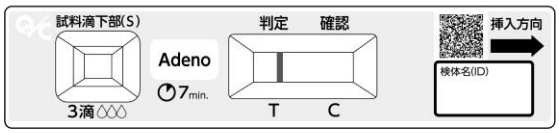
<Retest>

If both test line and control line do not appear or no control line appears, an operational error such as insufficient sample volume may be considered. Recheck test procedure and retest with the new test plate. If the same result comes out in the retest again, confirm it with other methods.

Retest



Retest



<When interpreting with the dedicated device>

Both Mode 1 [Read Now] and Mode 2 [Walk Away] are automatically interpreted according to the interpretation method of < When interpreting visually> based on the result of reading the lines with the dedicated device. Interpretation and display on the device screen are the same in Mode 1 [Read Now] and Mode 2 [Walk Away].

Interpretation	Display on the device screen
Positive	Adeno : ＋
Negative	Adeno : －
Retest	Adeno : ＊　#03

*Error code #03: Error when the control line is not detected.

*For error codes other than error code #03, refer to the User Manual of the dedicated device.

[Limitations]

1) Diagnosis of adenovirus infection should not be based solely on the test results of this product but should be comprehensively made in consideration of other test results and clinical symptoms.
2) Interpretation is made at 7 minutes after dropping the sample. A streak line might appear temporarily. Do not interpret the temporal streak line as a test line. After interpretation time, colloidal gold can appear like a line due to the drying of the test plate with time. Therefore, do not interpret test results after 30 minutes or later after dropping the sample.
3) This product is used as an aid in the diagnosis of adenovirus infection. In case adenovirus antigen amount in the specimen is below the detection limit of the test or inadequate specimen collection, test result could be interpreted as negative, even though the patient is infected by the adenovirus. In addition, a non-specific reaction may occur depending on the factors in the sample, and a negative specimen may be interpreted as positive. The final definitive diagnosis should be made comprehensively from clinical symptoms and other test results.
4) The results of the visual interpretation and the interpretation with the dedicated device may not match. In such a case, make a comprehensive judgment based on both results, clinical symptoms, and other test results.
5) When interpreting with the dedicated device, if the control line area or test line area of the test plate is scratched or foreign matter (dust) is attached, or temporary streak-line appears due to the flow of colloidal gold, it may be mistakenly detected as a line.
6) When using Mode 1 [Read Now] in the interpretation with the dedicated equipment, be sure to perform the measurement 7 minutes after the sample is dropped. If measured within 7 minutes, correct results may not be obtained.

[Performance characteristics]

1) Performance

1. Sensitivity

When in-house positive control A [note 1)] was tested, a positive result was obtained.

2. Accuracy

- When in-house positive control B [note 2)] was tested, a positive result was obtained.
- When in-house negative control [note 3)] was tested, a negative result was obtained.

3. Reproducibility

- When in-house positive control B was tested three times simultaneously, positive result was shown in all cases.
- When in-house negative control was tested three times simultaneously, negative result was shown in all cases.

Note 1) It was obtained by diluting the adenovirus-purified antigen with PBS containing 0.5% BSA and diluting the controlled antigen solution 200-fold with in-house negative control was used to be equivalent to 1×10^7 $TCID_{50}$/mL of the adenovirus culture solution.

Note 2) It was prepared by diluting adenovirus-purified antigen with PBS containing 0.5% BSA to be equivalent to 1×10^7 $TCID_{50}$/mL of adenovirus culture solution and diluting such controlled antigen solution 100-fold with in-house negative control.

Note 3) Extraction reagent solution

$TCID_{50}$/test: The virus multiple dilutions that exhibit a 50% cytopathic effect (CPE) by inoculating VeroE6 cells (strained cells derived from monkey kidney tissue) with a 10n virus diluent of the sample is called $TCID_{50}$. Behrens-Karber method was used as the calculation method.

4. Detection limit

- Detection limit of the following Adenovirus serotypes were tested by making serial dilution. The results were as follows:

Serotype Type 1	5×10^3 $TCID_{50}$／mL
Serotype Type 2	5×10^4 $TCID_{50}$／mL
Serotype Type 3	5×10^3 $TCID_{50}$／mL
Serotype Type 4	5×10^3 $TCID_{50}$／mL
Serotype Type 5	5×10^4 $TCID_{50}$／mL
Serotype Type 6	6×10^3 $TCID_{50}$／mL
Serotype Type 7	2×10^4 $TCID_{50}$／mL
Serotype Type 8	3×10^2 $TCID_{50}$／mL
Serotype Type 11	1×10^5 $TCID_{50}$／mL
Serotype Type 19	3×10^2 $TCID_{50}$／mL
Serotype Type 31	2×10^2 $TCID_{50}$／mL
Serotype Type 37	2×10^0 $TCID_{50}$／mL
Serotype Type 53	9×10^0 $TCID_{50}$／mL
Serotype Type 54	5×10^{-1} $TCID_{50}$／mL

5. Serotype and reactivity

- It has been confirmed that the following serotypes of Adenovirus are detected by Quick Chaser Adeno (Throat).
  Type 1, 2, 3, 4, 5, 6, 7, 8, 11, 19, 31, 37, 53, 54.

2) Correlations

Comparison with existing approved products
(immunochromatographic assay)

• Oropharyngeal swab specimen

Quick Chaser Adeno

Other product (1)	Positive	Negative	Total
Positive	50	0	50
Negative	0	55	55
Total	50	55	105

Positive agreement rate : 100%(50/50)
Negative agreement rate : 100%(55/55)
Total agreement rate : 100%(105/105)

Quick Chaser Adeno

Other product (2)	Positive	Negative	Total
Positive	47	0	47
Negative	3[*1]	55	58
Total	50	55	105

Positive agreement rate : 100%(47/47)
Negative agreement rate : 94.8%(55/58)
Total agreement rate : 97.1%(102/105)
*1 All three discrepant cases were positive with the virus isolation culture method and with Other product (1).

• Nasopharyngeal swab specimen

Quick Chaser Adeno

Other product (3)	Positive	Negative	Total
Positive	53	0	53
Negative	0	57	57
Total	53	57	110

Positive agreement rate : 100%(53/53)
Negative agreement rate : 100%(57/57)
Total agreement rate : 100%(110/110)

Quick Chaser Adeno

Other product (4)	Positive	Negative	Total
Positive	51	0	51
Negative	2[*2]	57	59
Total	53	57	110

Positive agreement rate : 100%(51/51)
Negative agreement rate : 96.6%(57/59)
Total agreement rate : 98.2%(108/110)
*2 Both two discrepant cases were positive with the PCR method and with Other product (3).

• Nasal aspirate specimen

Quick Chaser Adeno

Other product (3)	Positive	Negative	Total
Positive	54	0	54
Negative	0	56	56
Total	54	56	110

Positive agreement rate : 100%(54/54)
Negative agreement rate : 100%(56/56)
Total agreement rate : 100%(110/110)

Quick Chaser Adeno

Other product (4)	Positive	Negative	Total
Positive	54	0	54
Negative	0	56	56
Total	54	56	110

Positive agreement rate : 100%(54/54)
Negative agreement rate : 100%(56/56)
Total agreement rate : 100%(110/110)

• Conjunctival swab specimen

Quick Chaser Adeno

Other product (5)	Positive	Negative	Total
Positive	50	0	50
Negative	0	50	50
Total	50	50	100

Positive agreement rate : 100%(50/50)
Negative agreement rate : 100%(50/50)
Total agreement rate : 100%(100/100)

Quick Chaser Adeno

Other product (6)	Positive	Negative	Total
Positive	45	0	45
Negative	5[*3]	50	55
Total	50	50	100

Positive agreement rate : 100%(45/45)
Negative agreement rate : 90.9%(50/55)
Total agreement rate : 95.0%(95/100)
*3 All five discrepant cases were positive with the PCR method and with Other product (5).

3) Calibration reference material (Standard material)

Adenovirus culture fluid (in-house standard)

4) Interfering substances and medications

Following substances and blood did not interfere with the performance of this product at the concentration listed below.

• Cold medicine 1	Concentration of Acetaminophen (10mg/mL)
• Cold medicine 2	Concentration of Ibuprofen (5mg/mL)
• Gargle 1	containing Chlorhexidine Gluconate (0.25%)
• Gargle 2	containing Tincture of Myrrh (0.5%)
• Gargle 3	containing Povidone iodine (0.42%)
• Intraoral antiphlogistic	containing Sodium Azulene Sulfonate (10%)
• Cough drop 1	containing Dipotassium Glycyrrhizinate (20mg/mL)
• Cough drop 2	containing Nandina Fruit Extract (Dry) (20mg/mL)
• Cough drop 3	containing Cetylpyridinium Chloride Hydrate (20mg/mL)
• Acetyl salicylate (10mg/mL)	
• Diphenhydramine hydrochloride (5mg/mL)	
• Dextromethorphan Hydrobromide Hydrate (5mg/mL)	
• Oxymetazoline hydrochloride (2%)	
• Phenylephrine hydrochloride (4%)	
• Inhaled medication 1	containing Salbutamol sulphate (50%)
• Inhaled medication 2	containing Bromhexine hydrochloride (50%)
• Nasal drop 1	containing Sodium cromoglicate, Chlorpheniramine Maleate, Naphazoline hydrochloride (50%)
• Nasal drop 2	containing Ketotifen fumarate (10%)
• Blood (2%)	
• Eye drops 1 (Tired eyes, blurry vision)	containing Vitamin B6, L-Aspartate potassium (20%)
• Eye drops 2 (Tired eyes, blurry vision)	containing Vitamin B12, Neostigmine methyl sulfate (20%)
• Eye drops 3 (Redness)	containing Glycyrrhizinate dipotassium, Chlorpheniramine maleate, Tetrahydrozoline hydrochloride (20%)
• Eye drops 4 (For children)	containing Chlorpheniramine maleate, Neostigmine methyl sulfate, Dipotassium glycyrrhizinate (20%)
• Eye drops 5 (Antibacterial)	containing Sulfamethoxazole sodium, Glycyrrhizinate dipotassium (20%)
• Eye drops 6 (Dry eyes)	containing Chondroitin Sulfate Sodium, Aminoethyl sulfonic acid (20%)
• Eye drops 7 (For contact lenses)	containing NaCl, KCl, glucose (20%)
• Eyewash solution	containing ε-Aminocaproic acid, Chlorpheniramine maleate, Pyridoxine hydrochloride (20%)
• Topical ocular anesthesia	containing 4 mg/mL of oxybuprocaine hydrochloride (10%)

5) Cross reactivity

Cross reactivity was not observed with the following viruses and bacteria.

・Viruses

Influenza A virus, Influenza B virus, Respiratory syncytial virus, Echovirus type 3, Echovirus type 9, Echovirus type 11, Echovirus type 14, Echovirus type 18, Echovirus type 30, Enterovirus type 71, Coxsackie A virus type 16, Coxsackie B virus type 1, Coxsackie B type 2, Coxsackie B virus type 4, Coxsackie B virus type 5, Herpes simplex virus type 1, Parainfluenza virus type 1, Parainfluenza virus type 2, Parainfluenza virus type 3, Poliovirus type 1, Poliovirus type 2, Poliovirus type 3, Mumps virus.

・Bacteria

Acinetobacter Bahmani, Bordetella pertussis, Branham Ella catarrhalis, Candida albicans, Candida glabrata, Cardio bacterium hominis, Eike Nella corrodents, Enterococcus faecalis, Enterococcus gallinarum, Escherichia coli, Group C streptococcus, Group G streptococcus, Haemophiles amphophiles, Haemophiles influenzae, Haemophiles paraphrophilus, Klebsiella pneumoniae, Neisseria gonorrhoeae, Pepto coccus saccharolytic, Pepto streptococcus anaerobium, Proteus mirabilis, Proteus vulgaris, Pseudomonas aeruginosa, Serratia marcescens, Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus agalactiae (group B), Streptococcus mutants, Streptococcus pneumoniae, Streptococcus pyogenes (group A), Villanella parva

[Shelf life]

24 months from the date of manufacture
(As indicated on the product box and packaging)

Technical information
Telephone **+81-942-85-3845**

Manufacturer: Mizuho Medy Co.,Ltd.
5-4 Fujinoki-machi, Tosu City, Saga, 841-0048 Japan
https://www.mizuho-m.co.jp/en