

# One Step Drug Screen Test Card

Instruction sheet for single and multi drug screen test cards for any combination of the following drugs:

# AMP/BAR/BZO/COC/THC/MTD/mAMP/MDMA/MOP/OPI/OXY/PCP/PPX/TCA

A rapid, one step screening test for the simultaneous, qualitative detection of multiple drugs and drug metabolites in human urine.

For healthcare professionals including professionals at point of care sites.

For in vitro diagnostic use only.

## INTENDED USE

The **One Step Drug Screen Test Card** is a lateral flow chromatographic immunoassay for the qualitative detection of multiple drugs and drug metabolites in urine at the following cut-off concentrations:

detection of mataple drugs and drug metabolites in drine at the following out on concentration								
Test	Calibrator	Cut-off						
Amphetamine (AMP 1,000)	d-Amphetamine	1,000 ng/mL						
Amphetamine (AMP 300)	d-Amphetamine	300 ng/mL						
Barbiturates (BAR)	Secobarbital	300 ng/mL						
Benzodiazepines (BZO)	Oxazepam	300 ng/mL						
Cocaine (COC 300)	Benzoylecgonine	300 ng/mL						
Cocaine (COC 150)	Benzoylecgonine	150 ng/mL						
Marijuana (THC)	11-nor-Δ <sup>9</sup> -THC-9 COOH	50 ng/mL						
Methadone (MTD)	Methadone	300 ng/mL						
Methamphetamine (mAMP 1,000)	d-Methamphetamine	1,000 ng/mL						
Methamphetamine (mAMP 500)	d-Methamphetamine	500 ng/mL						
Methylenedioxymethamphetamine (MDMA) Ecstasy	d,I Methylenedioxymethamphetamine	500 ng/mL						
Opiate (MOP 300)	Morphine	300 ng/mL						
Opiate (OPI 2,000)	Morphine	2,000 ng/mL						
Oxycodone (OXY)	Oxycodone	100 ng/mL						
Phencyclidine (PCP)	Phencyclidine	25 ng/mL						
Propoxyphene (PPX)	Propoxyphene	300 ng/mL						
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000 ng/mL						

Configurations of the One Step Drug Screen Test Card can consist of any combination of the above listed drug analytes. This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

#### SUMMARY

The **One Step Drug Screen Test Card** is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes monoclonal antibodies to selectively detect elevated levels of specific drugs in urine.

## **AMPHETAMINE (AMP 1,000)**

Amphetamine is a Schedule II controlled substance available by prescription (Dexedrine®) and is also available on the illicit market. Amphetamines are a class of potent sympathomimetic agents with therapeutic applications. They are chemically related to the human body's natural catecholamines: epinephrine and norepinephrine. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to Amphetamines include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior. The effects of Amphetamines generally last 2-4 hours following use and the drug has a half-life of 4-24 hours in the body. About 30% of Amphetamines are excreted in the urine in unchanged form, with the remainder as hydroxylated and deaminated derivatives.

The **One Step Drug Screen Test Card** yields a positive result when Amphetamines in urine exceed 1,000 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA). <sup>4</sup>

# **AMPHETAMINE (AMP 300)**

The AMP 300 One Step Amphetamine Test Strip yields a positive result when Amphetamines in urine exceed 300 ng/mL. The suggested Amphetamine screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA) is 1,000 ng/mL.<sup>3</sup> See AMPHETAMINE (AMP 1,000) for a summary.

#### BARBITURATES (BAR)

Barbiturates are central nervous system depressants. They are used therapeutically as sedatives, hypnotics, and anticonvulsants. Barbiturates are almost always taken orally as capsules or tablets. The effects resemble those of intoxication with alcohol. Chronic use of barbiturates leads to tolerance and physical dependence.

Short acting Barbiturates taken at 400 mg/day for 2-3 months can produce a clinically significant degree of physical dependence. Withdrawal symptoms experienced during periods of drug abstinence can be severe enough to cause death.

Only a small amount (less than 5%) of most Barbiturates are excreted unaltered in the urine.

The approximate detection time limits for Barbiturates are:

Short acting (e.g. Secobarbital) 100 mg PO (oral) 4.5 days Long acting (e.g. Phenobarbital) 400 mg PO (oral) 7 days 1

The **One Step Drug Screen Test Card** yields a positive result when the Barbiturates in urine exceed 300 ng/mL.

#### **BENZODIAZEPINES (BZO)**

Benzodiazepines are medications that are frequently prescribed for the symptomatic treatment of anxiety and sleep disorders. They produce their effects via specific receptors involving a neurochemical called gamma aminobutyric acid (GABA). Because they are safer and more effective, Benzodiazepines have replaced barbiturates in the treatment of both anxiety and insomnia. Benzodiazepines are also used as sedatives before some surgical and medical procedures, and for the treatment of seizure disorders and alcohol withdrawal.

Risk of physical dependence increases if Benzodiazepines are taken regularly (e.g., daily) for more than a few months, especially at higher than normal doses. Stopping abruptly can bring on such symptoms as trouble sleeping, gastrointestinal upset, feeling unwell, loss of appetite, sweating, trembling, weakness, anxiety and changes in perception.

Only trace amounts (less than 1%) of most Benzodiazepines are excreted unaltered in the urine; most of the concentration in urine is conjugated drug. The detection period for the Benzodiazepines in urine is 3-7 days.

The One Step Drug Screen Test Card yields a positive result when the Benzodiazepines in urine exceed 300 ng/mL.

#### COCAINE (COC 300)

Cocaine is a potent central nervous system stimulant and a local anesthetic. Initially, it brings about extreme energy and restlessness while gradually resulting in tremors, over-sensitivity and spasms. In large amounts, cocaine causes fever, unresponsiveness, difficulty in breathing and unconsciousness.

Cocaine is often self-administered by nasal inhalation, intravenous injection and free-base smoking. It is excreted in urine in a short time primarily as Benzoylecgonine.<sup>2,3</sup> Benzoylecgonine, a major metabolite of cocaine, has a longer biological half-life (5-8 hours) than cocaine (0.5-1.5 hours), and can generally be detected for 24-48 hours after cocaine exposure.<sup>3</sup>

The **One Step Drug Screen Test Card** yields a positive result when the cocaine metabolite in urine exceeds 300 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA). 4

## COCAINE (COC 150)

The COC-150 One Step Cocaine Test Strip yields a positive result when the cocaine metabolite in urine exceeds 150 ng/mL. At present, the recommended screening cutoff for cocaine positive specimens as set by the Substance Abuse and Mental Health Services Administration (SAMHSA) is 300 ng/mL. See COCAINE (COC 300) for summary.

#### MARIJUANA (THC)

THC (\Lambda^{\text{o}}\text{--tetrahydrocannabinol}) is the primary active ingredient in cannabis (marijuana). When smoked or orally administered, THC produces euphoric effects. Users have impaired short term memory and slowed learning. They may also experience transient episodes of confusion and anxiety. Long-term, relatively heavy use may be associated with behavioral disorders. The peak effect of marijuana administered by smoking occurs in 20-30 minutes and the duration is 90-120 minutes after one cigarette. Elevated levels of urinary metabolites are found within hours of exposure and remain detectable for 3-10 days after smoking. The main metabolite excreted in urine is 11-nor-\(\delta^{\text{o}}\)-tetrahydrocannabinol-9-carboxylic acid (\(\delta^{\text{o}}\)-THC-COOH).

The **One Step Drug Screen Test Card** yields a positive result when the concentration of THC-COOH in urine exceeds 50 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA). <sup>4</sup>

# **METHADONE (MTD)**

Methadone is a narcotic analgesic prescribed for the management of moderate to severe pain and for the treatment of opiate dependence (heroin, Vicodin, Percocet, Morphine). The pharmacology of Oral Methadone is very different from IV Methadone. Oral Methadone is partially stored in the liver for later use. IV Methadone acts more like heroin. In most states you must go to a pain clinic or a Methadone maintenance clinic to be prescribed Methadone.

Methadone is a long acting pain reliever producing effects that last from twelve to forty-eight hours. Ideally, Methadone frees the client from the pressures of obtaining illegal heroin, from the dangers of injection, and from the emotional roller coaster that most opiates produce. Methadone, if taken for long periods and at large doses, can lead to a very long withdrawal period. The withdrawals from Methadone are more prolonged and troublesome than those provoked by heroin cessation, yet the substitution and phased removal of methadone is an acceptable method of detoxification for patients and therapists.¹

The One Step Drug Screen Test Card yields a positive result when the Methadone in urine exceeds 300 ng/mL.

## **METHAMPHETAMINE (mAMP 1,000)**

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of Methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. The drug can be taken orally, injected, or inhaled. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to Methamphetamine include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, psychotic behavior, and eventually, depression and exhaustion. The effects of Methamphetamine generally last 2-4 hours and the drug has a half-life of 9-24 hours in the body. Methamphetamine is excreted in urine as amphetamine and oxidized and deaminated derivatives. However, 10-20% of Methamphetamine is excreted unchanged. Thus, the presence of the parent compound in urine indicates Methamphetamine use. Methamphetamine is generally detectable in the urine for 3-5 days, depending on urine pH level.

The **One Step Drug Screen Test Card** yields a positive result when the Methamphetamine in urine exceeds 1,000 ng/mL.

#### **METHAMPHETAMINE (mAMP 500)**

The mAMP 500 One Step Methamphetamine Test Strip is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Methamphetamine in urine. The mAMP 500 One Step Methamphetamine Test Strip yields a positive result when the Methamphetamine in urine exceeds 500 ng/mL. See METHAMPHETAMINE (mAMP 1,000) for a summary.

## METHYLENEDIOXYMETHAMPHETAMINE (MDMA) ECSTASY

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity. Those who take the drug frequently report adverse effects, such as increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some users. Its mechanism of action is thought to be via release of the neurotransmitter serotonin. MDMA may also release dopamine, although the general opinion is that this is a secondary effect of the drug (Nichols and Oberlender, 1990). The most pervasive effect of MDMA, occurring in virtually all people who took a reasonable dose of the drug, was to produce a clenching of the iaws.

The **One Step Drug Screen Test Card** yields a positive result when Methylenedioxymethamphetamine in urine exceeds 500 ng/mL.

#### OPIATE (MOP 300)

Opiate refers to any drug that is derived from the opium poppy, including the natural products, morphine and codeine, and the semi-synthetic drugs such as heroin. Opioid is more general, referring to any drug that acts on the opioid recentor.

Opioid analgesics comprise a large group of substances which control pain by depressing the central nervous system. Large doses of morphine can produce higher tolerance levels, physiological dependency in users, and may lead to substance abuse. Morphine is excreted unmetabolized, and is also the major metabolic product of codeine and heroin. Morphine is detectable in urine for several days after an opiate dose.<sup>1</sup>

The **One Step Drug Screen Test Card** yields a positive result when the concentration of opiate exceeds the 300 ng/mL cut-off level.

#### OPIATE (OPI 2.000)

The **One Step Drug Screen Test Card** yields a positive result when the morphine in urine exceeds 2,000 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA). <sup>4</sup> See opiate (MOP 300) for summary.

#### OXYCODONE (OXY)

Oxycodone is a semi-synthetic opioid with a structural similarity to codeine. The drug is manufactured by modifying thebaine, an alkaloid found in the opium poppy. Oxycodone, like all opiate agonists, provides pain relief by acting on opioid receptors in the spinal cord, brain, and possibly directly in the affected tissues. Oxycodone is prescribed for the relief of moderate to high pain under the well-known pharmaceutical trade names of OxyContin®, Tylox®, Percodan® and Percocet®. While Tylox, Percodan and Percocet contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin, OxyContin consists solely of oxycodone hydrochloride in a time-release form.

Oxycodone is known to metabolize by demethylation into oxymorphone and noroxycodone. In a 24-hour urine, 33-61% of a single, 5mg oral dose is excreted with the primary constituents being unchanged drug (13-19%), conjugated drug (7-29%) and conjugated oxymorphone (13-14%)1. The window of detection for oxycodone in urine is expected to be similar to that of other opioids such as morphine.

The OXYCODONE One Step Oxycodone Test Strip yields a positive result when the oxycodone level in urine exceeds 100 ng/mL.

## PHENCYCLIDINE (PCP)

Phencyclidine, also known as PCP or Angel Dust, is a hallucinogen that was first marketed as a surgical anesthetic in the 1950's. It was removed from the market because patients receiving it became delirious and experienced hallucinations.

Phencyclidine is used in powder, capsule, and tablet form. The powder is either snorted or smoked after mixing it with marijuana or vegetable matter. Phencyclidine is most commonly administered by inhalation but can be used intravenously, intra-nasally, and orally. After low doses, the user thinks and acts swiftly and experiences mood swings from euphoria to depression. Self-injurious behavior is one of the devastating effects of Phencyclidine.

PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days,

depending on factors such as metabolic rate, user's age, weight, activity, and diet.<sup>5</sup> Phencyclidine is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).<sup>6</sup>

The **One Step Drug Screen Test Card** yields a positive result when the phencyclidine level in urine exceeds 25 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).

## PROPOXYPHENE (PPX)

Propoxyphene (PPX) is a narcotic analgesic compound bearing structural similarity to methadone. As an analgesic, propoxyphene can be from 50-75% as potent as oral codeine. Darvocet™, one of the most common brand names for the drug, contains 50-100 mg of propoxyphene napsylate and 325-650 mg of acetaminophen. Peak plasma concentrations of propoxyphene are achieved from 1 to 2 hours post dose. In the case of overdose, propoxyphene blood concentrations can reach significantly higher levels.

In humans, propoxyphene is metabolized by N-demethylation to yield norpropoxyphene. Norpropoxyphene has a longer half-life (30 to 36 hours) than parent propoxyphene (6 to 12 hours). The accumulation of norpropoxyphene seen with repeated doses may be largely responsible for resultant toxicity.

The One Step Propoxyphene Test Strip yields a positive result when the concentration of Propoxyphene or Norpropoxyphene in urine exceeds 300 ng/mL.

#### TRICYCLIC ANTIDEPRESSANTS (TCA)

TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses can result in profound central nervous system depression, cardiotoxicity and anticholinergic effects. TCA overdose is the most common cause of death from prescription drugs. TCAs are taken orally or sometimes by injection. TCAs are metabolized in the liver. Both TCAs and their metabolites are excreted in urine mostly in the form of metabolites for up to ten days.

The **One Step Drug Screen Test Card** yields a positive result when the concentration of Tricyclic Antidepressants in urine exceeds 1,000 ng/mL.

#### PRINCIPLE

The **One Step Drug Screen Test Card** is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test line region of the specific drug strip. The presence of drug above the cut-off concentration will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region.

A drug-positive urine specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative urine specimen will generate a line in the test line region because of the absence of drug competition.

To serve as a procedural control, a colored line will always appear at the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

#### REAGENTS

The test contains a membrane strip coated with drug-protein conjugates (purified bovine albumin) on the test line, a goat polyclonal antibody against gold-protein conjugate at the control line, and a dye pad which contains colloidal gold particles coated with mouse monoclonal antibody specific to Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methamphetamine, Methylenedioxymethamphetamine, Morphine, Oxycodone, Phencyclidine, Propoxyphene or Tricyclic Antidepressants.

### PRECAUTIONS

- · For healthcare professionals including professionals at point of care sites.
- For in vitro diagnostic use only. Do not use after the expiration date.
- The test card should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an
  infectious agent.
- The used test card should be discarded according to federal, state and local regulations.

# STORAGE AND STABILITY

Store as packaged in the sealed pouch at 2°-30°C (36°-86°F). The test is stable through the expiration date printed on the sealed pouch. The test devices must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

## SPECIMEN COLLECTION AND PREPARATION

## Urine Assay

The urine specimen must be collected in a clean and dry container. Urine collected at any time of the day may be used. Urine specimens exhibiting visible precipitates should be centrifuged, filtered, or allowed to settle to obtain a clear specimen for testing.

## Specimen Storage

Urine specimens may be stored at 2-8°C for up to 48 hours prior to testing. For prolonged storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed well before testing.

#### MATERIALS

# Materials Provided

- One Step Drug Screen Test Card
- · Package insert

#### Materials Required But Not Provided

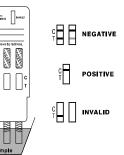
- Specimen collection container
- Timer
- External controls

#### DIRECTIONS FOR USE

Allow the test card, urine specimen, and/or controls to equilibrate to room temperature (15-30°C) prior to testing.

- Remove the test card from the sealed pouch and use it as soon as possible. Remove the cap from
  the end of the test card. With arrows pointing toward the urine specimen, immerse the strip(s) of the
  test card vertically in the urine specimen for at least 10-15 seconds. Immerse the test card to at
  least the level of the wavy lines on the strip(s), but not above the arrow(s) on the test card. See
  the illustration below.
- Replace cap and place the test card on a non-absorbent flat surface. Start the timer and wait for the colored line(s) to appear. The results should be read at 5 minutes. Results remain stable for up to four hours after test initiation.





#### INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE:\* Two lines appear. A colored line appears in the Control region (C) and a colored line appears in the Test region (T). This negative result means that the concentrations in the urine sample are below the designated cut-off levels for a particular drug tested.

\*NOTE: The shade of the colored lines(s) in the Test region (T) may vary. The result should be considered negative whenever there is even a faint line.

POSITIVE: A colored line appears in the Control region (C) and NO line appears in the Test region (T). The positive result means that the drug concentration in the urine sample is greater than the designated cut-off for a specific drug.

**INVALID:** No line appears in the Control region (C). Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for Control line failure. Read the directions again and repeat the test with a new test card. If the result is still invalid, contact your manufacturer.

#### QUALITY CONTROL

A procedural control is included in the test. A line appearing in the Control region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit. However, it is recommended that positive and negative controls be tested as good laboratory practice to confirm the test procedure and to verify proper test performance.

#### LIMITATIONS

- The One Step Drug Screen Test Card provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography / mass spectrometry (GC/MS) is the preferred confirmatory method. 1,4,7
- There is a possibility that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
- 4. A Positive result does not indicate level of intoxication, administration route or concentration in urine.
- A Negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
- 6. Test does not distinguish between drugs of abuse and certain medications.

## PERFORMANCE CHARACTERISTICS

#### Accuracy

A side-by-side comparison was conducted using the **One Step Drug Screen Test Card** and commercially available drug rapid tests. Testing was performed on approximately 300 specimens per drug type previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS. The following compounds were quantified by GC/MS and contributed to the total amount of drugs found in presumptive positive urine samples tested.

Test	Compounds Contributed to the Totals of GC/MS
AMP	Amphetamine
BAR	Secobarbital, Butalbital, Phenobarbital, Pentobarbital
BZO	Oxazepam, Nordiazepam, OH-Alprazolam, Desalkylflurazepam
COC	Benzoylecgonine
THC	11-nor-Δ9-tetrahydrocannabinol-9-carboxylic acid
MTD	Methadone
mAMP	Methamphetamine
MDMA	d,I Methylenedioxymethamphetamine
OPI	Morphine, Codeine
OXY	Oxycodone
PCP	Phencyclidine
PPX	Propoxyphene
TCA	Nortriptyline

The following results are tabulated from these clinical studies:

Me	ethod			G	C/MS		
Sing	ti-Drug gle-Line st Card	Neg.	Neg. (< -25% cutoff)	Near cutoff neg. (-25% cutoff to cutoff)	Near cutoff pos. (cutoff to +25% cutoff)	Pos. (> +25% cutoff)	% agreem ent with GC/MS
AMP	Positive	0	1	8	18	114	97%
Alvii	Negative	149	1	5	4	0	95%
BAR	Positive	0	0	4	5	117	92%
DAN	Negative	150	1	5	1	9	98%
BZO	Positive	0	7	1	5	26	97%
BZO	Negative	149	7	1	3	1	95%
COC	Positive	0	2	15	16	103	96%
COC	Negative	150	5	7	1	1	90%
THC	Positive	0	13	9	12	109	96%
Inc	Negative	150	6	0	0	1	97%
MTD	Positive	0	0	10	10	112	99%
MID	Negative	150	17	0	0	1	94%
mAMP	Positive	0	0	10	9	126	99%
MAIVIP	Negative	150	0	4	1	0	94%
MDMA	Positive	0	0	3	6	82	98%
MUDINA	Negative	147	0	2	0	0	>99%
MOD	Positive	0	2	7	10	131	>99%
MOP	Negative	150	0	0	0	0	94%
OPI	Positive	0	0	16	18	116	>99%
OPI	Negative	150	0	0	0	0	90%
DCD	Positive	0	0	6	10	40	>99%
PCP	Negative	150	6	0	0	0	97%
*TCA	Positive	0	12	8	15	20	>99%
*TCA	Negative	150	17	0	0	0	89%

	%Agreement with Commercial Kit												
	AMP 1,000	AMP 300	BAR	BZO	COC 300	COC 150	THC	MTD	mAMP 1,000				
Positive Agreement	97%	>99%	>99%	90%	95%	>99%	98%	99%	98%				
Negative Agreement	>99%	>99%	>99%	97%	>99%	>99%	>99%	>99%	>99%				
Total	98%	>99%	99%	94%	98%	>99%	99%	>99%	99%				

	mAMP 500	MDMA	МОР	OPI	OXY	PCP	PPX	TCA
Positive Agreement	>99%	>99%	>99%	>99%	97%	98%	>99%	95%
Negative Agreement	80%	99%	>99%	>99%	97%	>99%	>99%	>99%
Total Results	87%	99%	>99%	>99%	97%	99%	>99%	99%

%Agreement with GC/MS

	AMP 1,000	AMP 300	BAR	BZO	300	COC 150	THC	MTD	mAMP 1,000
Positive Agreement	97%	>99%	92%	97%	96%	>99%	96%	99%	99%
Negative Agreement	95%	99%	98%	95%	90%	98%	97%	>94%	94%
Total Results	96%	99%	95%	96%	93%	98%	96%	>96%	96%

	mAMP 500	MDMA	МОР	OPI	OXY	PCP	PPX	TCA*
Positive Agreement	99%	98%	>99%	>99%	98%	100%	94%	>99%
Negative Agreement	96%	>99%	94%	>90%	97%	97%	99%	89%
Total Results	98%	99%	97%	>95%	97%	98%	96%	94%

Forty (40) clinical samples for each drug were run using each of The **One Step Drug Screen Test Card** by an untrained operator at a Professional Point of Care site. Based on GC/MS data, the operator obtained statistically similar Positive Agreement, Negative Agreement and Overall Agreement rates as trained laboratory personnel.

#### Precision

A study was conducted at three physician offices by untrained operators using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens, containing drugs at the concentration of  $\pm$  50% and  $\pm$  25% cut-off level, was labeled, blinded and tested at each site. The results are given below:

# **AMPHETAMINE (AMP 1,000)**

Amphetamine	n per	Site A		Site	e B	Site C	
conc. (ng/mL)	site	-	+	-	+		+
0	15	15	0	15	0	15	0
500	15	15	0	15	0	14	1
750	15	13	2	11	4	11	4
1,250	15	6	9	4	11	4	11
1,500	15	2	13	1	14	1	14

# **AMPHETAMINE (AMP 300)**

Amphetamine	n per	n per Site A		Sit	е В	Site C	
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
150	15	15	0	15	0	15	0
225	15	9	6	14	1	11	4
375	15	1	14	3	12	0	15
450	15	0	15	0	15	0	15

# **BARBITURATES (BAR)**

Secobarbital	n per	Site A		Site B		Site C	
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
150	15	13	2	15	0	15	0
225	15	5	10	7	8	10	5
375	15	2	13	5	10	5	10
450	15	0	15	1	14	1	14

## **BENZODIAZEPINES (BZO)**

Oxazepam	n per	Site A		Site B		Site C	
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
150	15	14	1	14	1	15	0
225	15	11	4	14	1	14	1
375	15	0	15	1	14	3	12
450	15	0	15	0	15	0	15

## **COCAINE (COC 300)**

Benzoylecgonine	n per	Site	Α	Site	е В	Site C	
conc. (ng/mL)	site	,	+	•	+	•	+
0	15	14*	0	15	0	15	0
150	15	14	1	15	0	14	1
225	15	4	11	5	10	8	7
375	15	0	15	0	15	0	15
450	15	0	15	0	15	1	14

<sup>\*</sup>Note: One invalid result was obtained.

## COCAINE (COC 150)

Benzoylecgonine	n per	Site	eΑ	Site	e B	Sit	e C
conc. (ng/mL)	site		+		+	-	+
0	15	15	0	15	0	15	0
75	15	15	0	14	1	15	0
112	15	13	2	7	8	15	0
187	15	0	15	0	15	1	14
225	15	0	15	0	15	0	15

## MARIJUANA (THC)

11-nor-Δ <sup>9</sup> -THC-9-COOH	n per	Site	Site A		Site B		e C
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
25	15	15	0	15	0	14	1
37.5	15	9	6	14	1	9	6
62.5	15	2	13	0	15	0	15
75	15	0	15	0	15	0	15

# **METHADONE (MTD)**

Methadone	n per	Site	e A	Site	е В	Sit	e C
conc. (ng/mL)	site	•	+	•	+	-	+
0	15	15	0	15	0	15	0
150	15	12	3	15	0	15	0
225	15	8	7	14	1	15	0
375	15	0	15	0	15	1	14
450	15	1	14	0	15	0	15

## **METHAMPHETAMINE (mAMP 1,000)**

1	Methamphetamine	n per	Site	Α	Site	e B	Sit	e C
	conc. (ng/mL)	site		+		+		+
	0	15	15	0	15	0	15	0
	500	15	15	0	14	1	13	2
Ì	750	15	11	4	10	5	10	5
	1,250	15	8	7	4	11	6	9
	1,500	15	1	14	1	14	0	15

# **METHAMPHETAMINE (mAMP 500)**

Methamphetamine	n per	Site	Α	Site	e B	Sit	e C
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
250	15	15	0	15	0	15	0
375	15	15	0	10	5	15	0
625	15	1	14	0	15	2	13
750	15	0	15	0	15	0	15

# METHYLENEDIOXYMETHAMPHETAMINE (MDMA) ECSTASY

	Methylenedioxymeth-	n per	Site	Α	Site	e B	Sit	e C
	amphetamine conc. (ng/mL)	site	-	+		+		+
I	0	15	15	0	15	0	15	0
I	250	15	15	0	15	0	15	0
I	375	15	15	0	15	0	15	0
Ī	625	15	6	9	4	11	7	8
Ī	750	15	0	15	0	15	0	15

# OPIATE (MOP 300)

Morphine	n per	Site	e A	Site	е В	Sit	еС
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
150	15	13	2	13	2	15	0
225	15	3	12	7	8	10	5
375	15	0	15	1	14	0	15
450	15	0	15	0	15	0	15

# **OPIATE (OPI 2000)**

Morphine	n per	Site A		Site B		Site C	
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
1,000	15	15	0	15	0	14	1
1,500	15	13	2	11	4	7	8
2,500	15	4	11	1	14	2	13
3,000	15	0	15	0	15	2	13

# **OXYCODONE (OXY)**

Morphine	n per Site A Site		e B	Sit	e C		
conc. (ng/mL)	site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
50	15	15	0	15	0	14	1
75	15	15	0	14	1	5	10
125	15	15	0	3	12	2	13
150	15	0	15	0	15	0	15

# PHENCYCLIDINE (PCP)

Phencyclidine	n per	Site	e A	Site	е В	Sit	e C
conc. (ng/mL)	site	•	+	•	+	•	+
0	15	15	0	15	0	15	0
12.5	15	15	0	14	1	14	1
18.75	15	11	4	13	2	10	5
31.25	15	8	7	5	10	1	14
37.5	15	4	11	0	15	0	15

# PROPOXYPHENE (PPX)

Phencyclidine	n per	Site	e A	Site	е В	Sit	e C
conc. (ng/mL)	site	•	+	•	+	-	+
0	15	15	0	15	0	15	0
150	15	15	0	15	0	14	1
225	15	10	5	8	7	7	8
375	15	0	15	0	15	1	14
450	15	0	15	0	15	0	15

## TRICYCLIC ANTIDEPRESSANTS (TCA)

Nortiptyline	n per	Site	e A	Site	е В	Sit	e C
conc. (ng/mL)	site	•	+	•	+	•	+
0	15	15	0	15	0	15	0
500	15	15	0	15	0	15	0
750	15	14	1	11	4	14	1
1,250	15	8	7	2	13	6	9
1,500	15	1	14	0	15	1	14

# **Analytical Sensitivity**

A drug-free urine pool was spiked with drugs at concentrations listed. The results are summarized below.

Drug concentration Cut-off Range	n		AMP 1,000		300	BA	AR.	BZO	
Cut-on Kange		-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0
-25% Cut-off	30	22	8	27	3	27	3	26	4
Cut-off	30	12	18	13	17	22	8	12	18
+25% Cut-off	30	2	28	4	26	7	23	3	27
+50% Cut-off	30	0	30	0	30	2	28	0	30

Drug Concentration	n	COC	300	COC	150	l F	HC	M	טו
Cut-off Range	-	-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	29	1
-25% Cut-off	30	30	0	24	6	12	18	24	6
Cut-off	30	4	26	14	16	1	29	21	9
+25% Cut-off	30	0	30	7	23	1	29	2	28
+50% Cut-off	30	0	30	0	30	0	30	0	30

<sup>\*</sup>Note: TCA was based on HPLC data.

Drug Concentration	on n		MP 000	mAMF	P 500	MD	MA	М	OP
Cut-off Range		-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0
-25% Cut-off	30	30	0	23	7	26	4	25	5
Cut-off	30	18	12	13	17	17	13	17	13
+25% Cut-off	30	1	29	8	22	4	26	1	29
+50% Cut-off	30	0	30	0	30	0	30	0	30

Drug Concentration		С	PI	OX	Ϋ́	PO	CP	Р	PX
Cut-off Range	n	-	-	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0
-25% Cut-off	30	30	0	23	7	19	11	24	6
Cut-off	30	13	17	13	17	16	14	17	13
+25% Cut-off	30	4	26	8	22	6	24	7	23
+50% Cut-off	30	0	30	0	30	0	30	0	30

Drug Concentration	n	TCA		
Cut-off Range	"	-	+	
0% Cut-off	30	30	0	
-50% Cut-off	30	30	0	
-25% Cut-off	30	22	8	
Cut-off	30	12	18	
+25% Cut-off	30	7	23	
+50% Cut-off	30	0	30	

# Analytical Specificity

The following table lists the concentration of compounds (ng/mL) that are detected positive in urine by One Step Drug Screen Test Card at 5 minutes

Compound	ng/mL
AMPHETAMINE 1,000	ng/mL
d-Amphetamine	1,000
d,I-Amphetamine sulfate	3,000
I-Amphetamine	50,000
3,4-Methylenedioxyamphetamine (MDA)	2,000
Phentermine	3,000
AMPHETAMINE 300	
d-Amphetamine	300
d/l-Amphetamine	390
I-Amphetamine	50,000
3,4-Methylenedioxyamphetamine (MDA)	1,560
β-Phenylethylamine	100,000
Phenylpropanolamine	100,000
Tyramine	100,000
p-Hydroxynorephedrine	100,000
(±)-Phenylpropanolamine	100,000
p-Hydroxyamphetamine	1,560
d/l-Norephedrine	100,000
BARBITURATES	
Secobarbital	300
Amobarbital	300
Alphenol	150
Aprobarbital	200
Butabarbital	75
Butalbital	2,500
Butethal	100
Cyclopentobarbital	600
Pentobarbital	300
Phenobarbital	100
BENZODIAZEPINES	
Oxazepam	300
Alprazolam	196
Hydroxyalprazolam	1,262
Bromazepam	1,562
Chlordiazepoxide	1,562
Chlordiazepoxide	781
Clobazam	98
Clonazepam	781
Clorazepate dipotassium	195

Compound	ng/mL
Delorazepam	1,562
Desalkylflurazepam	390
Diazepam	195
Estazolam	2,500
Flunitrazepam	390
(±) Lorazepam	1,562
RS-Lorazepam glucuronide	156
Midazolam	12,500
Nitrazepam	98
Norchlordiazepoxide	195
Nordiazepam	390
Temazepam	98
Triazolam	2,500
COCAINE 300	
Benzoylecgonine	300
Cocaine	780
Cocaethylene	12,500
Ecgonine	32,000
<u> </u>	
COCAINE 150	
Benzoylecgonine	150
Cocaine	400
Cocaethylene	6,250
Ecgonine	12,500
Ecgonine methylester	50,000
MADI IIIANIA (THC)	
MARIJUANA (THC) 11-nor-Δ <sup>9</sup> -THC-9 COOH	F0
11-nor-Δ*-1HC-9 COOH Cannabinol	50 20,000
Cannabinol 11-nor-Δ <sup>8</sup> -THC-9 COOH	·
	30
Δ <sup>8</sup> -THC	15,000
Δ <sup>9</sup> -THC	15,000
METHADONE	
Methadone	300
Doxylamine	50,000
Doxylaniilo	30,000
METHAMPHETAMINE 1,000	
d-Methamphetamine	1,000
ρ-Hydroxymethamphetamine	30,000
I-Methamphetamine	8,000
3,4-Methylenedioxymethamphetamine (MDMA)	2,000
Mephentermine (Marini)	50,000
METHAMPHETAMINE 500	
dl-Methamphetamine	500
d-Amphetamine	50,000
d/l-Amphetamine	75,000
Chloroquine	12,500
3,4-Methylenedioxymethamphetamine	1,000
P-Hydroxymethamphetamine	15,000
Mephentermine	25,000
(1R,2S)-(-)-Ephedrine	50,000
I-Phenylephrine	100,000
β-Phenylethylamine	75,000
METHY ENERGY/METHAMPUTTANIC (1991)	
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	F00
3,4-Methylenedioxymethamphetamine (MDMA)	500
3,4-Methylenedioxyamphetamine (MDA)	3,000
3,4-Methylenedioxyethylamphetamine (MDEA)	300
OPIATE (MOP 300)	
Morphine	300
Codeine	300
Ethylmorphine Ethylmorphine	6,250
	50,000
	50,000
Hydrocodone Hydromorphone	3 125
Hydromorphone	3,125 1500
	3,125 1500 400

Compound	ng/mL
Norcodeine	6,250
Normorphone	100,000
Oxycodone	30,000
Oxymorphone	100,000
Procaine	15,000
Thebaine	6,250
OPIATE (2000)	
Morphine	2,000
Codeine	2,000
Ethylmorphine	5,000
Hydrocodone	12,500
Hydromorphone	5,000
Levophanol	75,000
6-Monoacetylmorphine	5,000
Morphine 3-β-D-glucuronide	2,000
Norcodeine	12,500
Normorphone	50,000
Oxycodone	25,000
Oxymorphone	25,000
Procaine	150,000
Thebaine	100,000
	100,000
OXYCODONE	100
Oxycodone	100
Codeine	50,000
Dihydrocodeine	12,500
Ethylmorphine	25,000
Hydrocodone	1,562
Hydromorphone	12,500
Oxymorphone	1,562
Thebaine	50,000
PCP	
Phencyclidine	25
4-Hydroxyphencyclidine	12,500
PROPOXYPHENE	
d-Propoxyphene	300
d-Norpropoxyphene	300
TCA	
Notriptyline	1,000
Nordoxepin	1,000
Trimipramine	3,000
Amitriptyline	1,500
Promazine	1,500
Desipramine	200
Imipramine	400
Clomipramine	12,500
Doxepin	2,000
Maprotiline	2,000
IVIADIUIIIIII	۷,000

# Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.000-1.037) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The **One Step Drug Screen Test Card** was tested in duplicate using fifteen drug-free urine and spiked urine samples. The results demonstrate that varying ranges of urinary specific gravity does not affect the test results.

# Effect of the Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with drugs at 50% below and 50% above cut-off levels. The spiked, pH-adjusted urine was tested with **One Step Drug Screen Test Card**. The results demonstrate that varying ranges of pH does not interfere with the performance of the test.

# **Cross-Reactivity**

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or drug positive urine containing, Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methamphetamine, Methylenedioxymethamphetamine, Opiate, Oxycodone, Phencyclidine, Propoxyphene or Tricyclic Antidepressants. The following compounds show no cross-reactivity when tested with **One Step Drug Screen Test Card** at a concentration of 100 µg/mL.

## Non Cross-Reacting Compounds

Acetophenetidin Acetaminophen N-Acetylprocainamide Acetylsalicylic acid Amoxicillin Aminopyrine Ampicillin I-Ascorbic acid Apomorphine Aspartame Atropine Benzilic acid Benzoic acid Benzphetamine\* Bilirubin d/l-Brompheniramine Caffeine Cannabidol

Chloral-hydrate Chloramphenicol
Chlorothiazide d/l-Chloropheniramine
Chlororomazine Chloroquine

Chlorpromazine Chloroquir
Cholesterol Clonidine
Cortisone I-Cotinine

Creatinine Deoxycorticosterone

Dextromethorphan Diclofenac
Diflunisal Digoxin

Diphenhydramine Ecgonine methyl ester

I -Ψ-Ephedrine β-Estradiol

Estrone-3-sulfate Ethyl-p-aminobenzoate
[1R,2S] (-) Ephedrine I(-)-Epinephrine
Erythromycin Fenoprofen
Furosemide Gentisic acid
Hemoglobin Hydralazine

Hydrochlorothiazide Hydrocortisone o-Hydroxyhippuric acid p-Hydroxyamphetamine

p-Hydroxytyramine Ibuprofen

p-nydroxytyramine ibuproten dyl-Isoproterenol Isoxsuprine Ketamine Ketoprofen Labetalol Loperamide Meprobamate Methoxyphenam

Methoxyphenamine Methylphenidate Nalidixic acid Naloxone Naltrexone Naproxen Niacinamide Nifedipine Norethindrone d-Norpropoxyphene Noscapine d/I-Octopamine Oxalic acid Oxolinic acid Oxymetazoline Penicillin-G Papaverine Pentazocine hydrochloride Perphenazine

Phenelzine Trans-2-phenylcyclo-propylamine hydrochloride

I-Phenylephrine β-Phenylethylamine
Phenylpropanolamine
Prednisone
d/I-Propranolol
d-Propoxyphene
β-Phenylethylamine
Prednisolone
d/I-Propranolol
d-Pseudoephedrine

QuinacrineQuinineQuindineRantidineSalicylic acidSerotoninSulfamethazineSulindac

Tetracycline Tetrahydrocortisone 3-acetate

Tetrahydrocortisone 3 (β-D-glucuronide)
Thiamine
Thioridazine
Thioridazine
Tolbutamide
Triamterene
Trimethoprim
d/l-Tryptophan
Uric acid
Zomepirac
Tetrahydrozoline
Thioridazine
Tribuoperazine
Tryfluoperazine
Tryptamine
Tryptamine
Verapamil

\*Parent compound only.

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