

**Instruction Sheet for testing of any combination of the following drugs:  
AMP/BAR/BZO/BUP/COC/THC/MTD/MET/MDMA/MOP/MQL/OPI/PCP/PPX/T  
CA/TML/KET/OXY/COT/EDDP/FYL/K2/6-MAM/MDA**

A rapid 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. Immunoassay for invitro diagnostic use only.

**【INTENDED USE】**

The Multi-Drug Rapid Test Cassette is a rapid chromatographic immunoassay for the qualitative detection of multiple drugs and drug metabolites in urine at the following cut-off concentrations:

Test	Calibrator	Cut-off (ng/mL)
Amphetamine (AMP1,000)	d-Amphetamine	1,000
Amphetamine (AMP 500)	d-Amphetamine	500
Amphetamine (AMP 300)	d-Amphetamine	300
Barbiturates (BAR 300)	Secobarbital	300
Barbiturates (BAR 200)	Secobarbital	200
Benzodiazepines (BZO 500)	Oxazepam	500
Benzodiazepines (BZO 300)	Oxazepam	300
Benzodiazepines (BZO 200)	Oxazepam	200
Benzodiazepines (BZO 100)	Oxazepam	100
Buprenorphine (BUP)	Buprenorphine	10
Cocaine (COC 300)	Benzoyllecgonine	300
Cocaine (COC 100)	Benzoyllecgonine	100
Marijuana (THC150)	11-nor-Δ9-THC-9 COOH	150
Marijuana (THC 50)	11-nor-Δ9-THC-9 COOH	50
Marijuana (THC 25)	11-nor-Δ9-THC-9 COOH	25
Methadone (MTD 300)	Methadone	300
Methadone (MTD 200)	Methadone	200
Methamphetamine (MET 1,000)	d-Methamphetamine	1,000
Methamphetamine (MET 500)	d-Methamphetamine	500
Methamphetamine (MET 300)	d-Methamphetamine	300
Methylenedioxy-methamphetamine (MDMA 500)	d,l-Methylenedioxy-methamphetamine	500
Methylenedioxy-methamphetamine (MDMA 1,000)	d,l-Methylenedioxy-methamphetamine	1,000
Morphine (MOP 300)	Morphine	300
Morphine (MOP 100)	Morphine	100
Methaqualone (MQL)	Methaqualone	300
Opiate (OPI 2,000)	Morphine	2,000
Phencyclidine (PCP)	Phencyclidine	25
Propoxyphene (PPX)	Propoxyphene	300
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000
Tramadol (TML)	Cis-Tramadol	100
Ketamine (KET 1,000)	Ketamine	1,000
Ketamine (KET 500)	Ketamine	500
Ketamine (KET 300)	Ketamine	300
Ketamine (KET 100)	Ketamine	100
Oxycodone (OXY)	Oxycodone	100
Cotinine(COT200)	Cotinine	200
Cotinine(COT100)	Cotinine	100
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP300)	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine	300
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP100)	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine	100
Fentanyl(FYL20)	Norfentanyl	20
Fentanyl(FYL10)	Norfentanyl	10
Synthetic Marijuana (K2-50)	JWH-018, JWH-073	50
Synthetic Marijuana (K2-30)	JWH-018, JWH-073	30
6-mono-aceto-morphine (6-MAM10)	6-MAM	10
(±) 3,4-Methylenedioxy-Amphetamine(MDA500)	(±) 3,4-Methylenedioxy-Amphetamine	500

Configurations of the Multi-Drug Rapid Test Cassette come with 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 Multi-Drug Rapid Test Cassette 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 (CNS) 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 Multi-Drug Rapid Test Cassette yields a positive result when the concentration of amphetamines in urine exceeds 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>1</sup>

**Amphetamine (AMP 500)**

The Multi-Drug Rapid Test Cassette yields a positive result when amphetamines in urine exceed 500 ng/mL. See Amphetamine (AMP 1,000) for the summary.

**Amphetamine (AMP 300)**

The Multi-Drug Rapid Test Cassette yields a positive result when amphetamines in urine exceed 300 ng/mL. See Amphetamine (AMP 1,000) for the summary.

**Barbiturates (BAR 300)**

Barbiturates are CNS 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 <sup>2</sup>

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of barbiturates in urine exceeds 300 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for Barbiturate positive specimens.

**Barbiturates (BAR 200)**

The Multi-Drug Rapid Test Cassette yields a positive result when barbiturates in urine exceed 200 ng/mL. See Barbiturates (BAR 300) for the summary.

**Benzodiazepines (BZO 500)**

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 benzodiazepines in urine is 3-7 days.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of benzodiazepines in urine exceeds 500 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for benzodiazepine positive specimens.

**Benzodiazepines (BZO 300)**

The Multi-Drug Rapid Test Cassette yields a positive result when benzodiazepines in urine exceed 300 ng/mL. See Benzodiazepines (BZO 500) for the summary.

**Benzodiazepines (BZO 200)**

The Multi-Drug Rapid Test Cassette yields a positive result when benzodiazepines in urine exceed 200 ng/mL. See Benzodiazepines (BZO 500) for the summary.

**Benzodiazepines (BZO 100)**

The Multi-Drug Rapid Test Cassette yields a positive result when benzodiazepines in urine exceed 100 ng/mL. See Benzodiazepines (BZO 500) for the summary.

**Buprenorphine (BUP)**

Buprenorphine is a potent analgesic often used in the treatment of opioid addiction. The drug is sold under the trade names Subutex™, Buprenex™, Temgesic™ and Suboxone™, which contain Buprenorphine HCl alone or in combination with Naloxone HCl. Therapeutically, Buprenorphine is used as a substitution treatment for opioid addicts. Substitution treatment is a form of medical care offered to opiate addicts (primarily heroin addicts) based on a similar or identical substance to the drug normally used. In substitution therapy, Buprenorphine is as effective as Methadone but demonstrates a lower level of physical dependence. Concentrations of free Buprenorphine and Norbuprenorphine in urine may be less than 1 ng/ml after therapeutic administration, but can range up to 20 ng/ml in abuse situations. The plasma half life of Buprenorphine is 2-4 hours.<sup>7</sup> While complete elimination of a single dose of the drug can take as long as 6 days, the window of detection for the parent drug in urine is thought to be approximately 3 days.

Substantial abuse of Buprenorphine has also been reported in many countries where various forms of the drug are available. The drug has been diverted from legitimate channels through theft, doctor shopping, and fraudulent prescriptions, and been abused via intravenous, sublingual, intranasal and inhalation routes.

The Multi-Drug Rapid Test Cassette yields a positive result when the Buprenorphine in urine exceeds 10 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 the urine in a short time primarily as benzoylecgonine.<sup>3,4</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>4</sup>

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of benzoylecgonine 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).<sup>1</sup>

**Cocaine (COC 100)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of benzoylecgonine in urine exceeds 100 ng/mL. See Cocaine (COC 300) for the summary.

**Marijuana (THC150)**

THC (Δ9-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 the urine is 11-nor-Δ9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH).

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of THC-COOH in urine exceeds 150 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>1</sup>

**Marijuana (THC50)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of THC-COOH in urine exceeds 50 ng/mL. See Marijuana (THC150) for the summary.

**Marijuana (THC25)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of THC-COOH in urine exceeds 25 ng/mL. See Marijuana (THC150) for the summary.

### **Methadone (MTD300)**

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.<sup>7</sup>

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of methadone in urine exceeds 300 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for methadone positive specimens.

### **Methadone (MTD200)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of methadone in urine exceeds 200 ng/mL. See Methadone (MTD300) for the summary.

### **Methamphetamine (MET 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 have a half-life of 9-24 hours in the body. Methamphetamine is excreted in the urine primarily as Amphetamine, and oxidized and deaminated derivatives. However, 10-20% of Methamphetamine is excreted unchanged. Thus, the presence of the parent compound in the urine indicates Methamphetamine use. Methamphetamine is generally detectable in the urine for 3-5 days, depending on urine pH level.

The Multi-Drug Rapid Test Cassette 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 Multi-Drug Rapid Test Cassette yields a positive result when the Methamphetamine in urine exceeds 1,000ng/mL.

### **Methamphetamine (MET 500)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methamphetamine in urine exceeds 500 ng/mL. See Methamphetamine (MET1,000) for the summary.

### **Methamphetamine (MET 300)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methamphetamine in urine exceeds 300 ng/mL. See Methamphetamine (MET1,000) for the summary.

### **Methylenedioxymethamphetamine (MDMA500)**

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.<sup>5</sup> 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 Oberlander, 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 jaws.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methylenedioxymethamphetamine in urine exceeds 500 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for Methylenedioxymethamphetamine positive specimens.

### **Methylenedioxymethamphetamine (MDMA1,000)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of methylenedioxymethamphetamine in urine exceeds 1,000 ng/mL. See methylenedioxymethamphetamine (MDMA500) for the summary.

### **Morphine (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 receptor.

Opioid analgesics comprise a large group of substances which control pain by depressing the CNS. 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 the urine for several days after an opiate dose.<sup>2</sup>

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of morphine in urine exceeds 300ng/mL.

### **Morphine (MOP 100)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of morphine in urine exceeds 100 ng/mL. See Morphine (MOP300) for the summary.

### **Morphine/Opiate (OPI 2,000)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of 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>1</sup> See morphine (MOP 300) for summary.

### **Methaqualone (MQL)**

Methaqualone (Quaalude, Sopor) is a quinazoline derivative that was first synthesized in 1951 and found clinically effective as a sedative and hypnotic in 1956.<sup>10</sup>It soon gained popularity as a drug of abuse and in 1984 was removed from the US market due to extensive misuse. It is occasionally encountered in illicit form, and is also available in European countries in combination with diphenhydramine (Mandrax). Methaqualone is extensively metabolized *in vivo* principally by hydroxylation at every possible position on the molecule. At least 12 metabolites have been identified in the urine.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methaqualone in urine exceeds 300 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. PCP is used in powder, capsule, and tablet form. The powder is either snorted or smoked after mixing it with marijuana or vegetable matter. PCP 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 PCP.

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>6</sup> PCP is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).<sup>5</sup>

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of phencyclidine 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).<sup>1</sup>

### **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 Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Propoxyphene or Norpropoxyphene in urine exceeds 300 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for propoxyphene positive specimens.

### **Tricyclic Antidepressants (TCA)**

TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses can result in profound CNS 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 Multi-Drug Rapid Test Cassette yields a positive result when the concentration of tricyclic antidepressants in urine exceeds 1,000 ng/mL. At

present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for tricyclic antidepressant positive specimens.

### **Tramadol (TML)**

Tramadol(TML) is a quasi-narcotic analgesic used in the treatment of moderate to severe pain. It is a synthetic analog of codeine, but has a low binding affinity to the mu-opioid receptors. Large doses of tramadol can develop tolerance and physiological dependency and lead to its abuse. Tramadol is extensively metabolized after oral administration. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 60% is excreted as metabolites. The major pathways appear to be N- and O- demethylation, glucuronidation or sulfation in the liver.

The Multi-Drug Rapid Test Cassette 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 Tramadol in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Tramadol in urine exceed 100 ng/mL.

### **Ketamine(KET1,000)**

Ketamine is a dissociative anesthetic developed in 1963 to replace PCP (Phencyclidine). While Ketamine is still used in human anesthesia and veterinary medicine, it is becoming increasingly abused as a street drug. Ketamine is molecularly similar to PCP and thus creates similar effects including numbness, loss of coordination, sense of invulnerability, muscle rigidity, aggressive / violent behavior, slurred or blocked speech, exaggerated sense of strength, and a blank stare. There is depression of respiratory function but not of the central nervous system, and cardiovascular function is maintained.The effects of Ketamine generally last 4-6 hours following use. Ketamine is excreted in the urine as unchanged drug (2.3%) and metabolites (96.8%).<sup>10</sup>

The Multi-Drug Rapid Test Cassette 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 Ketamine in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Ketamine in urine exceeds 1,000ng/mL.

### **Ketamine (KET500)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Ketamine in urine exceeds 500 ng/mL. See Ketamine(KET1,000) for the summary.

### **Ketamine (KET300)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Ketamine in urine exceeds 300 ng/mL. See Ketamine(KET1,000) for the summary.

### **Ketamine (KET100)**

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Ketamine in urine exceeds 100 ng/mL. See Ketamine(KET1,000) for the 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 opiate 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, 5 mg oral dose is excreted with the primary constituents being unchanged drug (13-19%), conjugated drug (7-29%) and conjugated oxymorphone (13-14%). The window of detection for Oxycodone in urine is expected to be similar to that of other opioids such as morphine.

The Multi-Drug Rapid Test Cassette 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 Oxycodone in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Oxycodone in urine exceeds 100ng/mL.

### **Cotinine (COT 200)**

Cotinine is the first-stage metabolite of nicotine, a toxic alkaloid that produces stimulation of the autonomic ganglia and central nervous system when in humans. Nicotine is a drug to which virtually every member of a tobacco-smoking society is exposed whether through direct contact or second-hand inhalation. In addition to tobacco, nicotine is also commercially available as the active ingredient in smoking replacement therapies such as nicotine gum, transdermal patches and nasal sprays.

In a 24-hour urine, approximately 5% of a nicotine dose is excreted as unchanged drug with 10% as cotinine and 35% as hydroxycotinine; the concentrations of other metabolites are believed to account for less than

5%.<sup>10</sup> While cotinine is thought to be an inactive metabolite, its elimination profile is more stable than that of nicotine which is largely urine pH dependent. As a result, cotinine is considered a good biological marker for determining nicotine use. The plasma half-life of nicotine is approximately 60 minutes following inhalation or parental administration.<sup>11</sup> Nicotine and cotinine are rapidly eliminated by the kidney; the window of detection for cotinine in urine at a cutoff level of 200 ng/mL is expected to be up to 2-3 days after nicotine use. The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Cotinine in urine exceeds 200 ng/mL

#### Cotinine (COT 100)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Cotinine in urine exceeds 100 ng/mL. See Cotinine(COT200) for the summary.

#### 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP 300)

Methadone is an unusual drug in that its primary urinary metabolites (EDDP and EMDP) are cyclic in structure, making them very difficult to detect using immunoassays targeted to the native compound.<sup>10</sup> Exacerbating this problem, there is a subsection of the population classified as "extensive metabolizers" of methadone. In these individuals, a urine specimen may not contain enough parent methadone to yield a positive drug screen even if the individual is in compliance with their methadone maintenance. EDDP represents a better urine marker for methadone maintenance than unmetabolized methadone.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of EDDP in urine exceeds 300 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for EDDP positive specimens.

#### 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP 100)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of EDDP in urine exceeds 100 ng/mL. See EDDP 300 for the summary.

#### Fentanyl (FYL20)

Fentanyl, belongs to powerful narcotics analgesics, and is a  $\mu$  special opiates receptor stimulant. Fentanyl is one of the varieties that been listed in management of United Nations "Single Convention of narcotic drug in 1961". Among the opiates agents that under international control, fentanyl is one of the most commonly used to cure moderate to severe pain<sup>1</sup>. After continuous injection of fentanyl, the sufferer will have the performance of protracted opioid abstinence syndrome, such as ataxia and irritability etc<sup>2,3</sup>, which presents the addiction after taking fentanyl in a long time. Compared with drug addicts of amphetamine, drug addicts who take fentanyl mainly have got the possibility of higher infection rate of HIV, more dangerous injection behavior and more lifelong medication overdose<sup>4</sup>.

The FYL Rapid Test Strip (Urine) 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 FYL in urine. The FYL Rapid Test Strip (Urine) yields a positive result when FYL in urine exceeds 20 ng/mL.

#### Fentanyl (FYL10)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Norfentanyl in urine exceeds 10 ng/mL. See FLY20 for the summary.

#### Synthetic Marijuana (K2-50)

Synthetic Marijuana or K2 a psychoactive herbal and chemical product that, when consumed, mimics the effects of Marijuana. It is best known by the brandnames K2 and Spice, both of which have largely become genericized trademarks used to refer to any synthetic Marijuana product. The studies suggest that synthetic marijuana intoxication is associated with acute psychosis, worsening of previously stable psychotic disorders, and also may have the ability to trigger achronic (long-term) psychotic disorder among vulnerable individuals such as those with a family history of mental illness.

Elevated levels of urinary metabolites are found within hours of exposure and remain detectable for 72 hours after smoking (depending on usage/dosage). As of March 1, 2011, five cannabinoids, JWH-018, JWH-073, CP-47, JWH-200 and cannabicyclo hexanol are now illegal in the US because these substances have the potential to be extremely harmful and, therefore, pose an imminent hazard to the public safety.

The Multi-Drug Rapid Test Cassette yields a positive result when the synthetic marijuana metabolite in urine exceeds 50ng/mL.

#### Synthetic Marijuana (K2-30)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of the synthetic marijuana metabolite in urine exceeds 30ng/mL.

#### 6-mono-aceto-morphine (6-MAM10)

6-Monoacetylmorphine (6-MAM) or 6-acetylmorphine (6-AM) is one of three active metabolites of heroin (diacetylmorphine), the others being morphine and the much less active 3-monoacetylmorphine (3-MAM). 6-MAM is rapidly created from heroin in the body, and then is either metabolized into morphine or excreted in the urine. 6-MAM remains in the urine for no more than 24 hours. So a urine specimen must be collected soon after the last heroin use, but the presence of

6-MAM guarantees that heroin was in fact used as recently as within the last day. 6-MAM is naturally found in the brain, but in such small quantities that detection of this compound in urine virtually guarantees that heroin has recently been consumed. The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of the 6-Monoacetylmorphine in urine exceeds 10ng/mL.

#### (±) 3, 4-Methylenedioxyamphetamine (MDA500)

3,4-Methylenedioxyamphetamine (MDA), also known as tenamfetamine (INN), or with the street name "Sally" or "Sass" or "Sass-a-frass", is a psychedelic and entactogenic drug of the phenethylamine and amphetamine chemical classes. It is mainly used as a recreational drug, an entheogen, and a tool in use to supplement various types of practices for transcendence, including in meditation, psychonautics, and as an agent in psychedelic psychotherapy. It was first synthesized by G. Mannish and W. Jacobson in 1910. There are about 20 different synthetic routes described in the literature for its preparation.

#### 【PRINCIPLE】

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 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 region.

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

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

#### 【REAGENTS】

Each test line contains anti-drug mouse monoclonal antibody and corresponding drug-protein conjugates. The control line contains goat anti-rabbit IgG polyclonal antibodies and rabbit IgG.

#### 【PRECAUTIONS】

- For healthcare professionals including professionals at point of care sites.
- Immunoassay for *invitro* diagnostic use only. The test cassette 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 cassette should be discarded according to federal, state and local regulations.

#### 【STORAGE AND STABILITY】

Store as packaged in the sealed pouch at 2-30°C. The test is stable through the expiration date printed on the sealed pouch. The test cassettes 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 should 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

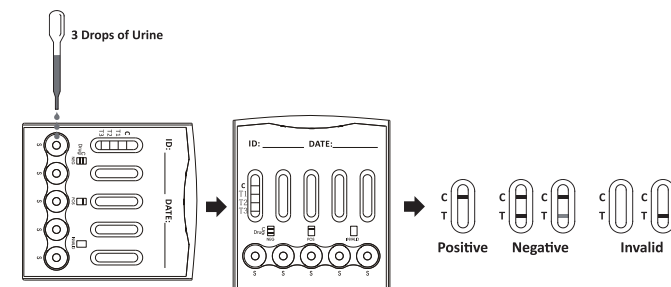
- Test Cassettes
- Droppers
- Package insert
- Specimen collection container
- timer

##### Materials Required But Not Provided

#### 【DIRECTIONS FOR USE】

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

1. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it within one hour.
2. Place the test cassette on a clean and level surface. Hold the dropper vertically and transfer 3 full drops of urine (approx. 120  $\mu$ L) to the specimen well (S) of the test cassette, and then start the timer. Avoid trapping air bubbles in the specimen well (S). See the illustration below.
3. Wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes.



#### 【INTERPRETATION OF RESULTS】

(Please refer to the illustration above)

**NEGATIVE:** A colored line appears in the Control region (C) and colored lines 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】

1. The Multi-Drug Rapid Test Cassette 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.<sup>1,10</sup>
2. There is a possibility that technical or procedural errors, as well as interfering substances in the urine specimen may cause erroneous results.
3. 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 or intoxication, administration route or concentration in urine.
5. 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. This test does not distinguish between drugs of abuse and certain medications.
7. A positive test result may be obtained from certain foods or food supplements.

#### 【EXPECTED VALUES】

This negative result indicates that the drug concentration is below the detectable level. Positive result means the concentration of drug is above the detectable level.

#### 【PERFORMANCE CHARACTERISTICS】

##### Accuracy

A side-by-side comparison was conducted using the Multi-Drug Rapid Test Cassette and commercially available drug rapid tests. Testing was performed on approximately 250 specimens per drug type previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS.

Method		GC/MS		agreement with GC/MS
Multi-Drug Rapid Test Cassette		Positive	Negative	
AMP 1,000	Positive	103	3	98.1%
	Negative	2	142	97.9%
AMP 500	Positive	110	2	99.1%
	Negative	1	137	98.6%
AMP 300	Positive	116	2	99.1%
	Negative	1	131	98.5%

Method	GC/MS		Agreement with GC/MS
	Positive	Negative	
Multi-Drug Rapid Test Cassette			
BAR 300	Positive	98	96.1%
	Negative	4	98.6%
BAR 200	Positive	101	95.3%
	Negative	5	97.9%
BZO 500	Positive	112	98.2%
	Negative	2	97.8%
BZO 300	Positive	121	98.4%
	Negative	2	99.2%
BZO 200	Positive	127	99.2%
	Negative	1	98.4%
BZO 100	Positive	128	99.2%
	Negative	1	97.5%
BUP	Positive	105	99.1%
	Negative	1	>99.9%
COC 300	Positive	111	98.2%
	Negative	2	97.8%
COC 100	Positive	117	99.2%
	Negative	1	97.0%
THC 150	Positive	86	94.5%
	Negative	5	97.5%
THC 50	Positive	92	97.9%
	Negative	2	98.1%
THC 25	Positive	95	96.9%
	Negative	3	97.4%
MTD 300	Positive	89	98.9%
	Negative	1	98.8%
MTD 200	Positive	91	98.7%
	Negative	1	98.7%
MET 1,000	Positive	76	96.2%
	Negative	3	97.1%
MET 500	Positive	83	97.6%
	Negative	2	97.0%
MET 300	Positive	88	97.8%
	Negative	2	97.5%
MDMA 1,000	Positive	99	98.0%
	Negative	2	99.3%
MDMA 500	Positive	102	98.1%
	Negative	2	99.3%
MOP 300	Positive	95	95.0%
	Negative	5	95.3%
MOP 100	Positive	98	97.0%
	Negative	3	96.6%
MQL	Positive	79	89.8%
	Negative	9	93.2%
OPI	Positive	117	96.7%
	Negative	4	93.8%
PCP	Positive	85	92.4%
	Negative	7	96.8%
PPX	Positive	97	96.0%
	Negative	4	94.0%
TCA	Positive	91	94.8%
	Negative	5	91.6%
TML	Positive	82	88.2%
	Negative	11	92.4%
KET 1,000	Positive	77	97.5%
	Negative	2	98.2%
KET 500	Positive	81	97.6%
	Negative	2	98.2%
KET 300	Positive	89	96.7%
	Negative	3	97.5%
KET 100	Positive	97	96.0%
	Negative	4	97.3%
OXY 100	Positive	84	97.7%
	Negative	2	99.4%
COT 200	Positive	88	96.7%
	Negative	3	97.5%
COT 100	Positive	93	97.9%
	Negative	2	98.1%
EDDP 300	Positive	92	97.9%
	Negative	2	99.4%
EDDP 100	Positive	95	96.9%
	Negative	3	96.7%
FYL 20	Positive	79	98.8%
	Negative	1	99.4%
FYL	Positive	80	98.8%
	Negative	1	

Method	GC/MS		Agreement with GC/MS
	Positive	Negative	
Multi-Drug Rapid Test Cassette			
10	Positive	1	99.4%
	Negative	168	
K2-50	Positive	78	97.5%
	Negative	2	98.2%
K2-30	Positive	82	97.6%
	Negative	2	98.8%
6-MAM10	Positive	93	98.9%
	Negative	1	98.7%
MDA500	Positive	103	98.1%
	Negative	2	97.9%

% Agreement with Commercial Kit											
	AMP 1,000	AMP 500	AMP 300	BAR 300	BAR 200	BZO 500	BZO 300	BZO 200	BZO 100	BUP	COC 300
Positive Agreement	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Negative Agreement	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Total Results	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%

	COC 100	THC 150	THC 50	THC 25	MTD 300	MTD 200	MET 1,000	MET 500	MET 300	MDMA 1,000	MDMA 500
Positive Agreement	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Negative Agreement	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Total Results	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%

	MOP 300	MOP 100	MQL	OPI	PCP	PPX	TCA	TML	KET 1,000	KET 500	KET 300
Positive Agreement	>99.9%	>99.9%	>99.9%	*	>99.9%	>99.9%	*	*	>99.9%	>99.9%	>99.9%
Negative Agreement	>99.9%	>99.9%	>99.9%	*	>99.9%	>99.9%	*	*	>99.9%	>99.9%	>99.9%
Total Results	>99.9%	>99.9%	>99.9%	*	>99.9%	>99.9%	*	*	>99.9%	>99.9%	>99.9%

	KET 100	OXY	COT 200	COT 100	EDDP 300	EDDP 100	FYL 20	FYL 10	K2 50	K2 30	6-MAM 10	MDA 500
Positive Agreement	>99.9%	*	*	*	*	*	*	*	*	*	*	*
Negative Agreement	>99.9%	*	*	*	*	*	*	*	*	*	*	*
Total Results	>99.9%	*	*	*	*	*	*	*	*	*	*	*

\* Note: Based on GC/MS data instead of Commercial Kit.

#### Precision

A study was conducted at three hospitals by untrained operators using three different lots of product to demonstrate the within run, between run and between operator precision. An identical card of coded specimens, containing drugs at concentrations 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 conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	8	2	9	1
1,250	10	1	9	2	8	2	8
1,500	10	0	10	0	10	0	10

#### AMPHETAMINE (AMP 500)

Amphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	9	1
625	10	2	8	1	9	2	8
750	10	0	10	0	10	0	10

#### AMPHETAMINE (AMP 300)

Amphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	8	2	8	2	8	2
375	10	2	8	2	8	2	8
450	10	0	10	0	10	0	10

#### BARBITURATES (BAR 300)

Secobarbital conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0

150	10	10	0	10	0	10	0
225	10	9	1	8	2	9	1
375	10	2	8	1	9	2	8
450	10	0	10	0	10	0	10

#### BARBITURATES (BAR 200)

Secobarbital conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	9	1	9	1	9	1
250	10	1	9	1	9	1	9
300	10	0	10	0	10	0	10

#### BENZODIAZEPINES (BZO 500)

Oxazepam conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	8	2	9	1	8	2
625	10	1	9	2	8	1	9
750	10	0	10	0	10	0	10

#### BENZODIAZEPINES (BZO 300)

Oxazepam conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### BENZODIAZEPINES (BZO 200)

Oxazepam conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	9	1	8	2	9	1
250	10	1	9	1	9	2	8
300	10	0	10	0	10	0	10

#### BENZODIAZEPINES (BZO 100)

Oxazepam conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	8	2	7	3
125	10	1	9	1	9	2	8
150	10	0	10	0	10	0	10

#### BUPRENORPHINE (BUP)

Buprenorphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	8	2
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10

#### COCAINE (COC 300)

Benzoyllecgonine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### COCAINE (COC 100)

Benzoyllecgonine conc. (ng/mL)
--------------------------------

112.5	10	9	1	9	1	9	1
187.5	10	2	8	1	9	1	9
225	10	0	10	0	10	0	10

#### MARIJUANA (THC50)

11-nor- $\Delta^9$ -COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25	10	10	0	10	0	10	0
37.5	10	9	1	8	2	9	1
62.5	10	1	9	1	9	2	8
75	10	0	10	0	10	0	10

#### MARIJUANA (THC25)

11-nor- $\Delta^9$ -COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
12.5	10	10	0	10	0	10	0
18.75	10	8	2	8	2	8	2
31.25	10	1	9	1	9	2	8
37.5	10	0	10	0	10	0	10

#### METHADONE (MTD300)

Methadone conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### METHADONE (MTD200)

Methadone conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	8	2	8	2	8	2
250	10	1	9	1	9	2	8
300	10	0	10	0	10	0	10

#### METHAMPHETAMINE (MET1,000)

Methamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	9	1	9	1
1,250	10	1	9	2	8	1	9
1,500	10	0	10	0	10	0	10

#### METHAMPHETAMINE (MET 500)

Methamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	9	1
625	10	1	9	1	9	1	9
750	10	0	10	0	10	0	10

#### METHAMPHETAMINE (MET300)

Methamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### METHYLENEDIOXYMETHAMPHETAMINE (MDMA1, 000) Ecstasy

Methylenedioxyamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	9	1	8	2
1,250	10	1	9	1	9	1	9
1,500	10	0	10	0	10	0	10

#### METHYLENEDIOXYMETHAMPHETAMINE (MDMA 500) Ecstasy

Methylenedioxyamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	8	2	9	1	9	1

625	10	1	9	1	9	1	9
750	10	0	10	0	10	0	10

#### MORPHINE (MOP 300)

Morphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### MORPHINE (MOP 100)

Morphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	1	9	1	9
150	10	0	10	0	10	0	10

#### METHAQUALONE (MQL 300)

Methaqualone conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### MORPHINE/OPIATE (OPI 2,000)

Morphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
1,000	10	10	0	10	0	10	0
1,500	10	9	1	9	1	9	1
2,500	10	1	9	1	9	1	9
3,000	10	0	10	0	10	0	10

#### PHENCYCLIDINE (PCP)

Phencyclidine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
12.5	10	10	0	10	0	10	0
18.75	10	8	2	9	1	9	1
31.25	10	1	9	1	9	1	9
37.5	10	0	10	0	10	0	10

#### PROPOXYPHENE (PPX)

Propoxyphene conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	8	2	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### TRICYCLIC ANTIDEPRESSANTS (TCA)

Nortriptyline conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	8	2	8	2
1,250	10	1	9	1	9	1	9
1,500	10	0	10	0	10	0	10

#### Tramadol (TML)

Tramadol conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	8	2
125	10	1	9	1	9	2	8
150	10	0	10	0	10	0	10

#### KETAMINE (KET1, 000)

Ketamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	8	2	9	1

1,250	10	1	9	1	9	2	8
1,500	10	0	10	0	10	0	10

#### KETAMINE (KET500)

Ketamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	8	2
625	10	1	9	1	9	2	8
750	10	0	10	0	10	0	10

#### KETAMINE (KET300)

Ketamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

#### KETAMINE (KET100)

Ketamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	1	9	2	8
150	10	0	10	0	10	0	10

#### Oxycodone (OXY100)

Oxycodone conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	1	9	1	9
150	10	0	10	0	10	0	10

#### Cotinine (COT 200)

Cotinine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	9	1	9	1	9	1
250	10	1	9	1	9	2	8
300	10	0	10	0	10	0	10

#### COTININE (COT 100)

Cotinine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	1	9	1	9
150	10	0	10	0	10	0	10

#### 2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPIRROLIDINE (EDDP 300)

EDDP conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	2	8	1	9
450	10	0	10	0	10	0	10

#### 2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPIRROLIDINE (EDDP 100)

EDDP conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1		

25	10	1	9	1	9	1	9
30	10	0	10	0	10	0	10

**Fentanyl (FYL10)**

FYL conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	9	1
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10

**K2 50**

K2 conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25	10	10	0	10	0	10	0
37.5	10	8	2	8	2	9	1
62.5	10	1	9	2	8	2	8
75	10	0	10	0	10	0	10

**K2 30**

K2 conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
15	10	10	0	10	0	10	0
22.5	10	8	2	9	1	9	1
37.5	10	1	9	1	9	1	9
45	10	0	10	0	10	0	10

**6-MAM**

6-MAM conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	9	1
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10

**MDA 500**

MDA conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	9	1
625	10	1	9	1	9	1	9
750	10	0	10	0	10	0	10

**Analytical Sensitivity**

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

Drug Concentration Cut-off Range	AMP1,000	AMP500	AMP 300	BAR 300	BAR 200	BZO500	BZO300	BZO200								
	-	+	-	+	-	+	-	+								
0% Cut-off	30	0	30	0	30	0	30	0	30	0						
-50% Cut-off	30	0	30	0	30	0	30	0	30	0						
-25% Cut-off	26	4	25	5	27	3	27	3	26	4	27	3	27	3		
Cut-off	15	15	15	15	15	15	16	14	15	15	15	15	15	16	14	
+25% Cut-off	3	27	3	27	3	27	4	26	4	26	3	27	4	26	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	BZO100	BUP	COC300	COC100	THC150	THC50	THC25	MTD300								
	-	+	-	+	-	+	-	+								
0% Cut-off	30	0	30	0	30	0	30	0	30	0						
-50% Cut-off	30	0	30	0	30	0	30	0	30	0						
-25% Cut-off	27	3	26	4	26	4	27	3	27	3	27	3				
Cut-off	14	16	14	16	13	17	16	14	15	15	16	14	15	15		
+25% Cut-off	3	27	3	27	3	27	4	26	4	26	3	27	4	26	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	MTD200	MET1,000	MET500	MET300	MDMA1,000	MDMA500	MOP300	MOP100				
	-	+	-	+	-	+	-	+				
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0

Cut-off	27	3	26	4	25	5	27	3	26	4	25	5	26	4	27	3
	15	15	14	16	15	16	14	15	15	14	16	15	15	16	14	
+25% Cut-off	4	26	3	27	4	26	3	27	5	25	4	26	3	27	4	26
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	OPI	PCP	PPX	TCA	TML	KET1,000	KET500	KET300								
	-	+	-	+	-	+	-	+								
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0		
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0		
-25% Cut-off	27	3	26	4	27	3	25	5	27	3	26	4	27	3	26	4
Cut-off	15	15	15	15	14	16	15	15	15	16	14	15	15	15	15	
+25% Cut-off	5	25	3	27	4	26	3	27	4	26	4	26	3	27	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	KET100	MLQ	OXY	COT200	COT100	EDDP300	EDDP100	FYL200								
	-	+	-	+	-	+	-	+								
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0				
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0				
-25% Cut-off	27	3	27	3	27	3	27	3	27	3	27	3				
Cut-off	15	15	15	15	15	15	15	15	14	16	14	16	15	15	15	15
+25% Cut-off	3	27	4	26	4	26	4	26	4	26	4	26	3	27	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	FYL10	K2 50	K2 30	6-MAM 10	MDA 500					
	-	+	-	+	-	+	-	+		
0% Cut-off	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	26	4	27	3	27	3	26	4
Cut-off	15	15	15	15	16	14	15	15	15	15
+25% Cut-off	4	26	3	27	4	26	4	26	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30

**Analytical Specificity**

The following table lists the concentrations of compounds (ng/mL) that are detected as positive in urine by the Multi-Drug Rapid Test Cassette at 5 minutes.

Analytes	Concentration (ng/mL)	Analytes	Concentration (ng/mL)
	AMPHETAMINE (AMP 1,000)		
D,L-Amphetamine sulfate	300	Phentermine	1,000
L-Amphetamine	25,000	Maprotiline	50,000
(±) 3,4-Methylenedioxyamphetamine	500	Methoxyphenamine	6,000
		D-Amphetamine	1,000
AMPHETAMINE (AMP 500)			
D,L-Amphetamine sulfate	150	Phentermine	500
L-Amphetamine	12,500	Maprotiline	25,000
(±) 3,4-Methylenedioxyamphetamine	250	Methoxyphenamine	3,000
		D-Amphetamine	500
AMPHETAMINE (AMP 300)			
D,L-Amphetamine sulfate	75	Phentermine	300
L-Amphetamine	10,000	Maprotiline	15,000
(±) 3,4-Methylenedioxyamphetamine	150	Methoxyphenamine	2,000
		D-Amphetamine	300
BARBITURATES (BAR 300)			
Amobarbital	5,000	Alphenol	600
5,5-Diphenylhydantoin	8,000	Aprobarbital	500
Allobarbitol	600	Butobarbital	200
Barbital	8,000	Butalbital	8,000
Talbutal	200	Butethal	500
Cyclopentobarbital	30,000	Phenobarbital	300
Pentobarbital	8,000	Secobarbital	300
BARBITURATES (BAR 200)			
Amobarbital	3,000	Alphenol	400
5,5-Diphenylhydantoin	5,000	Aprobarbital	300
Allobarbitol	400	Butabarbitol	150
Barbital	5,000	Butalbital	5,000
Talbutal	150	Butethal	300
Cyclopentobarbital	20,000	Phenobarbital	200
Pentobarbital	5,000	Secobarbital	200
BENZODIAZEPINES (BZO 500)			
Alprazolam	200	Bromazepam	1,500
a-hydroxyalprazolam	2,500	Chlordiazepoxide	1,500

Clobazam	300	Nitrazepam	300
Clonazepam	800	Norchlordiazepoxide	200
Clorazepate dipotassium	800	Nordiazepam	1,500
Delorazepam	1,500	Oxazepam	500
Desalkylflurazepam	300	Temazepam	300
Flunitrazepam	300	Diazepam	500
(±) Lorazepam	5,000	Estazolam	10,000
RS-Lorazepam glucuronide	300	Triazolam	5,000
Midazolam	10,000		

**BENZODIAZEPINES (BZO 300)**

Alprazolam	100	Bromazepam	900
a-hydroxyalprazolam	1,500	Chlordiazepoxide	900
Clobazam	200	Nitrazepam	200
Clonazepam	500	Norchlordiazepoxide	100
Clorazepate dipotassium	500	Nordiazepam	900
Delorazepam	900	Oxazepam	300
Desalkylflurazepam	200	Temazepam	100
Flunitrazepam	200	Diazepam	300
(±) Lorazepam	3,000	Estazolam	6,000
RS-Lorazepam glucuronide	200	Triazolam	3,000
Midazolam	6,000		

**BENZODIAZEPINES (BZO 200)**

Alprazolam	70	Bromazepam	600
a-hydroxyalprazolam	1,000	Chlordiazepoxide	600
Clobazam	120	Nitrazepam	120
Clonazepam	300	Norchlordiazepoxide	70
Clorazepate dipotassium	300	Nordiazepam	600
Delorazepam	600	Oxazepam	200
Desalkylflurazepam	120	Temazepam	70
Flunitrazepam	120	Diazepam	200
(±) Lorazepam	2,000	Estazolam	4,000
RS-Lorazepam glucuronide	120	Triazolam	2,000
Midazolam	4,000		

**BENZODIAZEPINES (BZO 100)**

Alprazolam	40	Bromazepam	300
a-hydroxyalprazolam	500	Chlordiazepoxide	300
Clobazam	60	Nitrazepam	60
Clonazepam	150	Norchlordiazepoxide	40
Clorazepate dipotassium	150	Nordiazepam	300
Delorazepam	300	Oxazepam	100
Desalkylflurazepam	60	Temazepam	40
Flunitrazepam	60	Diazepam	100
(±) Lorazepam	1,000	Estazolam	2,000
RS-Lorazepam glucuronide	60	Triazolam	1,000
Midazolam	2,000		

**BUPRENORPHINE (BUP)**

Buprenorphine	10	Norbuprenorphine	50
Buprenorphine 3-D-Glucuronide	50	Norbuprenorphine 3-D-Glucuronide	100

**COCAINE (COC 300)**

Benzoylcgonine	300	Cocaehtylene	20,000
Cocaine HCl	200	Ecgonine	30,000

**COCAINE (COC 100)**

Benzoylcgonine	100	Cocaehtylene	7,000
Cocaine HCl	80	Ecgonine	10,000

**MARIJUANA (THC150)**

Cannabinol	100,000
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L-Methamphetamine	6,000	Mephentermine	15,000
<b>METHYLENEDIOXYMETHAMPHETAMINE (MDMA1, 000) Ecstasy</b>			
(±) 3,4-Methylenedioxy methamphetamine HCl	1,000	3,4-Methylenedioxyethyl-ampheta mine	300
(±) 3,4-Methylenedioxyampheta-mine HCl	6,000		
<b>METHYLENEDIOXYMETHAMPHETAMINE (MDMA500) Ecstasy</b>			
(±) 3,4-Methylenedioxy metha-mpheta mine HCl	500	3,4-Methylenedioxyethyl-ampheta mine	300
(±) 3,4-Methylenedioxyamphetamine HCl	3,000		
<b>MORPHINE (MOP 300)</b>			
Codeine	200	Norcodeine	6,000
Levorphanol	1,500	Normorphone	50,000
Morphine-3-β-D-Glucuronide	800	Oxycodone	30,000
Ethylmorphine	6,000	Oxymorphone	50,000
Hydrocodone	50,000	Procaine	15,000
Hydromorphone	3,000	Thebaine	6,000
6-Monoacetylmorphine	300	Morphine	300
<b>MORPHINE (MOP 100)</b>			
Codeine	80	Norcodeine	2,000
Levorphanol	500	Normorphone	20,000
Morphine-3-β-D-Glucuronide	300	Oxycodone	10,000
Ethylmorphine	2,000	Oxymorphone	20,000
Hydrocodone	20,000	Procaine	5,000
Hydromorphone	1,000	Thebaine	2,000
6-Monoacetylmorphine	200	Morphine	100
<b>Methaqualone (MQL 300)</b>			
Methaqualone	300		
<b>MORPHINE/OPiate (OPI 2,000)</b>			
Codeine	2,000	Morphine	2,000
Ethylmorphine	3,000	Norcodeine	25,000
Hydrocodone	50,000	Normorphone	50,000
Hydromorphone	15,000	Oxycodone	25,000
Levorphanol	25,000	Oxymorphone	25,000
6-Monoacetylmorphine	3,000	Procaine	50,000
Morphine 3-β-D-glucuronide	2,000	Thebaine	25,000
<b>PHENCYCLIDINE (PCP)</b>			
Phencyclidine	25	4-Hydroxyphencyclidine	12,500
<b>PROPOXYPHENE (PPX)</b>			
D-Propoxyphene	300	D-Norpropoxyphene	300
<b>TRICYCLIC ANTIDEPRESSANTS (TCA)</b>			
Nortriptyline	1,000	Imipramine	400
Nordoxepine	500	Clomipramine	50,000
Trimipramine	3,000	Doxepine	2,000
Amiripryline	1,500	Maprotiline	2,000
Promazine	3,000	Promethazine	50,000
Desipramine	200	Perphenazine	50,000
Cyclobenzaprine	2,000		
<b>Tramadol (TML)</b>			
n-Desmethyl-cis-tramadol	200	o-Desmethyl-cis-tramadol	10,000
Cis-tramadol	100	Phencyclidine	100,000
Procyclidine	100,000	d,l-O-Desmethyl venlafaxine	50,000
<b>KETAMINE (KET1, 000)</b>			
Ketamine	1,000	Benzphetamine	25,000
Dextromethorphan	2,000	(+) Chlorpheniramine	25,000
Methoxyphenamine	25,000	Clonidine	100,000
d-Norpropoxyphene	25,000	EDDP	50,000
Promazine	25,000	4-Hydroxyphencyclidine	50,000
Promethazine	25,000	Levorphanol	50,000
Pentazocine	25,000	MDE	50,000
Phencyclidine	25,000	Meperidine	25,000
Tetrahydrozoline	500	d-Methamphetamine	50,000
Mephentermine	25,000	l-Methamphetamine	50,000
(1R, 2S) - (-)-Ephedrine	100,000	3,4-Methylenedioxyamphetamine (MDMA)	100,000
Disopyramide	25,000	Thioridazine	50,000
<b>KETAMINE (KET500)</b>			
Ketamine	500	Benzphetamine	12,500
Dextromethorphan	1,000	(+) Chlorpheniramine	12,500
Methoxyphenamine	12,500	Clonidine	50,000
d-Norpropoxyphene	12,500	EDDP	25,000
Promazine	12,500	4-Hydroxyphencyclidine	25,000
Promethazine	12,500	Levorphanol	25,000
Pentazocine	12,500	MDE	25,000
Phencyclidine	12,500	Meperidine	12,500
Tetrahydrozoline	250	d-Methamphetamine	25,000
Mephentermine	12,500	l-Methamphetamine	25,000
(1R, 2S) - (-)-Ephedrine	50,000	3,4-Methylenedioxyamphetamine (MDMA)	50,000
Disopyramide	12,500	Thioridazine	25,000
<b>KETAMINE (KET300)</b>			

Ketamine	300	Benzphetamine	6,250
Dextromethorphan	600	(+) Chlorpheniramine	6,250
Methoxyphenamine	6,250	Clonidine	30,000
d-Norpropoxyphene	6,250	EDDP	15,000
Promazine	6,250	4-Hydroxyphencyclidine	15,000
Promethazine	6,250	Levorphanol	15,000
Pentazocine	6,250	MDE	15,000
Phencyclidine	6,250	Meperidine	6,250
Tetrahydrozoline	150	d-Methamphetamine	15,000
Mephentermine	6,250	l-Methamphetamine	15,000
(1R, 2S) - (-)-Ephedrine	30,000	3,4-Methylenedioxyamphetamine (MDMA)	30,000
Disopyramide	6,250	Thioridazine	15,000
<b>KETAMINE (KET100)</b>			
Ketamine	100	Benzphetamine	2,000
Dextromethorphan	200	(+) Chlorpheniramine	2,000
Methoxyphenamine	2,000	Clonidine	10,000
d-Norpropoxyphene	2,000	EDDP	5,000
Promazine	2,000	4-Hydroxyphencyclidine	5,000
Promethazine	2,000	Levorphanol	5,000
Pentazocine	2,000	MDE	5,000
Phencyclidine	2,000	Meperidine	2,000
Tetrahydrozoline	50	d-Methamphetamine	5,000
Mephentermine	2,000	l-Methamphetamine	5,000
(1R, 2S) - (-)-Ephedrine	10,000	Thioridazine	5,000
Disopyramide	2,000	3,4-Methylenedioxyamphetamine (MDMA)	10,000
<b>Oxycodone (OXY100)</b>			
Oxycodone	100	Hydromorphone	50,000
Oxymorphone	300	Naloxone	25,000
Levorphanol	50,000	Naltrexone	25,000
Hydrocodone	25,000		
<b>Cotinine (COT 200)</b>			
(-)-Cotinine	200	(-)-Nicotine	5,000
<b>Cotinine (COT 100)</b>			
(-)-Cotinine	100	(-)-Nicotine	2,500
<b>2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP300)</b>			
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)			300
<b>2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP100)</b>			
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)			100
<b>Fentanyl (FYL20)</b>			
Alfentanil	600,000	Buspirone	15,000
Fenfluramine	50,000	Fentanyl	100
Norfentanyl	20	Sufentanyl	50,000
<b>Fentanyl (FYL10)</b>			
Alfentanil	300,000	Buspirone	8,000
Fenfluramine	25,000	Fentanyl	50
Norfentanyl	10	Sufentanyl	25,000
<b>Synthetic Marijuana (K2-50)</b>			
JWH-018 5-Pentanoic acid	50	JWH-073 4-butanoic acid	50
JWH-018 4-Hydroxypentyl	400	JWH-018 5-Hydroxypentyl	500
JWH-073 4-Hydroxybutyl	500		
<b>Synthetic Marijuana (K2-30)</b>			
JWH-018 5-Pentanoic acid	30	JWH-073 4-butanoic acid	30
JWH-018 4-Hydroxypentyl	250	JWH-018 5-Hydroxypentyl	300
JWH-073 4-Hydroxybutyl	300		
<b>6-mono-aceto-morphine (6-MAM)</b>			
Codeine	10	Morphine	10
Ethylmorphine	200	Norcodeine	200
Hydrocodone	2,000	Normorphone	2,000
Hydromorphone	100	Oxycodone	1,000
Levorphanol	50	Oxymorphone	2,000
6-Monoacetylmorphine	10	Procaine	500
Morphine 3-β-D-glucuronide	30	Thebaine	200
<b>(±) 3, 4-Methylenedioxyamphetamine (MDA 500)</b>			
(±) 3,4-Methylenedioxy amphetamine	500	Methoxyphenamine	6,000
D,L-Amphetamine sulfate	300	D-Amphetamine	1,000
L-Amphetamine	25,000	Phentermine	1,000
		Maprotiline	50,000

**Effect of Urinary Specific Gravity**  
Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.005-1.045) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The Multi-Drug Rapid Test Cassette was tested in duplicate using fifteen drug-free urine and spiked urine samples. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

**Effect of 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 the Multi-Drug Rapid Test Cassette. The results demonstrate that varying ranges of pH do 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, Buprenorphine, Cocaine, Marijuana, Methadone, Methamphetamine, Methylenedioxyamphetamine, Morphine, Methaqualone, Tramadol, Ketamine, Phencyclidine, Propoxyphene, Tricyclic Antidepressants, Oxycodone, Cotinine, EDDP, Fentanyl, Synthetic Marijuana, 6-mono-aceto-morphine and 3, 4-Methylenedioxyamphetamine. The following compounds show no cross-reactivity when tested with the Multi-Drug Rapid Test Cassette at a concentration of 100 µg/mL.

**Non Cross-Reacting Compounds**

Acetophenetidin	Cortisone	Zomepirac	d-Pseudoephedrine
N-Acetylprocainamid	Creatinine	Ketoprofen	Quinidine
Acetylsalicylic acid	Deoxycorticosterone	Labelalor	Quinine
Aminopyrine	Dextromethorphan	Loperamide	Salicylic acid
Amoxicillin	Diclofenac	Meprobamate	Serotonin
Ampicillin	Diflunisal	Methoxyphenamine	Sulfamethazine
l-Ascorbic acid	Digoxin	Methylphenidate	Sulindac
Apomorphine	Diphenhydramine	Nalidixic acid	Tetracycline
Aspartame	Ethyl-p-aminobenzoate	Naproxen	Tetrahydrocortisone,
Atropine	β-Estradiol	Niacinamide	3-acetate
Benzilic acid	Estrone-3-sulfate	Nifedipine	Tetrahydrocortisone
Benzoic acid	Erythromycin	Norethindrone	Tetrahydrozoline
Bilirubin	Fenopfen	Noscapine	Thiamine
d,l-Brompheniramine	Furosemide	d,l-Octopamine	Thioridazine
Caffeine	Gentisic acid	Oxalic acid	d,l-Tyrosine
Cannabidiol	Hemoglobin	Oxolinic acid	Tolbutamide
Chloral hydrate	Hydralazine	Oxymetazoline	Triamterene
Chloramphenicol	Hydrochlorothiazide	Papaverine	Trifluoperazine
Chlorothiazide	Hydrocortisone	Penicillin-G	Trimethoprim
d,l-Chlorpheniramine	o-Hydroxyhippuric	Perphenazine	d,l-Tryptophan
Chlorpromazine	3-Hydroxytyramine	Phenelzine	Uric acid
Cholesterol	d,l-Isoproterenol	Prednisone	Verapamil
Clonidine	Isoxsuprine	d,l-Propranolol	

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**Index of Symbols**

	Attention, see instructions for use		Tests per kit		Authorized Representative
	For in vitro diagnostic use only		Use by		Do not reuse
	Store between 2-30°C		Lot Number		Catalog #
	Do not use if package is damaged				



**SCREEN ITALIA Srl** Via Volumnia, 40/b  
06135 Ponte San Giovanni - Perugia - Italia  
www.screenitalia.it info@screenitalia.it



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