SCREEN®

Oral Fluid Drug Screen Test

Package Insert for the OPI/AMP/mAMP/MDMA/THC/COC/ OXY/HCD/K2/KET/MTD/ALC
Test for Oral Fluids

A rapid, screening test for the simultaneous, qualitative detection of Opiates, Amphetamine, Methamphetamine, Methylenedioxymethamphetamine, Marijuana, Cocaine, Oxycodone, Hydrocodone and their metabolites in human oral fluid.

For Professional Use Only

Intended Use

The **Oral Fluid Drug Screen Test** for OPI/AMP/mAMP/MDMA/THC/COC/ OXY/HCD/K2/KET/MTD/ALC is a lateral flow chromatographic immunoassay for the qualitative detection of Opiates, Amphetamine, Methamphetamine, Methylenedioxymethamphetamine, Marijuana, Cocaine, Oxycodone, Hydrocodone and their metabolites in oral fluids at the following cut-off concentrations:

Test	Calibrator	Cut-off
Opiates (OPI)	Morphine	40ng/ml
Amphetamine (AMP)	D-Amphetamine	40ng/ml
Methamphetamine (mAMP)	D-Methamphetamine	40ng/ml
Methylenedioxymethamphetamine(MDMA)	D,L-Methylenedioxymethamphetamine	50ng/ml
Marijuana (THC)	11-nor-Δ^9-THC-9 COOH	25ng/ml
Cocaine (COC)	Benzoyleogomine	30ng/ml
Oxycodone (OXY)	Oxycodone	40ng/ml
Hydrocodone (HCD)	Hydrocodone	40ng/ml
Methadone(MTD)	Methadone	75ng/ml
Ketamine(KET)	Ketamine	100ng/ml
K2 Synthetic Cannabinoid	JWH-073/JWH-018	50ng/ml
Alcohol(ACL)	Alcohol	>0.02%B.A.C

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) and gas chromatography/tandem mass spectrometry (GC/MS/MS) are the preferred confirmatory methods. Professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

Summary

The Oral Fluid Drug Screen Test for OPI/AMP/mAMP/MDMA/THC/COC/ OXY/HCD/K2/KET/MTD/ALC and their metabolites is a rapid, oral fluid 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 human oral fluid.

Opiates (OPI)
The drug class opiates refers to any drug that is derived from the opium poppy, including naturally occurring compounds such as morphine and codeine and semi-synthetic drugs such as heroin. Opiates act to control pain by depressing the central nervous system. The drugs demonstrate addictive properties when used for sustained periods of time; symptoms of withdrawal may include sweating, shaking, nausea and irritability. Opiates can be taken orally or by injection routes including intravenous, intramuscular and subcutaneous; illegal users may also take the intravenously or by nasal inhalation. Using an immunoassay cutoff level of 40 ng/ml, codeine can be detected in the oral fluid within 1 hour following a single oral dose and can remain detectable for 7-21 hours after the dose[2]. Heroin metabolite 6-monoacetylmorphine (6-MAM) is found more prevalently in 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.
The Opiates assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the concentration of Morphine in the specimen exceeds the 40 ng/ml cut-off level.

Amphetamine (AMP)
Amphetamine is a sympathomimetic amine with therapeutic indications. The drug is often selfadministered by nasal inhalation or oral ingestion. Depending on the route of administration, Amphetamine can be detected in oral fluid as early as 5-10 minutes following use[1]. Amphetamine can be detected in oral fluids for up to 72 hours after use[1].
The Amphetamine assay contained within the Oral Fluid Drug Screen Device yields a positive result when the amphetamine concentration in oral fluid exceeds 40ng/ml.

Methamphetamine (mAMP)
Methamphetamine is a potent stimulant chemically related to amphetamine but with greater CNS stimulation properties. The drug is often self-administered by nasal inhalation, smoking or oral ingestion. Depending on the route of administration, methamphetamine can be detected in oral fluid as early as 5-10 minutes following use[1]. Methamphetamine can be detected in oral fluids for up to 72 hours after use[1].
The Methamphetamine assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the Methamphetamine concentration in oral fluid exceeds 40 ng/ml.

Methylenedioxymethamphetamine (MDMA)
Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.3 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 jaws.
The Methylenedioxymethamphetamine assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the Methylenedioxymethamphetamine concentration in oral fluid exceeds 50 ng/ml.

Marijuana (THC)
Tetrahydrocannabinol, the active ingredient in the marijuana plant (*cannabis sativa*), is detectable in saliva shortly after use. The detection of the drug is thought to be primarily due to the direct exposure of the drug to the mouth (oral and smoking administrations) and the subsequent sequestering of the drug in the buccal cavity[3]. Historical studies have shown a window of detection for THC in saliva of up to 14 hours after drug use[3].
The Marijuana assay contained within **Oral Fluid Drug Screen Test** yields a positive result when the
11-nor-$\triangle^9$-THC-9-COOH concentration exceeds 12 ng/ml.
The Marijuana assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the $\triangle^9$-THC concentration exceeds 25 ng/ml.

Cocaine (COC)
Cocaine is a potent central nervous system (CNS) stimulant and a local anesthetic derived from the coca plant (erythroxylum coca). The drug is often self-administered by nasal inhalation, intravenous injection and free-base smoking. Depending on the route of administration, cocaine and metabolites benzoylecgonine and ecgonine methyl ester can be detected in oral fluid as early as 5-10 minutes following use[1]. Cocaine and benzoylecgonine can be detected in oral fluids for up to 24 hours after use[1].
The Cocaine assay contained within **Oral Fluid Drug Screen Test** for cocaine and opiates yields a positive result when the Cocaine metabolite in oral fluid exceeds 30 ng/ml.

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.
The Oxycodone assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the concentration of oxycodone in oral fluid exceeds 40 ng/ml.

Hydrocodone (HCD)
Hydrocodone is a semi-synthetic opioid synthesized from codeine, one of the opioid alkaloids found in the opium poppy. It is anarcotic analgesic used orally for relief of moderate to severe pain, but also commonly taken in liquid form as an antitussive/cough suppressant.
Hydrocodone is prescribed predominantly within the United States, with the International Narcotics Control Board reporting that 99% of the worldwide supply in 2007 was consumed in the United States.
The Hydrocodone assay contained within the **Oral Fluid Drug Screen Test** yields a positive result when the concentration of Hydrocodone in oral fluid exceeds 40 ng/ml.

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.

SYNTHETIC MARIJUANA (K2)
Synthetic Marijuana or K2 is a psychoactive herbal and chemical product that, when consumed, mimics the effects of Marijuana. It is best known by the brand names 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 a chronic (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. JWH-018 was developed and evaluated in basic scientific research to study structure activity relationships related to the cannabinoid receptors. JWH-073 has been identified in numerous herbal products, such as "Spice", "K2", K3" and others. These products may be smoked for their psychoactive effects.

KETAMINE (KET)

Ketamine is a short-acting "dissociative" anesthetic due to its ability to separate perception from sensation. It also has hallucinogenic and painkilling qualities that seem to affect people in very different ways. Ketamine is chemically related to PCP ('Angel Dust'). Ketamine is occasionally administered to people but, more commonly, is used by vets for pet surgery. Generally street K is most often diverted in liquid form from vets' offices or medical suppliers. Ketamine generally takes 1-5 minutes to take effect. Snorted ketamine takes a little longer at 5-15 minutes. Depending on how much and how recently one has eaten, oral ketamine can take between 5 and 30 minutes to take effect. The primary effects of ketamine last approximately an 30-45 minutes if injected, 45-60 minutes when snorted, and 1-2 hours if used orally. The Drug Enforcement Administration reports that the drug can still affect the body for up to 24 hours.

ALCOHOL(ACL)

Alcohol intoxication can lead to loss of alertness, coma, death and as well as birth defects. The BAC at which a person becomes impaired is variable. The United States Department of Transportation (DOT) has established a BAC of 0.02% (0.02g/dL) as the cut-off level at which an individual is considered positive for the presence of alcohol.

Principle

The **Oral Fluid Drug Screen Test** for OPI/AMP/mAMP/MDMA/THC/COC/ OXY/HCD/K2/KET/MTD/ALC is an immunoassay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugate for binding sites on their specific antibody. During testing, a portion of the oral fluid specimen migrates upward by capillary action. A drug, if present in the oral fluid 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 in the oral fluid specimen will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region.
A drug-positive oral fluid specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative oral fluid 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.
Alcohol Test: A pad coated with enzymes, turns to color shades of green and blue on contact with alcohol in the oral fluids. The alcohol pad employs a solid phase chemistry which uses the following highly specific enzymatic reaction:

$$CH_3CH_2OH + O_2 \xrightarrow{\text{Alcohol Oxidase}} CH_3CHO + H_2O_2$$

$$H_2O_2 + DH_2 \xrightarrow[\text{Blue}]{\text{Peroxidase}} D + 2H_2O$$

During testing, oral fluid is collected on the alcohol pad and saturates the alcohol pad. If no alcohol ispresent in the oral fluid, the alcohol pad remains colorless (remains white or cream color)because there is no alcohol in the oral fluid to react with enzymes to start the color reaction. Ifalcohol is present in the oral fluid, the alcohol pad changes to green or blue color because thealcohol reacts with alcohol oxidaze to produce aldehyde and peroxide. The peroxide reacts withperoxidase in the presence of hydrogen donor to produce a blue color. Therefore, the presence ofgreen to blue color at the alcohol pad window indicates a presumptive positive result for alcohol.

Warnings and Precautions

- **For Forensic use only**.
- Do not use after the expiration date.
- The Oral Fluid test device should remain in the sealed pouch until use.
- Saliva is not classified as biological hazard unless derived from a dental procedure.
- The used collector and device should be discarded according to federal, state and local regulations.

Composition

The test contains membrane strips 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 Opiates, Amphetamine, Methamphetamine, Methylenedioxymethamphetamine, Marijuana, Cocaine, Oxycodone and Hydrocodone.

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 devices must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

Additional Special Equipment

• Test devices
• Package insert • Procedure Card • Timer

Specimen

The oral fluid specimen should be collected using the collector provided with the kit. Follow the detailed
Directions for Use below. No other collection devices should be used with this assay. Oral fluid collected
at any time of the day may be used.

Test Procedure

Allow the test device to reach room temperature [15-30°C (59-86°F)] prior to testing. Do not place anything in the mouth including food, drink, gum, or tobacco products for at least 10 minutes prior to collection of oral fluid specimen.

1. Bring the pouch to room temperature before opening it. Remove the test from the sealed pouch and use it as soon as possible.
2. Remove the test device from the sealed pouch and screw the Collector Cap to pull out the whole piece of collection stick with Sponge from the Collection Chamber. (Step 1)
3. Insert the sponge end of the collection stick into the mouth. Close mouth and gently chew the sponge for saliva excretion. Soak sponge into saliva in mouth and swab the inside of the mouth and tongue to collect oral fluid for a total of 3 minutes until the sponge becomes completely soft and fully saturated with saliva. No hard spots should be felt on the sponge when saturated. (Step 2)
4. Remove the sponge from the mouth. With gentle pressure, place the collection stick with saturated sponge into Collection Chamber and start the timer. (Step 3)
5. Mark patient ID on the test device. Peel off the label to read test results. Wait for the color line(s) to appear on the test strips. Read results at 10 minutes. Do not read results after 1 hour. (Step 4)
6. Send the collector with collected oral fluid to the laboratory for GC/MS confirmation if necessary.

Interpretation of Results

(Please refer to the previous illustration)

NEGATIVE:* Two lines appear. One red line should be in the control region (C), and another apparent red or pink line adjacent should be in the test region (Drug/T). This negative result indicates that the drug concentration is below the detectable level.
***NOTE**: The shade of red in the test line region (Drug/T) will vary, but it should be considered negative whenever there is even a faint pink line.
POSITIVE: One red line appears in the control region (C). No line appears in the test region (Drug name/T). This positive result indicates that the drug concentration is above the detectable level.
INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test using a new test panel. If the problem persists, discontinue using the lot immediately and contact the manufacturer.

Quality Control

A procedural control is included in the test. A red 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.

Limitations

1. **Oral Fluid Drug Screen Test** for cocaine and opiates 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) or gas chromatography/tandem mass spectrometry (GC/MS/MS) is preferred confirmatory methods.
2. A positive test result does not indicate the concentration of drug in the specimen or the route of administration.
3. A negative result may not necessarily indicate a drug-free specimen. Drug may be present in the specimen below the cutoff level of the assay.

Performance Characteristics

Analytical Sensitivity

A Phosphate-buffered saline (PBS) pool was spiked with drugs to target concentrations of ± 50% cut-off and ± 25% cut-off and tested with the Oral Cube™ Oral Fluid Drug Screen Test. The results are summarized below.

Drug concentration Cut-off Range	n	OPI		AMP		mAMP		MDMA	
		-	+	-	+	-	+	-	+
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	29	1	30	0	28	2
Cut-off	30	11	19	7	23	9	21	13	17
25% Cut-off	30	2	28	2	28	1	29	2	28
50% Cut-off	30	0	30	0	30	0	30	0	30

Drug concentration Cut-off Range	n	THC		COC		OXY		HCD	
		-	+	-	+	-	+	-	+
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	24	6	30	0	28	2	30	0
Cut-off	30	12	18	3	27	12	18	18	12
25% Cut-off	30	3	27	1	29	3	27	1	29
50% Cut-off	30	0	30	0	30	0	30	0	30

Drug concentration Cut-off Range	n	K2		KET		MTD	
		-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0
-25% Cut-off	30	28	2	28	2	29	1
Cut-off	30	13	17	12	18	10	20
25% Cut-off	30	4	26	3	27	2	28
50% Cut-off	30	0	30	0	30	0	30

For the alcohol test, saliva was obtained by rinsing with positive ethanol control solutions at various B.A.C. (0.02%, 0.08%, 0.15%, 0.30%,). Negative saliva was used to test at 0% concentration. For each concentration, a total of 15 tests were performed to validate the test performance. The results of the OratectPlus™ Oral Fluid Drug and Alcohol Screen Device are summarized below:

Test	Total of test Concentration	B.A.C									
		0.00%		0.02%		0.08%		0.15%		0.30%	
		-	+	-	+	-	+	-	+	-	+
Alcohol	15	15	0	0	15	0	15	0	15	0	15

Analytical Specificity

The following table lists the concentration of compounds (ng/mL) above which the **Oral Fluid Drug Screen Test** for OPI/AMP/mAMP/MDMA/THC/COC/ OXY/HCD identified positive results at a read time of 10 minutes.

Opiates (OPI)	Concentration (ng/ml)
Morphine	40
Bilirubin	3,500
Codeine	10
Diacetylmorphine (Heroin)	50
Ethylmorphine	24
Hydrocodone	100
Hydromorphine	100
Levorphanol	400
6-Monoacetylmorphine	25
Morphine 3-β-D-glucuronide	50
Nalorphine	10,000
Normorphine	12,500
Norcodeine	1,500
Oxycodone	25,000
Oxymorphone	25,000
Thebaine	1,500
Amphetamine (AMP)	
D-Amphetamine	40
D,L-Amphetamine sulfate	125
ß-Phenylethylamine	4,000
L-Amphetamine	4,000
(+)3,4-Methylenedioxyamphetamine	150
Tryptamine	1,500
Methamphetamine (mAMP)	
D-Methamphetamine	40
(1R,2S) - (-) Ephedrine	320
Fenfluramine	48,000
Methoxyphenamine	20,000
3,4-Methylenedioxymethamphetamine (MDMA)	40
p-Hydroxymethamphetamine	320
L-Phenylephrine	3,200
Procaine	1,600
Methylenedioxymethamphetamine (MDMA)	
D,L-3,4-Methylenedioxymethamphetamine HCl(MDMA)	50
3,4-Methylenedioxyamphetamine HCl (MDA)	3,00
3,4-Methylenedioxyethyl-amphetamine (MDE)	30
Marijuana (THC)	
11-nor-Δ^9-THC-9 COOH	12
Cannabinol	1,000
Δ^8-THC	25
Δ^9-THC	25
Cocaine (COC)	
Benzoylecgonine	30
Cocaine HCl	30
Cocaethylene	37.5
EcgonineHCl	2,250
Ecgonine methyl ester	18,750
Oxycodone (OXY)	
Oxycodone	40
Codeine	20,000
Dihydrocodeine	5,000
Ethylmorphine	10,000
Hydrocodone	800
Hydromorphone	5,000
Oxymorphone	800
Thebaine	20,000
Hydrocodone (HCD)	
Hydrocodone	40
METHADONE(MTD)	
Methadone	75
Doxylamine	12,500
KETAMINE (KET)	
Ketamine	100
Norketamine	100
Methoxy-amphetamine	1,250
Promethazine	2,500
4 - hydroxyphenyl cyclohexyl piperidine	5,000
K2(SYNTHETIC CANNABINOID)	
JWH-018 5-Pentanoic acid metabolite	50
JWH-073 4-butanoic acid metabolite	50
JWH-018 4-Hydroxypentyl metabolite	400
JWH-018 5-Hydroxypentyl metabolite	500
JWH-073 4-Hydroxybutyl metabolite	500
JWH-019 5-hydroxyhexyl metabolite	5,000
JWH-018 N-(4-hydroxypentyl) metabolite solution	5,000
JWH-019 6-Hydroxyhexyl	5,000
JWH-073 N-(3-Hydroxybutyl) metabolite solution	5,000

Alcohol Test

The Alcohol test will react with methyl, ethyl,and allyl alcohols, but it will not react with alcohols having 5 or more carbons, glycine, glycerol, and serine. This property is a result of specificity of the alcohol oxidase enzyme extracted from yeast.

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds spiked into drug-free PBS stock. The following compounds demonstrated no false positive results on the **Oral Fluid Drug Screen Test** when tested with at concentrations up to 100 µg/ml.

Non Cross-Reacting Compounds

Acetaminophen
N-Acetylprocainamide
Aminopyrine
Ampicillin
Apomorphine
Atropine
Benzoic acid
D/L-Brompheniramine
Cannabidol
Chloramphenicol
D/L-Chloropheniramine
Chloroquine
Clonidine
L-Cotinine
Deoxycorticosterone
Diclofenac
Acetophenetidin
Acetylsalicylic acid
Amoxicillin
L-Ascorbic acid
Aspartame
Benzilic acid
Benzphetamine
Caffeine
Chloralhydrate
Chlorothiazide
Chlorpromazine
Cholesterol
Cortisone
Creatinine
Dextromethorphan
Diflunisal

Digoxin	Diphenhydramine
L -Ψ -Ephedrine	β-Estradiol
Estrone-3-sulfate	Ethyl-p-aminobenzoate
L(–)-Epinephrine	Erythromycin
Fenoprofen	Furosemide
Gentisic acid	Hemoglobin
Hydralazine	Hydrochlorothiazide
Hydrocortisone	O-Hydroxyhippuric acid
p-Hydroxytyramine	Ibuprofen
Iproniazid	D/L-Isoproterenol
Isoxsuprine	Ketamine
Ketoprofen	Labetalol
Loperamide	Meperidine
Meprobamate	Methylphenidate
Nalidixic acid	Naloxone
Naltrexone	Naproxen
Niacinamide	Nifedipine
Norethindrone	D-Norpropoxyphene
Noscapine	D/L-Octopamine
Oxalic acid	Oxolinic acid
Oxymetazoline	Papaverine
Penicillin-G	Pentazocine hydrochloride
Perphenazine	Phenelzine
Trans-2-phenylcyclopropylamine hydrochloride	Phenylpropanolamine
Prednisolone	Prednisone
D/L-Propranolol	D-Propoxyphene
D-Pseudoephedrine	Quinacrine
Quinine	Quindine
Ranitidine	Salicylic acid
Serotonin	Sulfamethazine
Sulindac	Tetracycline
Tetrahydrocortisone 3-acetate	Tetrahydrocortisone3 (β-D-glucuronide)
Thiamine	Thioridazine
D/L-Tyrosine	Tolbutamide
Triamterene	Trifluoperazine
Trimethoprim	D/L-Tryptophan
Tyramine	Uric acid
Verapamil	Zomepirac

For Alcohol Test

The following substances may interfere with the Oral Fluid Drug and Alcohol Screen Device when using samples other than oral fluid:

(1) Agents which enhance color development: Peroxides and strong oxidizers

(2) Agents which inhibit color development:

Reducing Agents: Ascorbic acid, Tannic Acid, Pyrogallol, Mercaptans and tosylates, Oxalic acid, and Uric acid. Bilirubin, L-dopa, L-methyldopa, and Methampyrone. The above-named substances do not normally appear in sufficient quantity in oral fluid to interfere with the test. However, care must be taken that they are not introduced into the mouth during the 10 minutes period preceding the test.

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CE

Index of Symbols

Do not reuse	For in vitro diagnostic use only
Stored between 2-30℃	Consult instruction for use
Caution	Lot number
Use by	Contains sufficient for <n> tests
Keep away from sunlight	Keep dry
Manufacturer	Do not use if package is damaged
EC REP Authorized Representative in the European Community	

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