

PROFESSIONAL Drug Screen

Multi Test

SBM

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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 coated on the particles. The antibody coated particles will then be captured by the immobilized drug conjugate and a visible colored line will show up in the test line region of the specific drug strip. The colored line will not form in the test line region if the drug level is above its cut-off concentration because it will saturate all the binding sites of the antibody coated on the particles.

A drug-positive urine specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. 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.

S.V.T. PRINCIPLE

Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants can cause false negative results in drug tests by either interfering with the screening test and/or destroying the drugs present in the urine. Dilution may also be employed in an attempt to produce false negative drug test results. One of the best ways to test for adulteration or dilution is to determine certain urinary characteristics such as pH and specific gravity and to detect the presence of oxidants/PCC, specific gravity, pH, nitrite, glutaraldehyde and creatinine in urine.

- Oxidants/PCC** (Pyridinium chlorochromate) tests for the presence of oxidizing agents such as bleach and hydrogen peroxide. Pyridinium Chlorochromate is a commonly used adulterant.¹ Normal human urine should not contain oxidants or PCC.
- Specific gravity** tests for sample dilution. The normal range is from 1.003 to 1.030. Values outside this range may be the result of specimen dilution or adulteration.
- pH tests** for the presence of acidic or alkaline adulterants in urine. Normal pH levels should be in the range of 4.0 to 9.0. Values outside of this range may indicate the sample has been altered.
- Nitrite tests** for commonly used commercial adulterants such as Klarc or Whizites. They work by oxidizing the major amino acid, metabolite, THC-COOH.¹ Normal urine should contain no trace of nitrite. Positive results generally indicate the presence of an adulterant.
- Glutaraldehyde tests** for the presence of an aldehyde. Adulterants such as UrinAid and Clear Choice contain glutaraldehyde which may cause false negative screening results by disrupting the enzyme used in some immunoassay tests.² Glutaraldehyde is not normally found in urine, therefore, detection of glutaraldehyde in a urine specimen is generally an indicator of adulteration.
- Creatinine** is a waste product of creatine, an amino acid contained in muscle tissue and found in urine.³ A person may attempt to foil a test by drinking excessive amounts of water or diuretics such as herbal teas to "flush" the system. Creatinine and specific gravity are two ways to check for dilution and flushing, which are the most common mechanisms used in an attempt to circumvent drug testing. Low creatinine and specific gravity levels may indicate dilute urine. The absence of creatinine (< 5 mg/dL) is indicative of a specimen not consistent with human urine.

REAGENTS

Each test contains specific drug antibody-coated particles and corresponding drug-protein conjugates. A goat antibody is employed in each control line.

S.V.T. REAGENTS

Adulteration Pad	Reactive indicator	Buffers and non-reactive ingredients
Oxidant/PCC	0.36%	99.64%
Specific Gravity	0.25%	99.75%
pH	0.06%	99.94%
Nitrite	0.07%	99.93%
Glutaraldehyde	0.02%	99.98%
Creatinine	0.04%	99.96%

PRECAUTIONS

- For medical and other professional in vitro diagnostic use only. Do not use after the expiration date.
- The test cap 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 cap should be discarded according to local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test cap is stable through the expiration date printed on the sealed pouch. The test cap must remain in the sealed pouch until use. **DO NOT FREEZE.** Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

URINE ASSAY

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

Specimen Storage

Urine specimen 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. When tests include S.V.T., storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated prior to testing. For best results, test specimens immediately following collection.

MATERIALS

Materials Provided

- Cups with multi-drug panels
- Security seal labels
- Keys
- SVT/Adulterant color chart (if applicable)
- Package insert

Materials Required But Not Provided

- Tuner

DIRECTIONS FOR USE

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

- Bring the pouch to room temperature before opening it. Remove the cap from the sealed pouch and use it as soon as possible.
- Remove the key by twisting it from the center of the cup cap.
- Collect specimen in the cup and secure the cap tightly by pressing down on the pull rail until an audible click is heard.
- Check the temperature label (Temp Label) up to 4 minutes after specimen collection. A green color will appear to indicate the temperature of the urine specimen. The proper range for an adulterated specimen is 33-38°C (91-100°F).
- Date and initial the security seal label then place it over the cap.
- Place the cup on a flat surface and push the key into the socket of the split key to initiate the test. **Start the timer.**
- Remove the peel off label covering the test results. **Read the adulteration strip between 3 and 5 minutes.**
- Compare the colors on the adulteration strip to the enclosed color chart. If the result indicates adulteration, do not interpret the drug test results. Either reset the urine or collect another specimen.
- Read the drug strip results at 5 minutes.** The drug strip results remain stable for up to sixty minutes.

Package insert for testing of any combination of the following drugs:

Amphetamine 300, Amphetamine 500, Amphetamine, Barbiturates, Benzodiazepines 200, Benzodiazepines, Buprenorphine 5, Buprenorphine, Clonazepam, Cocaine 150, Cocaine, Cocaine, Fenanyl, Ketamine, Marijuana 20, Marijuana, Marijuana 150, Methadone, EDDP 100 (Methadone metabolite), EDDP 300 (Methadone metabolite), Methamphetamine 300, Methamphetamine 500, Methamphetamine, Methqualone, Methylendioxymethamphetamine, Morphine 300, Opiate 2000, Oxycodone, Phencyclidine, Propoxyphene, Tramadol and Tricyclic Antidepressants.

Including Specimen Validity Tests (S.V.T.) for Oxidants/Pyridinium Chlorochromate (OX/PCC), Specific Gravity (S.G.), pH, Nitrite (NT), Glutaraldehyde (GLUT) and Creatinine (CRE).

A rapid, one step screen test for the simultaneous, qualitative detection of multiple drugs and metabolites in human urine. For medical and other professional in vitro diagnostic use only.

INTENDED USE & SUMMARY

Urine based screen tests for multiple drugs of abuse range from simple immunoassay tests to complex analytical procedures. The speed and sensitivity of immunoassays have made them the most widely accepted method to screen urine for multiple drugs of abuse.

The Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key® Cup II (Urine) is a lateral flow chromatographic immunoassay for the qualitative detection of following drugs without the need of instruments.¹

Test	Calibrator	Cut-off (ng/mL)
Amphetamine (AMP 300)	l-Amphetamine	300
Amphetamine (AMP 500)	l-Amphetamine	500
Amphetamine (AMP)	l-Amphetamine	1,000
Barbiturates (BAR)	Scofobarbital	300
Benzodiazepines (BZO 200)	Oxazepam	200
Benzodiazepines (BZO)	Oxazepam	300
Buprenorphine (BUP 5)	Buprenorphine	5
Buprenorphine (BUP)	Buprenorphine	10
Clonazepam (ACL)	7-Aminoclonazepam	100
Cocaine (COC 150)	Benzoyllecgonine	150
Cocaine (COC)	Benzoyllecgonine	300
Cocaine (COT)	Cocaine	100
Fentanyl (FTY)	Norfentanyl	20
Ketamine (KET)	Ketamine	1,000
Marijuana (THC 20)	11-nor-Δ-THC-9 COOH	20
Marijuana (THC)	11-nor-Δ-THC-9 COOH	50
Marijuana (THC 150)	11-nor-Δ-THC-9 COOH	150
Methadone (MTD)	Methadone	300
Methadone metabolite (EDDP 100)	2-Ethylidene-1,5-dimethyl-3,3-diphepyrrolidine (EDDP)	100
Methadone metabolite (EDDP 300)	2-Ethylidene-1,5-dimethyl-3,3-diphepyrrolidine (EDDP)	300
Methamphetamine (MET 300)	l-Methamphetamine	300
Methamphetamine (MET 500)	l-Methamphetamine	500
Methamphetamine (MET)	l-Methamphetamine	1,000
Methaqualone (MQL)	Methaqualone	360
Methylendioxymethamphetamine (MDMA)	l-Methylendioxymethamphetamine	500
Morphine (MOP 300)	Morphine	300
Opiate (OPI 2000)	Morphine	2,000
Oxycodone (OXY)	Oxycodone	100
Phencyclidine (PCP)	Phencyclidine	25
Propoxyphene (PPX)	Propoxyphene	300
Tramadol (TRA)	Tramadol	100
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000

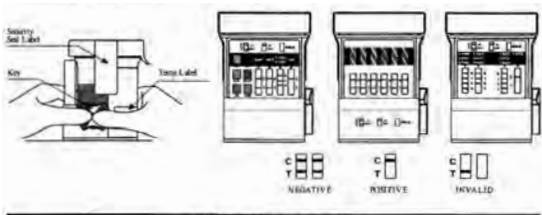
This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.
This assay provides only a preliminary analytical test result. A more specific alternate chemical method may be used in order to obtain a confirmed analytical result. Gas chromatography/mass 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 used.

S.V.T. SUMMARY

Each S.V.T. strip contains chemically treated reagent pads. Three to five minutes following the activation of the reagent pads by the urine sample, the colors that appear on the pads can be compared with the printed color chart card. The color comparison provides a semi-quantitative screen for any combination of oxidants/pyridinium chlorochromate (PCC), specific gravity, pH, nitrite, glutaraldehyde and creatinine in human urine which can help assess the integrity of the urine sample.

PRINCIPLE

The Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key® Cup II (Urine) is an immunoassay based on the principle of competitive binding. Drugs which are present in the urine specimen compete against their respective drug conjugate for binding sites on their specific antibody.



INTERPRETATION OF RESULTS

(Please refer to the illustration above.)
NEGATIVE: A colored line in the control line region (C) and a colored line in the test line region (T) for a specific drug indicate a negative result. This indicates that the drug concentration in the urine specimen is below the designated cut-off level for that specific drug.
NOTE: The shade of color in the test line (T) may vary, but it should be considered negative whenever there is even a faint colored line.

POSITIVE: A colored line in the control line region (C) but no line in the test line region (T) for a specific drug indicates a positive result. This indicates that the drug concentration in the urine specimen exceeds the designated cut-off for that specific drug.

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 cup. If the problem persists, discontinue using the kit immediately and contact your local distributor.

SVT/ADULTERANT INTERPRETATION

(Please refer to the color chart)

Semi-quantitative results are obtained by visually comparing the reacted color blocks on the strip to the printed color blocks on the color chart. No instrumentation is required.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line 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 used as good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

- The Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key® Cup II (Urine) provides only a preliminary analytical result. A more specific chemical method may be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.¹
- It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
- A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
- A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
- The test does not distinguish between drugs of abuse and certain medications.
- A positive result might be obtained from certain foods or food supplements.

S.V.T. ADULTERATION LIMITATIONS

- The adulteration test included with this product are meant to aid in the determination of abnormal specimens. While comprehensive, these tests are not meant to be an "all-inclusive" representation of possible adulteration.
- Oxidants/PCC: Normal human urine should not contain oxidants or PCC. The presence of high levels of antioxidants in the specimen, such as ascorbic acid, may result in false negative results for the oxidant/PCC pad.
- Specific Gravity: Elevated levels of protein in urine may cause abnormally high specific gravity values.
- Nitrite: Nitrite is not a normal component of human urine. However, nitrite found in urine may indicate urinary tract infections or bacterial infections. Nitrite levels of > 20 mg/dL may produce false positive glutaraldehyde results.
- Glutaraldehyde: It is normally found in urine. However certain metabolic abnormalities such as ketonuria (fasting, uncontrolled diabetes or high-protein diets) may interfere with the test.
- Creatinine: Normal creatinine levels are between 20 and 350 mg/dL. Under rare conditions, certain kidney diseases may slow dilute urine.

PERFORMANCE CHARACTERISTICS

Accuracy

A side-by-side comparison was conducted using the Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key® Cup II (Urine) and commercially available drug rapid tests. Testing was performed on approximately 300 specimens previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS. The following results were tabulated:

% Agreement with Commercial Kit

Specimen	AMP300	AMP500	AMP	BAR	BZO200	BZO	BUPS	BUP**	ACL	COC150	COC
Positive	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Negative	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Total	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%

Specimen	COI	FTY	KET	THC20	THC	THC150	MTD	EDDP100	EDDP300	MET300	MET500
Positive	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Negative	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Total	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%

Specimen	MET	MQL	MDMA	MOP300	OPI2000	OXY	PCP	PPX	TRA	TCA
Positive	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Negative	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%
Total	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%

* NOTE: Commercial kit unavailable for comparison testing.

** NOTE: BUP was compared to the self-reported use of Buprenorphine

% Agreement with GC/MS

Specimen	AMP300	AMP500	AMP	BAR	BZO200	BZO	BUPS	BUP**	ACL	COC150	COC
Positive	99%	95%	95%	92%	98%	98%	>99%	98%	>99%	97%	95%
Negative	99%	>99%	99%	98%	99%	98%	>99%	99%	>99%	>99%	>99%
Total	99%	98%	97%	95%	99%	98%	>99%	99%	>99%	99%	98%

Specimen	COI*	FTY*	KET	THC20	THC	THC150	MTD	EDDP100	EDDP300	MET300	MET500
Positive	>99%	99%	>99%	87%	95%	91%	93%	98%	>99%	97%	99%
Negative	>99%	90%	>95%	99%	95%	90%	>99%	>99%	94%	>99%	>99%
Total	>99%	93%	95%	95%	95%	96%	97%	99%	96%	98%	99%

Specimen	MET	MQL	MDMA	MOP300	OPI2000	OXY	PCP	PPX	TRA*	TCA**
Positive	90%	>99%	99%	98%	99%	99%	90%	>99%	99%	>99%
Negative	>99%	>99%	99%	97%	99%	98%	99%	>99%	96%	94%
Total	96%	>99%	99%	97%	99%	99%	96%	>99%	97%	95%

* NOTE: BUP, COI, FTY and TRA were based on LC/MS data instead of GC/MS.

** NOTE: TCA was based on HPLC data instead of GC/MS.

Analytical Specificity

A drug-free urine pool was spiked with drugs to the concentrations at a 50% cut-off and a 25% cut-off. The results are summarized below:

Drug Conc. (Cut-off range)	AMP300	AMP500	AMP	BAR	BZO200	BZO	BUPS	BUP				
0% Cut-off	90	0	30	0	30	0	87	0	30	0	90	0
>50% Cut-off	90	0	30	0	30	0	66	0	30	0	90	0
>25% Cut-off	96	14	25	5	24	6	25	5	63	2	25	5
Cut-off	46	44	11	19	17	13	17	13	32	14	16	27
>25% Cut-off	16	74	5	25	5	25	7	23	0	63	10	20
>50% Cut-off	0	90	0	30	0	30	0	66	0	30	0	90

Drug Conc. (Cut-off range)	ACL	COC150	COC	COT	FTY	KET	THC20	THC				
0% Cut-off	90	0	90	0	90	0	90	0	30	0	30	0
>50% Cut-off	90	0	90	0	90	0	90	0	90	0	30	0
>25% Cut-off	86	4	73	17	25	5	90	0	88	2	70	20
Cut-off	51	39	40	59	19	11	49	41	51	39	38	52
>25% Cut-off	0	90	17	73	3	27	4	86	16	74	6	84
>50% Cut-off	0	90	0	90	0	90	0	90	0	90	0	90

Drug Conc. (Cut-off range)	THC150	MTD	EDDP100	EDDP300	MET300	MET500	MET	
0% Cut-off	90	0	30	0	90	0	90	0
>50% Cut-off	90	0	30	0	90	0	90	0
>25% Cut-off	90	0	20	10	90	0	90	0
Cut-off	46	44	19					

Δ1-Amphetamine	3,000
L-Amphetamine	50,000
Δ1,3,4-Methylenedioxymphetamine (MDA)	2,000
Phentermine	3,000
BARBITURATES	
Secobarbital	300
Alpheral	150
Amobarbital	300
Aprobarbital	200
Butobarbital	75
Butalbital	2,500
Butenal	100
Cyclopropobarbital	600
Phenobarbital	100
Penobarbital	300
BENZODIAZEPINES 200	
Oxazepam	200
Alprazolam	30
7-Aminoclonazepam	4,000
7-Aminoflunitrazepam	390
7-Aminonitrazepam	625
Bromazepam	390
Chlordiazepoxide	300
Clobazam	48
Clorazepate	97
Desalkylflurazepam	1,560
Diazepam	97
Estazolam	125
Flunitrazepam	25,000
α-Hydroxylprazolam	30
δ-Lorazepam	3,125
Midazolam	195
Nitrazepam	780
Norchlordiazepoxide	780
Nordiazepam	780
Tenzepam	33
Triazolam	150
BENZODIAZEPINES	
Oxazepam	300
Alprazolam	196
Bromazepam	3,562
Chlordiazepoxide	1,562
Clobazam	98
Clonazepam	781
Clorazepate	195
Delonazepam	1,562
Desalkylflurazepam	390

Oxazepam glucuronide	10,000
Tenzepam	12
Tenzepam glucuronide	5,000
Triazolam	24
COCAINE 150	
Benzoylcoaine	150
Cocacetylene	6,250
Cocaine	400
Ecgonine	12,500
Ecgonine methyl ester	50,000
COCAINE	
Benzoylcoaine	300
Cocacetylene	12,500
Cocaine	780
Ecgonine	32,000
COTININE	
l-Cotinine	100
S-l-Nicotine	12,500
FENTANYL	
Norfentanyl	20
Alfentanyl	562,500
Bupirone	12,500
Fenfluramine	37,500
Fentanyl	100
Sufentanyl	57,500
KETAMINE	
Ketamine	1,000
Norketamine	50,000
Penobarbital	50,000
Secobarbital	100,000
MARIJUANA 20	
11-nor-Δ ⁹ -THC-9 COOH	20
11-nor-Δ ⁹ -THC-9 COOH	20
Cannabidiol	12,500
Δ ⁹ -THC	10,000
Δ ⁹ -THC	12,500
MARIJUANA	
11-nor-Δ ⁹ -THC-9 COOH	50
11-nor-Δ ⁹ -THC-9 COOH	30
Cannabidiol	20,000

Diazepam	195
Finazolam	2,500
Flunitrazepam	390
α-Hydroxylprazolam	1,262
δ-Lorazepam	1,562
RS-Lorazepam glucuronide	156
Midazolam	12,500
Nitrazepam	98
Norchlordiazepoxide	195
Nordiazepam	390
Tenzepam	68
Triazolam	2,800
BUPRENORPHINE 5	
Buprenorphine	5
Buprenorphine 3-D-glucuronide	7
Norbuprenorphine	10
Norbuprenorphine 3-D-glucuronide	120
BUPRENORPHINE	
Buprenorphine	10
Buprenorphine 3-D-glucuronide	15
Norbuprenorphine	20
Norbuprenorphine 3-D-glucuronide	200
CLONAZEPAM	
7-Aminoclonazepam	100
Alprazolam	6
7-Aminoflunitrazepam	6
7-Aminonitrazepam	5
Bromazepam	8
Chlordiazepoxide	24
Clobazam	6
Clonazepam	49
Clonazepate	50
Delonazepam	100
Desalkylflurazepam	12
Diazepam	25
Estazolam	2
Flunitrazepam	100
α-Hydroxylprazolam	5
α-Hydroxymidazolam	10
α-Hydroxytriazolam	1
δ-Lorazepam	400
Lorazepam glucuronide	10,000
Midazolam	300
Nitrazepam	12
Norchlordiazepoxide	50
Nordiazepam	6
Oxazepam	98

Δ ⁹ -THC	25,000
METHADONE	
Methadone	300
Doxylamine	50,000
EDDP 100	
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	100
EDDP 300	
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	300
METHAMPHETAMINE 300	
d-Methamphetamine	300
Δ1-Amphetamine	100,000
Chlorzoxipone	25,000
Ephedrine	100,000
(1R,2S)-l-Ephedrine	100,000
l-Ephedrine	50,000
Fenfluramine	12,500
p-Hydroxymethamphetamine	25,000
Mephentermine	50,000
l-Methamphetamine	3,125
3,4-Methylenedioxymethamphetamine (MDMA)	780
Tramethoprosamide	25,000
METHAMPHETAMINE 500	
d-Methamphetamine	500
Δ1-Amphetamine	75,000
d-Amphetamine	50,000
Chlorzoxipone	12,500
(1R,2S)-l-Ephedrine	50,000
p-Hydroxymethamphetamine	15,000
Mephentermine	25,000
l-Methamphetamine	4,000
3,4-Methylenedioxymethamphetamine (MDMA)	1,000
l-Phenylephrine	100,000
β-Phenylethylamine	75,000
METHAMPHETAMINE	
d-Methamphetamine	1,000
p-l-Hydroxymethamphetamine	20,000

Δ ⁹ -THC	15,000
Δ ⁹ -THC	15,000
MARIJUANA 150	
11-nor-Δ ⁹ -THC-9 COOH	150
11-nor-Δ ⁹ -THC-9 COOH	500
Cannabidiol	25,000
Δ ⁹ -THC	25,000
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	
Δ1,3,4-Methylenedioxymethamphetamine (MDA)	500
Δ1,3,4-Methylenedioxymphetamine (MDA)	3,000
3,4-Methylenedioxymphetamine (MDFA)	300
MORPHINE 300	
Morphine	300
Codine	500
Ethylmorphine	6,250
Hydrocodone	50,000
Hydromorphone	3,125
Levorphanol	1,500
6-Monoacetylmorphine (6-MAM)	400
Morphine 3-β-D-glucuronide	1,000
Norcocodeine	6,250
Normorphine	100,000
Oxycodone	30,000
Oxymorphone	100,000
Procaïne	15,000
Thebaine	6,250
OPIATE 2000	
Morphine	2,000
Codine	2,000
Ethylmorphine	5,000
Hydrocodone	12,500
Hydromorphone	5,000
Levorphanol	75,000
6-Monoacetylmorphine (6-MAM)	5,000
Morphine 3-β-D-glucuronide	2,000
Norcocodeine	12,500
Normorphine	50,000
Oxycodone	25,000
Oxymorphone	25,000

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Amphetamine 300, Amphetamine 500, Amphetamine, Barbiturates, Benzodiazepines 200, Benzodiazepines, Buprenorphine 5, Buprenorphine, Clonazepam, Cocaine 150, Cocaine, Codeine, Fentanyl, Ketamine, Marijuana 20, Marijuana, Marijuana 150, Methadone, EDDP 100 (Methadone metabolite), EDDP 300 (Methadone metabolite), Methamphetamine 300, Methamphetamine 500, Methaqualone, Methamphetamine, Methylenedioxymethamphetamine, Morphine 300, Opiate 2000, Oxycodone, Phencyclidine, Propoxyphene, Tramadol and Tricyclic Antidepressants positive urine. The following compounds show no cross-reactivity when tested with the Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key® Cup11 (Urine) at a concentration of 100 µg/mL.

Non Cross-Reacting Compounds

4-Acetamidophenol	Diclofenac	Labetalol	Prednisolone
Acetone	Dicyclanole	Lidocaine	Prednisone
Acetophenetidin	Difenhydral	Lindane	d,l-Propranolol
Acetylsalicylic acid	Digoxin	Lithium	Quinacrine
Albumin	4-Dimethylaminopyrimidine	Loperamide	Quinidine
alpha-Naphthalenesulfonic Acid	Diphenhydramine	l-Thyroxine	Quinine
Aminopyrine	5,5-Diphenylhydantoin	Meprednide	R(-)-Diprenyl
Anusapine	EMDF	Meprobamate	Riboflavin
Amoxicillin	Erythromycin	Methoxyphenamine	Salicylic acid
Ampicillin	β-Estradiol	Methyphenidate	Serotonin
Apomorphine	Estrone-3-sulfate	Metoprolol	Serquel
Ascorbic acid	Ethyl alcohol	N-Acetylprocainamide	Sertraline
Aspartame	Ethyl-p-aminobenzoate	Nalidixic acid	Sodium Chloride
Atropine	Etiololac	Nalorphine	Sulfamethazine
Benzoic acid	Famprofazole	Naproxen	Sulfindac
Benzoic acid	Fenpropolol	Niacinamide	Tetracycline
Benzydramine	Fluoxetine	Nifedipine	Tetrahydrocortisone-3-acetate
Brompheniramine	Furosemide	Nimesulide	Tetrahydrozoline
Caffeine	Genisteic acid	Necethindrone	Theophylline
Cannabidiol	β-Glucose	Nocapine	Thiamine
Chloral Hydrate	Guaiacol Glyceryl Ether	d,l-Octopamine	Thioridazine
Chloramphenicol	Hemoglobin	Orphenadrine	Tolbutamide
Chlorsquane	Hydralazine	Oxalic acid	Trans-2-phenylcyclopropylamine
Chlorothiazide	Hydrochlorothiazide	Oxoinic acid	Trazodone
Chlorpromazine	Hydrocortisone	Oxymetazoline	Triamterene
Chlorpropidene	α-Hydroxyhippuric acid	Papaverine	Trifluoperazine
Cholesterol	3-Hydroxyisyturamic	Pemoline	Trimethoprim
Cimetidine	Ibuprofen	Penicillin	d,l-Tryptophan
Chitinidic	Iproniazid	Penazocine	Δ1-Tyrosine
Cortisone	Isoproterenol	Pimozine	Uric acid
Crotaline	Isoxsuprine	Plenamine	Verapamil

Deoxyribose	Kanamycin	Phenothiazine	Zinc		
Dextromethorphan	Ketoprofen				
SVD/Adulterant Color Chart					
Abnormal	Abnormal	OX FCC	Oxidant/Pyridinium chlorochromate	NIT	Nitrite
Normal	Normal	S.G.	Specific gravity	GLUT	Glutaraldehyde
		pH	pH	CRE	Creatinine
Index of Symbols					
	Consult instructions for use		Tens per kit		Authorized Representative
	For in vitro diagnostic use only		Use by		Do not reuse
	Store between 2-30°C		Lot Number		Catalog #

Further product information sheets are available at www.smithbiomed.com