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, Marijuana and Methamphetamine. 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-Acetylprocainamide	Creatinine	Ketoprofen	Quinidine
Acetylsalicylic acid	Deoxycorticosterone	Labetalol	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	Fenoprofen	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 acid	Perphenazine	d,l-Tryptophan
Chlorpromazine	3-Hydroxytyramine	Phenelzine	Uric acid
Cholesterol	d,l-Isoproterenol	Prednisone	Verapamil
Clonidine	Isoxsuprine	d,l-Propanolol	

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Multi-Drug Rapid Test Cassette (Urine)
Package Insert

Instruction Sheet for testing of combination of the following drugs: THC/MET

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 in vitro 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)
Marijuana (THC 50)	11-nor-Δ9-THC-9 COOH	50
Methamphetamine (MET 1,000)	d-Methamphetamine	1,000

Configurations of the Multi-Drug Rapid Test Cassette come with 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.

Marijuana (THC)

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 detective level.

Methamphetamine (MET)

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 detective level.

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 Klear and Whizzies. They work by oxidizing the major cannabinoid metabolite THC-COOH.9 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 Urin Aid and Clear Choice contain glutaraldehyde which may cause false negative results by disrupting the enzyme used in some immunoassay tests.9 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.2 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.

Bleach tests for the presence of bleach bleach refers to a number of chemicals which remove color, whiten or disinfect, often by oxidation, Bleaches are u

【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 *in vitro* 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

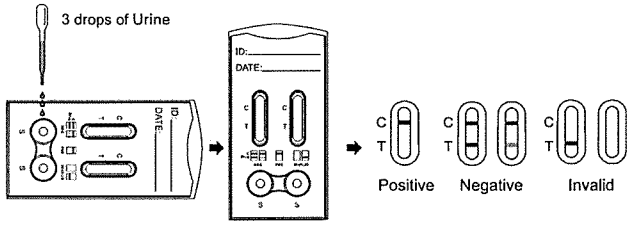
Materials Required But Not Provided

- Specimen collection container
- timer

【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 μL) 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 appear 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.[1,10]
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】

The 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	
THC	Positive	92	3	97.9%
50	Negative	2	153	98.1%
MET	Positive	76	5	96.2%
1,000	Negative	3	166	97.1%

% Agreement with Commercial Kit

	THC 50	MET 1,000
Positive Agreement	>99.9%	>99.9%
Negative Agreement	>99.9%	>99.9%
Total Results	>99.9%	>99.9%

Precision

A study was conducted at three hospitals by laypersons 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 ± 50% and ± 25% cut-off level, was labeled, blinded and tested at each site. The results are given below:

MARIJUANA (THC50)

11-nor-Δ9-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

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

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	THC50		MET1000	
	-	+	-	+
0% Cut-off	30	0	30	0
-50% Cut-off	30	0	30	0
-25% Cut-off	26	4	27	3
Cut-off	14	16	16	14
+25% Cut-off	3	27	3	27
+50% Cut-off	0	30	0	30
+300% Cut-off	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)
MARIJUANA (THC50)			
Cannabinol	35,000	△8-THC	17,000
11-nor-△8-THC-9 COOH	30	△9-THC	17,000
11-nor-△9-THC-9 COOH	50		
METHAMPHETAMINE (MET1, 000)			
p-Hydroxymethamphetamine	25,000	(±)-3,4-Methylenedioxy-methamphetamine	12,500
D-Methamphetamine	1,000		
L-Methamphetamine	20,000	Mephentermine	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.