The BluRapids™ Multi-Drug Urine Test Cup is a competitive binding, lateral flow immunochromatographiassay for qualitative and simultaneous detection of Amphetamine, Secobarbital, Buprenorphine, Oxazepam, Cocaine, Methylenedioxymethamphetamine, Methamphetamine, Morphine, Methadone, Opiate, Oxycodone, Phencyclidine, Notriptyline and Cannabinoids in human urine at specified cutoff level.

Configurations of the BluRapids" Multi-Drug Urine Test Cup can consist of any combination of the above listed 3. Do not use test kit beyond expiry date.

The test provides only preliminary test results. A more specific alternative chemical method should be used in Do not read after 5 minutes order to obtain a confirmed analytical result. GC/MS or LC/MS is the preferred confirmatory method.

The test may yield positive results for the prescription drugs buprenorphine, oxazepam, oxycodone, and CONTENT OF THE KIT secobarbital when taken at or above prescribed doses. It is not intended to distinguish between prescription use or abuse of these drugs.

Clinical consideration and professional judgment should be exercised with any drug of abuse test result, 2. Security sealed labels. particularly when the preliminary result is positive.

The multi-drug device may be combined with the adulteration control (Creatinine (CR), Glutaraldehyde (GLU) Nitrite (NI), pH, Specific Gravity (S.G.), Oxidants (OXI), and/or Pyridium Chlorochromate (PCC)) for the determination of diluted or adulterated urine specimens. The adulteration control is an important pre-screening test for drug-testing. (The adulteration tests are optional, customers can distinguish them from the pouch label).

This package insert applies to both multi-drug cups with and without the adulteration. Therefore, some information on the performance characteristics of the product may not be relevant to your test. Please refer to the labels on the pouch and the prints on the test cup to identify which drugs are included in your test.

For in vitro diagnostic use only. It is intended for over-the-counter and for prescription use.

### WHAT IS BLURAPIDS™ MULTI-DRUG URINE TEST CUP?

The BluRapids™ Multi-Drug Urine Test Cup is an immunochromatographic assay for the qualitative determination of multiple drugs in human urine. It is intended for over-the-counter and for prescription use

The test is intended for over-the-counter (OTC) use as the first step in a two step process to provide consume with information concerning the presence or absence of the above stated drug in a urine sample. Information regarding confirmatory testing – the second step in the process, along with the materials for shipping a portion of the urine specimen to the laboratory for confirmation testing of a preliminary positive result, the second step in the process, is not provided.

### WHAT IS THE CUT-OFF VALUE AND APPROXIMATE DETECTION TIME?

Drug(Identifier)	Calibrator	Cut-off level	Minimum detection time	Maximum detection time	
Amphetamine (AMP)	d-Amphetamine	1000 ng/mL	2-7 hours	1-2 days	2
Secobarbital (BAR)	Secobarbital	300 ng/mL	2-4 hours	1-4 days	
Buprenorphine (BUP)	Buprenorphine	10 ng/mL	4 hours	1-3 days	
Oxazepam (BZO)	Oxazepam	300 ng/mL	2-7 hours	1-2 days	
Cocaine (COC)	Benzoylecgonine	300 ng/mL	1-4 hours	2-4 days	
Methylenedioxymetha mphetamine (MDMA)	3,4- Methylenedioxymethamphe tamine HCI (MDMA)	500 ng/mL	2-7 hours	2-4 days	
Methamphetamine (MET/mAMP)	D(+)-Methamphetamine	1000 ng/mL	2-7 hours	2-4 days	
Morphine (MOP)	Morphine	300 ng/mL	2 hours	2-3 days	

ethadone (MTD)	Methadone	300 ng/mL	3-8 hours	1-3 days
piate (OPI)	Morphine	2000 ng/mL	2 hours	2-3 days
xycodone (OXY)	Oxycodone	100 ng/mL	4 hours	1-3 days
nencyclidine (PCP)	Phencyclidine	25 ng/mL	4-6 hours	7-14 days
otriptyline (TCA)	Notriptyline	1000 ng/mL	8-12hours	2-7 days
annabinoids (THC)	11-nor-Δ9-THC-9-COOH	50 ng/mL	2 hours	Up to 5+
aririabiliolus (THC)	11-1101-79-111C-9-COOH	30 TIG/TIL	2 Hours	days

### WARNINGS AND PRECAUTIONS

- 1. This kit is for external use only. Do not swallow.
- Discard after first use. The test cannot be used more than once.
- 4. Do not use the kit if the pouch is punctured or not well sealed. Keep out of the reach of children
- This kit is for in vitro diagnostic use

- 1. Test devices, one test in one pouch. One pouch containing a test cup with a desiccant. The desiccan is for storage purposes only, and is not used in the test procedures.
- Leaflet with instructions for use.
- 4. Adulteration&Adulteration Color Chart (Provided with Kits including Adulterants)

### MATERIAL REQUIRED BUT NOT PROVIDED

### STORAGE AND STABILITY

Store at 4°C-30°C (40°F-86°F) in the sealed pouch up to the expiration date. Keep away from direct sunlight, moisture and heat.

DO NOT FREEZE.

### SPECIMEN COLLECTION

## WHEN TO COLLECT URINE FOR THE TEST?

Collect the urine sample for the test in the minimum detection time after the suspected drug use. Exactly when the urine sample is collected is very important in detecting any drug of abuse. This is because each drug is

READING THE RESULTS cleared by the body and is detected in the urine at different times and rates. Please refer to the section "WHAT IS THE CUT-OFF VALUE AND APPROXIMATE DETECTION TIME?" in this instruction for use for the ADULTERATION CONTROL; minimum/ maximum detection time for each drug.

### HOW TO COLLECT URINE?

- Remove the test cup from the foil pouch by tearing at the notch and use it as soon as possible. Open the cap of the test cup and urinate directly into the test cup. Fill the cup to above 25mL mark. It's acceptable to have some extra sample. Wipe off any splashes or spills that may be on the outside of
- is diluted by water or liquid other than urine. The temperature range from 32°C-38°C (90°F-100°F) is indicates a preliminary positive result for the corresponding drug of that specific test zone. acceptable.

IMPORTANT: The residual urine sample in the test cup should be enough to reach the 25mL (see the A rose-pink band is visible in each control region and the appropriate test region. It indicates that the Minimum Fill Volume scale on the cup label). The residual urine sample in the test cup is for your self-

## TEST PROCEDURE

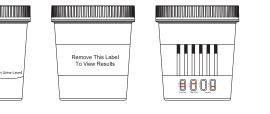
Test should be in room temperature 18°C-30°C (65°F-86°F)

## For Drug Test:

2. Start the timer. Peel the label from right to left and read the result within 5 minutes. Do not read

After the urine has been collected, re-cap the cup and place the test cup on a flat surface.

results after 5 minutes.



### For Drug and Adulteration Test:

results after 5 minutes.

diagnostic value.

- After the urine has been collected, re-cap the cup and place the test cup on a flat surface. 2. Start the timer. Peel the label from right to left and read the result within 5 minutes. **Do not read**
- 3. For the adulteration strip(s), compare each reagent area to its corresponding color blocks on the color chart and read at the times specified. Proper read time is critical for optimal results. If the results indicate adulteration, do not read the drug test results, obtain a new sample. Note: All reagent areas may be read between 1 - 2 minutes. Changes in color after 2 minutes are of no



Note: Results after more than 5 minutes may be not accurate and should not be read.

Semi-quantitative results are obtained by visually comparing the color of each pad with the corresponding colo blocks on the enclosed color chart.

You may observe the temperature strip affixed on the test cup between 2 to 4 minutes to see if the urine A rose-pink band is visible in each control region. No color band appears in the appropriate test region. It

If a color band is not visible in each of the control region or a color band is only visible in each of the test region the test is invalid. Another test should be run to re-evaluate the specimen. If test still fails, please contact the

distributor or the store, where you bought the product, with the lot number.

What are drugs of abuse?

Amphetamine (AMP)

prenorphine (BUP)

Secobarbital (BAR)

Cocaine (COC)

Morphine (MOP)

Phencyclidine (PCP)

or for a purpose other than what the doctor prescribed it for.

What are the Common Street Names for the Drugs to be detected?

Common Street Names

Speed, Jelly Beans or Super Jellies , Hearts, Uppers, Pick me ups

Amytal, Downers, Nembutal, Phenobarbital, Reds, Red Birds, Red

Blow, C, candy, coke, do a line, freeze, girl, happy dust, Mama

coca, mojo, monster, nose, pimp, shot, smoking gun, snow, sugar,

Aunt Hazel, big H, black pearl, brown sugar, capital H, charley,

Angel dust, belladonna, black whack, CJ, cliffhanger, crystal joint,

Detroit pink, elephant tranquilizer, hog, magic, Peter Pan, sheets,

grass, greens, hash, herb, Mary Jane, nigra, Pot, reefer, rip, root,

or Wake me ups, Wake ups, Get ups, Boot ups, Sparkles

devils, Seconal, Tuninal, Yellowjackets

Benzos, Downers, Nerve Pills, Tranks

boy, mud, perfect high, smack, stuff and tar.

boy, mud, perfect high, smack, stuff and tar.

soma, TAC, trank, white horizon and zoom.

skunk, stack, torch, weed and zambi.

Bupe, Subbies, Temmies

sweet stuff, and white powder

mixture, meth, linctus, green

OC, Ocycotton, OX, and Kicker

Methamphetamine (MET/mAMP) Speed, Ice, Chalk, Meth, Crystal, Crank, Fire, Glas

If the test results are negative, can the conclusion be that the person is free of drugs?

If you have received a confirmed positive result, please consult with our staff on a proper course of

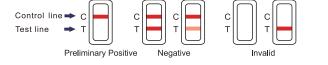
action. We will help you identify counselors who can help you. It is important that you remain calm and

The test is also intended for prescription use. The below sections are for the reference of prescription

direction, then probably none of the drug screened were present in the sample.

What should I do, if the lab test confirms a positive result?

**Note:** There is no meaning attributed to line color intensity or width.



A preliminary positive test result does not always mean a person took illegal drugs and a negative test result does not always mean a person did not take illegal drugs. There are a number of factors that influence the reliability of drug tests. Certain drugs of abuse tests are more accurate than others.

IMPORTANT: The result you obtained is called preliminary for a reason. The sample should be tested by a laboratory in order to determine if a drug of abuse is actually present. Send any sample which does not give a negative result to a laboratory for further testing.

### What Is A False Positive Test?

The definition of a false positive test would be an instance where a substance is identified incorrectly by the Methadone (MTD) BluRapids™ Multi-Drug Urine Test Cup. The most common causes of a false positive test are cross reactants. Certain foods and medicines, diet plan drugs and nutritional supplements may cause a false positive test result Morphine (OPI) with this product.

## What Is A False Negative Test?

The definition of a false negative test is that the initial drug is present but isn't detected by the BluRapids™ Notriptyline (TCA) Multi-Drug Urine Test Cup. If the sample is diluted, or the sample is adulterated that may cause false negative Cannabinoids (THC)

### TEST LIMITATIONS

result.

- 1. This test has been developed for testing urine samples only. No other fluids have been evaluated. DO NOT use this device to test anything but urine.
- tests. In some cases, certain foods and drugs may cause false positives as well as false negatives for 2. Adulterated urine samples may produce erroneous results. Strong oxidizing agents such as bleach those who use drug-testing kits. (hypochlorite) can oxidize drug analytes. If a sample is suspected of being adulterated, obtain a new
- 3. This test is a qualitative screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication.

Note: The test provides only preliminary test results. A more specific alternative chemical method should be Does a preliminary positive screen test mean that drugs of abuse have been found? used in order to obtain a confirmed analytical result. GC/MS is the preferred confirmatory method. Clinical This means that the test has reacted with something in the sample and the sample should be sent to consideration and professional judgment should be exercised with any drug of abuse test result, particularly when the preliminary result is positive. the lab for a more accurate test.

## QUESTIONS AND ANSWERS

- 1. What does the Drug of Abuse Urine Test do?
- do not react in a negative way to the situation. If you do not believe the test result, please consult with These tests indicate if one or more prescription or illegal drugs are present in urine. These tests detect your physician. They will have your background medical history and be able to provide you with detailed the presence of drugs such as marijuana, cocaine, opiates, methamphetamine, amphetamines, PCP, information on both the test and the meaning of the result. benzodiazepine, barbiturates, methadone, tricyclic antidepressants, ecstasy, and oxycodone.

The testing is done in two steps. First, you do a quick at-home test. Second, if the test suggests that drugs may be present, you send the sample to a laboratory for additional testing. STABILITY, TEST PROCEDURE, READING THE RESULTS, and TEST LIMITATIONS also apply to the prescription users.

What is "cut-off level"?

The cut-off level is the specified concentration of a drug in a urine sample. Above that concentration the test is called positive, and below that concentration it is called negative. Amphetamine (AMP)

Drugs of abuse are illegal or prescription medicines (for example, Oxycodone or Valium) that are taken for a non-medical purpose, including taking the medication for longer than your doctor prescribed it for partially metabolized to amphetamine and its major active metabolite. Amphetamines increase the heart rate and/or codeine use.

permanent damage to certain essential nerve structural in the brain

Barbiturates are a class of central nervous system depressions. They have a wide range of half-life of 2 to 40 Methadone is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. Among the drug monoclonal antibody conjugate, and flows across the pre-coated membrane. When sample drug levels Barbiturates are taken orally, rectally, or by intravenous and intramuscular injections. Short-acting barbiturates will generally be excreted in urine as metabolites, while the long-acting barbiturates will primarily appear Opiate (OPI)

## Buprenorphine (BUP)

trade names Subutex<sup>™</sup>, Buprenex<sup>™</sup>, Temgesic<sup>™</sup> and Suboxone<sup>™</sup>; all of which contain Buprenorphine HCl physiological dependency in users, and may lead to substance abuse. Morphine is excreted unmetabolized, mouse IgG polyclonal antibody immobilized in, if the test has been performed properly. alone or in combination with Naloxone HCI. Therapeutically, Buprenorphine is used as a substitution treatment and is also the major metabolic product of codeine and heroin. Morphine is detectable in the urine for several Aunt Hazel, big H, black pearl, brown sugar, capital H, charley, for opioid addicts. A substitution treatment is a form of medical care offered to opiate addicts (primarily heroin days after an opiate dose. china white, dope, good horse, H, hard stuff, hero, heroina, little | 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. The plasma half-life of Buprenorphine is 2-4 hours. While complete elimination of a single-dose of the drug can take as long as 6 days, the detection window for the parent drug in urine is thought to be approximately 3 days. Oxycodone (OXY)

## Benzodiazepines are the most widely used anxiolytic drugs. They are used extensively as anti-anxiety agents,

420, Aunt Mary, baby, bobby, boom, chira, chronic, ditch, ganja, hypnotics, muscle relaxants and anti-convulsants. They are taken orally or sometimes by injection and have a wide range of half-life from 2 to 40 hours. They can generally be detected for 1 to 2 days after Benzodiazepines analegesics such as acetaminophen and salicylates for the relief of moderate to severe pain. Oxycodone is a use. Benzodiazepines are metabolized in the liver. Some Benzodiazepines and their metabolites are excreted central nervous system depressant that may cause drowsiness, dizziness, lethargy, weakness and confusion. in the urine. Their use can result in drowsiness and/or confusion. Benzodiazepines potentiate alcohol and other CNS depressants. Psychological and physical dependence on benzodiazepines can develop if high doses of The tests are sensitive to drugs and are accurate. These tests, however, are not as accurate as lab the drug are given over a prolonged period.

Cocaine derived from leaves of coca plant, is a potent central nervous system stimulant and a local anesthetic. Among the psychological effects induced by using cocaine are euphoria, confidence and a sense of increased energy, accompanied by increased heart rate, dilation of the pupils, fever, tremors and sweating. Cocaine is This means that if the sample was collected properly and if the test was performed according to excreted in urine primarily as benzoylecgonine in a short period of time.

## Methylenedioxymethamphetamine (MDMA)

increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with injection. It is metabolized in the liver and excreted through the kidneys in urine in unchanged form and oxidized amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some metabolites with a half life of about 12 hours. Suction and urinary acidification in the treatment of overdose perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some typically reduces its half-life from three days to one day. 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 Notriptyline (TCA) Oberlender, 1990). The most pervasive effect of MDMA, occurring in virtually all people who took a reasonable TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses dose of the drug, was to produce a denching of the jaws.

### Methamphetamine (MET/mAMP) Methamphetamine is a potent sympathomimetic agent with therapeutic applications. Acute higher doses lead

users. The above sections of WARNINGS AND PRECAUTIONS, CONTENT OF THE KIT, STORAGE AND to enhanced stimulation of the central nervous system and induce euphoria, alertness, and a sense of increased energy and power. More acute responses produce anxiety, paranoia, psychotic behavior, and cardiac dysrhythmias. The pattern of psychosis which may appear at half-life of about 15 hours and is excreted in urine Cannabinoids is a hallucinogenic agent derived from the flowering portion of the hemp plant. The active as amphetamine and oxidized as deaminated and hydroxylated derivatives. However, 40% of ingredients in Cannabinoids, THC & Cannabinol can be metabolized and excreted as 11-nor- Δ 9methamphetamine is excreted unchanged. Thus the presence of the parent compound in the urine indicates tetrahydrocannabinol-9-carboxylic acid with a half-life of 24 hours. It can be detected for 1 to 5 days after use. methamphetamine use.

## Amphetamine and the structurally related "designer" drugs are sympathomimetic amines whose biological Morphine (MOP)

effects include potent central nervous system (CNS) stimulation, anorectic, hyperthemic, and cardiovascular The opiates such as heroin, morphine, and codeine are derived from the resin of opium poppy. The principal the cardiac and psychotropic effects can occur, and withdrawal syndrome produces restlessness, insomnia, properties. They are usually taken orally, intraveneously, or by smoking. Amphetamines are readily absorbed metabolites of opiates are morphine, morphine, morphine-3-glucuronide normorphine and codeine with a half-life of about anorexia and nausea. from the gastrointestinal tract and are then either deactivated by the liver or excreted unchanged in the urine 3 hours. Heroin is quickly metabolized to morphine. Thus, morphine and morphine glucuronide might both be with a half life of about 12 hours. It can be detected in the urine for 1 to 2 days after use. Amphetamine is found in the urine of a person who has taken only heroin. The body also changes codeine to morphine. Thus, metabolized to deaminated (hippuric and benzoic acids) and hydroxylated metabolites. Methamphetamine is the presence of morphine (or the metabolite, morphine glucuronide) in the urine indicates heroin, morphine

morphine in urine exceeds 300ng/mL.

## Methadone (MTD)

hours and can be detected in the urine for 1 to 4 days after use. Phenobarbital is a long acting barbiturate psychological effects induced by using methadone are analgesia, sedation and respiratory depression. derivative that has been used as a daytime sedative and very extensively as an anticonvulsant. Pentobarbital Overdose of methadone may cause coma or even death. It is administered orally or intravenously and is conjugate binds to the respective drug-protein (duck egg) conjugate immobilized in the Test Region (T) of the and secobarbital are two examples of a short acting barbiturate sedative. Abuse of barbiturates can lead not metabolized in the liver and excreted in urine as methadone, EDDP, EMDA and methadol. The kinneys are a device. This produces a colored Test line that, regardless of its intensity, indicates a negative result. only to impaired motor coordination and mental disorder, but also to respiratory collapse, coma and even death. major route of methadone excretion. Methadone has a biological half-life of 15 to 60 hours.

on the opioid receptor. Opioid analgesics comprise a large group of substances which control pain by china white, dope, good horse, H, hard stuff, hero, heroina, little | Buprenorphine is a potent analgesic often used in the treatment of opioid addiction. The drug is sold under the depressing the central nervous system. Large doses of morphine can produce higher tolerance levels, To serve as a procedure control, a colored line will appear at the Control Region (C), where the Goat anti-The test for Morphine 2000 (OPI) of the BluRapids™ Multi-Drug Urine Test Cup yields a positive result when themorphine in urine exceeds 2000 ng/mL.

Tylox. Oxycodone is a semi-synthetic opiates derived from opium. Like other opiates, Oxycodone is characterized by its analogestic properties, and the tendency for users to form a physical dependency and develop tolerance with extended use. Oxycodone is usually administered in combination with non-opiate Toxicity in an overdose of Oxycodone can lead to stupor, coma, muscle flaccidity, severe respiratory depression hypotension, and cardiac arrest.

Oxycodone is metabolized by N- and O-demethylation. One of the metabolites, oxymorphone, is a potent narcotic analgesic, while the other, noroxycodone, is relatively inactive. Between 33 to 61% of a single dose of Oxycodone is excreted in a 24 hour urine collection and consists of 13-19% free Oxycodone, 7-29% glucuronide conjugated Oxycodone, 13-14% glucuronide conjugated oxymorphone and an unknown amount of noroxycodone. The detection time window of Oxycodone is 1-3 days following use.

### Phencyclidine (PCP)

tranquilzer. Phencyclidine can produce hallucinations, lethargy, disorientation, loss of coordination, trance-like Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug working properly. This will ensure that the end user has clear understanding of when to perform quality control testing. company for the treatment of obesity. Those who take the drug frequently report adverse effects, such as "crystal cyclone," etc. phencyclidine can be administered orally, by nasal ingestion, smoking, or by intravenous

can result in profound central nervous system depression, cardiotoxicity and anticholinergic effects. TCA Creatinine: Daily creatinine excretion, related to muscle mass of the human body, is usually constant. The 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 DOT guideline states that urine specimens with creatinine levels of less than 20 mg/dl are indications of the form of metabolites for up to ten days.

Smoking is the primary method of use of Cannabinoids/cannabis. Higher doses used by abusers produce central nervous system effects, altered mood and sensory perceptions, loss of coordination, impaired shortterm memory, anxiety, paranoia, depression, confusion, hallucinations and increased heart rate. A tolerance to

The BluRapids™ Multi-Drug Urine Test Cup is a competitive immunoassay that is used to screen for the and blood pressure, and suppress the appetite. Some studies indicate that heavy abuse may result in The test for Morphine (MOP) of the BluRapids Multi-Drug Urine Test Cup yields a positive result when the presence of drugs of abuse in urine. It is chromatographic absorbent device in which drugs in a sample competitively combined to a limited number of drug monoclonal antibody (mouse) conjugate binding sites.

When the test is activate, the urine is absorbed into the device by capillary action, mixes with the respective

Opiate refers to any drug that is derived from the opium poppy, including the natural products, morphine and binding to the respective drug-protein conjugate immobilized in the Test Region (T) of the device. This prevents codeine, and the semi-synthetic drugs such as heroin. Opioid is more general, referring to any drug that acts the development of a distinct colored band in the test region, indicating a potentially positive result.

When sample drug levels are at or above the target cutoff, the free drug in the sample binds to the respective

drug monoclonal antibody conjugate preventing the respective drug monoclonal antibody conjugate from

## SPECIMEN COLLECTION AND PREPARATION

- Collect the urine sample. Remove the test cup from the foil pouch by tearing at the notch and use it as soon as possible. Open the cap of the test cup and urinate directly into the test cup. The minimum sample volume is 25mL (See the Minimum Fill Volume scale on the cup label). Oxycodone is known as Oxycontin and Roxicodone. It is an ingredient of Percodan, Percocet, Roxicet and The technician replaces and seals the cap. Check the cap for a tight seal.
  - The technician observes temperature strip affixed on the test cup between 2 to 4 minutes to see if the urine is diluted by water or liquid other than urine. The temperature range from 32°C-38°C (90°F-100°F)
  - Technician dates and signs the names of the donor and the operator on the cap label.
  - Technician dates and initials the security seal and attaches the security seal over the cup cap.

Users should follow the appropriate federal, state, and local guidelines concerning the frequency of assaying external quality control materials.

Even though there is an internal procedural control line in the test device in the Control Region, the use of external controls is strongly recommended as good laboratory testing practice to confirm the test procedure and to verify proper test performance. Positive and negative controls should give the expected results. When Phencyclidine is an arylcyclohexylamine that was originally used as an anesthetic agent and a veterinary testing the positive and negative controls, the same assay procedure should be adopted. External Control (positive and negative) should be run with each new lot of test received, each new shipment, each new operator

### PERFORMANCE CHARACTERISTICS

## ADULTERATION CONTROL

adulteration. Although these ranges are affected by age, sex, diet, muscle mass and local population distribution2, sample with creatinine level of lower than 20 mg/dl should be considered adulterated.

Glutaraldehyde: Glutaraldehyde is not a natural component of human urine and it should not be present in normal urine. The presence of glutaraldehyde in the urine sample indicates the possibility of adulteration.

# However, false positive may result when ketone bodies are presence in urine. Ketone bodies may appear in urine when a person is in ketoacidosis, starvation or other metabolic abnormalities.

Nitrite: Although nitrite is not a normal component of urine, nitrite levels of up to 3.6 mg/dl may be found in some urine specimens due to urinary tract infections, bacterial contamination or improper storage. In this adulteration control, nitrite level above 7.5 mg/dl is considered abnormal.

Oxidants: The presence of Bleach and other oxidizing reagents in the urine is indicative of adulteration since oxidizing reagents are not normal constituents of urine. Other oxidizing reagents include Hydrogen Peroxide, Ferricyanide, Persulfate, Pyridinium Chlorochromate...etc.

pH: Normal urine pH ranges from 4.5 to 8.0. Values below pH 4.0 or above pH 9.0 are indicative of adulteration.

Specific Gravity: Random urine may vary in specific gravity from 1.005 - 1.025. Normal adults with normal diets and normal fluid intake will have an average urine specific gravity of 1.016 - 1.022. Elevated urine specific gravity value may be obtained in the presence of moderate quantities of protein. DOT guidelines state that a urine specimen with specific gravity level of less than 1.003 is an indication of adulteration. Specific gravity and creatinine values should be considered together to provide a better picture of whether the sample is adulterated.

**Pyridium Chlorochromate:** The presence of any chromate in urine is indicative of adulteration as chromate is not a normal constituent of urine.

1120 (eighty of each drug) clinical urine specimens were analyzed by GC-MS and by each corresponding drug of abuse Test. Each test was read by three viewers. Samples were divided by concentration into five categories: drug-free, less than half the cutoff, near cutoff negative, near cutoff positive, and high positive. Results were

Drug	Result		Drug	Less	Near	Near	High	%Agreement with
test			-free	than half	Cutoff	Cutoff	Positive	GC/MS
				the cutoff	Negative	Positive	(greater	(95%CI)
				concentr-	(Between 50%	(Between	than 50%	
				ation by GC/MS	below	the cutoff	above	
				analysis	the cutoff	and 50%	the	
				analysis	and the	above	cutoff	
					cutoff	the cutoff	concen-	
					concentr-	concentr-	tration)	
					ation)	ation)		
AMP	Viewer	+	0	0	2	11	29	100% (84.5% - 100%)
	Α	-	10	18	10	0	0	95% (79.5% - 100%)
	Viewer	+	0	0	2	11	29	100% (84.5% - 100%)
	В	-	10	18	10	0	0	95% (79.5% - 100%)
	Viewer	+	0	0	1	11	29	100% (84.5% - 100%)
	С	-	10	18	11	0	0	97.5% (82% - 100%)
BAR	Viewer	+	0	0	2	20	20	100% (84.5% - 100%)
	Α	-	10	10	18	0	0	95% (79.5% - 100%)
	Viewer	+	0	0	2	20	20	100% (84.5% - 100%)
	В	-	10	10	18	0	0	95% (79.5% - 100%)
	Viewer	+	0	0	1	20	20	100% (84.5% - 100%)
	С	-	10	10	19	0	0	97.5% (82% - 100%)
BZO	Viewer	+	0	0	1	20	20	100% (84.5% - 100%)
	Α	-	10	10	19	0	0	97.5% (82% - 100%)
	Viewer	+	0	0	1	20	20	100% (84.5% - 100%)
	В	-	10	10	19	0	0	97.5% (82% - 100%)
	Viewer	+	0	0	2	20	20	100% (84.5% - 100%)
	С	-	10	10	18	0	0	95% (79.5% - 100%)
coc	Viewer	+	0	0	1	11	29	100% (84.5% - 100%)
	Α	-	10	10	19	0	0	97.5% (82% - 100%)
	Viewer	+	0	0	2	11	29	100% (84.5% - 100%)
	В	-	10	10	18	0	0	95% (79.5% - 100%)
	Viewer	+	0	0	2	11	29	100% (84.5% - 100%)
	С	-	10	10	18	0	0	95% (79.5% - 100%)
MET	Viewer	+	0	0	1	20	20	100% (84.5% - 100%)
(mAMP)	Α	-	10	16	13	0	0	97.5% (82% - 100%)
	Viewer	+	0	0	2	20	20	100% (I84.5% - 100%

cutoff - 100%, cutoff - 75%, cutoff - 50%, cutoff - 25%, cutoff, cutoff +25%, cutoff + 50% cutoff + 100%. All concentrations were confirmed with GC-MS. The study was performe 25 days using three different lots of the corresponding drug of abuse test. Totally 3 the study of the corresponding drug of abuse test. Each of the 3 operators tests 2 aliquot for each lot per day (2 runs /day), for a total of 50 determinations per concentration per drug of abuse test.

0	0	1	20	20	100% (84.5% - 100%)	Drug test	Approximate
10	10	19	0	0	97.5% (82% - 100%)		concentration of
0	0	1	16	24	100% (84.5% - 100%)		sample (ng/mL)
10	18	11	0	0	97.5% (82% - 100%)	AMP	0
0	0	1	16	24			250
10	18	11	0	0	100% (84.5% - 100%)		500
0	0	1		24	97.5% (82% - 100%)		750
	18		16 0	0	100% (84.5% - 100%)		1000
10 0	0	11			97.5% (82% - 100%)		1250
	19	1	20	20	100% 84.5% - 100%)		1500
10 0	0	10	0	0	97.5% (82% - 100%)		1750
10	19	2	20 0	20	100% (84.5% - 100%)		2000
0	0	9	20	0	95% (79.5% - 100%)	BAR	0
	19		0	20	100% (84.5% - 100%)		75 150
10 0	0	10		0	97.5% (82% - 100%)		225
		2	19	21	100% (84.5% - 100%)		300
10	12	16	0	0	95% (79.5% - 100%)		375
0	0	1	19	21	100% (84.5% - 100%)		450
10	12	17	0	0	97.5% (82% - 100%)		525
0	0	2	19	21	100% (84.5% - 100%)		600
10	12	16	0	0	95% (79.5% - 100%)	BZO	0
0	0	1	18	22	100% (84.5% - 100%)		75
10	20	9	0	0	97.5% (82% - 100%)		150
0	0	1	18	22	100% (84.5% - 100%)		225
10	20	9	0	0	97.5% (82% - 100%)		300
0	0	1	18	22	100% (84.5% - 100%)		375
10	20	9	0	0	97.5% (82% - 100%)		450
0	0	2	18	22	100% (84.5% - 100%)		525
10	13	15	0	0	95% (79.5% - 100%)		600
0	0	2	18	22	100% (84.5% - 100%)	coc	0
10	13	15	0	0	95% (79.5% - 100%)		75
0	0	2	18	22	100% (84.5% - 100%)		150
10	13	15	0	0	95% (79.5% - 100%)		225
0	0	1	10	30	100% (84.5% - 100%)		300
10	19	10	0	0	97.5% (82% - 100%)		375
0	0	1	10	30	100% (84.5% - 100%)		450
10	19	10	0	0	97.5% (82% - 100%)		525
0	0	1	10	30	100% (84.5% - 100%)	MET	600
10	19	10	0	0	97.5% (82% - 100%)	MET (mAMP)	250
0	0	2	18	22	100% (84.5% - 100%)	(IIIAWE)	500
10	12	16	0	0	95% (79.5% - 100%)		750
0	0	1	18	22	100% (84.5% - 100%)		1000
10	12	17	0	0	97.5% (82% - 100%)		1250
0	0	1	18	22	100% (84.5% - 100%)		1500
10	12	17	0	0	97.5% (82% - 100%)		1750
0	0	2	19	21	100% (84.5% - 100%)		2000
10	20	8	0	0	95% (79.5% - 100%)	MDMA	0
0	0	2	19	21	100% (84.5% - 100%)		125
10	20	8	0	0	95% (79.5% - 100%)		250
0	0	1	19	21	100% (84.5% - 100%)		375
10	20	9	0	0	97.5% (82% - 100%)		500
							625
							750

 10
 16
 12
 0
 0
 95% (79.5% - 100%)

10 10 18 0 0 95% (79.5% - 100%)

 MDMA
 Viewer
 +
 0
 0
 2
 20
 20
 100% (84.5% - 100%)

 A
 10
 10
 18
 0
 0
 95% (79.5% - 100%)

 Viewer
 +
 0
 0
 2
 20
 20
 100% (84.5% - 100%)

0 1 20 20 100% (84.5% - 100%)

Precision and Sens
--------------------

To investigate the precision and sensitivity, each drug sample was analyzedat the following concentrations:

0% cutoff	+ 75% and the	BUP	0	50	50/0	50/0	50/0	1 6
	day and lasted	501	2.5	50	50/0	50/0	50/0	
	participated in		5.0	50	50/0	50/0	50/0	
	concentration		7.5	50	50/0	50/0	50/0	
	corresponding		10.0	50	6/44	4/46	4/46	1
	, ,		12.5	50	0/50	0/50	0/50	
			15.0	50	0/50	0/50	0/50	
Results			17.5	50	0/50	0/50	0/50	
tive/ Posit	ive		20.0	50	0/50	0/50	0/50	
Lot 2	Lot 3	MOP	0	50	50/0	50/0	50/0	
50/0	50/0		75	50	50/0	50/0	50/0	Sp
50/0	50/0		150	50	50/0	50/0	50/0	
50/0	50/0		225	50	50/0	50/0	50/0	То
50/0	50/0		300	50	5/45	6/44	5/45	co fre
5/45	4/46		375	50	0/50	0/50	0/50	wh
0/50	0/50		450	50	0/50	0/50	0/50	
0/50	0/50		525	50	0/50	0/50	0/50	Ar
0/50	0/50		600	50	0/50	0/50	0/50	_
0/50	0/50	MTD	0 75	50 50	50/0	50/0	50/0 50/0	d-/
50/0	50/0		150	50	50/0 50/0	50/0 50/0	50/0	d.l
50/0	50/0		225	50	50/0	50/0	50/0	1-
50/0	50/0		300	50	6/44	4/46	5/45	(+/
50/0	50/0		375	50	0/50	0/50	0/50	(M
5/45 0/50	5/45 0/50		450	50	0/50	0/50	0/50	Dia
0/50	0/50		525	50	0/50	0/50	0/50	Ph d-i
0/50	0/50		600	50	0/50	0/50	0/50	I-n
0/50	0/50	OPI	0	50	50/0	50/0	50/0	"
50/0	50/0		500	50	50/0	50/0	50/0	3,4
50/0	50/0		1000	50	50/0	50/0	50/0	(M
50/0	50/0		1500	50	50/0	50/0	50/0	(+)
50/0	50/0		2000	50	5/45	5/45	6/44	me
6/44	5/45		2500	50	0/50	0/50	0/50	(M
0/50	0/50		3000	50	0/50	0/50	0/50	Se
0/50	0/50		3500	50	0/50	0/50	0/50	l ∟
0/50	0/50		4000	50	0/50	0/50	0/50	Se
0/50	0/50	PCP	0	50	50/0	50/0	50/0	An
0/50	0/50		6.25	50	50/0	50/0	50/0	All
50/0	50/0		12.5	50	50/0	50/0	50/0	Ap Bu
50/0	50/0		18.75	50	50/0	50/0	50/0	Bu
50/0	50/0		25 31.25	50 50	5/45 0/50	4/46 0/50	5/45 0/50	Bu
5/45	5/45		37.5	50	0/50	0/50	0/50	C)
0/50 0/50	0/50 0/50		43.75	50	0/50	0/50	0/50	Pe
0/50	0/50		50	50	0/50	0/50	0/50	Ph
0/50	0/50	TCA	0	50	50/0	50/0	50/0	O
50/0	50/0		250	50	50/0	50/0	50/0	O>
50/0	50/0		500	50	50/0	50/0	50/0	Al
50/0	50/0		750	50	50/0	50/0	50/0	a-l
50/0	50/0		1000	50	5/45	6/44	5/45	Ве
5/45	5/45		1250	50	0/50	0/50	0/50	Br
0/50	0/50		1500	50	0/50	0/50	0/50	Ch
0/50	0/50		1750	50	0/50	0/50	0/50	Ch
0/50	0/50		2000	50	0/50	0/50	0/50	Cl
0/50	0/50	THC	0	50	50/0	50/0	50/0	Cl
50/0	50/0		12.5	50	50/0	50/0	50/0	CI
50/0	50/0		25.0	50	50/0	50/0	50/0	CI
50/0	50/0		37.5	50	50/0	50/0	50/0	De
50/0	50/0		50.0	50	5/45	6/44	5/45	D∈ Di
5/45	6/44		62.5	50	0/50	0/50	0/50	Es
0/50	0/50		75.0 87.5	50 50	0/50 0/50	0/50 0/50	0/50 0/50	Flu
0/50	0/50		100.0	50	0/50	0/50	0/50	D,
0/50	0/50		100.0	] 00	0/30	0/50	1 0/30	Mai

OXY	0	50	50/0	50/0	50/0
	25	50	50/0	50/0	50/0
	50	50	50/0	50/0	50/0
	75	50	50/0	50/0	50/0
	100	50	6/44	6/44	5/45
	125	50	0/50	0/50	0/50
	150	50	0/50	0/50	0/50
	175	50	0/50	0/50	0/50
	200	50	0/50	0/50	0/50

### Specificity and Cross Reactivity

To test the specificity of the test, the test device was used to test various drugs, drug metabolites and other components of the same class that are likely to be present in urine. All the components were added to drugwhen teste

Amphetamine (AMP)	Concentration	D-Amphetamine	50,000
	(ng/ml)		
d-Amphetamin	1,000	Chloroquine	50,000
d.I-Amphetamine	3,000	(+/-)-Ephedrine	50,000
1-Amphetamine	50,000	(-)-Methamphetamine	25,000
(+/-) 3,4-methylenedioxyamphetamine	5,000	(+/-)3,4-	2,000
(MDA)		methylenedioxumethamphetamine	
		(MDMA)	
Phentermine	3,000	β-Phenylethylamine	50,000
d-methamphetamine	>100,000	Trimethobenzamide	10,000
-methamphetamine	>100,000	Methylenedioxymethamphetamine (MDMA)	
3,4-Methylenedioxyethylamphetamine	100,000	3,4-Methylenedioxymethamphetamine	500
(MDE)		HCI (MDMA)	
(+/-)3,4-	100,000	3,4-Methylenedioxyamphetamine HCI	3,000
methylenedioxumethamphetamine (MDMA)		(MDA)	
Secobarbital (BAR)		3,4-Methylenedioxyethylamphetamine (MDE)	300
Secobarbital	300	Morphine (MOP)	
Amobarbital	300	Morphine	300
Alphenol	150	Codeine	300
Aprobarbital	200	Ethyl Morphine	300
Butabarbital	75	Heroin	300
Butathal	100	Hydrocodone	5,000
Butalbital	5,000	Hydromorphone	5,000
Cyclopentobarbital	600	Morphinie-3-β-d-glucuronide	1,000
Pentobarbital	5,000	σ -Monoacetylmorphine	400
Phenobarbital	10,000	Oxycodone	25,000
Oxazepam(BZO)		Oxymorphone	10,000
Oxazepam	300	Thebaine	30,000
Alprazolam	200	Opiate (OPI)	
a-Hydroxyalprazolam	1,500	Morphine	2,000
Benzodiazepine	100	Codeine	2,000
Bromazepam	1,500	Ethylmorphine	5,000
Chlordiazepam	10,000	Heroin	2,000
Chlordiazepoxide	1,500	Hydrocodone	12,500
Clonazepam HCI	800	Hydromorphine	5,000
Clobazam	100	Levorphanol	75,000
Clonazepam	5,000	σ-Monoacetylmorphine	5,000
Clorazepate dipotassium	200	Morphine 3-b-D-glucuronide	2,000
Delorazepam	1,500	s-Monoacetylmorphine	5,000
Desalkylflurazepam	400	Norcodeine	12,500
Diazepam	200	Normorphone	50,000
Estazolam	2,500	Oxycodone	25,000
lunitrazepam	400	Oxymorphine	25,000
D,L-Lorazepam	1,500	Procaine	150,000
Midazolam	12,500	Thebaine	100,000
Nitrazepam	100	Oxycodone (OXY)	

Norchlordiazepoxide	200	Oxycodone	100	
Nordiazepam	400	Dihydrocodeine	20,000	Benzoic acid
Temazepam	100	Codeine	100,000	Benzoylecgonine (except COC
Triazolam	1,000	Hydromorphone	100,000	Bilirubin
Cocaine (COC)		Morphine	>100,000	
Benzoylecgonine	300	Acetylmorphine	>100,000	
Cocaine HCI	750	Buprenorphine	>100,000	
Cocaethylene	12,500	Ethylmorphine	>100,000	Cannabidiol (except THC, OX)
Ecgonine	32,000	Buprenorphine (BUP)		tests) Captopril
Cannabinoids (THC)		Buprenorphine	10	Captoprii Chloralhydrate
11-nor-Δ9-THC-9-COOH	50	Buprenorphine -3-D-Glucuronide	15	Chloramphenicol
11-nor-Δ8-THC-9-COOH	30	Norbuprenorphine	20	Chlorothiazide
11-hydroxy-Δ9-Tetrahydrocannabinol	2,500	Norbuprenorphine 3-D-Glucuronide	200	Chlorpromazine
Δ8- Tetrahydrocannabinol	7,500	Notriptyline (TCA)		Chlorquine Cholesterol
Δ9- Tetrahydrocannabinol	10,000	Notriptyline	1,000	Cholesterol
Cannabinol	100,000	Nordoxepine	1,000	Clonidine
Cannabidiol	100,000	Trimipramiine	3,000	Codeine (except MOP, OPI tes
Methadone (MTD)		Amitriptyline	1,500	Codomo (CXCOpt mor, or reco
Methadone	300	Promazine	1,500	(-) Cotinine
Doxylamine	50,000	Desipramine	200	Cortisone
Phencyclidine (PCP)		Imipramine	400	
Phencyclidine	25	Clomipramine	12,500	Creatinine
4-Hydroxyphencyclidine	12500	Doxepine	2,000	Deoxycorticosterone
Methamphetamine (MET/mAMP)	Concentration (ng/ml)	Maprotiline	2,000	Dextromethorphan
D(+)-Methamphetamine	1.000	Promethazine	25.000	

### Effect of Urinary Specific Gravity

12 urine samples with density ranges (1.005-1.025) are collected and spiked with each drug at 25% below and 25% above cutoff level. Each sample was tested by three batches of the corresponding drug of abuse test. Three laboratory assistants read the result per batch of the corresponding drug of abuse test. The results demonstrate that varying ranges of urinary specific gravity do not affect the test result.

### **Effect of Urinary PH**

The pH of an aliquot negative urine pool is adjusted to a pH range of 4 to 9 in 1 pH unit increments and spiked with each drug at 25% below and 25% above cutoff levels. Each sample was tested by three batches of the corresponding drug of abuse test. Three laboratory assistants read the result per batch of the corresponding drug of abuse test. The result demonstrates that varying range of PH do not interfere with the performance of the test.

## Interfering Substances

Benadry

Benzilic acid

Clinical urine samples may contain substances that could potentially interfere with the test. The following compounds were added to drug-free urine, urine with a drug concentration 25% below the cutoff, and urine with a drug concentration 25% above the cutoff for the corresponding drug of abuse test. All potential interferents were added at a concentration of 100 µg/mL. None of the urine samples showed any deviation from the expected results.

Dopamine HCI (except AMP test)	Noscapine
Doxepin (except TCA test)	O-Hydroxyhippuric acid
Doxylamine (except KET, MTD, TRA tests)	Omeprazole
Ecgonine methyl ester	Oxalic acid
β -Estradiol (except BZO test)	Oxazepam (except BZO test)
Ephedrine HCI (except MET/mAMP test)	Oxolinic acid
Erythromycin (except BZO test)	Oxycodone acetaminophen (except MOP, OPI, OXY tests)
Estrogen	Oxymetazoline
Fenoprofen	Papaverine
Fentanyl citrate (except MDMA test)	Penicillin V Potassium
	Doxepin (except TCA test) Doxylamine (except KET, MTD, TRA tests) Ecgonine methyl ester  \$\begin{array}{cccccccccccccccccccccccccccccccccccc

Furosemide

Gentisic acid

Norchlordiazepoxide	200	Oxycodone	100	
Nordiazepam	400	Dihydrocodeine	20,000	Benzoic acid
Temazepam	100	Codeine	100,000	Benzoylecgonine (ex
Triazolam	1,000	Hydromorphone	100,000	Bilirubin
Cocaine (COC)		Morphine	>100,000	
Benzoylecgonine	300	Acetylmorphine	>100,000	
Cocaine HCI	750	Buprenorphine	>100,000	0
Cocaethylene	12,500	Ethylmorphine	>100,000	Cannabidiol (except 'tests)
Ecgonine	32,000	Buprenorphine (BUP)		Captopril
Cannabinoids (THC)		Buprenorphine	10	Chloralhydrate
11-nor-Δ9-THC-9-COOH	50	Buprenorphine -3-D-Glucuronide	15	Chloramphenicol
11-nor-Δ8-THC-9-COOH	30	Norbuprenorphine	20	Chlorothiazide
11-hydroxy-Δ9-Tetrahydrocannabinol	2,500	Norbuprenorphine 3-D-Glucuronide	200	Chlorpromazine
Δ8- Tetrahydrocannabinol	7,500	Notriptyline (TCA)		Chlorquine Cholesterol
Δ9- Tetrahydrocannabinol	10,000	Notriptyline	1,000	Clarithromycin
Cannabinol	100,000	Nordoxepine	1,000	Clonidine
Cannabidiol	100,000	Trimipramiine	3,000	Codeine (except MO
Methadone (MTD)		Amitriptyline	1,500	()
Methadone	300	Promazine	1,500	(-) Cotinine
Doxylamine	50,000	Desipramine	200	Cortisone
Phencyclidine (PCP)		Imipramine	400	
Phencyclidine	25	Clomipramine	12,500	Creatinine
4-Hydroxyphencyclidine	12500	Doxepine	2,000	Deoxycorticosterone
Methamphetamine (MET/mAMP)	Concentration	Maprotiline	2,000	Dextromethorphan

### MET/mAMP, TCA tests) Methoxyphenamine (except MDMA, MET/mAMP, TCA tests)

Morphinie-3-b-d-glucuronide (except BZO, MOP, OPI tests) Nalidixic acid

D,L-Octopamine DL-Propranolol DL-Tyrosine D-Norpropoxyphene

Press, 1983. ADDITIONAL INFORMATION AND RESOURCES

Penicillin V Potassium Penicillin-G

Pentobarbital (except BAR, OXY

Perphenazine Hydralazine (except BZO test) oylecgonine (except COC test) Hydrochlorothiazide Pethidine HCI Hydrocodone (except BZO, MOP, OPI, OXY tests)

abidiol (except THC, OXY Hydrocortisone

Meprobamate

Methadone (except MTD test)

Methamphetamine (except MDMA,

Phenytoin (except BAR test) I Caps Pholcodine(except MOP, OPI tests Ibuprofen (except OXY test) Prednisone Procaine (except COC test) Isoxsuprine Ketamine (except OXY test) Propranolol HCI Ketoprofen Labetalol Ranitidine Ranitidine HCI Lamotrigine Salicylic acid Levonorgestrel ine (except MOP, OPI tests) Lofexidine (except OXY test) Secobarbital (except MET/mAMF

BAR tests) Serotonin (5- Hydroxytyramine Loperamide (except MTD test) Maprotiline (except TCA, OXY tests) Sinus&Allergy(except BZO, MET/mAMP tests) Sulfamethazine

Sulindac Tetrahydrocortisone3-( β Dglucuronide) (except AMP, BAR, OXY tests)

Tetrahydrocortisone, 3-acetate (except AMP, BAR, OXY tests) Tetrahydrozoline

N-Acetylprocainamide (except OXY

Naloxone

Naproxen Tyramine (except AMP, BAR tests) Niacinamide Uric acid Nifedipine Venlafaxine HCI Nitroglycerin Norcodein (except MOP, OPI, BZO, D-Propoxyphene (except OXY test)

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OXY tests) Norethindrone

Hofmann F.E., A Handbook on Drug and Alcohol Abuse: The Biomedical Aspects, New York, Oxford University

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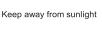
The following list of organizations may be helpful to you for counseling support and resources. These groups also have an Internet address which can be accessed for additional information.

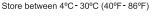
National Clearinghouse for Alcohol and Drug Information <a href="www.health.org">www.health.org</a> 1-800-729-6686

Center for Substance Abuse Treatment www.health.org 1-800-662-HELP Phencyclidine (except PCP, OXY The National Council on Alcoholism and Drug Dependence www.ncadd.org 1-800-NCA-CALL

Phenylephrine (except MET/mAMP American Council for Drug Education (ACDE) www.acde.org 1-800-488-DRUG

## INDEX OF SYMBOLS













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