Multi-Drug Rapid Test Panel with/without Adulteration (Urine)

Package Insert

Instruction Sheet for testing of any combination of the following drugs:
ACE/AMP/BAR/BZO/BUP/COC/THC/MTD/MET/MDMA/MOP/MQL/OPI/PCP/PPX/TCA/TML/KET/OXY/COT/EDDP/FYL/K2/6-MAM/MDA/ETG/CLO/LSD/MPD/ZOL/MEP/ALC/MDPV/DIA/ZOP/MCAT/7-ACL/CFYL/CAF/CAT/TRO/ALP/PGB/COD/ZAL/MPRD/CNB/GAB/TZD/CAR/ABP/QTP/FLX/UR-144/KRA/TLD/α-PVP
Including Specimen Validity Tests (S.V.T.) for:
Oxidants/PCC, Specific Gravity, pH, Nitrite, Glutaraldehyde, Creatinine and Bleach

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 Panel 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)
Acetaminophen (ACE 5,000)	Acetaminophen	5,000
Amphetamine (AMP 1,000)	d-Amphetamine	1,000
Amphetamine (AMP 500)	d-Amphetamine	500
Amphetamine (AMP 300)	d-Amphetamine	300
Barbiturates (BAR 300)	Secobarbital	300
Barbiturates (BAR 200)	Secobarbital	200
Benzodiazepines (BZO 500)	Oxazepam	500
Benzodiazepines (BZO 300)	Oxazepam	300
Benzodiazepines (BZO 200)	Oxazepam	200
Benzodiazepines (BZO 100)	Oxazepam	100
Buprenorphine (BUP 10)	Buprenorphine	10
Buprenorphine (BUP 5)	Buprenorphine	5
Cocaine (COC 300)	Benzoylecgonine	300
Cocaine (COC 200)	Benzoylecgonine	200
Cocaine (COC 150)	Benzoylecgonine	150
Cocaine (COC 100)	Benzoylecgonine	100
Marijuana (THC 300)	11-nor-Δ^9-THC-9 COOH	300
Marijuana (THC 200)	11-nor-Δ^9-THC-9 COOH	200
Marijuana (THC 150)	11-nor-Δ^9-THC-9 COOH	150
Marijuana (THC 50)	11-nor-Δ^9-THC-9 COOH	50
Marijuana (THC 30)	11-nor-Δ^9-THC-9 COOH	30
Marijuana (THC 25)	11-nor-Δ^9-THC-9 COOH	25
Marijuana (THC 20)	11-nor-Δ^9-THC-9 COOH	20
Methadone (MTD 300)	Methadone	300
Methadone (MTD 200)	Methadone	200
Methamphetamine (MET 1,000)	d-Methamphetamine	1,000
Methamphetamine (MET 500)	d-Methamphetamine	500
Methamphetamine (MET 300)	d-Methamphetamine	300
Methylenedioxymethamphetamine (MDMA 300)	d,l-Methylenedioxymethamphetamine	300
Methylenedioxymethamphetamine (MDMA 500)	d,l-Methylenedioxymethamphetamine	500
Methylenedioxymethamphetamine (MDMA 1,000)	d,l-Methylenedioxymethamphetamine	1,000
Morphine/Opiate (MOP/OPI 300)	Morphine	300
Morphine/Opiate (MOP/OPI 200)	Morphine	200
Morphine/Opiate (MOP/OPI 100)	Morphine	100
Methaqualone(MQL)	Methaqualone	300
Meperidine (MPRD)	Normeperidine	100
Opiate (OPI 2,000)	Morphine	2,000
Opiate (OPI 1,000)	Morphine	1,000
Phencyclidine (PCP 50)	Phencyclidine	50
Phencyclidine (PCP 25)	Phencyclidine	25
Propoxyphene (PPX)	Propoxyphene	300
Tricyclic Antidepressants (TCA1000)	Nortriptyline	1,000
Tricyclic Antidepressants (TCA500)	Nortriptyline	500
Tricyclic Antidepressants (TCA300)	Nortriptyline	300
Tramadol (TML 100)	Cis-Tramadol	100
Tramadol (TML 200)	Cis-Tramadol	200
Tramadol (TML 300)	Cis-Tramadol	300
Tramadol (TML 500)	Cis-Tramadol	500
Ketamine (KET 1,000)	Ketamine	1,000
Ketamine (KET 500)	Ketamine	500
Ketamine (KET 300)	Ketamine	300
Ketamine (KET100)	Ketamine	100
Oxycodone (OXY 300)	Oxycodone	300
Oxycodone (OXY 100)	Oxycodone	100
Cotinine(COT300)	Cotinine	300
Cotinine(COT200)	Cotinine	200
Cotinine(COT100)	Cotinine	100
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP300)	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine	300
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP100)	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine	100
Fentanyl(FYL300)	Fentanyl	300
Fentanyl(FYL100)	Fentanyl	100
Fentanyl(FYL20)	Norfentanyl	20
Fentanyl(FYL10)	Norfentanyl	10
Synthetic Marijuana (K2-50)	JWH-018、JWH-073	50
Synthetic Marijuana (K2-30)	JWH-018、JWH-073	30
Synthetic Marijuana (K2-25)	JWH-018、JWH-073	25
6-Monoacetylmorphine(6-MAM10)	6-MAM	10
(±) 3,4-Methylenedioxy-Amphetamine(MDA500)	(±) 3,4-Methylenedioxy-Amphetamine	500
Ethyl- β-D-Glucuronide(ETG1,000)	Ethyl- β -D-Glucuronide	1,000
Ethyl- β-D-Glucuronide(ETG500)	Ethyl- β -D-Glucuronide	500
Ethyl- β-D-Glucuronide(ETG300)	Ethyl- β -D-Glucuronide	300
Clonazepam(CLO 400)	Clonazepam	400
Clonazepam(CLO 150)	Clonazepam	150
Lysergic Acid Diethylamide (LSD 10)	Lysergic Acid Diethylamide	10
Lysergic Acid Diethylamide (LSD 20)	Lysergic Acid Diethylamide	20
Lysergic Acid Diethylamide (LSD 50)	Lysergic Acid Diethylamide	50
Methylphenidate (MPD 300)	Methylphenidate	300
Methylphenidate (MPD 150)	Methylphenidate	150
Zolpidem(ZOL)	Zolpidem	50
Mephedrone(MEP 500)	Mephedrone	500
Mephedrone(MEP 100)	Mephedrone	100
3, 4-methylenedioxypyrovalerone (MDPV 1000)	3, 4-methylenedioxypyrovalerone	1000
3, 4-methylenedioxypyrovalerone (MDPV 500)	3, 4-methylenedioxypyrovalerone	500
Diazepam(DIA 300)	Diazepam	300
Diazepam(DIA 200)	Diazepam	200
Zopiclone(ZOP 50)	Zopiclone	50
Methcathinone(MCAT 500)	S(-)-Methcathinone	500
7-Aminoclonazepam(7-ACL300)	7-Aminoclonazepam	300
7-Aminoclonazepam(7-ACL200)	7-Aminoclonazepam	200
7-Aminoclonazepam(7-ACL100)	7-Aminoclonazepam	100
Carfentanyl(CFYL500)	Carfentanyl	500
Cannabinol(CNB 500)	Cannabinol	500
Caffeine(CAF)	Caffeine	1000
Cathine (CAT)	(+)-Norpseudoephedrine	150
Tropicamide(TRO)	Tropicamide	350
Alprazolam(ALP)	Alprazolam	100
Pregabaline (PGB50,000)	Pregabaline	50,000
Pregabaline (PGB500)	Pregabaline	500
Codeine(COD)	Codeine	200
Gabapentin(GAB)	Gabapentin	2000
Zaleplon(ZAL)	Zaleplon	100
Carisoprodol(CAR)	Carisoprodol	2000
AB-PINACA(ABP)	AB-PINACA	10
Quetiazepam(QTP)	Quetiazepam	1000
Fluoxetine(FLX)	Fluoxetine	500
UR-144	UR-144　5-Pentanoic acid	25
Kratom(KRA)	Mitragynine	300
Tilidine(TLD)	Nortilidine	50
Trazodone(TZD)	Trazodone	200
Alpha-Pyrrolidinovalerophenone (α-PVP 2000)	Alpha-Pyrrolidinovalerophenone	2000
Alpha-Pyrrolidinovalerophenone (α-PVP 1000)	Alpha-Pyrrolidinovalerophenone	1000
Alpha-Pyrrolidinovalerophenone (α-PVP 500)	Alpha-Pyrrolidinovalerophenone	500
Alpha-Pyrrolidinovalerophenone (α-PVP 300)	Alpha-Pyrrolidinovalerophenone	300

Test	Calibrator	Cut-off
Alcohol(ALC)	Alcohol	0.02%

Configurations of the Multi-Drug Rapid Test Panel come with any combination of the above listed drug analytes with or without S.V.T. 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 Panel 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.

Acetaminophen (ACE)

Acetaminophen is one of the most commonly used drugs, yet it is also an important cause of serious liver injury. Acetaminophen is the generic name of a drug found in many common brand name over-the-counter (OTC) products, such as Tylenol, and Prescription (Rx) products, such as Vicodin and Percocet. Acetaminophen is an important drug, and its effectiveness in relieving pain and fever is widely known. Unlike other commonly used drugs to reduce pain and fever (e.g., non steroidalant inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen), at recommended doses acetaminophen does not cause adverse effects, such as stomach discomfort and bleeding, and acetaminophen is considered safe when used according to the directions on its OTC or Rx labeling. However, taking more than the recommended amount can cause liver damage, ranging from abnormalities in liver function blood tests, to acute liver failure, and even death. Many cases of overdose are caused by patients inadvertently taking more than the recommended dose (i.e., 4 grams a day) of a particular product, or by taking more than one product containing acetaminophen (e.g., an OTC product and an Rx drug containing acetaminophen). The mechanism of liver injury is not related to acetaminophen itself, but to the production of a toxic metabolite. The toxic metabolite binds with liver proteins, which cause cellular injury. The ability of the liver to remove this metabolite before it binds to liver protein influences the extent of liver injury.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Acetaminophen in urine exceeds detective level.

Amphetamine (AMP)

Amphetamine is a Schedule II controlled substance available by prescription (Dexedrine®) and is also available on the illicit market. Amphetamines are a class of potent sympathomimetic agents with therapeutic applications. They are chemically related to the human body's natural catecholamines: epinephrine and norepinephrine. Acute higher doses lead to enhanced stimulation of the central nervous system (CNS) and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to amphetamines include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior. The effects of Amphetamines generally last 2-4 hours following use and the drug has a half-life of 4-24 hours in the body. About 30% of amphetamines are excreted in the urine in unchanged form, with the remainder as hydroxylated and deaminated derivatives.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of amphetamines in urine exceeds detective level.

Barbiturates (BAR)

Barbiturates are CNS depressants. They are used therapeutically as sedatives, hypnotics, and anticonvulsants barbiturates are almost always taken orally as capsules or tablets. The effects resemble those of intoxication with alcohol. Chronic use of barbiturates leads to tolerance and physical dependence. Short-acting barbiturates taken at 400 mg/day for 2-3 months can produce a clinically significant degree of physical dependence. Withdrawal symptoms experienced during periods of drug abstinence can be severe enough to cause death.

Only a small amount (less than 5%) of most barbiturates are excreted unaltered in the urine.

The approximate detection time limits for barbiturates are:

Short acting (e.g. Secobarbital)	100 mg PO (oral)	4.5 days
Long acting (e.g. Phenobarbital)	400 mg PO (oral)	7 days[2]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of barbiturates in urine exceeds detective level.

Benzodiazepines (BZO)

Benzodiazepines are medications that are frequently prescribed for the symptomatic treatment of anxiety and sleep disorders. They produce their effects via specific receptors involving a neurochemical called gamma aminobutyric acid (GABA). Because they are safer and more effective, benzodiazepines have replaced barbiturates in the treatment of both anxiety and insomnia. Benzodiazepines are also used as sedatives before some surgical and medical procedures, and for the treatment of seizure disorders and alcohol withdrawal.

Risk of physical dependence increases if benzodiazepines are taken regularly (e.g., daily) for more than a few months, especially at higher than normal doses. Stopping abruptly can bring on such symptoms as trouble sleeping, gastrointestinal upset, feeling unwell, loss of appetite, sweating, trembling, weakness, anxiety and changes in perception.

Only trace amounts (less than 1%) of most benzodiazepines are excreted unaltered in the urine; most of the concentration in urine is conjugated drug. The detection period for benzodiazepines in urine is 3-7 days.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of benzodiazepines in urine exceeds detective level.

Buprenorphine (BUP)

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

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

The Multi-Drug Rapid Test Panel yields a positive result when the Buprenorphine in urine exceeds detective level.

Cocaine (COC)

Cocaine is a potent central nervous system stimulant and a local anesthetic. Initially, it brings about extreme energy and restlessness while gradually resulting in tremors, over-sensitivity and spasms. In large amounts, cocaine causes fever, unresponsiveness, difficulty in breathing and unconsciousness.

Cocaine is often self-administered by nasal inhalation, intravenous injection and free-base smoking. It is excreted in the urine in a short time primarily as benzoylecgonine.[3,4] Benzoylecgonine, a major metabolite of cocaine, has a longer biological half-life (5-8 hours) than cocaine (0.5-1.5 hours), and can generally be detected for 24-48 hours after cocaine exposure.[4]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Cocaine in urine exceeds detective level.

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 Panel yields a positive result when the concentration of THC-COOH in urine exceeds detective level.

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.[7]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of methadone 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 Panel 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 Panel yields a positive result when the Methamphetamine in urine exceeds detective level.

Methylenedioxymethamphetamine (MDMA)

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.[5] 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 Multi-Drug Rapid Test Panel yields a positive result when the concentration of Methylenedioxymethamphetamine in urine exceeds detective level.

Morphine/Opiate (OPI)

Opiate refers to any drug that is derived from the opium poppy, including the natural products, morphine and codeine, and the semi-synthetic drugs such as heroin. Opioid is more general, referring to any drug that acts on the opioid receptor.

Opioid analgesics comprise a large group of substances which control pain by depressing the CNS. Large doses of morphine can produce higher tolerance levels, physiological dependency in users, and may lead to substance abuse. Morphine is excreted unmetabolized, and is also the major metabolic product of codeine and heroin. Morphine is detectable in the urine for several days after an opiate dose.[2]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of morphine/Opiate in urine exceeds detective level.

Methaqualone (MQL)

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

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Methaqualone in urine exceeds detective level.

Meperidine (MPRD)

Meperidine (also known as Pethidine , Pethidin , Meperidol and Dolantin) a phenylpiperidine derivative, is a synthetic opioid analgesic. Many of its pharmacologic properties and indications are similar to those of morphine, Meperidine is preferred to morphine for obstetric use because its rapid onset of action and shorter duration usually permit greater flexibility in maternal analgesia, possibly with less effect on neonatal respiration. Like other opioid drugs, pethidine has the potential to cause physical dependence or addiction. It may be more likely to be abused than other prescription opioids, perhaps because of its rapid onset of action. When compared with oxycodone, hydromorphone, and placebo, pethidine was consistently associated with more euphoria, difficulty concentrating, confusion, and impaired psychomotor and cognitive performance when administered to healthy volunteers. The especially severe side effects unique to pethidine among opioids—serotonin syndrome, seizures, delirium, dysphoria, tremor—are primarily or entirely due to the action of its metabolite, norpethidine.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Normeperidine in urine exceeds detective level.

Phencyclidine (PCP)

Phencyclidine, also known as PCP or Angel Dust, is a hallucinogen that was first marketed as a surgical anesthetic in the 1950's. It was removed from the market because patients receiving it became delirious and experienced hallucinations.

PCP is used in powder, capsule, and tablet form. The powder is either snorted or smoked after mixing it with marijuana or vegetable matter. PCP is most commonly administered by inhalation but can be used intravenously, intra-nasally, and orally. After low doses, the user thinks and acts swiftly and experiences mood swings from euphoria to depression. Self-injurious behavior is one of the devastating effects of PCP. PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days, depending on factors such as metabolic rate, user's age, weight, activity, and diet.[6] PCP is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).[6]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Phencyclidine in urine exceeds detective level. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).[1]

Propoxyphene (PPX)

Propoxyphene (PPX) is a narcotic analgesic compound bearing structural similarity to methadone. As an analgesic, propoxyphene can be from 50-75% as potent as oral codeine. Darvocet™, one of the most common brand names for the drug, contains 50-100 mg of propoxyphene napsylate and 325-650 mg of acetaminophen. Peak plasma concentrations of propoxyphene are achieved from 1 to 2 hours post dose. In the case of overdose, propoxyphene blood concentrations can reach significantly higher levels.

In humans, propoxyphene is metabolized by N-demethylation to yield norpropoxyphene. Norpropoxyphene has a longer half-life (30 to 36 hours) than parent propoxyphene (6 to 12 hours).The accumulation of norpropoxyphene seen with repeated doses may be largely responsible for resultant toxicity.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Propoxyphene in urine exceeds detective level. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for propoxyphene positive specimens.

Tricyclic Antidepressants (TCA)

TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses can result in profound CNS depression, cardiotoxicity and anticholinergic effects. TCA overdose is the most common cause of death from prescription drugs. TCAs are taken orally or sometimes by injection. TCAs are metabolized in the liver. Both TCAs and their metabolites are excreted in urine mostly in the form of metabolites for up to ten days.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Tricyclic Antidepressants in urine exceeds detective level. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for tricyclic antidepressant positive specimens.

Tramadol (TML)

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

The Multi-Drug Rapid Test Panel is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Tramadol in urine. The Multi-Drug Rapid Test Panel yields a positive result when Tramadol in urine exceed detective level.

Ketamine (KET)

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

The Multi-Drug Rapid Test Panel is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Ketamine in urine. The Multi-Drug Rapid Test Panel yields a positive result when Ketamine in urine exceeds detective level.

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. Oxycodone is known to metabolize by demethylation into oxymorphone and noroxycodone. In a 24-hour urine, 33-61% of a single, 5 mg oral dose is excreted with the primary constituents being unchanged drug (13-19%), conjugated drug (7-29%) and conjugated oxymorphone (13-14%). The window of detection for Oxycodone in urine is expected to be similar to that of other opioids such as morphine.

The Multi-Drug Rapid Test Panel is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Oxycodone in urine. The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Oxycodone in urine exceeds detective level.

Cotinine (COT)

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

In a 24-hour urine, approximately 5% of a nicotine dose is excreted as unchanged drug with 10% as cotinine and 35% as hydroxycotinine; the concentrations of other metabolites are believed to account for less than 5%.[10]While cotinine is thought to be an inactive metabolite, it's elimination profile is more stable than that of nicotine which is largely urine pH dependent. As a result, cotinine is considered a good biological marker for determining nicotine use. The plasma half-life of nicotine is approximately 60 minutes following inhalation or parenteral administration.[11]Nicotine and cotinine are rapidly eliminated by the kidney; the window of detection for cotinine in urine at a cutoff level of 200 ng/mL is expected to be up to 2-3 days after nicotine use.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Cotinine in urine exceeds detective level.

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

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

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of EDDP in urine exceeds detective level.

Fentanyl (FYL)

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

The FYL Rapid Test Panel (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of FYL in urine. The FYL Rapid Test Panel (Urine) yields a positive result when FYL in urine exceeds detective level.

Synthetic Marijuana (K2)

Synthetic Marijuana or K2 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- 200and cannabicyclohexanol are now illegal in the US because these substances have the potential to be extremely harmful and, therefore, pose an imminent hazard to the public safety.

The Multi-Drug Rapid Test Panel yields a positive result when the synthetic marijuana metabolite in urine exceeds detective level.

6-Monoacetylmorphine (6-MAM)

6-Monoacetylmorphine (6-MAM) or 6-acetylmorphine (6-AM) is one of three active metabolites of heroin (diacetylmorphine), the others being morphine and the much less active 3-monoacetylmorphine (3-MAM). 6-MAM is rapidly created from heroin in the body, and then is either metabolized into morphine or excreted in the urine. 6-MAM remains in the urine for no more than 24 hours. So a urine specimen must be collected soon after the last heroin use, but the presence of 6-MAM guarantees that heroin was in fact used as recently as within the last day. 6-MAM is naturally found in the brain, but in such small quantities that detection of this compound in urine virtually guarantees that heroin has recently been consumed.

The 6-MAM Rapid Test Panel 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 6-MAM in urine. The Multi-Drug Rapid Test Panel yields a positive result when the concentration of 6-Monoacetylmorphine in urine exceeds detective level. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).

(±) 3, 4-Methylenedioxyamphetamine (MDA)

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

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of 3,4-Methylenedioxyamphetamine in urine exceeds detective level.

Ethyl- β-D-Glucuronide(ETG)

Ethyl Glucuronide (ETG) is a metabolite of ethyl alcohol which is formed in the body by glucuronidation following exposure to ethanol, such as by drinking alcoholic beverages. It is used as a biomarker to test for ethanol use and to monitor alcohol abstinence in situations where drinking is prohibited, such as in the military, in professional monitoring programs(health professionals, attorneys, airline pilots in recovery from addictions), in schools, in liver transplant clinics, or in recovering alcoholic patients. ETG can be measured in urine up to approximately 80 hours after ethanol is ingested. ETG is a more accurate indicator of the recent exposure to alcohol than measuring for the presence of ethanol itself.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Ethyl Glucuronide in urine exceeds detective level

Clonazepam (CLO)

Clonazepam is a benzodiazepine drug having anxiolytic, anticonvulsant, muscle relaxant, amnestic, sedative, and hypnotic properties. Clonazepam has an intermediate onset of action, with a peak blood level occurring one to four hours after oral administration. Long-term effects of benzodiazepines include tolerance, benzodiazepine dependence, and benzodiazepine withdrawal syndrome, which occurs in one third of patients treated with clonazepam for longer than four weeks. Benzodiazepines such as clonazepam have a fast onset of action, high effectivity rate, and low toxicity in overdose; however, as with most medications, it may have drawbacks due to adverse or paradoxical effects. The detection period for the Benzodiazepines in the urine is 3-7 days.

The Multi-Drug Rapid Test Panel yields a positive result when the Clonazepam in urine exceeds detective level.

Lysergic Acid Diethylamide (LSD)

Lysergic acid diethylamide (LSD) is a white powder or a clear, colorless liquid. LSD is manufactured from lysergic acid which occurs naturally in the ergot fungus that grows on wheat and rye. It is a Schedule I controlled substance, available in liquid, powder, tablet (microdots), and capsule form. LSD is recreationally used as a hallucinogen for its ability to alter human perception and mood. LSD is primarily used by oral administration, but can be inhaled, injected, and transdermally applied. LSD is a non-selective 5-HT agonist, may exert its hallucinogenic effect by interacting with 5-HT 2Areceptors as a partial agonist and modulating the NMDA receptor-mediated sensory, perceptual, affective and cognitive processes. LSD mimics 5-HT at 5-HT 1A receptors, producing a marked slowing of the firing rate of serotonergic neurons. LSD has a plasma half-life of 2.5-4 hours. Metabolites of LSD include N-desmethyl-LSD, hydroxy-LSD, 2-oxo-LSD, and 2-oxo-3-hydroxy-LSD .These metabolites are all inactive. LSD use can typically be detected in urine for periods of 2-5 days.

The Multi-Drug Rapid Test Panel yields a positive result when Lysergic Acid Diethylamide in urine exceeds detective level.

Methylphenidate (MPD)

Methylphenidate (Ritalin) is a psychostimulant drug approved for treatment of ADHD or attention-deficit hyperactivity disorder, postural orthostatic tachycardia syndrome and narcolepsy. Methylphenidate primarily acts as a norepinephrine-dopamine reuptake inhibitor. Methylphenidate is most active at modulating levels of dopamine and to a lesser extent norepinephrine. Similar to cocaine, methylphenidate binds to and blocks dopamine transporters and norepinephrine transporters. Methylphenidate has both dopamine transporter and norepinephrine transporter binding affinity, with the dextromethylphenidate enantiomers displaying a prominent affinity for the norepinephrine transporter. Methylphenidate may also exert a neuroprotective action against the neurotoxic effects of Parkinson's disease and methamphetamine abuse. Methylphenidate taken orally has a bioavailability of 11-52% with a duration of action around 1-4 hours forinstant release, 3–8 hours for sustained release, and 8–12 hours for extended release(Concerta). The half-life of methylphenidate is 2-3 hours, depending on the individual. The peak plasma time is achieved at about 2 hours.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Methylphenidate in urine exceeds detective level

Zolpidem (ZOL)

Zolpidem (brand names Ambien, Ambien CR, Intermezzo, Stilnox, Stilnoct, Sublinox, Hypnogen, Zonadin, Sanval and Zolsana) is a prescription medication used for the treatment of insomnia and some brain disorders.[1]It is a short-acting nonbenzodiazepine hypnotic of the imidazopyridine class[1] that potentiates GABA, an inhibitory neurotransmitter, by binding to GABAA receptors at the same location as benzodiazepines.[2] It works quickly, usually within 15 minutes, and has a short half-life of two to three hours.

Zolpidem may be detected in blood or plasma to confirm a diagnosis of poisoning in hospitalized patients, provide evidence in an impaired driving arrest, or to assist in a medico-legal death investigation. Blood or plasma Zolpidem concentrations are usually in a range of 30–300 μg/l in persons receiving the drug therapeutically, 100–700 μg/l in those arrested for impaired driving, and 1000–7000 μg/l in victims of acute over dosage. Analytical techniques, in general, involve gas or liquid chromatography.[3,4,5]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Zolpidem in urine exceeds detective level.

Mephedrone (MEP)

Mephedrone, also known as 4-methylmethcathinone (4-MMC) or 4-methylephedrone is a synthetic stimulant drug of the amphetamine and cathinone classes. Slang names include drone, [12]M-CAT, [13] White Magic[14] and meow meow. [15]It is chemically similar to the cathinone compounds found in the khat plant of eastern Africa.

Mephedrone comes in the form of tablets or a powder, which users can swallow, snort or inject, producing similar effects to MDMA, amphetamines and cocaine. In addition to its stimulant effects, Mephedrone produces side effects, of which teeth grinding are the most common. A number of metabolites are possible, however the n-demethyl metabolite of Mephedrone will be 4-Methylcathinone. This metabolite appears to be nearly inactive as a Monoamine Oxydase Inhibitor .On further metabolism of this metabolite one of the possible metabolites is 4-Methylnorephedrine, caused by the reduction of the Keto.A dose of 150mg-250mg is the average, giving a duration of around 2 hours. the duration will lengthen in larger 250mg+ dosages.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Mephedrone in urine exceeds detective level.

3, 4-methylenedioxypyrovalerone (MDPV)

3, 4-methylenedioxypyrovalerone (MDPV) is a psychoactive recreational drug with stimulant properties which acts as a norepinephrine-dopamine reuptake inhibitor (NDRI). It was first developed in the 1960s by a team at Boehringer Ingelheim. MDPV remained an obscure stimulant until around 2004 when it was reportedly sold as a designer drug. Products labeled as bath salts containing MDPV were previously sold as recreational drugs in gas stations and convenience stores in the United States, similar to the marketing for Spice and K2 as incense.

MDPV is the 3,4-methylenedioxy ring-substituted analog of the compound pyrovalerone, developed in the 1960s, which has been used for the treatment of chronic fatigue and as an anorectic, but caused problems of abuse and dependence. However, despite its structural similarity, the effects of MDPV bear little resemblance to other methylenedioxy phenylalkylamine derivatives such as 3,4-methylenedioxy-N-methylamphetamine (MDMA), instead producing primarily stimulant effects with only mild entactogenic qualities.

MDPV undergoes CYP450 2D6, 2C19, 1A2, and COMT phase 1 metabolism (liver) into methylcatechol and pyrrolidine, which in turn are glucuronated (uridine 5'-diphospho-glucuronosyl-transferase) allowing it to be excreted by the kidneys, with only a small fraction of the metabolites being excreted into the stools. No free pyrrolidine will be detected in the urine.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of 3, 4-methylenedioxypyrovalerone in urine exceeds detective level.

Diazepam (DIA)

Diazepam is a medication of the benzodiazepine family that typically produces a calming effect. It has anticonvulsant properties. Diazepam has no effect on GABA levels and no effect on glutamate decarboxylase activity, but has a slight effect on gamma-amino butyric acid transaminase activity. Diazepam can be administered orally, intravenously intramuscularly (IM), or as a suppository. When administered orally, it is rapidly absorbed and has a fast onset of action. The onset of action is one to five minutes for IV administration and 15–30 minutes for IM administration. The duration of diazepam's peak pharmacological effects is 15 minutes to one hour for both routes of administration. The bioavailability after oral administration is 100% and 90% after rectal administration. Peak plasma levels occur between 30 and 90 minutes after oral administration and between 30 and 60 minutes after intramuscular administration; after rectal administration, peak plasma levels occur after 10 to 45 minutes. Diazepam is highly protein-bound, with 96 to 99% of the absorbed drug being protein-bound. The distribution half-life of diazepam is 2 to 13 minutes. When diazepam is administered IM, absorption is slow, erratic, and incomplete.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Diazepam in urine exceeds detective level.

Zopiclone (ZOP)

Zopiclone is a nonbenzodiazepine hypnotic agent used in the treatment of insomnia. It is a cyclopyrrolone, which increases the normal transmission of the neurotransmitter gamma-aminobutyric acid in the central nervous system, as benzodiazepines do, but in a different way. Zopiclone is indicated for the short-term treatment of insomnia where sleep initiation or sleep maintenance are prominent symptoms. Long-term use is not recommended, as tolerance, dependence, and addiction can occur with prolonged use. Zopiclone is partly extensively metabolized in the liver to form an active N-demethylated derivative (N-desmethylzopiclone) and an inactive zopiclone-N-oxide.

In urine, the N-demethyl and N-oxide metabolites account for 30% of the initial dose. Between 7 and 10% of zopiclone is recovered from the urine, indicating extensive metabolism of the drug before excretion. The terminal elimination half-life of zopiclone ranges from 3.5 to 6.5 hours (5 hours on average).[16] Time to peak plasma concentration is 1 - 2 h, the absorption rate constant is 1.3 h-1 and maximum plasma concentration after administration of 7.5 mg is 131μg/l.

Zopiclone may be measured in blood, plasma, or urine by chromatographic methods. Plasma concentrations are typically less than 100μg/l during therapeutic use, but frequently exceed 100μg/l in automotive vehicle operators arrested for impaired driving ability and may exceed 1000μg/l in acutely poisoned patients. Post mortem blood concentrations are usually in a range of 0.4-3.9 mg/l in victims of fatal acute overdose.[17.18.19]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Zopiclone in urine exceeds detective level.

Methcathinone (MCAT)

Methcathinone**,** is a monoamine alkaloid and psychoactive stimulant, a substituted cathinone. Methcathinone is a highly addictive drug, primarily psychologically addicting and most of the signs of addiction to the drug are emotional or psychological. It has been popularized and continues to be sold under misleading names such as "bath salts", "plant fertilizers" or "research chemicals", but it is actually a powerful psycho-stimulant used as a recreational drug. Effects of this drug typically last from 4 to 6 hours. It is used as a recreational drug due to its potent stimulant and euphoric effects and is considered to be addictive, with both physical and psychological withdrawal occurring if its use is discontinued after prolonged or high-dosage administration **[20]**. It is usually snorted, but can be smoked, injected, or taken orally. Methcathinone is listed as a Schedule I controlled substance by the Convention on Psychotropic Substances and the United States' Controlled Substances Act, and as such it is not considered to be safe or effective in the treatment, diagnosis, prevention, or cure of any disease, and has no approved medical use. Methcathinone has very strong affinities for the dopamine transporter and the norepinephrine (noradrenaline) transporter. Its affinity for the serotonin transporter is less than that of methamphetamine.**[21]**

Effects of short term intoxication are similar to those produced by crack cocaine or methamphetamine: stimulation of heart rate and respiration; feeling of euphoria; loss of appetite; increased alertness; pupils may be dilated; body temperature may be slightly elevated. Acute intoxication at higher doses may also result in: insomnia, tremors and muscle twitching, fever, headaches, convulsions, irregular heart rate and respirations, anxiety, restlessness, paranoia, hallucinations and delusions.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Methcathinone in urine exceeds detective level.

7-aminoclonazepam (7-ACL)

7-aminoclonazepam is the major metabolite of clonazepam. Clonazepam sold under the brandname Klonopin among others, is a medication used to prevent and treat seizures, panic disorder, and for the movement disorder known as akathisia. It is a type of benzodiazepine. As a major metabolite, 7-aminoclonazepam may be used to monitor use of the parent drug, clonazepam. Clonazepam, marketed as Klonopin and Rivotril, is a long-acting benzodiazepine with anxiolytic, anticonvulsant, muscle relaxant, and hypnotic properties.

The Multi-Drug Rapid Test Panel (Urine) is a rapid urine-screening test that can be performed without the use of an instrument. The test utilizes the antibody to selectively detect elevated levels of 7-aminoclonazepam in urine. The Multi-Drug Rapid Test Panel (Urine) yields a positive result when the 7-aminoclonazepam in urine exceed the cut-off level.

Carfentanyl (CFYL)

Carfentanyl is an analog of the synthetic opioid analgesic fentanyl. It is 10,000 times more potent than morphine, making it among the most potent commercially used opioids. Carfentanil was first synthesized in 1974. It is marketed under the trade name Wildnil as a general anaesthetic agent for large animals. Side effects of carfentanil are similar to those of fentanyl, which include itching, nausea and respiratory depression, which can be life-threatening. Carfentanil is classified as Schedule II under the Controlled Substances Act in the United States with a DEA ACSCN of 9743.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Carfentanyl in urine exceeds detective level.

Tropicamide (TRO)

Tropicamide is an antimuscarinic drug usually prescribed as an ophthalmic solution to induce short-term mydriasis and cycloplegia. Tropicamide is currently abused (injected intravenously) as an inexpensive recreational deliriant drug[22].

Misuse of tropicamide typically occurs through IV injection; its effects last from 30 min to 6 h, and It is usually mixed with heroin, methadone, and other opioid drugs to potentiate the " rush" when injected intravenously.Medical effects of tropicamide misuse include slurred speech, persistent mydriasis, unconsciousness/unresponsiveness, hallucinations, kidney pain, dysphoria, “open eye dreams,” hyperthermia, tremors, suicidal feelings, convulsions, psychomotor agitation, tachycardia and headache.

The TRO Rapid Test Panel (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of tropicamide in urine. The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Tropicamide in urine exceeds detective level.

Caffeine (CAF)

Caffeine is a central nervous system (CNS) stimulant of the methylxanthine class. It is the world's most widely consumed psychoactive drug. It is found in the seeds, nuts, or leaves of a number of plants native to South America and East Asia and confers on them several survival and reproductive benefits.

Caffeine can produce a mild form of drug dependence – associated with withdrawal symptoms such as sleepiness, headache, and irritability – when an individual stops using caffeine after repeated daily intake. [13.14.15] After intravenous administration of caffeine the urine level of the drug is approximately the same in each of the first 4 hourly specimens. Blood samples taken 10 and 70 minutes after injection of the drug were analyzed and showed 0.29 and 0.28mg. per 100 cc. respectively. There are to be contrasted with the 1st hour urine which contained 0.73mg.per 100 cc., essentially 3 times that in the blood. After oral administration of caffeine to the horse the concentration of caffeine in the urine rose progressively during the first 3 hours, remained relatively constant through the 8th hours. At 48 hours, a urine specimen contained approximately 0.17mg. per 100 cc. of caffeine. In addition, flu-like symptoms, nausea/vomiting, and muscle pain/stiffness were judged likely to represent valid symptom categories. In experimental studies, the incidence of headache was 50% and the incidence of clinically significant distress or functional impairment was 13%. Typically, onset of symptoms occurred 12–24 h after abstinence, with peak intensity at 20–51 h, and for a duration of 2–9 days. [15]1% to 3% of caffeine is excreted unchanged in the urine. The rate of caffeine metabolism is variable, with a half-life of 4 to 6h. [16.17]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Caffeine in urine exceeds detective level.

Cathine (CAT)

Cathinone, also known as benzoylethanamine, or β-keto-amphetamine is a monoamine alkaloid found in the shrub Catha edulis (CAT) and is chemically similar to ephedrine, Cathinone, methCathinone and other amphetamines. It with amphetamine, ephedrine, methamphetamine and mephedrone belongs to excitatory amphetamines psychiatric drugs, has the strong central excitement and suppress appetite, has been widely applied in the depression, fatigue, obesity, gastric ulcer, etc. The earliest found in Arab tea, because of its structure and pharmacological activities are similar to amphetamines, so called "natural amphetamine. [22]It has approximately 10-14% the potency of amphetamine. [23]

S-(-)-Cathinone (S-(-)-alpha-aminopropiophenone) is the major active principle of khat leaves (Catha edulis), which are widely used in East Africa and the Arab peninsula as an amphetamine-like stimulant. After oral administration of synthesized cathinone (isomers, racemate), 22-52% was recovered in 24 h urine samples mainly as aminoalcohol metabolites. With GC/MS, HPLC and CD, the main metabolite of S-(-)-cathinone was identified as R/S-(-)-norephedrine and the main metabolite of R-(+)-cathinone as R/R-(-)-norpseudoephedrine. Both aminoalcohols are formed by a stereospecific keto reduction. [24]

Use too much Cathinone can cause loss of appetite, anxiety, irritability, insomnia, illusion and panic attacks. Abusers have for a long time for the development of personality disorder and continuing the risk of myocardial infarction. The World Anti-Doping Agency's list of prohibited substances (used for the Olympic Games among other athletic events) bars cathine in concentrations of over 5 micrograms per milliliter in urine.Cathine is a Schedule III drug under the Convention on Psychotropic Substances.[25]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Cathinone in urine exceeds detective level.

Alprazolam（ALP）

Alprazolam, available under the trade name Xanax among others, is a short-acting anxiolytic of the benzodiazepine class. It is commonly used for the treatment of panic disorder, and anxiety disorders, such as generalized anxiety disorder (GAD) or social anxiety disorder (SAD). [27.28]Alprazolam, like other benzodiazepines, binds to specific sites on the GABAA receptor. It possesses anxiolytic, sedative, hypnotic, skeletal muscle relaxant, anticonvulsant, and amnestic properties.

A mean half-life of alprazolam of 16.3 hours has been observed in healthy elderly subjects (range: 9.0-26.9 hours, n=16) compared to 11.0 hours (range: 6.3-15.8 hours, n=16) in healthy adult subjects.

Alprazolam and its metabolites are excreted primarily in the urine. The pharmacokinetics of alprazolam and two of its major active metabolites (4-hydroxyalprazolam and α-hydroxyalprazolam) are linear, and concentrations are proportional up to the recommended maximum daily dose of 10 mg given once daily. Peak concentrations in the plasma occur in one to two hours following administration. Plasma levels are proportionate to the dose given; over the dose range of 0.5 to 3.0 mg, peak levels of 8.0 to 37ng/ml were observed.[29]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Pregabalin (PGB)

Pregabalin, also known as β-isobutyl-γ-amino butyric acid (beta-isobutyl-GABA), is a medication used to treat epilepsy, neuropathic pain, fibromyalgia, and generalized anxiety disorder.[34]Common side effects

include: sleepiness, confusion, trouble with memory, poor coordination, dry mouth, problem with vision, and weight gain. Potentially serious side effects include angioedema, drug misuse, and an increased suicide risk. [35]

Pregabalin is eliminated from the systemic circulation primarily by renal excretion as unchanged drug. The Pregabalin is predominantly excreted unchanged in urine (≥ 98%) [36]. Pregabalin mean elimination half-life is 6.3 hours.[37] 50% would be expected to have negative urine specimens within 3 days and a total of 5 days would be needed to achieve negative urine specimens in the subject with the maximum urinary concentration measured.[38]

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Pregabalin in urine exceeds detective level.

Codeine (COD)

Codeine is an opiate used to treat pain, as a cough medicine, and for diarrhea. It is typically used to treat mild to moderate degrees of pain. Codeine is not itself centrally active, and must first be converted via first pass metabolism into morphine by the cytochrome P450 enzyme CYP2D6. Codeine is also metabolised into the inactive norcodeine via the CYP3A4 enzyme system.

Zaleplon (ZAL)

Zaleplon is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a nonbenzodiazepine hypnotic from the pyrazolopyrimidine class.

Zaleplon has a pharmacological profile similar to benzodiazepines, characterized by an increase in slow wave deep sleep (SWDS) with rapid onset of hypnotic action. Zaleplon is a full agonist for the benzodiazepine α1 receptor located on the GABAA receptor complex in the body, with lower affinity for the α2 and α3 subsites. It selectively enhances the action of GABA similar to, but more selectively than benzodiazepines. Zaleplon, although not a benzodiazepine, maintains a very similar chemical structure nonetheless, known for inducing hypnotic effects by α1 subreceptor sites, anxiolytic and muscle relaxant effects via α2 and α3 subsites, with negligible anticonvulsant properties (via α5 subsite), as zaleplon action is modulated at benzodiazepine receptor sites. The elimination half-life of zaleplon is about 1–1.5 hours. The absorption rate of zaleplon is rapid and the onset of therapeutic effects is typically breached within 5–15 minutes following ingestion. Zaleplon is primarily metabolised by aldehyde oxidase, and its half-life can be affected by substances which inhibit or induce aldehyde oxidase. Taken orally, zaleplon reaches full concentration in about one hour. It is extensively metabolised into 5-oxozaleplon and 5-oxodesethylzaleplon (the latter via desethylzaleplon), with less than 1% of it excreted intact in urine.

Cannabinol (CNB)

Cannabinol (CNB) is a non-psychoactive cannabinoid found only in trace amounts in Cannabis,[39] and is mostly found in aged Cannabis.[40] Pharmacologically relevant quantities are formed as a metabolite of tetrahydrocannabinol (THC).[41]CNB acts as a partial agonistat the CB1 receptors, but has a higher affinity to CB2 receptors; however, it has lower affinities relative to THC.[42, 43] Degraded or oxidized cannabis products, such as low-quality baled cannabis and traditionally produced hashish, are high in CNB, but modern production processes minimize the formation of CNB.

Unlike other cannabinoids, CNB does not stem from cannabigerol (CBG). There is no clinical evidence that THC breaks down naturally into CNB once the THC has become decarboxylated and forms delta-9 THC. CNB is formed by decarboxylation of cannabinolic acid.

Gabapentin (GAB)

Gabapentin, sold under the brand name Neurontin among others, is a medication which is used to treat epilepsy (specifically partial seizures), neuropathic pain, hot flashes, and restless legs syndrome. [44,45]

Common side effects of gabapentin include sleepiness and dizziness. Serious side effects include an increased risk of suicide, aggressive behavior, and drug reaction with eosinophilia and systemic symptoms. In 2009 the U.S. Food and Drug Administration issued a warning of an increased risk of suicidal thoughts and behaviors in patients taking some anticonvulsant drugs, including gabapentin,[46] modifying the packaging inserts to reflect this.[47]

The oral bioavailability of gabapentin enacarbil (as gabapentin) is greater than or equal to 68%, across all doses assessed (up to 2,800 mg), with a mean of approximately 75%.[48,49] Gabapentin undergoes little or no metabolism.[50,51] The T-max of the instant-release (IR) formulation of gabapentin enacarbil (as active gabapentin) is about 2.1 to 2.6 hours across all doses (350–2,800 mg) with single administration and 1.6 to 1.9 hours across all doses (350–2,100 mg) with repeated administration.[52]

Trazodone is a triazolopyridine derivative which is used to treat major depressive disorder. It possesses antidepressant, and also some anxiolytic and hypnotic activity.

Trazodone (TZD)

The primary use of trazodone is the treatment of major depression. Data from open and double-blind trials suggest the antidepressant efficacy of trazodone is comparable to that of amitriptyline, doxepin, and mianserin. Also, trazodone showed anxiolytic properties, low cardiotoxicity, and relatively mild side effects.[53] The half-life of trazodone in the initial phase is about 3–6 h and the half-life in the terminal phase is about 5–9 h. TZD is extensively metabolized with only about 1% of the dose excreted unchanged in urine after 24 hr.[53] Around 70 to 75% of 14C-labelled trazodone was found to be excreted in the urine within 72 hours.[54]

Carisoprodo (CAR)

Carisoprodol, marketed under the brand name Soma among others, is a medication used for musculoskeletal pain. Use is only approved for up to three weeks. Effects generally begin within half an hour and last for up to six hours. It is taken by mouth.

Common side effects include headache, dizziness, and sleepiness. Serious side effect may include addiction, allergic reactions, and seizures. In people with a sulfa allergy certain formulations may result in problems. Safety during pregnancy and breastfeeding is not clear. Meprobamate and other muscle-relaxing drugs often were subjects of misuse in the 1950s and 60s.Overdose cases were reported as early as 1957, and have been reported on several occasions since then.

Carisoprodol is metabolized by the liver and excreted by the kidneys so this drug must be used with caution with patients that have impaired hepatic or renal function. Because of potential for more severe side effects, this drug is on the list to avoid for elderly people.

The Carisoprodol Rapid Test 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 Carisoprodol in urine. The Carisoprodol Rapid Test (Urine) yields a positive result when Carisoprodol in urine exceeds 2000ng/mL.

AB-PINACA (ABP)

AB-PINACA is a compound that was first identified as a component of synthetic cannabis products in Japan in 2012. It was originally developed by Pfizer in 2009 as an analgesic medication. AB-PINACA acts as a potent agonist for the CB1 receptor (Ki = 2.87 nM, EC50 = 1.2 nM) and CB2 receptor (Ki = 0.88 nM, EC50 = 2.5 nM) and fully substitutes for Δ9-THC in rat discrimination studies, while being 1.5x more potent.

The ABP Rapid Test (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of AB-PINACA in urine.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Quetiapine (QTP)

Quetiapine, sold under the trade name Seroquel among others, is an atypical antipsychotic used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder. It is also used as a sleep aid due to its sedating effect, but this use is not recommended. It is taken by mouth.

Common side effects include sleepiness, constipation, weight gain, and dry mouth. Other side effects include low blood pressure with standing, seizures, a prolonged erection, high blood sugar, tardive dyskinesia, and neuroleptic malignant syndrome.In older people with dementia, its use increases the risk of death Use in the later part of pregnancy may result in a movement disorder in the baby for some time after birth. Quetiapine is believed to work by blocking a number of receptors including serotonin and dopamine.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Fluoxetine (FLX)

Fluoxetine, also known by trade names Prozac and Sarafem, among others, is an antidepressant of the selective serotonin reuptake inhibitor(SSRI)class. It is used for the treatment of major depressive disorder, obsessive–compulsive disorder(OCD), bulimia nervosa, panic disorder and premenstrual dysphoric disorder. It may decrease the risk of suicide in those over the age of 65. It has also been used to treat premature ejaculation.Fluoxetine is taken by mouth.

Common side effects include trouble sleeping, sexual dysfunction, loss of appetite, dry mouth, rash and abnormal dreams. Serious side effects include serotonin syndrome, mania, seizures, an increased risk of suicidal behavior in people under 25 years old and an increased risk of bleeding. If stopped suddenly, a withdrawal syndromemay occur with anxiety, dizzinessand changes in sensation.It is unclear if it is safe in pregnancy. If already on the medication, it may be reasonable to continue during breastfeeding.Its mechanism of action is not entirely clear but believed to be related to increasing serotonin activity in the brain.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

UR-144

UR-144 is a synthetic cannabinoid receptor agonist (SCRA) and has affinity for CB1 and CB2 receptors. It has a high selectivity for the CB2-receptors.

UR-144 is a psychoactive substance and has effects similar to delta-9-tetrahydrocannabinol (THC), though slightly less potent than THC. UR-144 has been detected in herbal products marketed under a variety of names.

In mice, UR-144 is moderately potent in reducing in a time- and dose-dependent manner the locomotor activity (ID50-value 7.8 mg/kg), induces an anti-nociceptive effect, and decreases rectal temperature and ring immobility with potencies several-fold greater than THC. In mice, UR-144 substituted for THC in a THC discrimination study (ED50-value 7.1 to 7.4 µmol/kg intra-peritoneal), an effect antagonized by rimonabant.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Kratom (KRA)

Mitragynine (MG) and its major metabolites 7-hydroxymitragynine (7-OH-MG) are two of the major components of the plant extract Kratom, which is a tree planted in Southeast Asia. Kratom has long been used by opioid-dependent individuals as an alternative to their unavailable opioid of choice and chronic pain medication, as a stealth-to-urine drug screening opiate substitute while in opioid recovery treatment and recreationally, alone or as a booster. In this study, a direct infusion method was utilized and electrospray ionization triple quadrupole mass spectrometer was used as the detector for data acquisition. Pharmacokinetic study was conducted to investigate the effect of mitragynine and 7-hydroxymitragynine and major fragments of both compounds were proposed.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Tilidine (TLD)

Tilidine, or tilidate (brand names: Tilidin, Valoron and Valtran) is a synthetic opioid painkiller, used mainly in Germany, Switzerland, South Africa and Belgium for treatment of moderate to severe pain, both acute and chronic. Its onset of pain relief after oral administration is about 10–15 minutes and peak relief from pain occurs about 25–50 minutes after oral administration.

It usually comes in its hydrochloride hemihydrate salt form; in this form it is highly soluble in water, ethanol and dichloromethane and appears as a white/almost white crystalline powder. Its storage is restricted by its sensitivity to degradation by light and oxygen, hence necessitating its storage in amber bottles and at temperatures below 30 degrees Celsius, respectively.

Tilidine is a prodrug from which the active metabolite nortilidine is formed by demethylation. The pharmacokinetics of tilidine (T), nortilidine (NT) and bisnortilidine (BNT) were studied in nine healthy subjects following single intravenous (10 min infusion) and oral 50 mg T-HCl dose as well as following multiple 50 mg T-HCl oral doses. Systemic availability of the parent substance was 6% and of the active metabolite NT 99%. The terminal half-life of NT was 3.3 h following single oral administration, 4.9 h following intravenous administration and 3.6 h following multiple dosing. Following intravenous infusion, concentrations of unchanged substance were found which were 30 times higher than following oral administration. BNT was eliminated with half-lives of 5 h after oral administration and 6.9 h after intravenous administration. Renal elimination of unchanged substance was 1.6% of the dose following intravenous administration and less than 0.1% of the dose following oral administration. Approximately 3% were recovered in urine as NT and 5% as BNT following both routes of administration.

The Tilidine Rapid Test (Urine) is a rapid urine-screening test that can be performed without the use of an instrument. The test utilizes the antibody to selectively detect elevated levels of Nortilidine in urine.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alprazolam in urine exceeds detective level.

Alpha-Pyrrolidinovalerophenone (α-PVP)

alpha-Pyrrolidinovalerophenone (also known as α-PVP, A-PVP, alpha-PVP, and Flakka) is a synthetic stimulant substance of the cathinone and pyrrolidine chemical classes.1α-PVP may be quantified in blood, plasma or urine to confirm a diagnosis of poisoning in hospitalized patients or to provide evidence in a medicolegal death investigation.2 It generally comes in the form of either a crystalline powder or crystallized shards which users can ingest to produce powerful but short-lived euphoric stimulant effects which are comparable to those of methamphetamine and cocaine when insufflated or vaporized. α-PVP has been reported to be the cause, or a significant contributory cause of death in suicides and overdoses caused by combinations of drugs.3, 4 It has also been linked to at least one death where it was combined with pentedrone and caused heart failure.

The α-PVP Rapid Test Dipstick (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of alpha-Pyrrolidinovalerophenone in urine. The α-PVP Rapid Test Dipstick (Urine) yields a positive result when alpha-Pyrrolidinovalerophenone in urine exceeds 500ng/mL.

Alcohol (ALC)

Alcohol intoxication can lead to loss of alertness, coma, death and birth defects. Determination of ethyl alcohol in blood, saliva and urine is commonly used for measuring legal impairment, alcohol poisoning, etc. The BAC (Blood Alcohol Content) 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.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alcohol in urine exceeds 0.02%.

【WHAT IS ADULTERATION】

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, specific gravity and creatinine and to detect the presence of oxidants/PCC, nitrites or glutaraldehyde in urine.

Oxidants/PCC (Pyridiniumchlorochromate) tests for the presence of oxidizing agents such as bleach and hydrogen peroxide. Pyridiniumchlorochromate (sold under the brand name Urine Luck) is a commonly used adulterant.8 Normal human urine should not contain oxidants of 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 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 used as household chemicals to whiten clothes and remove stains and as disinfectants. Normal human urine should not contain bleach.

【PRINCIPLE (FOR DOA TESTS EXCLUDING ALCOHOL)】

During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test region of the specific drug dipstick. The presence of drug above the cut-off concentration will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test region.

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

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

【PRINCIPLE (FOR ALCOHOL)】

The urine Alcohol Rapid Test consists of a plastic strip with a reaction pad attached at the tip. On contact with alcohol, the reaction pad will change colors depending on the concentration of alcohol present. This is based on the high specificity of alcohol oxidase for ethyl alcohol in the presence of peroxidase and enzyme substrate such as TMB.

【REAGENTS(FOR DOA TESTS EXCLUDING ALCOHOL)】

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.

【REAGENTS (FOR ALCOHOL)】

Tetramethylbenzidine,
Alcohol Oxidase
Peroxidase

【S.V.T REAGENTS】

Adulteration Pad	Reactive indicator	Buffers and non-reactive ingredients
Creatinine	0.04%	99.96%
Nitrite	0.07%	99.93%
Bleach	0.39%	99.61%
Glutaraldehyde	0.02%	99.98%
pH	0.06%	99.94%
Specific Gravity	0.25%	99.75%

Oxidants / PCC	0.36%	99.64%

【PRECAUTIONS】

- For healthcare professionals including professionals at point of care sites.
- Immunoassay for *in vitro* diagnostic use only. The Test Panel 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 Panel should be discarded according to 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 Panel 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. When testing cards with S.V.T. or Alcohol storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated prior to testing.

【MATERIALS】

Materials Provided

- Test Panels
- Package insert
- Adulteration Color Chart (when applicable)

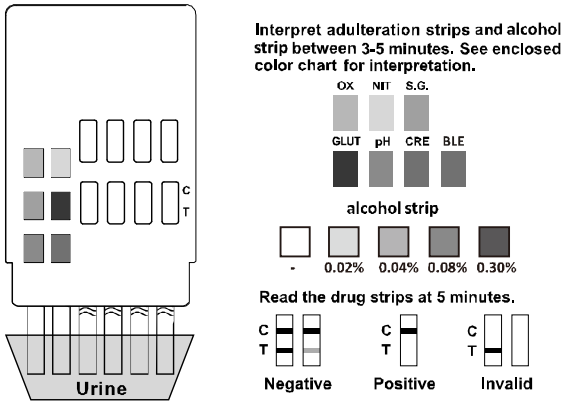
Materials Required But Not Provided

- timer

【DIRECTIONS FOR USE】

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

1. Bring the pouch to room temperature before opening it. Remove the test panel from the sealed pouch and use it within one hour.
2. Remove the cap.
3. With the arrow pointing toward the urine specimen, immerse the test panel vertically in the urine specimen for at least 10 to 15 seconds. **Immerse the dipstick to at least the level of the wavy lines, but not above the arrow on the test panel.**
4. Replace the cap and place the test panel on a non-absorbent flat surface.
5. Start the timer and wait for the colored line(s) to appear.
6. **Read the adulteration strips and Alcohol strip between 3-5 minutes** according to color chart provided separately/on foil pouch. Refer to your Drug Free Policy for guidelines on adulterated specimens. We recommend not to interpret the drug test results and either retest the urine or collect another specimen in case of any positive result for an adulteration test.
7. The drug strip result should be read 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.

【INTERPRETATION OF RESULTS (S.V.T/ ADULTERATION)】

(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.

【INTERPRETATION OF RESULTS (ALCOHOL STRIP)】

Negative: Almost no color change by comparing with the background. The negative result indicates that the urine alcohol level is less than 0.02%.

Positive: A distinct color developed all over the pad. The positive result indicates that the urine alcohol concentration is 0.02% or higher.

Invalid: The test should be considered invalid If only the edge of the reactive pad turned color that might be ascribed to insufficient sampling. The subject should be re-tested. Besides, if the color pad has a blue color before applying urine sample, do not use the test.

【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 Panel 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. Alcohol in the atmosphere, such as spray from perfumes, deodorizers, glass cleaners etc. can affect the Alcohol Rapid Tests. Therefore, adequate measures should be taken to avoid undue interference from such atmospheric agents in the testing area.
8. The test is only for detection of presence/ absence of alcohol in the urine, which may result from habitual drinking or medications and does not discriminate the two.

【S.V.T/ ADULTERATION LIMITATIONS】

1. The adulteration tests included with the 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 adulterants.
2. 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 oxidants/PCC pad.
3. Specific Gravity: Elevated levels of protein in urine may cause abnormally high specific gravity values.
4. 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.
5. Glutaraldehyde: is not normally found in urine. However certain metabolic abnormalities such as ketoacidosis (fasting, uncontrolled diabetes or high protein diets) may interfere with the test results.
6. Creatinine: Normal Creatinine levels are between 20 and 350 mg/dL. Under rare conditions, certain kidney diseases may show dilute urine.
7. Bleach: Normal human urine should not contain bleach. The presence of high levels of bleach in the specimen may result in false negative results for the bleach pad.

【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 Panel and commercially available drug rapid tests. Testing was performed on approximately hundred 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 Panel		Positive	Negative	
ACE 5,000	Positive	29	1	93.5%
	Negative	2	68	98.6%
AMP 1,000	Positive	103	3	98.1%
	Negative	2	142	97.9%
AMP 500	Positive	110	2	99.1%
	Negative	1	137	98.6%
AMP 300	Positive	116	2	99.1%
	Negative	1	131	98.5%
BAR 300	Positive	98	2	96.1%
	Negative	4	146	98.6%
BAR 200	Positive	101	3	95.3%
	Negative	5	141	97.9%
BZO 500	Positive	112	3	98.2%
	Negative	2	133	97.8%
BZO 300	Positive	121	1	98.4%
	Negative	2	126	99.2%
BZO 200	Positive	127	2	99.2%
	Negative	1	120	98.4%
BZO 100	Positive	128	3	99.2%
	Negative	1	118	97.5%
BUP 10	Positive	105	0	99.1%
	Negative	1	144	>99.9%
BUP 5	Positive	105	0	99.1%
	Negative	1	144	>99.9%
COC 300	Positive	111	3	98.2%
	Negative	2	134	97.8%
COC 200	Positive	40	0	>99.9%
	Negative	0	60	>99.9%
COC 150	Positive	116	4	98.3%
	Negative	2	128	97.0%
COC 100	Positive	117	4	99.2%
	Negative	1	128	97.0%
THC 300	Positive	85	3	95.5%
	Negative	4	158	98.1%
THC 200	Positive	85	4	93.4%
	Negative	6	155	97.5%
THC 150	Positive	86	4	94.5%
	Negative	5	155	97.5%
THC 50	Positive	92	3	97.9%
	Negative	2	153	98.1%
THC 30	Positive	94	3	97.9%
	Negative	2	151	98.1%
THC 25	Positive	95	4	96.9%
	Negative	3	148	97.4%
THC 20	Positive	92	1	94.8%
	Negative	5	152	99.3%
MTD 300	Positive	89	2	98.9%
	Negative	1	158	98.8%
MTD 200	Positive	91	2	98.9%
	Negative	1	156	98.7%
MET 1,000	Positive	76	5	96.2%
	Negative	3	166	97.1%
MET 500	Positive	83	5	97.6%
	Negative	2	160	97.0%
MET 300	Positive	88	4	97.8%
	Negative	2	156	97.5%
MDMA 1,000	Positive	99	1	98.0%
	Negative	2	148	99.3%
MDMA 500	Positive	102	1	98.1%
	Negative	2	145	99.3%
MDMA 300	Positive	103	1	98.1%
	Negative	2	144	99.3%
MOP/OPI 300	Positive	95	7	95.0%
	Negative	5	143	95.3%
MOP/OPI 200	Positive	95	6	95.0%
	Negative	5	144	96.0%
MOP/OPI 100	Positive	98	5	97.0%
	Negative	3	144	96.6%
MPRD	Positive	19	1	95.0%
	Negative	1	49	98.0%
MQL	Positive	79	11	89.8%
	Negative	9	151	93.2%
OPI 2000	Positive	117	8	96.7%
	Negative	4	121	93.8%
OPI 1000	Positive	116	8	95.9%
	Negative	5	121	93.8%
PCP 50	Positive	84	5	92.3%
	Negative	7	154	96.9%
PCP 25	Positive	85	5	92.4%
	Negative	7	153	96.8%
PPX	Positive	97	9	96.0%
	Negative	4	140	94.0%
TCA 1000	Positive	91	13	94.8%
	Negative	5	141	91.6%
TCA 500	Positive	93	12	94.9%
	Negative	5	140	92.1%
TCA 300	Positive	94	12	94.9%
	Negative	5	139	92.1%
TML	Positive	82	12	88.2%

Method		GC/MS		% agreement with GC/MS
Multi-Drug Rapid Test Panel		Positive	Negative	
100	Negative	11	145	92.4%
TML 200	Positive	82	6	88.2%
	Negative	11	151	96.2%
TML 300	Positive	81	6	88.0%
	Negative	11	152	96.2%
TML 500	Positive	26	2	92.9%
	Negative	2	101	98.1%
KET 1,000	Positive	77	3	97.5%
	Negative	2	168	98.2%
KET 500	Positive	81	3	97.6%
	Negative	2	164	98.2%
KET 300	Positive	89	4	96.7%
	Negative	3	154	97.5%
KET 100	Positive	97	4	96.0%
	Negative	4	145	97.3%
OXY 300	Positive	83	1	96.5%
	Negative	3	163	99.4%
OXY 100	Positive	84	1	97.7%
	Negative	2	163	99.4%
COT 300	Positive	88	4	97.7%
	Negative	2	156	97.5%
COT 200	Positive	88	4	96.7%
	Negative	3	155	97.5%
COT 100	Positive	93	3	97.9%
	Negative	2	152	98.1%
EDDP 300	Positive	92	1	97.9%
	Negative	2	155	99.4%
EDDP 100	Positive	95	5	96.9%
	Negative	3	147	96.7%
FYL 300	Positive	32	2	97.0%
	Negative	1	185	98.9%
FYL 100	Positive	65	2	95.6%
	Negative	3	97	98.0%
FYL 20	Positive	79	1	98.8%
	Negative	1	169	99.4%
FYL 10	Positive	80	1	98.8%
	Negative	1	168	99.4%
K2-50	Positive	78	3	97.5%
	Negative	2	167	98.2%
K2-30	Positive	82	2	97.6%
	Negative	2	164	98.8%
K2-25	Positive	82	3	97.6%
	Negative	2	163	98.2%
6-MAM 10	Positive	42	2	97.7%
	Negative	1	105	98.1%
MDA 500	Positive	103	3	98.1%
	Negative	2	142	97.9%
ETG 300	Positive	79	1	98.8%
	Negative	1	169	99.4%
ETG 500	Positive	83	1	97.6%
	Negative	2	164	99.4%
ETG 1,000	Positive	81	1	95.3%
	Negative	4	164	99.4%
CLO 400	Positive	101	1	97.1%
	Negative	3	145	99.3%
CLO 150	Positive	103	2	99.0%
	Negative	1	144	98.6%
LSD 10	Positive	33	1	94.3%
	Negative	2	65	98.5%
LSD 20	Positive	33	1	94.3%
	Negative	2	64	98.5%
LSD 50	Positive	32	1	94.1%
	Negative	2	65	98.5%
MPD 300	Positive	35	1	94.6%
	Negative	2	62	98.4%
MPD 150	Positive	34	1	91.9%
	Negative	3	62	98.4%
ZOL	Positive	20	2	90.9%
	Negative	2	66	97.1%
MEP 500	Positive	20	1	95.2%
	Negative	1	65	98.5%
MEP 100	Positive	19	2	90.5%
	Negative	2	64	97.0%
MDPV	Positive	28	1	93.3%

Method		GC/MS		% agreement with GC/MS
Multi-Drug Rapid Test Panel		Positive	Negative	
1000	Negative	2	69	98.6%
MDPV 500	Positive	27	1	93.1%
	Negative	2	59	98.3%
DIA 300	Positive	121	1	98.4%
	Negative	2	126	99.2%
DIA 200	Positive	121	1	98.4%
	Negative	2	126	99.2%
ZOP 50	Positive	19	2	86.4%
	Negative	3	69	97.2%
MCAT 500	Positive	20	4	90.9%
	Negative	2	76	95.0%
7-ACL 300	Positive	32	1	94.1%
	Negative	2	43	97.7%
7-ACL 200	Positive	35	1	94.6%
	Negative	2	40	97.6%
7-ACL 100	Positive	36	1	94.7%
	Negative	2	39	97.5%
CFYL 500	Positive	36	1	94.7%
	Negative	2	72	98.6%
CAF 1000	Positive	21	3	91.3%
	Negative	2	66	95.7%
CAT 150	Positive	19	2	90.5%
	Negative	2	73	97.3%
TRO 350	Positive	23	2	92.0%
	Negative	2	64	97.0%
ALP 100	Positive	20	2	90.9%
	Negative	2	74	97.4%
PGB 50,000	Positive	20	2	90.0%
	Negative	2	73	97.3%
PGB 500	Positive	20	2	95.2%
	Negative	1	52	96.3%
COD 200	Positive	58	5	95.1%
	Negative	3	84	94.4%
ZAL 100	Positive	20	1	95.2%
	Negative	1	38	97.4%
CNB 500	Positive	23	1	95.8%
	Negative	1	40	97.6%
GAB 2000	Positive	24	1	92.3%
	Negative	2	65	98.5%
TZD 200	Positive	26	3	92.9%
	Negative	2	73	96.1%
CAR 2000	Positive	19	3	95%
	Negative	1	49	94.2%
ABP 10	Positive	23	2	92%
	Negative	2	68	97.1%
QTP 1000	Positive	34	1	97.1%
	Negative	1	59	98.3%
FLX 1000	Positive	33	2	97.1%
	Negative	1	57	96.6%
UR-144 25	Positive	34	1	97.1%
	Negative	1	62	98.4%
KRA 300	Positive	22	1	95.7%
	Negative	1	59	98.3%
TLD 50	Positive	36	1	97.3%
	Negative	1	57	98.3%
α-PVP 2000	Positive	33	2	86.8%
	Negative	5	60	96.8%
α-PVP 1000	Positive	35	2	92.1%
	Negative	3	60	96.8%
α-PVP 500	Positive	34	3	91.9%
	Negative	3	60	95.2%
α-PVP 300	Positive	35	3	92.1%
	Negative	3	59	95.2%

% Agreement with Commercial Kit

	ACE 5,000	AMP 1,000	AMP 500	AMP 300	BAR 300	BAR 200	BZO 500	BZO 300	BZO 200	BZO 100	BUP 10	BUP 5
Positive Agreement	*	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	*
Negative Agreement	*	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	*
Total Results	*	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	>99.9 %	*

	COC 300	COC 200	COC 150	COC 100	THC 200	THC 30/300	THC 150	THC 50	THC 25	MTD 300	MTD 200	MET 1,000
Positive Agreement	>99.9%	*	*	>99.9%	>99.9%	*	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Negative Agreement	>99.9%	*	*	>99.9%	>99.9%	*	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%
Total Results	>99.9%	*	*	>99.9%	>99.9%	*	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%	>99.9%

	MET 500	MET 300	MDMA 1,000	MDMA 500	MDMA 300	MOP/OPI 300/100	MOP/OPI 200	MQL	OPI 2000	PCP 50	PCP 25
Positive Agreement	>99.9%	>99.9%	>99.9%	>99.9%	*	>99.9%	*	>99.9%	*	*	>99.9%
Negative Agreement	>99.9%	>99.9%	>99.9%	>99.9%	*	>99.9%	*	>99.9%	*	*	>99.9%
Total Results	>99.9%	>99.9%	>99.9%	>99.9%	*	>99.9%	*	>99.9%	*	*	>99.9%

	PPX	TCA 1000	TCA 500	TCA 300	TML 100	TML 200	TML 300 /500	KET 1,000	KET 500	KET 300	KET 100	COT 300	COT 200	COT 100
Positive Agreement	>99.9%	*	*	*	*	*	*	>99.9%	>99.9%	>99.9%	>99.9%	*	*	*
Negative Agreement	>99.9%	*	*	*	*	*	*	>99.9%	>99.9%	>99.9%	>99.9%	*	*	*
Total Results	>99.9%	*	*	*	*	*	*	>99.9%	>99.9%	>99.9%	>99.9%	*	*	*

	OXY 300/ 100	EDDP 300/100	FYL 300	FYL 100	FYL 20	FYL 10	K2 50/ 30/25	6-MAM 10	MDA 500	ETG 1000	ETG 500	ETG 300
Positive Agreement	*	*	*	*	*	*	*	*	*	*	*	*
Negative Agreement	*	*	*	*	*	*	*	*	*	*	*	*
Total Results	*	*	*	*	*	*	*	*	*	*	*	*

	CLO 400	CLO 150	LSD 20	LSD 50	MPD 300	ZOL	MEP 500/ 100	MDPV 1000/ 500	DIA 300	DIA 200	ZOP 50	MCAT 500	LSD 10
Positive Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*
Negative Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*
Total Results	*	*	*	*	*	*	*	*	*	*	*	*	*

	7-ACL 300	7-ACL 200	7-ACL 100	CFYL 500	CAF 1000	CAT 150	TRO 350	ALP	OPI 1000	THC 20	MPD 150	PGB 50000	ABP 10
Positive Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*
Negative Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*
Total Results	*	*	*	*	*	*	*	*	*	*	*	*	*

	COD 200	PGB 500	CNB 500	TZD 200	GAB 2000	ZAL 100	CAR 2000	MPRD	QTP 1000	FLX 500	UR-144 25	KRA 300	TLD 50	α-PVP 2000/ 1000/ 500/300
Positive Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Negative Agreement	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Total Results	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

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:

ACETAMINOPHEN (ACE 5,000)

Amphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
2,500	10	10	0	10	0	10	0
3,750	10	9	1	9	1	8	2
6,250	10	1	9	1	9	1	9

7,500	10	0	10	0	10	0	10

AMPHETAMINE (AMP 1,000)

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

AMPHETAMINE (AMP 500)

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

AMPHETAMINE (AMP 300)

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

BARBITURATES (BAR 300)

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

BARBITURATES (BAR 200)

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

BENZODIAZEPINES (BZO 500)

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

BENZODIAZEPINES (BZO 300)

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

BENZODIAZEPINES (BZO 200)

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

BENZODIAZEPINES (BZO 100)

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

BUPRENORPHINE (BUP 10)

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

BUPRENORPHINE (BUP 5)

Buprenorphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
2.5	10	10	0	10	0	10	0
3.75	10	9	1	9	1	8	2
6.25	10	1	9	1	9	1	9
7.5	10	0	10	0	10	0	10

COCAINE (COC 300)

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

COCAINE (COC 200)

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

COCAINE (COC 150)

Benzoylecgonine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0	10	0
112.5	10	9	1	9	1	9	1
187.5	10	2	8	2	8	2	8
225	10	0	10	0	10	0	10

COCAINE (COC 100)

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

MARIJUANA (THC300)

11-nor-Δ9-THC-9 COOH Concentration (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	8	2	9	1	9	1
375	10	2	8	3	7	1	9
450	10	0	10	0	10	0	10

MARIJUANA (THC200)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	9	1	9	1	9	1
250	10	2	8	1	9	1	9
300	10	0	10	0	10	0	10

MARIJUANA (THC150)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0	10	0
112.5	10	9	1	9	1	9	1
187.5	10	2	8	1	9	1	9
225	10	0	10	0	10	0	10

MARIJUANA (THC50)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25	10	10	0	10	0	10	0
37.5	10	9	1	8	2	9	1
62.5	10	1	9	1	9	2	8
75	10	0	10	0	10	0	10

MARIJUANA (THC30)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	-	+	-
0	10	10	0	10	0	10	0
15	10	10	0	10	0	10	0
22.5	10	9	1	9	1	9	1
37.5	10	2	8	2	8	1	9
45	10	0	10	0	10	0	10

MARIJUANA (THC25)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
12.5	10	10	0	10	0	10	0
18.75	10	8	2	8	2	8	2
31.25	10	1	9	1	9	2	8
37.5	10	0	10	0	10	0	10

MARIJUANA (THC20)

11-nor-Δ9-THC-9 COOH conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
10	10	10	0	10	0	10	0
15	10	8	2	8	2	8	2
25	10	1	9	1	9	2	8
30	10	0	10	0	10	0	10

METHADONE (MTD300)

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

METHADONE (MTD200)

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

METHAMPHETAMINE (MET1,000)

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

METHAMPHETAMINE (MET 500)

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

METHAMPHETAMINE (MET300)

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

METHYLENEDIOXYMETHAMPHETAMINE (MDMA1, 000) Ecstasy

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

1,250	10	1	9	1	9	1	9
1,500	10	0	10	0	10	0	10

METHYLENEDIOXYMETHAMPHETAMINE (MDMA 500) Ecstasy

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

METHYLENEDIOXYMETHAMPHETAMINE (MDMA 300) Ecstasy

Methylenedioxymethamphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	8	2	9	1	7	3
375	10	2	8	1	9	1	9
450	10	0	10	0	10	0	10

MORPHINE (MOP/OPI 300)

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

MORPHINE (MOP/OPI 200)

Morphine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	7	3	9	1	9	1
250	10	1	9	2	8	1	9
300	10	0	10	0	10	0	10

MORPHINE (MOP/OPI 100)

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

METHAQUALONE (MQL 300)

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

MORPHINE/OPIATE (OPI 2,000)

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

MORPHINE/OPIATE (OPI 1,000)

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

MEPERIDINE (MPRD100)

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

PHENCYCLIDINE (PCP 50)

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

PHENCYCLIDINE (PCP 25)

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

PROPOXYPHENE (PPX)

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

TRICYCLIC ANTIDEPRESSANTS (TCA1000)

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

TRICYCLIC ANTIDEPRESSANTS (TCA500)

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

TRICYCLIC ANTIDEPRESSANTS (TCA300)

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

TRAMADOL (TML 100)

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

TRAMADOL (TML 200)

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

TRAMADOL (TML 300)

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

TRAMADOL (TML 500)

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

KETAMINE (KET1, 000)

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

KETAMINE (KET500)

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

KETAMINE (KET300)

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

KETAMINE (KET100)

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

OXYCODONE (OXY300)

Oxycodone conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
350	10	0	10	0	10	0	10

OXYCODONE (OXY100)

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

COTININE (COT 300)

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

COTININE (COT 200)

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

COTININE (COT 100)

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

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

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

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

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

FENTANYL (FYL300)

FYL conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	7	3	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

FENTANYL (FYL100)

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

FENTANYL (FYL20)

FYL conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
10	10	10	0	10	0	10	0
15	10	9	1	9	1	9	1
25	10	1	9	1	9	1	9
30	10	0	10	0	10	0	10

FENTANYL (FYL10)

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

K2 50

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

K2 30

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

K2 25

K2 conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
12.5	10	10	0	10	0	10	0
18.75	10	7	3	8	2	8	2
31.25	10	1	9	1	9	2	8
37.5	10	0	10	0	10	0	10

6-MAM

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

MDA 500

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

ETG300

Ethyl Glucuronide Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	7	3	8	2	9	1
375	10	1	9	2	8	1	9
450	10	0	10	0	10	0	10

ETG500

Ethyl Glucuronide Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	8	2	8	2	9	1
625	10	1	9	2	8	2	8
750	10	0	10	0	10	0	10

ETG1,000

Ethyl Glucuronide Concentration (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	8	2	8	2	9	1
1250	10	1	9	2	8	2	8
1500	10	0	10	0	10	0	10

CLO 400

Clonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
200	10	10	0	10	0	10	0
300	10	9	1	8	2	9	1
500	10	1	9	2	8	1	9
600	10	0	10	0	10	0	10

CLO 150

Clonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0	10	0
112	10	9	1	8	2	9	1
187	10	1	9	2	8	1	9
225	10	0	10	0	10	0	10

LSD 20

Clonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
10	10	10	0	10	0	10	0
15	10	9	1	9	1	9	1
25	10	1	9	1	9	1	9
30	10	0	10	0	10	0	10

LSD 50

Clonazepam Concentration (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	9	1	9	1
62.5	10	1	9	1	9	1	9
75	10	0	10	0	10	0	10

LSD 10

Clonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	9	1
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10

MPD300

Methylphenidate (Ritalin) Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	8	2	9	1
375	10	1	9	2	8	1	9
450	10	0	10	0	10	0	10

MPD150

Methylphenidate (Ritalin) Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0	10	0
112.5	10	7	3	9	1	9	1
187.5	10	1	9	2	8	2	8
225	10	0	10	0	10	0	10

ZOL

Zolpidem Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25	10	9	1	10	0	10	0
75	10	0	10	1	9	0	10

MEPHEDRONE (MEP 500)

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

MEPHEDRONE (MEP 100)

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

3, 4-METHYLENEDIOXYPYROVALERONE (MDPV 1000)

3, 4- methylenedioxypyrovalerone Concentration (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	9	1	8	2
1250	10	1	9	1	9	1	9
1500	10	0	10	0	10	0	10

3, 4-METHYLENEDIOXYPYROVALERONE (MDPV 500)

3, 4- methylenedioxypyrovalerone Concentration (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	8	2
625	10	2	8	1	9	1	9
750	10	0	10	0	10	0	10

DIAZEPAM (DIA 300)

Diazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10

DIAZEPAM (DIA 200)

Diazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	9	1	9	1	9	1

250	10	1	9	1	9	1	9
300	10	0	10	0	10	0	10

ZOPICLONE (ZOP 50)

Zopiclone Concentration (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	2	8	2	8	2	8
75	10	0	10	0	10	0	10

METHCATHINONE (MCAT 500)

Methcathinone Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	8	2	9	1
625	10	2	8	2	8	2	8
750	10	0	10	0	10	0	10

7-ACL (300)

7- Aminoclonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	8	2	9	1	9	1
375	10	2	8	2	8	3	7
450	10	0	10	0	10	0	10

7-ACL (200)

7- Aminoclonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	8	2	9	1	8	2
250	10	2	8	2	8	2	8
300	10	0	10	0	10	0	10

7-ACL (100)

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

CARFENTANYL (CFYL500)

Carfentanyl Concentration (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	7	3	9	1	8	2
625	10	2	8	1	9	2	8
750	10	0	10	0	10	0	10

CAFFEINE (CAF 1000)

Caffeine Concentration (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	8	2	9	1
1250	10	2	8	2	8	2	8
1500	10	0	10	0	10	0	10

CATHINE (CAT 150)

(+)-Norpseudoephedrine HCl Concentration(ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0	10	0
112.5	10	9	1	8	2	9	1
187.5	10	2	8	2	8	2	8
225	10	0	10	0	10	0	10

TROPICAMIDE (TRO 350)

Tropicamide Concentration (ng/ml)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
175	10	10	0	10	0	10	0
262.5	10	8	2	8	2	8	2
437.5	10	2	8	2	8	2	8
525	10	0	10	0	10	0	10

TRAZODONE (TZD200)

Trazodone (ng/ml)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	8	2	8	2	8	2
250	10	1	9	2	8	1	9
300	10	2	8	2	8	2	8

ALPRAZOLAM (ALP)

Alprazolam Concentration (ng/ml)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	8	2	9	1
125	10	2	8	2	8	2	8
150	10	0	10	0	10	0	10

PREGABALIN (PGB 50,000)

Pregabalin Concentration (ng/ml)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25,000	10	10	0	10	0	10	0
37,500	10	8	2	8	2	8	2
62,500	10	2	8	2	8	2	8
75,000	10	0	10	0	10	0	10
150,000	10	0	10	0	10	0	10

PREGABALIN (PGB 500)

Pregabalin Concentration (ng/ml)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	8	2	8	2
625	10	2	8	2	8	2	8
750	10	0	10	0	10	0	10
1500	10	0	10	0	10	0	10

CODEINE (COD200)

Codeine Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10	0	10	0	10	0
150	10	7	3	9	1	9	1
250	10	1	9	1	9	2	8
300	10	0	10	0	10	0	10

ZALEPLON (ZAL)

ZAL Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	2	8	1	9
150	10	0	10	0	10	0	10

CANNABINOL (CNB)

CNB Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	9	1
625	10	2	8	1	9	1	9
750	10	0	10	0	10	0	10

GABAPENTIN (GAB)

GAB Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
1,000	10	10	0	10	0	10	0
1,500	10	9	1	9	1	8	2
2,500	10	2	8	2	8	2	8
3,000	10	0	10	0	10	0	10

CARISOPRODOL (CAR)

CAR Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
1,000	10	10	0	10	0	10	0
1,500	10	9	1	9	1	8	2
2,500	10	2	8	2	8	2	8
3,000	10	0	10	0	10	0	10

AB-PINACA (ABP)

AB-PINACA Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	8	2	8	2	9	1
12.5	10	2	8	3	7	1	9
15	10	0	10	0	10	0	10

QUETIAPINE (QTP)

QUETIAPINE Concentration (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
1250	10	1	9	1	9	1	9
1500	10	0	10	0	10	0	10

FLUOXETINE (FLX)

Fluoxetine Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	9	1	9	1	9	1
625	10	2	8	2	8	2	8
750	10	0	10	0	10	0	10

UR-144

UR-144 5-Pentanoic acid Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
12.5	10	10	0	10	0	10	0
18.75	10	9	1	8	2	9	1
31.25	10	1	9	2	8	2	8
37.5	10	0	10	0	10	0	10

KRATOM (KRA)

Mitragynine Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	2	8
450	10	0	10	0	10	0	10

TILIDINE (TLD)

Nortilidine Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
25	10	10	0	10	0	10	0
37.5	10	8	2	9	1	9	1
62.5	10	2	8	2	8	2	8
75	10	0	10	0	10	0	10

ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 2000)

α-PVP Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
1000	10	10	0	10	0	10	0
1500	10	8	2	8	2	9	1
2,500	10	2	8	3	7	1	9
3,000	10	0	10	0	10	0	10

ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 1000)

alpha-Pyrrolidinovalerophenone Concentration (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	8	2	9	1	9	1
1250	10	2	8	3	7	1	9
1500	10	0	10	0	10	0	10

ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 500)

alpha-Pyrrolidinovalerophenone Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	8	2	8	2	9	1
625	10	2	8	2	8	1	9
750	10	0	10	0	10	0	10

ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 300)

α-PVP Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	8	2	9	1
375	10	2	8	2	8	1	9
450	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	ACE 5000		AMP 1,000		AMP 500		AMP 300		BAR 300		BAR 200		BZO 500		BZO 300	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	26	4	26	4	25	5	27	3	27	3	26	4	27	3	27	3
Cut-off	14	16	15	15	15	15	15	15	16	14	15	15	15	15	15	15
+25% Cut-off	3	27	3	27	3	27	4	26	4	26	3	27	4	26	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	BZO 200		BZO 100		BUP 10		BUP 5		COC 300		COC 200		COC 150		COC 100	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	27	3	26	4	26	4	26	4	26	4	27	3	27	3
Cut-off	16	14	14	16	14	16	14	16	13	17	14	16	16	14	16	14
+25% Cut-off	3	27	3	27	3	27	3	27	3	27	3	27	4	26	4	26
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	THC 150		THC 50		THC 25		MTD 300		MTD 200		MET 1,000		MET 500		MET 300	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	26	4	27	3	26	4	25	5	27	3	27	3	27	3
Cut-off	15	15	14	16	15	15	14	16	15	15	16	14	16	14	15	15
+25% Cut-off	4	26	3	27	4	26	3	27	4	26	3	27	4	26	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	MDMA 1,000		MDMA 500		MOP/ OPI 300		MOP/ OPI 100		OPI 2000		PCP 50		PCP 25		PPX	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	26	4	25	5	27	3	26	4	27	3	26	4	25	5	26	4
Cut-off	15	15	14	16	15	15	15	15	14	16	15	15	15	15	15	15
+25% Cut-off	5	25	4	26	5	25	3	27	4	26	3	27	3	27	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	TML 100		TML 200		TML 300		TML 500		KET 1,000		KET 500		KET 300		KET 100		MQL	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	27	3	27	3	26	4	27	3	27	3	26	4	27	3	26	4
Cut-off	15	15	15	15	15	15	14	16	15	15	15	15	16	14	15	15	15	15
+25% Cut-off	4	26	4	26	3	27	3	27	3	27	4	26	4	26	3	27	4	26
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	OXY 100		OXY 300		COT 200		COT 100		EDDP 300		EDDP 100		FYL 20		FYL 100	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	27	3	27	3	27	3	27	3	26	4	27	3	27	3
Cut-off	15	15	15	15	15	15	14	16	15	15	15	15	14	16	15	15
+25% Cut-off	4	26	4	26	4	26	4	26	4	26	3	27	4	26	3	27

+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	K2 50		K2 30		6-MAM 10		MDA 500		ETF 300		ETG 500		ETG 1000		CLO 400		CLO 150		LSD 20	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	27	3	27	3	26	4	25	5	26	4	26	4	26	4	26	4	27	3
Cut-off	15	15	16	14	15	15	15	15	16	14	15	15	15	15	14	16	14	16	14	16
+25% Cut-off	3	27	4	26	4	26	3	27	4	26	3	27	3	27	5	25	5	25	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	LSD 50		MPD		ZOL		MDMA 300		THC 200		MOP/ OPI 200		MEP 500		MEP 100		MDPV 1000	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	29	1	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	*	*	26	4	25	5	26	4	26	4	27	3	24	6	26	4
Cut-off	14	16	15	15	14	16	15	15	15	15	15	15	15	15	17	13	14	16
+25% Cut-off	3	27	*	*	5	25	3	27	4	26	4	26	4	26	4	26	3	27
+50% Cut-off	0	30	1	29	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	MDPV 500		DIA 300		DIA 200		THC 300		THC 30		K2 25		ZOP 50		MCAT 500	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	29	1	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	25	5	27	3	27	3	27	3	26	4	25	5	27	3	28	2
Cut-off	15	15	15	15	15	15	14	16	14	16	14	16	17	13	17	13
+25% Cut-off	3	27	3	27	3	27	4	26	4	26	3	27	4	26	3	27
+50% Cut-off	0	30	0	30	1	29	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	7-ACL 300		7-ACL 200		7-ACL 100		CFYL 500		CAF 1000		CAT 150		TRO 350		ALP		α-PVP 1000	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	29	1	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	26	4	27	3	27	3	25	5	27	3	27	3	27	3	28	2	26	4
Cut-off	14	16	14	16	13	17	14	16	17	13	17	13	15	15	17	13	15	15
+25% Cut-off	5	25	3	27	4	26	6	24	5	25	4	26	3	27	3	27	3	17
+50% Cut-off	0	30	0	30	1	29	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	FYL 300		FYL 100		COT 300		TCA 1000		TCA 100		TCA 300		OPI 1000		THC 20		CAR 2000	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	27	3	26	4	25	5	25	5	26	4	27	3	27	3	27	3	28	2
Cut-off	17	13	15	15	15	15	15	15	14	16	14	16	14	16	14	16	16	14
+25% Cut-off	4	26	3	27	4	26	4	26	3	27	3	27	4	26	2	28	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	MPD 150		PGB 50,000		PGB 500		GAB 2000		TZD 200		CNB 500		COD 200		ZAL 100		MPRD 100	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	26	4	25	5	25	5	28	2	28	2	27	3	27	3	27	3	27	3
Cut-off	15	15	15	15	15	15	16	14	14	16	14	16	14	16	15	15	15	15
+25% Cut-off	5	25	5	25	6	24	3	27	3	27	4	26	5	25	3	27	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30

Drug Concentration Cut-off Range	ABP 10		QTP 1000		FLX 500		UR-144 25		KRA 300		TLD 50		LSD 10		α-PVP 2000		α-PVP 500		α-PVP 300	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0

-25% Cut-off	25	5	29	1	29	1	28	2	28	2	29	1	27	3	26	4	27	3	27	3
Cut-off	15	15	15	15	15	15	15	15	14	16	15	15	14	16	15	15	15	15	15	15
+25% Cut-off	4	26	1	29	2	28	3	27	1	29	1	29	3	27	3	27	3	27	3	27
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	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 Panel at 5 minutes.

Analytes	conc. (ng/mL)	Analytes	conc. (ng/mL)
ACETAMINOPHEN (ACE)			
Acetaminophen	5,000		
AMPHETAMINE (AMP 1,000)			
D,L-Amphetamine sulfate	300	Phentermine	1,000
L-Amphetamine	25,000	Maprotiline	50,000
(±) 3,4-Methylenedioxy amphetamine	500	Methoxyphenamine	6,000
		D-Amphetamine	1,000
AMPHETAMINE (AMP 500)			
D,L-Amphetamine sulfate	150	Phentermine	500
L-Amphetamine	12,500	Maprotiline	25,000
(±) 3,4-Methylenedioxy amphetamine	250	Methoxyphenamine	3,000
		D-Amphetamine	500
AMPHETAMINE (AMP 300)			
D,L-Amphetamine sulfate	75	Phentermine	300
L-Amphetamine	10,000	Maprotiline	15,000
(±) 3,4-Methylenedioxy amphetamine	150	Methoxyphenamine	2,000
		D-Amphetamine	300
BARBITURATES (BAR 300)			
Amobarbital	5,000	Alphenol	600
5,5-Diphenylhydantoin	8,000	Aprobarbital	500
Allobarbital	600	Butabarbital	200
Barbital	8,000	Butalbital	8,000
Talbutal	200	Butethal	500
Cyclopentobarbital	30,000	Phenobarbital	300
Pentobarbital	8,000	Secobarbital	300
BARBITURATES (BAR 200)			
Amobarbital	3,000	Alphenol	400
5,5-Diphenylhydantoin	5,000	Aprobarbital	300
Allobarbital	400	Butabarbital	150
Barbital	5,000	Butalbital	5,000
Talbutal	150	Butethal	300
Cyclopentobarbital	20,000	Phenobarbital	200
Pentobarbital	5,000	Secobarbital	200
BENZODIAZEPINES (BZO 500)			
Alprazolam	200	Bromazepam	1,500
a-hydroxyalprazolam	2,500	Chlordiazepoxide	1,500
Clobazam	300	Nitrazepam	300
Clonazepam	800	Norchlordiazepoxide	200
Clorazepatedipotassium	800	Nordiazepam	1,500
Delorazepam	1,500	Oxazepam	500
Desalkylflurazepam	300	Temazepam	300
Flunitrazepam	300	Diazepam	500
(±) Lorazepam	5,000	Estazolam	10,000
RS-Lorazepamglucuronide	300	Triazolam	5,000
Midazolam	10,000		
BENZODIAZEPINES (BZO 300)			
Alprazolam	100	Bromazepam	900
a-hydroxyalprazolam	1,500	Chlordiazepoxide	900
Clobazam	200	Nitrazepam	200
Clonazepam	500	Norchlordiazepoxide	100
Clorazepatedipotassium	500	Nordiazepam	900
Delorazepam	900	Oxazepam	300
Desalkylflurazepam	200	Temazepam	100
Flunitrazepam	200	Diazepam	300
(±) Lorazepam	3,000	Estazolam	6,000
RS-Lorazepamglucuronide	200	Triazolam	3,000
Midazolam	6,000		
BENZODIAZEPINES (BZO 200)			
Alprazolam	70	Bromazepam	600
a-hydroxyalprazolam	1,000	Chlordiazepoxide	600
Clobazam	120	Nitrazepam	120
Clonazepam	300	Norchlordiazepoxide	70
Clorazepatedipotassium	300	Nordiazepam	600
Delorazepam	600	Oxazepam	200
Desalkylflurazepam	120	Temazepam	70
Flunitrazepam	120	Diazepam	200

(±) Lorazepam	2,000	Estazolam	4,000
RS-Lorazepamglucuronide	120	Triazolam	2,000
Midazolam	4,000		
BENZODIAZEPINES (BZO 100)			
Alprazolam	40	Bromazepam	300
a-hydroxyalprazolam	500	Chlordiazepoxide	300
Clobazam	60	Nitrazepam	60
Clonazepam	150	Norchlordiazepoxide	40
Clorazepatedipotassium	150	Nordiazepam	300
Delorazepam	300	Oxazepam	100
Desalkylflurazepam	60	Temazepam	40
Flunitrazepam	60	Diazepam	100
(±) Lorazepam	1,000	Estazolam	2,000
RS-Lorazepamglucuronide	60	Triazolam	1,000
Midazolam	2,000		
BUPRENORPHINE (BUP 10)			
Buprenorphine	10	Norbuprenorphine	50
Buprenorphine 3-D-Glucuronide	50	Norbuprenorphine 3-D-Glucuronide	100
BUPRENORPHINE (BUP 5)			
Buprenorphine	5	Norbuprenorphine	25
Buprenorphine 3-D-Glucuronide	25	Norbuprenorphine 3-D-Glucuronide	50
COCAINE (COC 300)			
Benzoylecgonine	300	Cocaethylene	20,000
Cocaine HCl	200	Ecgonine	30,000
COCAINE (COC 200)			
Benzoylecgonine	200	Cocaethylene	13,500
Cocaine HCl	135	Ecgonine	20,000
COCAINE (COC 150)			
Benzoylecgonine	150	Cocaethylene	1,0000
Cocaine HCl	120	Ecgonine	15,000
COCAINE (COC 100)			
Benzoylecgonine	100	Cocaethylene	7,000
Cocaine HCl	80	Ecgonine	10,000
MARIJUANA (THC300)			
Cannabinol	200,000	∆8-THC	100,000
11-nor-∆8-THC-9 COOH	200	∆9-THC	100,000
11-nor-∆9-THC-9 COOH	300		
MARIJUANA (THC200)			
Cannabinol	140,000	∆8-THC	68,000
11-nor-∆8-THC-9 COOH	120	∆9-THC	68,000
11-nor-∆9-THC-9 COOH	200		
MARIJUANA (THC150)			
Cannabinol	100,000	∆8-THC	50,000
11-nor-∆8-THC-9 COOH	100	∆9-THC	50,000
11-nor-∆9-THC-9 COOH	150		
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		
MARIJUANA (THC30)			
Cannabinol	20,000	∆8-THC	10,000
11-nor-∆8-THC-9 COOH	20	∆9-THC	10,000
11-nor-∆9-THC-9 COOH	30		
MARIJUANA (THC25)			
Cannabinol	17,500	∆8-THC	8,500
11-nor-∆8-THC-9 COOH	15	∆9-THC	8,500
11-nor-∆9-THC-9 COOH	25		
MARIJUANA (THC20)			
Cannabinol	14,000	∆8-THC	6,800
11-nor-∆8-THC-9 COOH	12	∆9-THC	6,800
11-nor-∆9-THC-9 COOH	20		
METHADONE (MTD300)			
Methadone	300	Doxylamine	100,000
METHADONE (MTD200)			
Methadone	200	Doxylamine	65,000
METHAMPHETAMINE (MET1, 000)			
p-Hydroxymethamphetamine	25,000	(±)-3,4-Methylenedioxy-methamphetamine	12,500
D-Methamphetamine	1,000		
L-Methamphetamine	20,000	Mephentermine	50,000
METHAMPHETAMINE (MET500)			
p-Hydroxymethamphetamine	12,500	(±)-3,4-Methylenedioxy-methamphetamine	6,250
D-Methamphetamine	500		
L-Methamphetamine	10,000	Mephentermine	25,000
METHAMPHETAMINE (MET300)			
p-Hydroxymethamphetamine	7,500	(±)-3,4-Methylenedioxy-methamphetamine	3,750
D-Methamphetamine	300		
L-Methamphetamine	6,000	Mephentermine	15,000

METHYLENEDIOXYMETHAMPHETAMINE (MDMA1, 000) Ecstasy			
(±) 3,4-Methylenedioxy methamphetamine HCl	1,000	3,4-Methylenedioxyethyl-amphetamine	600
(±) 3,4-Methylenedioxyampheta mine HCl	6,000		
METHYLENEDIOXYMETHAMPHETAMINE (MDMA500) Ecstasy			
(±) 3,4-Methylenedioxy methamphetamine HCl	500	3,4-Methylenedioxyethyl-amphetamine	300
(±) 3,4-Methylenedioxyampheta mine HCl	3,000		
METHYLENEDIOXYMETHAMPHETAMINE (MDMA300) Ecstasy			
(±) 3,4-Methylenedioxy methamphetamine HCl	300	3,4-Methylenedioxyethyl-amphetamine	180
(±) 3,4-Methylenedioxyampheta mine HCl	1,800		
MORPHINE (MOP/OPI 300)			
Codeine	200	Norcodeine	6,000
Levorphanol	1,500	Normorphone	50,000
Morphine-3-β-D-Glucuronide	800	Oxycodone	30,000
Ethylmorphine	6,000	Oxymorphone	50,000
Hydrocodone	50,000	Procaine	15,000
Hydromorphone	3,000	Thebaine	6,000
6-Monoacethylmorphine	300	Morphine	300
MORPHINE (MOP/OPI 200)			
Codeine	160	Norcodeine	4,000
Levorphanol	1,000	Normorphone	40,000
Morphine-3-β-D-Glucuronide	600	Oxycodone	20,000
Ethylmorphine	4,000	Oxymorphone	40,000
Hydrocodone	40,000	Procaine	10,000
Hydromorphone	2,000	Thebaine	4,000
6-Monoacethylmorphine	200	Morphine	200
MORPHINE (MOP/OPI 100)			
Codeine	80	Norcodeine	2,000
Levorphanol	500	Normorphone	20,000
Morphine-3-β-D-Glucuronide	300	Oxycodone	10,000
Ethylmorphine	2,000	Oxymorphone	20,000
Hydrocodone	20,000	Procaine	5,000
Hydromorphone	1,000	Thebaine	2,000
6-Monoacethylmorphine	200	Morphine	100
METHAQUALONE (MQL 300)			
Methaqualone	300		
MORPHINE/OPIATE (OPI 2,000)			
Codeine	2,000	Morphine	2,000
Ethylmorphine	3,000	Norcodeine	25,000
Hydrocodone	50,000	Normorphone	50,000
Hydromorphone	15,000	Oxycodone	25,000
Levorphanol	25,000	Oxymorphone	25,000
6-Monoacetylmorphine	3,000	Procaine	50,000
Morphine 3-β-D-glucuronide	2,000	Thebaine	25,000
MORPHINE/OPIATE (OPI 1,000)			
Codeine	1,000	Morphine	1,000
Ethylmorphine	1,500	Norcodeine	12,500
Hydrocodone	25,000	Normorphone	25,000
Hydromorphone	7,500	Oxycodone	12,500
Levorphanol	12,500	Oxymorphone	12,500
6-Monoacetylmorphine	1,500	Procaine	25,000
Morphine 3-β-D-glucuronide	1,000	Thebaine	12,500
MEPERIDINE(MPRD100)			
Normeperidine	100	Meperidine	100
PHENCYCLIDINE (PCP 50)			
Phencyclidine	50	4-Hydroxyphencyclidine	25,000
PHENCYCLIDINE (PCP 25)			
Phencyclidine	25	4-Hydroxyphencyclidine	12,500
PROPOXYPHENE (PPX)			
D-Propoxyphene	300	**D-Norpropoxyphene**	300
TRICYCLIC ANTIDEPRESSANTS (TCA1000)			
Nortriptyline	1,000	Imipramine	400
Nordoxepine	500	Clomipramine	50,000
Trimipramine	3,000	Doxepine	2,000
Amitriptyline	1,500	Maprotiline	2,000
Promazine	3,000	Promethazine	50,000
Desipramine	200	Perphenazine	50,000
Cyclobenzaprine	2,000	Dithiaden	10,000
TRICYCLIC ANTIDEPRESSANTS (TCA500)			
Nortriptyline	500	Imipramine	200
Nordoxepine	250	Clomipramine	25,000
Trimipramine	1,500	Doxepine	1,000

Amitriptyline	750	Maprotiline	1,000
Promazine	1,500	Promethazine	25,000
Desipramine	100	Perphenazine	25,000
Cyclobenzaprine	1,000	Dithiaden	5,000
TRICYCLIC ANTIDEPRESSANTS (TCA300)			
Nortriptyline	300	Imipramine	120
Nordoxepine	150	Clomipramine	15,000
Trimipramine	900	Doxepine	600
Amitriptyline	450	Maprotiline	600
Promazine	900	Promethazine	15,000
Desipramine	60	Perphenazine	15,000
Cyclobenzaprine	600	Dithiaden	3,000
TRAMADOL (TML 100)			
n-Desmethyl-cis-tramadol	200	o-Desmethyl-cis-tramadol	10,000
Cis-tramadol	100	Phencyclidine	100,000
Procyclidine	100,000	d,l-O-Desmethyl venlafaxine	50,000
TRAMADOL (TML 200)			
n-Desmethyl-cis-tramadol	400	o-Desmethyl-cis-tramadol	20,000
Cis-tramadol	200	Phencyclidine	200,000
Procyclidine	200,000	d,l-O-Desmethyl venlafaxine	100,000
TRAMADOL (TML 300)			
n-Desmethyl-cis-tramadol	600	o-Desmethyl-cis-tramadol	30,000
Cis-tramadol	300	Phencyclidine	300,000
Procyclidine	300,000	d,l-O-Desmethyl venlafaxine	150,000
TRAMADOL (TML 500)			
n-Desmethyl-cis-tramadol	1000	o-Desmethyl-cis-tramadol	50,000
Cis-tramadol	500	Phencyclidine	500,000
Procyclidine	500,000	d,l-O-Desmethyl venlafaxine	250,000
KETAMINE (KET1, 000)			
Ketamine	1,000	Benzphetamine	25,000
Dextromethorphan	2,000	(+) Chlorpheniramine	25,000
Methoxyphenamine	25,000	Clonidine	100,000
d-Norpropoxyphene	25,000	EDDP	50,000
Promazine	25,000	4-Hydroxyphencyclidine	50,000
Promethazine	25,000	Levorphanol	50,000
Pentazocine	25,000	MDE	50,000
Phencyclidine	25,000	Meperidine	25,000
Tetrahydrozoline	500	d-Methamphetamine	50,000
Mephentermine	25,000	l-Methamphetamine	50,000
(1R, 2S) - (-)-Ephedrine	100,000	3,4-Methylendioxymethamphetamine (MDMA)	100,000
Disopyramide	25,000	Thioridazine	50,000
KETAMINE (KET500)			
Ketamine	500	Benzphetamine	12,500
Dextromethorphan	1,000	(+) Chlorpheniramine	12,500
Methoxyphenamine	12,500	Clonidine	50,000
d-Norpropoxyphene	12,500	EDDP	25,000
Promazine	12,500	4-Hydroxyphencyclidine	25,000
Promethazine	12,500	Levorphanol	25,000
Pentazocine	12,500	MDE	25,000
Phencyclidine	12,500	Meperidine	12,500
Tetrahydrozoline	250	d-Methamphetamine	25,000
Mephentermine	12,500	l-Methamphetamine	25,000
(1R, 2S) - (-)-Ephedrine	50,000	3,4-Methylendioxymethamphetamine (MDMA)	50,000
Disopyramide	12,500	Thioridazine	25,000
KETAMINE (KET300)			
Ketamine	300	Benzphetamine	6,250
Dextromethorphan	600	(+) Chlorpheniramine	6,250
Methoxyphenamine	6,250	Clonidine	30,000
d-Norpropoxyphene	6,250	EDDP	15,000
Promazine	6,250	4-Hydroxyphencyclidine	15,000
Promethazine	6,250	Levorphanol	15,000
Pentazocine	6,250	MDE	15,000
Phencyclidine	6,250	Meperidine	6,250
Tetrahydrozoline	150	d-Methamphetamine	15,000
Mephentermine	6,250	l-Methamphetamine	15,000
(1R, 2S) - (-)-Ephedrine	30,000	3,4-Methylendioxymethamphe-tamine (MDMA)	30,000
Disopyramide	6,250	Thioridazine	15,000
KETAMINE (KET100)			
Ketamine	100	Benzphetamine	2,000
Dextromethorphan	200	(+) Chlorpheniramine	2,000
Methoxyphenamine	2,000	Clonidine	10,000
d-Norpropoxyphene	2,000	EDDP	5,000
Promazine	2,000	4-Hydroxyphencyclidine	5,000
Promethazine	2,000	Levorphanol	5,000

Pentazocine	2,000	MDE	5,000
Phencyclidine	2,000	Meperidine	2,000
Tetrahydrozoline	50	d-Methamphetamine	5,000
Mephentermine	2,000	l-Methamphetamine	5,000
(1R, 2S) - (-)-Ephedrine	10,000	Thioridazine	5,000
Disopyramide	2,000	3,4-Methylendioxymethamphetamine (MDMA)	10,000
OXYCODONE (OXY300)			
Oxycodone	300	Hydromorphone	150,000
Oxymorphone	900	Naloxone	75,000
Levorphanol	150,000	Naltrexone	75,000
Hydrocodone	75,000		
OXYCODONE (OXY100)			
Oxycodone	100	Hydromorphone	50,000
Oxymorphone	300	Naloxone	25,000
Levorphanol	50,000	Naltrexone	25,000
Hydrocodone	25,000		
COTININE (COT 300)			
(-)-Cotinine	300	(-)-Nicotine	7,500
COTININE (COT 200)			
(-)-Cotinine	200	(-)-Nicotine	5,000
Cotinine (COT 100)			
(-)-Cotinine	100	(-)-Nicotine	2,500
2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPYRROLIDINE (EDDP300)			
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)			300
2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPYRROLIDINE (EDDP100)			
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)			100
FENTANYL (FYL300)			
Fentanyl	300	Buspirone	50,000
Norfentanyl	60	Sufentanyl	150,000
Fenfluramine	150,000		
FENTANYL (FYL100)			
Alfentanyl	>300,000	Buspirone	15,000
Fenfluramine	50,000	Fentanyl	100
Norfentanyl	20	Sufentanyl	50,000
FENTANYL (FYL20)			
Alfentanyl	600,000	Buspirone	15,000
Fenfluramine	50,000	Fentanyl	100
Norfentanyl	20	Sufentanyl	50,000
FENTANYL (FYL10)			
Alfentanyl	300,000	Buspirone	8,000
Fenfluramine	25,000	Fentanyl	50
Norfentanyl	10	Sufentanyl	25,000
SYNTHETIC MARIJUANA (K2-50)			
JWH-018 5-Pentanoic acid	50	JWH-073 4-butanoic acid	50
JWH-018 4-Hydroxypentyl	400	JWH-018 5-Hydroxypentyl	500
JWH-073 4-Hydroxybuty	500		
SYNTHETIC MARIJUANA (K2-30)			
JWH-018 5-Pentanoic acid	30	JWH-073 4-butanoic acid	30
JWH-018 4-Hydroxypentyl	250	JWH-018 5-Hydroxypentyl	300
JWH-073 4-Hydroxybuty	300		
SYNTHETIC MARIJUANA (K2-25)			
JWH-018 5-Pentanoic acid	25	JWH-073 4-butanoic acid	25
JWH-018 4-Hydroxypentyl	200	JWH-018 5-Hydroxypentyl	250
JWH-073 4-Hydroxybuty	250		
6-Monoacetylmorphine (6-MAM)			
6-Monoacethylmorphine	10	Morphine	100,000
(±) 3, 4-METHYLENEDIOXYAMPHETAMINE (MDA 500)			
(±) 3,4-Methylenedioxy amphetamine	500	Methoxyphenamine	5,000
		D-Amphetamine	2,000
D,L-Amphetamine sulfate	400	Phentermine	2,000
L-Amphetamine	30,000	Maprotiline	100,000
ETHYL-β-D-GLUCURONIDE(ETG300)			
Ethyl- β -D-Glucuronide	300	Propyl β-D-glucuronide	30,000
Morphine 3β-glucuronide	60,000	Morphine 6β-glucuronide	60,000
Glucuronic Acid	60,000	Ethanol	>100,000
Methanol	>100,000		
ETHYL-β-D-GLUCURONIDE(ETG500)			
Ethyl- β -D-Glucuronide	500	Propyl β-D-glucuronide	50,000
Morphine 3β-glucuronide	100,000	Morphine 6β-glucuronide	100,000
Glucuronic Acid	100,000	Ethanol	>100,000
Methanol	>100,000		
ETHYL-β-D-GLUCURONIDE(ETG1,000)			
Ethyl- β -D-Glucuronide	1,000	Propyl β-D-glucuronide	100,000
Morphine 3β-glucuronide	>100,000	Morphine 6β-glucuronide	>100,000
Glucuronic Acid	>100,000	Ethanol	>100,000
Methanol	>100,000		

CLONAZEPAM(CLO 400)			
Clonazepam	400	Flunitrazepam	300
Alprazolam	200	(±) Lorazepam	1,250
a-hydroxyalprazolam	2,000	RS-Lorazepamglucuronide	250
Bromazepam	1,000	Midazolam	5,000
Chlordiazepoxide	1,000	Nitrazepam	200
Clobazam	250	Norchlordiazepoxide	200
Clorazepatedipotassium	600	Nordiazepam	1,000
Delorazepam	1,000	Oxazepam	350
Desalkylflurazepam	250	Temazepam	150
Diazepam	300	Triazolam	5,000
Estazolam	1,250		
CLONAZEPAM(CLO 150)			
Clonazepam	150	Flunitrazepam	120
Alprazolam	75	(±) Lorazepam	500
a-hydroxyalprazolam	750	RS-Lorazepamglucuronide	100
Bromazepam	400	Midazolam	2,000
Chlordiazepoxide	400	Nitrazepam	75
Clobazam	100	Norchlordiazepoxide	75
Clorazepatedipotassium	250	Nordiazepam	400
Delorazepam	400	Oxazepam	130
Desalkylflurazepam	100	Temazepam	60
Diazepam	120	Triazolam	2,000
Estazolam	500		
LYSERGIC ACID DIETHYLAMIDE (LSD 10)			
Lysergic Acid Diethylamide	10		
LYSERGIC ACID DIETHYLAMIDE (LSD 20)			
Lysergic Acid Diethylamide	20		
LYSERGIC ACID DIETHYLAMIDE (LSD 50)			
Lysergic Acid Diethylamide	50		
METHYLPHENIDATE (300)			
Methylphenidate (Ritalin)	300	Ritalinic Acid	1,000
METHYLPHENIDATE (150)			
Methylphenidate (Ritalin)	150	Ritalinic Acid	500
ZOLPIDEM(ZOL)			
Zolpidem	50		
MEPHEDRONE(MEP500)			
Mephedrone HCl	500	R(+)-Methcathinone HCl	7500
S(-)-Methcathinone HCl	2500	3-Fluoromethcathinone HCl	7500
4-Fluoromethcathinone HCl	1500	Methoxyphenamine	100,000
MEPHEDRONE(MEP100)			
Mephedrone HCl	100	R(+)-Methcathinone HCl	1500
S(-)-Methcathinone HCl	500	3-Fluoromethcathinone HCl	1500
4-Fluoromethcathinone HCl	300	Methoxyphenamine	500,000
3, 4-METHYLENEDIOXYPYROVALERONE (MDPV 1000)			
3, 4- methylenedioxypyrovalerone	1000		
3, 4-METHYLENEDIOXYPYROVALERONE (MDPV 500)			
3, 4- methylenedioxypyrovalerone	500		
DIAZEPAM (DIA 300)			
Diazepam	300	Midazolam	6,000
Clobazam	200	Nitrazepam	200
Clonazepam	500	Norchlordiazepoxide	100
Clorazepate dipotassium	500	Nordiazepam	900
Alprazolam	100	Flunitrazepam	200
a-hydroxyalprazolam	1,500	(±) Lorazepam	3,000
Bromazepam	900	RS-Lorazepam glucuronide	200
Chlordiazepoxide	900	Triazolam	3,000
Estazolam	6,000	Temazepam	100
Delorazepam	900	Oxazepam	300
Desalkylflurazepam	200		
DIAZEPAM (DIA 200)			
Diazepam	200	Midazolam	4000
Clobazam	120	Nitrazepam	120
Clonazepam	300	Norchlordiazepoxide	70
Clorazepate dipotassium	300	Nordiazepam	600
Alprazolam	70	Flunitrazepam	120
a-hydroxyalprazolam	1000	(±) Lorazepam	2000
Bromazepam	600	RS-Lorazepam glucuronide	120
Chlordiazepoxide	600	Triazolam	2000
Estazolam	4000	Temazepam	70
Delorazepam	600	Oxazepam	200
Desalkylflurazepam	120		
ZOPICLONE (ZOP 50)			
Zopiclone-x-oxide	50	Zopiclone	50
METHCATHINONE (MCAT 500)			
S(-)-Methcathinone HCl	500	R(+)-Methcathinone HCl	1500
Methoxyphenamine	100000	3-Fluoromethcathinone HCl	1500

7-AMINOCLONAZEPAM(7-ACL300)			
a-hydroxyalprazolam	6,000	Flunitrazepam	3,000
Bromazepam	6,000	RS-Lorazepam glucuronide	2,700
Chlordiazepoxide	6,000	Norchlordiazepoxide	4,500
Clobazam	9,000	Nordiazepam	15,000
Clonazepam	2,400	Temazepam	9,000
Delorazepam	6,000	7-Aminoclonazepam	300
Desalkylflurazepam	6,000		
7-AMINOCLONAZEPAM(7-ACL200)			
a-hydroxyalprazolam	4,000	Flunitrazepam	2,000
Bromazepam	4,000	RS-Lorazepam glucuronide	1,800
Chlordiazepoxide	4,000	Norchlordiazepoxide	3,000
Clobazam	6,000	Nordiazepam	10,000
Clonazepam	1,600	Temazepam	6,000
Delorazepam	4,000	7-Aminoclonazepam	200
Desalkylflurazepam	4,000		
7-AMINOCLONAZEPAM(7-ACL100)			
a-hydroxyalprazolam	2,000	Flunitrazepam	1,000
Bromazepam	2,000	RS-Lorazepam glucuronide	900
Chlordiazepoxide	2,000	Norchlordiazepoxide	1,500
Clobazam	3,000	Nordiazepam	5,000
Clonazepam	800	Temazepam	3,000
Delorazepam	2,000	7-Aminoclonazepam	100
Desalkylflurazepam	2,000		
CARFENTANYL(CFYL500)			
Carfentanyl	500	Fentanyl	100
CAFFEINE (CAF 1000)			
Caffeine	1000		
CATHINE (CAT 150)			
(+)-Norpseudoephedrine HCl (Cathine)	150	(+)3,4-Methylenedioxyamphetamine (MDA)	100
d/l-Amphetamine	100	p-Hydroxyamphetamine	100
Tryptamine	12,500	Methoxyphenamine	12,500
TROPICAMIDE (TRO 350)			
Tropicamide	350		
ALPRAZOLAM(ALP 100)			
Benzodiazepines	300	Flunitrazepam	200
a-hydroxyalprazolam	1,500	(±) Lorazepam	3,000
Bromazepam	900	RS-Lorazepamglucuronide	200
Chlordiazepoxide	900	Midazolam	6,000
Clobazam	200	Nitrazepam	200
Clonazepam	500	Norchlordiazepoxide	100
Clorazepatedipotassium	500	Nordiazepam	900
Delorazepam	900	Oxazepam	300
Desalkylflurazepam	200	Temazepam	100
Diazepam	300	Triazolam	3,000
Estazolam	6000		
PREGABALIN (PGB50,000)			
Pregabalin	50,000		
PREGABALIN (PGB500)			
Pregabalin	500		
CODEINE (COD 200)			
Codeine	200	Morphine	300
Norcodeine	6,000	Ethylmorphine	6,000
Normorphone	50,000	Hydrocodone	50,000
Oxycodone	30,000	Hydromorphone	3,000
Oxymorphone	50,000	Levorphanol	1,500
Procaine	15,000	6-Monoacethylmorphine	300
Thebaine	6,000	Morphine 3-β-D-glucuronide	800
ZALEPLON (ZAL100)			
Zaleplon	100		
CANNABINOL(CNB)			
cannabinol	500	Δ9 -THC	10,000
11-nor-Δ9 -THC-9 COOH	300		
GABAPENTIN(GAB)			
Gabapentin	2,000		
TRAZODONE(TZD)			
Trazodone	200		
CARISOPRODOL(CAR)			
Carisoprodol	2000		
AB-PINACA			
AB-PINACA	10	AB-PINACA 5-Pentanoic	10
AB-PINACA 5-hydroxypentyl	10	AB-FUBINACA	10
AB-PINACA 4-hydroxypentyl	10,000	UR-144 5-Pentanoic	5,000
UR-144 5-hydroxypentyl	10,000	UR-144 4-hydroxypentyl	10000
APINACA 5-hydroxypentyl	10000	ADB-PINACA Pentanoic Acid	10
ADB-PINACA N-(5-hydroxypentyl)	30	5-fluoro AB-PINACA	30

		N-(4-hydroxypentyl)	
5-fluoro AB-PINACA	25		
UR-144			
UR-144 5-Pentanoic acid	25	UR-144 4-hydroxypentyl	10,000
UR-144 5-hydroxypentyl	5000	XLR-11 4-hydroxypentyl	2,000
5-fluoro AB-Pinaca N-(4-hydroxypentyl)	10,000	ADB-PINAC N-(4-hydroxypentyl)	>10,000
AB-PINACA 4-hydroxypentyl	>10,000		
QUETIAPINE(QTP)			
Quetiapine	1000	Norquetiapine	10,000
FLUOXETINE(FLX)			
Fluoxetine	500		
KRATOM(KRA)			
Mitragynine	300	7-hydroxymitragynine	>50,000
TILIDINE(TLD)			
Nortilidine	50	Tilidine	100
Alpha-Pyrrolidinovalerophenone (α-PVP 2000)			
Alpha-Pyrrolidinovalerophenone	2000		
ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 1000)			
Alpha-Pyrrolidinovalerophenone	1000		
ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 500)			
Alpha-Pyrrolidinovalerophenone	500		
ALPHA-PYRROLIDINOVALEROPHENONE (α-PVP 300)			
Alpha-Pyrrolidinovalerophenone	300		

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 Panel 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 Panel. The results demonstrate that varying ranges of pH do not interfere with the performance of the test.

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or drug positive urine containing above related calibrator substances. The following compounds show no cross-reactivity when tested with the Multi-Drug Rapid Test Panel 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	Isoxsuprine	Sulfamethazine
l-Ascorbic acid	Digoxin	d,l-Propanolol	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
	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			

【ALCOHOL PERFORMANCE CHARACTERISTICS】

The detection limit on the **Urine Alcohol Rapid Test** is from 0.02% to 0.30% for approximate relative blood alcohol level. The cutoff level of the **Urine Alcohol Rapid Test** can vary based on local regulations and laws. Test results can be compared to reference levels with color chart on the foil package.

【ALCOHOL ASSAY SPECIFICITY】

The **Urine Alcohol Rapid Test** will react with methyl, ethyl and allyl alcohols.

【ALCOHOL INTERFERING SUBSTANCES】

The following substances may interfere with the **Urine Alcohol Rapid Test** when using samples other than urine. The named substances do not normally appear in sufficient quantity in urine to interfere with the test.

A. Agents which enhance color development
- Peroxidases
- Strong oxidizers

B. Agents which inhibit color development
- Reducing agents: Ascorbic acid, Tannic acid, Pyrogallol, Mercaptans and tosylates, Oxalic acid, Uric Acid
- Bilirubin
- L-dopa
- L-methyldopa
- Methampyrone

【BIBLIOGRAPHY】

1. Hawks RL, CN Chiang. *Urine Testing for Drugs of Abuse*. National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986.
2. Tietz NW. Textbook of Clinical Chemistry. W.B. Saunders Company. 1986; 1735.
3. Stewart DJ, Inaba T, Lucassen M, Kalow W. *Clin. Pharmacol. Ther.* April 1979; 25 ed: 464, 264-8.
4. Ambre J. *J. Anal. Toxicol.*1985; 9:241.
5. Winger, Gail, A Handbook of Drug and Alcohol Abuse, Third Edition, Oxford Press, 1992, page 146.
6. Robert DeCresce. *Drug Testing in the workplace,* 1989 page 114.
7. Glass, IB. The International Handbook of Addiction Behavior. Routledge Publishing, New York, NY. 1991; 216
8. B. Cody, J.T., "Specimen Adulteration in drug urinalysis. Forensic Sci. Rev., 1990, 2:63.
9. C. Tsai, S.C. et.al., J. Anal. Toxicol. 1998; 22 (6): 474
10. Baselt RC. Disposition of Toxic Drugs and Chemicals in Man. 6th Ed. Biomedical Publ., Foster City, CA 2002.
11. Hardman JG, Limbird LE. Goodman and Gilman's: The Pharmacological Basis for Therapeutics. 10th Edition. McGraw Hill Medical Publishing, 2001; 208-209.
12. Cumming, E. (22 April 2010). "Mephedrone: Chemistry lessons". London: The Daily Telegraph. Retrieved 2010-09-14.
13. "Drugs crackdown hailed a success". BBC News. 8 March 2010. Retrieved2010-03-31.
14. Kihara, Rhiannon; Day, Edward (May 2014). "Transient psychotic episodes following recreational use of NRG-3". Progress in Neurology and Psychiatry 18 (3): 14–18. doi:10.1002/pnp.331. Retrieved 22 March2015.
15. Schifano, F.; Albanese, A.; Fergus, S.; Stair, J. L.; Deluca, P.; Corazza, O.; Davey, Z.; Corkery, J.; Siemann, H.; Scherbaum, N.; Farre', M.; Torrens, M.; Demetrovics, Z.; Ghodse, A. H.; Psychonaut Web, M.; Rednet Research, G. (2010). "Mephedrone (4-methylmethcathinone; 'meow meow'): chemical, pharmacological and clinical issues".Psychopharmacology 214 (3):593–602. doi:10.1007/s00213-010-2070-x.ISSN 0033-3158. PMID 21072502.
16. "Assessment of Zopiclone" *(PDF).World Health Organization. Essential Medicines and Health Products World Health Organization. p.9 (Section 5. Pharmacokinetics)*. Retrieved5 December 2015.
17. Kratzsch C, Tenberken O, Peters FT et al. Screening, library-assisted identification, and validated quantification of 23 benzodiazepines, flumazenil, zaleplone, zolpidem, and zopiclone in plasma by liquid chromatography/mass spectrometry with atmospheric pressure chemical ionization. J. Mass Spec. 39: 856-872, 2004.
18. Gustavsen I, Al-Sammurraie M, Mørland J, Bramness JG. Impairment related to blood drug concentrations of zopiclone and zolpidem compared with alcohol in apprehended drivers. Accid. Anal. Prev. 41: 462-466, 2009.
19. R. Baselt, Disposition of Toxic Drugs and Chemicals i Man, 8th edition, Biomedical Publications, Foster City, CA, 2008, pp. 1677-1679.
20. Calkins RF, Aktan GB, Hussain KL (1995). "Methcathinone: the next illicit stimulant epidemic?". Journal of Psychoactive Drugs. 27 (3): 277–85. doi:10.1080/ 02791072.1995.10472472. PMID 8594170.
21. Methcathinone, https://en.wikipedia.org/wiki/Methcathinone.
22. Bersani, F. S.; Corazza, O.; Simonato, P.; Mylokosta, A.; Levari, E.; Lovaste, R.; Schifano, F. (2013). "Drops of madness? Recreational misuse of tropicamide collyrium; early warning alerts from Russia and Italy".General Hospital Psychiatry 35 (5):571–3.Baselt RC. Disposition of Toxic Drugs and Chemicals in Man. 2nd Ed. Biomedical Publ., Davis, CA. 1982; 488
23. Malenka RC, Nestler EJ, Hyman SE (2009). "Chapter 15: Reinforcement and Addictive Disorders". In Sydor A, Brown RY. Molecular Neuropharmacology: A Foundation for Clinical Neuroscience (2nd ed.).NewYork:McGraw-Hill Medical. p. 375. ISBN 9780071481274.
24. American Psychiatric Association (2013). "Substance-Related and Addictive Disorders". American Psychiatric Publishing. pp. 1–2. Retrieved 10 July 2015.
25. Juliano LM, Griffiths RR (2004). "A critical review of caffeine withdrawal: empirical validation of symptoms and signs, incidence, severity, and associated features". Psychopharmacology (Berl.) 176 (1):1–29. doi:10.1007/s00213-004-2000-x. PMID 15448977. Archived from the original on 29 January 2012.
26. Arnaud MJ. Pharmacokinetics and metabolism of natural methylxanthines in animal and man. Handb Exp Pharmacol 2011; 200:33-91.
27. Jeukendrup AE, Randell R-Fat burners: nutrition supplements that increase fat metabolism. Obes Rev 2011; 193:1-24.
28. Cumming, E. (22 April 2010). "Mephedrone: Chemistry lessons". London: The Daily Telegraph. Retrieved 2010-09-14.
29. "Drugs crackdown hailed a success". BBC News. 8 March 2010. Retrieved2010-03-31.
30. Kihara, Rhiannon; Day, Edward (May 2014). "Transient psychotic episodes following recreational use of NRG-3". Progress in Neurology and Psychiatry 18 (3): 14–18. doi:10.1002/pnp.331. Retrieved 22 March2015.
31. Schifano, F.; Albanese, A.; Fergus, S.; Stair, J. L.; Deluca, P.; Corazza, O.; Davey, Z.; Corkery, J.; Siemann, H.; Scherbaum, N.; Farre', M.; Torrens, M.; Demetrovics, Z.; Ghodse, A. H.; Psychonaut Web, M.; Rednet Research, G. (2010). "Mephedrone (4-methylmethcathinone; 'meow meow'): chemical, pharmacological and clinical issues".Psychopharmacology 214 (3):593–602. doi:10.1007/s00213-010-2070-x.ISSN 0033-3158. PMID 21072502.
32. Work Group on Panic Disorder (January 2009). APA Practice Guideline for the Treatment of Patients With Panic Disorder (2nd ed.).
33. "FDA approved labeling for Xanax revision 08/23/2011" (PDF).Federal Drug Administration. 2011-08-23. p. 4. Retrieved 2011-09-14.
"Xanax XR (Alprazolam) Clinical Pharmacology – Prescription Drugs and Medications". RxList. First DataBank. July 2008.
34. Frampton, JE (September 2014). "Pregabalin: a review of its use in adults with generalized anxiety disorder."CNS Drugs 28 (9): 835–54.
35. "Pregabalin". The American Society of Health-System Pharmacists. Retrieved Oct 23,2015.
36. 3. D.R. Guay. Pregabalin in neuropathic pain: a more "pharmaceutically elegant" gabapentin? Am. J. Geriatr. Pharmacother. 3: 274–287 (2005).
37. 4. "Summary of product characteristics" (PDF). European Medicines Agency. 6 March 2013. Retrieved 6 May 2013.
38. 5. "Detection times of Pregabalin in urine after illicit use: when should a positive specimen be considered a new intake?" Ther Drug Monit. 2013 Feb;35(1):137-40.
39. Karniol IG, Shirakawa I, Takahashi RN, Knobel E, Musty RE (1975). "Effects of delta9-tetrahydrocannabinol and cannabinol in man". Pharmacology. 13 (6): 502–12.
40. Andre, Christelle M.; Hausman, Jean-Francois; Guerriero, Gea (2016-02-04). "Cannabis sativa: The Plant of the Thousand and One Molecules". Frontiers in Plant Science. 7: 19
41. McCallum ND, Yagen B, Levy S, Mechoulam R (May 1975). "Cannabinol: a rapidly formed metabolite of delta-1- and delta-6-tetrahydrocannabinol". Experientia. 31 (5): 520–1
42. Mahadevan A, Siegel C, Martin BR, Abood ME, Beletskaya I, Razdan RK (October 2000). "Novel cannabinol probes for CB1 and CB2 cannabinoid receptors". Journal of Medicinal Chemistry. 43 (20): 3778–85.
43. Petitet F, Jeantaud B, Reibaud M, Imperato A, Dubroeucq MC (1998).
44. "Gabapentin". The American Society of Health-System Pharmacists. Archived from the original on 8 September 2017. Retrieved 23 Oct 2015.
45. Wijemanne, S; Jankovic, J (June 2015). "Restless legs syndrome: clinical presentation diagnosis and treatment". Sleep medicine. 16 (6): 678–90.
46. "Suicidal Behavior and Ideation and Antiepileptic Drugs". U.S. Food and Drug Administration (FDA). Archived from the original on 1 August 2009.
47. "Neurontin packaging insert" U.S. Food and Drug Administration (FDA). 1 May 2009. Archived from the original on 14 December 2010. Retrieved 16 July 2010.
48. Agarwal P, Griffith A, Costantino HR, Vaish N (2010). "Gabapentin enacarbil - clinical efficacy in restless legs syndrome". Neuropsychiatr Dis Treat. 6: 151–8.
49. Calandre EP, Rico-Villademoros F, Slim M (2016). "Alpha2delta ligands, gabapentin, pregabalin and mirogabalin: a review of their clinical pharmacology and therapeutic use". Expert Rev Neurother. 16 (11): 1263–1277.
50. Calandre EP, Rico-Villademoros F, Slim M (2016). "Alpha2delta ligands, gabapentin, pregabalin and mirogabalin: a review of their clinical pharmacology and therapeutic use". Expert Rev Neurother. 16 (11): 1263–1277.
51. Bockbrader HN, Wesche D, Miller R, Chapel S, Janiczek N, Burger P (2010)."A comparison of the pharmacokinetics and pharmacodynamics of pregabalin and gabapentin". Clin Pharmacokinet. 49(10): 661–9.
52. Cundy KC, Sastry S, Luo W, Zou J, Moors TL, Canafax DM (2008). "Clinical pharmacokinetics of XP13512, a novel transported prodrug of gabapentin". J Clin Pharmacol. 48 (12): 1378–88.
53. Schatzberg, AF; Nemeroff, CB, eds. (2009). *Textbook of Psychopharmacology* (4th ed.). Washington, D.C.: American Psychiatric Publishing. ISBN 978-1-58562-309-9.
54. Amalia Scotto di Telia, Ciro di Nunzio, Pietrantonio Ric(1986). Determination of Trazodone and Its Metabolite, m-CPP, in Serum and Urine by HPLC,233-235.
55. Jauch R, Kopitar Z, Prox A, Zimmer A; Kopitar; Prox; Zimmer (1976). "[Pharmacokinetics and metabolism of trazodone in man

Index of Symbols

	Consult Instructions For Use	Σ	Tests per kit	EC REP	Authorized Representative
IVD	For in vitro diagnostic use only		Use by		Do not reuse
2°C 30°C	Store between 2-30°C	LOT	Lot Number	REF	Catalog #
	Do not use if package is damaged		Manufacturer		

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