

S.V.T. SUMMARY

(Information regarding Specimen Validity Tests does not require FDA review.)

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

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 (Pyridinium chlorochromate)** tests for the presence of oxidizing agents such as bleach and hydrogen peroxide. Pyridinium chlorochromate (sold under the brand name UrineLuck) 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 UrinAid 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.

PRINCIPLE

The **One Step Drug Screen Test Card** is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against their respective drug conjugate for binding sites on their specific antibody.

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 strip. 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 strip 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.

REAGENTS

Each test line contains anti-drug mouse monoclonal antibody and corresponding drug-protein conjugates. The control line contains goat anti-rabbit IgG polyclonal antibodies and rabbit IgG.

S.V.T. REAGENTS

Adulteration Pad	Reactive indicator	Buffers and non-reactive ingredients
Creatinine	0.04%	99.96%
Nitrite	0.07%	99.93%
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's for *in-vitro* diagnostic use only. The test card 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 card should be discarded according to federal, state and local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch at 2-30°C. The test is stable through the expiration date printed on the sealed pouch. The test cards 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. storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated prior to testing. For best results, rest specimens immediately following collection.

MATERIALS

Materials Provided

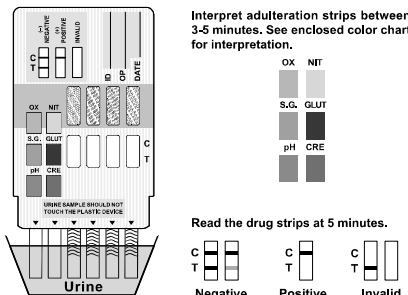
- Test Cards
- Package insert
- Adulteration Color Chart (when applicable)
- Timer
- External controls
- Specimen collection container

Materials Required But Not Provided

DIRECTIONS FOR USE

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

1. Remove the test card from the sealed pouch and use it as soon as possible. Remove the cap from the end of the test card. With arrows pointing toward the urine specimen, immerse the strip(s) of the test card vertically in the urine specimen for at least 10-15 seconds. **Immerse the strip(s) to at least the level of the wavy lines, but not above the arrow(s) on the test card. See the illustration below.**
2. Replace cap and place the test card on a non-absorbent flat surface. Start the timer. Read the adulteration strips between 3-5 minutes (when applicable) compare the colors on the adulteration pads to the enclosed color chart. If the specimen indicates adulteration, 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.
3. The drug strip results should be read at 5 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE:* Two lines appear. A colored line appears in the Control region (C) and a colored line appears 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.

SVT/ADULTERATION INTERPRETATION

(Please refer to the color chart)

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

QUALITY CONTROL

A procedural control is included in the test. A 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.

S.V.T. ADULTERATIONS 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.

LIMITATIONS

1. The **One Step Drug Screen Test Card** 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.^{1,4,10}

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.

PERFORMANCE CHARACTERISTICS

Accuracy

A side-by-side comparison was conducted using the **One Step Drug Screen Test Card** and commercially available drug rapid tests. Testing was performed on approximately 300 specimens per drug type previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS. The following compounds were quantified by GC/MS and contributed to the total amount of drugs found in presumptive positive urine samples tested.

Test	Compounds Contributing to GC/MS Totals
AMP	Amphetamine
BAR	Secobarbital, Butalbital, Phenobarbital, Pentobarbital
BZO	Oxazepam, Nordiazepam, α -Hydroxyalprazolam, Desalkylflurazepam
BUP	Buprenorphine
COC	Benzoylcgonine
THC	11-nor- Δ^9 -tetrahydrocannabinol-9-carboxylic acid
MTD	Methadone
mAMP	Methamphetamine
MDMA	d,l-Methylenedioxyamphetamine
OPI	Morphine, Codeine
OXY	Oxycodone
PCP	Phencyclidine
PPX	Propoxyphene
TCA	Nortriptyline

The following results were tabulated from these clinical studies:

% Agreement with Commercial Kit

	AMP 1,000	AMP 300	BAR	BZO	BUP*	COC 300	COC 150	THC	MTD	mAMP 1,000
Positive Agreement	97%	>99%	>99%	90%	*	95%	>99%	98%	>99%	98%
Negative Agreement	>99%	>99%	>99%	97%	*	>99%	>99%	>99%	>99%	>99%
Total Results	98%	>99%	99%	94%	*	98%	>99%	99%	>99%	99%

	mAMP 500	MDMA	MOP	OPI	OXY	PCP	PPX	TCA
Positive Agreement	>99%	>99%	>99%	>99%	96%	98%	>99%	95%
Negative Agreement	80%	99%	>99%	>99%	99%	>99%	>99%	>99%
Total Results	87%	99%	>99%	>99%	98%	99%	>99%	99%

* Commercial kit unavailable for BUP

% Agreement with GC/MS

	AMP 1,000	AMP 300	BAR	BZO	BUP*	COC 300	COC 150	THC	MTD	mAMP 1,000
Positive Agreement	97%	>99%	92%	97%	98%	96%	99%	96%	99%	99%
Negative Agreement	95%	99%	98%	95%	>99%	90%	>99%	97%	94%	94%
Total Results	96%	99%	95%	96%	99%	93%	99%	96%	96%	96%

	mAMP 500	MDMA	MOP	OPI	OXY	PCP	PPX	TCA**
Positive Agreement	99%	>99%	>99%	>99%	99%	>99%	94%	>99%
Negative Agreement	96%	98%	94%	90%	98%	97%	99%	89%
Total Results	98%	99%	97%	95%	99%	98%	96%	94%

Forty (40) clinical samples for each drug were run using each of The **One Step Drug Screen Test Card** by an untrained operator at a professional point of care site. Based on GC/MS data, the operator obtained statistically similar positive agreement, negative agreement and overall agreement rates as trained laboratory personnel. *Note: BUP was based on LC/MS data. **Note: TCA was based on HPLC data.

Precision

A study was conducted at three physician offices by untrained operators 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 \pm 50% and \pm 25% cut-off level, was labeled, blinded and tested at each site. The results are given below:

AMPHETAMINE (AMP 1,000)

Amphetamine conc. (ng/mL)	n per site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	15	15	0	15	0	15	0
500	15	15	0	15	0	14	1
750	15	13	2	11	4	11	4
1,250	15	6	9	4	11	4	11
1,500	15	2	13	1	14	1	14

Compound	ng/mL
Estazolam	2,500
Flunitrazepam	390
(±) Lorazepam	1,562
RS-Lorazepam glucuronide	156
Midazolam	12,500
Nitrazepam	98
Norchloridiazepoxide	195
Nordiazepam	390
Temazepam	98
Triazolam	2,500
BUPRENORPHINE (BUP)	
Buprenorphine	10
Norbuprenorphine	20
Buprenorphine 3-D-glucuronide	15
Norbuprenorphine 3-D-glucuronide	200
COCAINE 300 (COC)	
Benzoyllecgonine	300
Cocaine	780
Cocaehtylene	12,500
Ecgonine	32,000
COCAINE 150 (COC)	
Benzoyllecgonine	150
Cocaine	400
Cocaehtylene	6,250
Ecgonine	12,500
Ecgonine methylester	50,000
MARIJUANA (THC)	
11-nor- Δ^9 -THC-9 COOH	50
Cannabinol	20,000
11-nor- Δ^8 -THC-9 COOH	30
Δ^8 -THC	15,000
Δ^9 -THC	15,000
METHADONE (MTD)	
Methadone	300
Doxylamine	50,000
METHAMPHETAMINE 1,000 (mAMP)	
d-Methamphetamine	1,000
p-Hydroxymethamphetamine	30,000
l-Methamphetamine	8,000
3,4-Methylenedioxyamphetamine (MDMA)	2,000
Mephentermine	50,000
METHAMPHETAMINE 500 (mAMP)	
d-Methamphetamine	500
d-Amphetamine	50,000
d,l-Amphetamine	75,000
Chloroquine	12,500
3,4-Methylenedioxyamphetamine (MDMA)	1,000
p-Hydroxymethamphetamine	15,000
Mephentermine	25,000
(1R,2S)-(-)-Ephedrine	50,000
l-Phenylephrine	100,000
β -Phenylethylamine	75,000
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	
3,4-Methylenedioxyamphetamine (MDMA)	500
3,4-Methylenedioxyamphetamine (MDA)	3,000
3,4-Methylenedioxyethylamphetamine (MDEA)	300
OPIATE 300 (MOP)	
Morphine	300
Codeine	300
Ethylmorphine	6,250
Hydrocodone	50,000
Hydromorphone	3,125
Levorphanol	1,500
6-Monoacetylmorphine (6-MAM)	400
Morphine 3- β -D-glucuronide	1,000
Norcodeine	6,250
Normorphine	100,000
Oxycodone	30,000
Oxymorphone	100,000
Procaine	15,000
Thebaine	6,250
OPIATE 2,000 (OPI)	
Morphine	2,000
Codeine	2,000
Ethylmorphine	5,000
Hydrocodone	12,500
Hydromorphone	5,000
Levorphanol	75,000
6-Monoacetylmorphine (6-MAM)	5,000

Compound	ng/mL
Morphine 3- β -D-glucuronide	2,000
Norcodeine	12,500
Normorphine	50,000
Oxycodone	25,000
Oxymorphone	25,000
Procaine	150,000
Thebaine	100,000
OXYCODONE (OXY)	
Oxycodone	100
Naloxone	37,500
Naltrexone	37,500
Levorphanol	50,000
Hydrocodone	6,250
Hydromorphone	50,000
Oxymorphone	200
PHENCYCLIDINE (PCP)	
Phencyclidine	25
4-Hydroxyphencyclidine	12,500
PROPOXYPHENE (PPX)	
d-Propoxyphene	300
d-Norpropoxyphene	300
TRICYCLIC ANTIDEPRESSANTS (TCA)	
Nortriptyline	1,000
Nordoxepin	1,000
Trimipramine	3,000
Amitriptyline	1,500
Promazine	1,500
Desipramine	200
Imipramine	400
Clomipramine	12,500
Doxepin	2,000
Maprotiline	2,000
Promethazine	25,000

Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.000-1.037) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The **One Step Drug Screen Test Card** 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 One Step Drug Screen Test Card. 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, Amphetamine, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine, Marijuana, Methadone, Methamphetamine, Methylenedioxyamphetamine, Opiate, Oxycodone, Phencyclidine, Propoxyphene or Tricyclic Antidepressants. The following compounds show no cross-reactivity when tested with the One Step Drug Screen Test Card at a concentration of 100 μ g/mL.

Non Cross-Reacting Compounds

Acetaminophen	Acetophenetidin
N-Acetylprocainamide	Acetylsalicylic acid
Aminopyrine	Amoxicillin
Ampicillin	l-Ascorbic acid
Apomorphine	Aspartame
Atropine	Benzilic acid
Benzoic acid	Benzphetamine*
Bilirubin	d,l-Brompheniramine
Caffeine	Cannabidol
Chloral hydrate	Chloramphenicol
Chlorothiazide	d,l-Chloropheniramine
Chlorpromazine	Cholesterol
Clonidine	Cortisone
l-Cotinine	Creatinine
Deoxycorticosterone	Dextromethorphan
Diclofenac	Diflunisal
Digoxin	Diphenhydramine
l- Ψ -Ephedrine	β -Estradiol
Estrone-3-sulfate	Ethyl-p-aminobenzoate
l (-)-Epinephrine	Erythromycin
Fenoprofen	Furosemide
Gentisic acid	Hemoglobin
Hydralazine	Hydrochlorothiazide
Hydrocortisone	o-Hydroxyhippuric acid
p-Hydroxytyramine	Ibuprofen
Iproniazid	d,l-Isoproterenol
Isosuprine	Ketamine
Ketoprofen	Labetalol
Loperamide	Meperidine
Meprobamate	Methoxyphenamine
Methylphenidate	Nalidixic acid

Naproxen
Nifedipine
Noscapine
Oxalic acid
Oxymetazoline
Penicillin-G
Perphenazine
Phenelzine
Prednisolone
Prednisone
d-Propoxyphene
Quinacrine
Quindine
Salicylic acid
Sulfamethazine
Tetracycline
Tetrahydrocortisone 3 β -D-glucuronide
Thiamine
d,l-Tyrosine
Triamterene
Trimethoprim
d,l-Tryptophan
Verapamil

Niacinamide
Norethindrone
d,l-Octopamine
Oxolinic acid
Papaverine
Pentazocine
Perphenazine
Prednisolone
d,l-Propranolol
d-Pseudoephedrine
Quinine
Rantidine*
Serotonin
Sulindac
Tetrahydrocortisone 3-acetate
Tetrahydrozoline
Thioridazine
Tolbutamide
Trifluoperazine
Tryptamine
Uric acid
Zomepirac

*Parent compound only.

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