One Step Multi-Drug Urine Test Panel

One Step Multi-Drug Urine Test panel offers any combination from 2 to 12 drugs of abuse tests for 16 different drugs: Amphetamine (AMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine Methadone (MTD), Marijuana (THC), Methamphetamine Methylenedioxymethamphetamine (MDMA), Morphine (MOP), Opiate (OPI 2000), Phencyclidine (PCP), Tricyclic Antidepressants (TCA), Buprenorphine (BUP), Oxycodone (OXY), Ketamine (KET), Propoxyphene (PPX).

This package insert applies to all combinations of multi-drug tests panel. Therefore, some information on the performance characteristics of the product may not be relevant to your test. We refer to the labels on the packaging and the prints on the test strip to identify which drugs are included in your test.'

A rapid one step test for the qualitative detection of drug of abuse and their principal metabolites in human urine at specified cut off level.

For professional use only, For in vitro diagnostic use

INTENDED USE

One Step Multi-Drug Urine Test Panel is consisted of twelve individual one-step immunoassays. The test is a lateral flow, one-step immunoassay for the qualitative detection of specific drugs and their metabolites in human urine at the following cut off concentrations:

| Test | Calibrator | Cut off (ng/ml) |
|-------------------------------|---|--------------------|
| Amphetamine | Amphetamine | 1,000 |
| Barbiturates | Secobarbital | 300 |
| Benzodiazepines | Oxazepam | 300 |
| Cocaine | Benzoylecgonine | 300 |
| Marijuana | Marijuana | 50 |
| Methadone | Methadone | 300 |
| Methamphetamine | Methamphetamine | 1,000 |
| Methylenedioxymethamphetamine | 3,4-Methylenedioxymethamphetamine HCI(MDMA) | 500 |
| Morphine | Morphine | 300 |
| Opiate | Morphine | 2000 |
| Phencyclidine | Phencyclidine | 25 |
| Tricyclic Antidepressants | Notriptyline | 1,000 |
| Buprenorphine | Buprenorphine | 10 |
| Oxycodone | Oxycodone | 100 |
| Ketamine | Ketamine | 1,000 |
| Propoxyphene | Propoxyphene | 300 |

This assay provides only a preliminary test result. A more specific alternative 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 results are positive.

One Step Multi-Drug Urine Test Panel is a competitive immunoassay that is used to screen for the presence of drugs of abuse in urine. It is chromatographic absorbent device in which drugs or drug metabolites in a sample competitively combined to a limited number of antibody-dye conjugate binding sites.

When the absorbent end of the test device is immersed into the urine sample, the urine is absorbed into the device by capillary action, mixes with the antibody-dye conjugate, and flows across the pre-coated membrane. When sample drug levels are zero or below the target cutoff (the detection sensitivity of the test), antibody-dye conjugate binds to the drug /protein conjugate immobilized in the Test Region (T) of the device. This produces a colored Test line that, regardless of its intensity, indicates a negative result.

When sample drug levels are at or above the target cutoff, the free drug in the sample binds to the antibody-dye conjugate preventing the antibody-dye conjugate from binding to the drug-protein conjugate immobilized in the Test Region (T) of the device. This prevents the development of a distinct colored band in the test region, indicating a potentially positive result.

To serve as a procedure control, a colored line will appear at the Control Region (C), if the test has been performed properly.

- . This kit is for external use only. Do not swallow
- · Discard after first use. The test cannot be used more than once
- Do not use test kit beyond expiry date
- Do not use the kit if the pouch is punctured or not well sealed
- . Keep out of the reach of children.
- Do not read after 5 minutes

- \bullet Store at 4 °C ~ 30 °C in the sealed pouch up to the expiration date
- Keep away from direct sunlight, moisture and heat.
- DO NOT FREEZE.

• 25 Tests Package insert

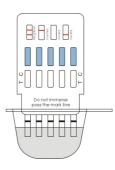
Timer • 25 Urine cup

MEN COLLECTION AND PREPARATION

Collect a urine sample in the urine cup. Urine specimens may be refrigerated (2 °C -8°C) and stored up to forty-eight hours. For longer storage, freeze the samples (-20°C or below). Bring frozen or refrigerated samples to room temperature before testing. Use only clear aliquots for testing

Test must be in room temperature (10°C to 30°C)

- 1. Open the sealed pouch by tearing along the notch. Remove the test device from the pouch.
- 2. Hold the one side of the device with one hand. Use the other hand to pull out the cap and expose the absorbent end
- 3. Immerse the absorbent end into the urine sample about 10 seconds. Make sure that the urine level is not above the "MAX" line printed on the front of the device.
- 4. Lay the device flat on a clean, dry, non-absorbent surface.
- 5. Read the result at 5 minutes. Do not read after 5 minutes.



Positive (+)

A rose-pink band is visible in each control region. No color band appears in the appropriate test region. It indicates a positive result for the corresponding drug of that specific test zone

A rose-pink band is visible in each control region and the appropriate test region. It indicates that the concentration of the corresponding drug of that specific test zone is below zero or the detection limit of the test.

Invalid

If a color band is not visible in each of the control region or a color band is only visible in each of the test region, the test is invalid. Another test should be run to re-evaluate the specimen. Please contact the distributor or the store, where you bought the product, with the lot number.

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



Though there is an internal procedural control line in the test device of Control region, the use of external controls is strongly recommended as good laboratory testing practice to confirm the test procedure and to verify proper test performance. Positive and negative control should give the expected results. When testing the positive and negative control, the same assay procedure should be adopted.

LIMITATIONS OF PROCEDURE

- 1. This test has been developed for testing urine samples only. The performance of this test using other specimens has not been substantiated.
- 2. Adulterated urine samples may produce erroneous results. Strong oxidizing agents such as bleach (hypochlorite) can oxidize drug analyses. If a sample is suspected of being adulterated, obtain a new sample.
- 3. This test is a qualitative screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication
- 4. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- 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. Test does not distinguish between drugs of abuse and certain medicines.
- 7. A positive result might be obtained from certain foods or food supplements

ERFORMANCE CHARACTERISTICS

A comparison was conducted using each of the tests and commercially available drug rapid test (Acon One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key IM Cup (Urine)). 740 specimens were used in the test. Positive results were confirmed by GC/MS. The results were listed as follows

% Agreement with commercial kit

| Specimen | AMP | BAR | BZO | COC | THC | MTD | MET | MDMA |
|----------|------|-------|-------|------|-------|-------|------|-------|
| Positive | >99% | 97.5% | 95% | 100% | 95% | 90% | >99% | 95% |
| Negative | >99% | 99% | 100% | 99% | 99% | 99% | >99% | 99% |
| Total | >99% | 98.6% | 97.9% | >99% | 97.9% | 96.4% | >99% | 97.9% |

| Specimen | MOP 300 | OPI 2000 | PCP | TCA | BUP | OXY | KET | PPX |
|----------|------------|-------------|-------|-------|-----|------|-------|-------|
| Positive | | | 97.5% | 95% | 97% | >99% | 96% | 95% |
| Negative | 99% | 99% | 99% | 99% | 97% | >99% | 99% | 100% |
| Total | 98.6% | 98.6% | 98.6% | 97.9% | 97% | >99% | 97.5% | 97.9% |

% Agreement with GC/MS

| 76 Agreement with GC/MG | | | | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|------|--|
| Specimen | AMP | BAR | BZO | COC | THC | MTD | MET | MDMA | |

| Positive | 94% | 92% | 97% | 96% | 95% | 95% | 99% | 97% |
|----------|------------|-------------|-----|-----|-------|-------|-------|-------|
| Negative | 99% | 98% | 97% | 99% | 96% | 99% | 99% | 99% |
| Total | 97% | 95% | 97% | 98% | 96% | 97% | 99% | 98% |
| | | | | | | | | |
| Specimen | MOP 300 | OPI 2000 | PCP | TCA | BUP | OXY | KET | PPX |
| Positive | 98% | 99% | 91% | 95% | 90% | 92.5% | 92.5% | 90% |
| Negative | 98% | 99% | 99% | 99% | 97.5% | 97.5% | 95% | 97.5% |
| Total | 98% | 99% | 95% | 97% | 93.8% | 95% | 93.8% | 93.8% |

Standard drugs were spiked into negative urine samples to the concentration of -50% cutoff, -25% cutoff, cutoff, +25% cutoff and +50% cutoff. The results were summarized below

| Drug Conc. | n | A۱ | ΛP | BA | ١R | BZ | 20 | CC | C | TH | łC | M | ΓD | ME | EΤ | MD | MA |
|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| (Cut-off range) | " | - | + | - | + | - | + | - | + | - | + | - | + | - | + | - | + |
| 0% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| +25% Cut-off | 30 | 25 | 5 | 26 | 4 | 26 | 4 | 25 | 5 | 23 | 7 | 25 | 5 | 25 | 5 | 23 | 7 |
| Cut-off | 30 | 12 | 18 | 10 | 20 | 14 | 16 | 15 | 15 | 14 | 16 | 12 | 18 | 13 | 17 | 10 | 20 |
| +25% Cut-off | 30 | 5 | 25 | 8 | 22 | 5 | 25 | 6 | 24 | 3 | 27 | 6 | 24 | 5 | 25 | 4 | 26 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

| Drug Conc. | n | MOF | 300 | OPI: | 2000 | P | CP | TC | CA | Вι | JP | 0) | ΧY | KE | ΞT | PF | PΧ |
|-----------------|----|-----|-----|------|------|----|----|----|----|----|----|----|----|----|----|----|----|
| (Cut-off range) | n | - | + | - | + | - | + | - | + | - | + | - | + | - | + | - | + |
| 0% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -25% Cut-off | 30 | 24 | 6 | 25 | 5 | 26 | 4 | 24 | 6 | 26 | 4 | 26 | 4 | 27 | 3 | 26 | 4 |
| Cut-off | 30 | 10 | 20 | 14 | 16 | 15 | 15 | 14 | 16 | 1 | 29 | 3 | 27 | 2 | 28 | 1 | 29 |
| +25% Cut-off | 30 | 3 | 27 | 5 | 25 | 7 | 23 | 6 | 24 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

To test the specificity of the test, the test device was used to test various drugs, drug metabolites and other components that are likely to be present in urine, All the components were added to drug-free normal human urine. These concentrations (ng/mL) below also represent the limits of detection for the specified drugs or metabolites.

| d-Amphetamine 1.1-Amphetamine 1-Amphetamine (+/-) 3,4-methylenedioxyamphetamine Phentermine Barbiturates | 1,000 3,000 50,000 5,000 | D(+)-Methamphetamine D-Amphetamine Chloroquine | 1,000 50,000 |
|--|-----------------------------------|--|-----------------|
| 1-Amphetamine (+/-) 3,4-methylenedioxyamphetamine Phentermine | 50,000 | | |
| 1-Amphetamine (+/-) 3,4-methylenedioxyamphetamine Phentermine | | Chloroquine | |
| 3,4-methylenedioxyamphetamine Phentermine | 5,000 | | 50,000 |
| Phentermine | ' | (+/-)-Ephedrine | 50,000 |
| Phentermine | | , , , | , |
| Barbiturates | 3,000 | (-)-Methamphetamine | 25,000 |
| | | (+/-)3,4-methylenedioxumethamphetamin | |
| | | e(MDMA) | , |
| Secobarbital | 300 | b-Phenylethylamine | 50,000 |
| Amobarbital | 300 | Trimethobenzamide | 10,000 |
| Alphenol | 150 | | |
| Aprobarbital | 200 | Methylenedioxymethamphetamine(MD | MA) |
| Butabarbital | 75 | 3,4-Methylenedioxymethamphetamine HCI(MDMA) | 500 |
| Butathal | 100 | 3,4-Methylenedioxyamphetamine HCl | 3.000 |
| Butalbital | 2,500 | 3,4-Methylenedioxyethylamphetamine | 300 |
| Cyclopentobarbital | 600 | Morphine | |
| Pentobarbital | 300 | Morphine | 300 |
| Phenobarbital | 100 | Codeine | 300 |
| Benzodiazepines | | Ethyl Morphine | 300 |
| Oxazepam | 300 | Hydrocodone | 5,000 |
| Alprazolam | 200 | Hydromorphone | 5,000 |
| o-Hydroxyalprazolam | 1,500 | Morphinie-3-b-d-glucuronide | 1,000 |
| Bromazepam | 1,500 | Thebaine | 30,000 |
| Chlordiazepoxide | 1,500 | Opiate 2000 | 50,000 |
| Clonazepam HCl | 800 | Morphine | 2.000 |
| Clobazam | 100 | Codeine | 2,000 |
| Clonazepam | 800 | Ethylmorphine | 5,000 |
| Clorazepate dipotassium | 200 | Hydrocodone | 12.500 |
| Delorazepam | 1.500 | Hydromorphine | 5.000 |
| Desalkylflurazepam | 400 | Levorphanol | 75,000 |
| Diazepam | 200 | о-Monoacetylmorphine | 5,000 |
| Estazolam | 2.500 | Morphine 3-β-D-glucuronide | 2.000 |
| Flunitrazepam | 400 | Norcodeine | 12,500 |
| D,L-Lorazepam | 1,500 | Normorphone | 50,000 |
| J,L-L0razepam | 1,300 | Oxycodone | 25,000 |
| Midazolam | 12,500 | Oxymorphine | 25,000 |
| Nitrazepam | 100 | Procaine | 150,000 |
| Norchlordiazepoxide | 200 | Thebaine | 100,000 |
| Nordiazepoxide | 400 | Phencyclidine | 100,000 |
| • | 100 | | ne. |
| Temazepam Trazolam | 2,500 | Phencyclidine 4-Hydroxyphencyclidine | 25 12,500 |
| | 2,500 | | 12,500 |
| Cocaine | 000 | Tricyclic Antidepressants | 4 000 |
| Benzoylecgonine | 300 750 | Notriptyline | 1,000 |
| Cocaine HCI | | Nordoxepine | 1,000 |
| Cocaethylene | 12,500 | | - |
| Ecgonine | 32,000 | Trimingoniing | 2 000 |
| Marijuana | 50 | Trimipramiine | 3,000 |
| 11-nor-D9-THC-9-COOH | 50 | Amitriptyline | 1,500 |
| 11-nor-D8-THC-9-COOH | 30 | Promazine | 1,500 |
| 11-hydroxy-D9-Tetrahydrocannabing | | Desipramine | 200 |
| D8- Tetrahydrocannabinol | 7,500 | Imipramine | 400 |
| D9- Tetrahydrocannabinol | 10,000 | Clomipramine | 12,500 |
| Cannabinol Cannabidiol | 10,000 | Doxepine Maprotiline | 2,000 2,000 |

| Methadone | | Promethazine | 25,000 |
|-------------------|----------|----------------------------------|--------|
| Methadone | 300 | Buprenorphine | |
| Doxylamine | 50,000 | Buprenorphine 3-D-Glucuronide | 15 |
| Oxycodone | | Norbuprenorphine | 20 |
| Dihydrocodeine | 20,000 | Norbuprenorphine 3-D-Glucuronide | 200 |
| Codeine | 100,000 | Ketamine | |
| Hydromorphone | 100,000 | Methadone | 50,000 |
| Morphine | >100,000 | Pethidine | 12,500 |
| Acetylmorphine | >100,000 | Methylamphetamine | 12,500 |
| Buprenorphine | >100,000 | Methoxyphenamine | 12,500 |
| Ethylmorphine | >100,000 | Promethazine | 25,000 |
| Propoxyphene | | Phencyclidine | 25,000 |
| d-Propoxyphene | 300 | | |
| d-Norpropoxyphene | 300 | | |

Considering the complexity of clinical urine specimens and the possibility that various urine specimens contain potentially interfering substances, we simulated above situations by adding the potentially interfering substances to a certain concentration as specimen. The following components show no cross-reactivity when tested with One Step Multi-Drug Urine Test Panel at a concentration of 100 $\mu g/ml$.

| Acetophenetidin | Creatinine | Loperamide | Quinidine |
|-----------------------|------------------------|---------------------|----------------------|
| Nalidixic acid | Deoxycorticosterone | Meprobamate | Quinine |
| Acetylsalicylic acid | Dextromethorphan | Methoxyphenamine | Ranitidine |
| Aminopyrine | Diclofenac | Nalidixic acid | Salicylic acid |
| Amoxicillin | Diflunisal | Naloxone | Serotonin |
| Ampicillin | Digoxin | Naltrexone | Sulfamethazine |
| L-Phenylephrine | Diphenhydramine | Naproxen | Sulindac |
| Apomorphine | L-ψ-Ephedrine | Niacinamide | Tetracycline |
| Aspartame | Ecgonine methylester | Nifedipine | Tetrahydrocortisone, |
| Atropine | Ethyl-p-aminobenzoate | Norethindrone | 3-Acetate |
| Benzilic acid | β-Estradiol | D-Norpropoxyphene | Tetrahydrocortisone, |
| Benzoic acid | Estrone-3-sulfate | Noscapine | (β-D-glucuronide) |
| Benzphetamine | Erythromycin | D,L-Octopamine | Tetrahydrozoline |
| Bilirubin | Fenoprofen | Oxalic acid | Thiamine |
| Deoxycorticosterone | Furosemide | Oxolinic acid | Thioridazine |
| Caffeine | Gentisic acid | Oxymetazoline | D,L-Tyrosine |
| | Hemoglobin | Papaverine | Tolbutamide |
| Chloralhydrate | Hydralazine | Penicillin-G | Triamterene |
| Chloramphenicol | Hydrochlorothiazide | Perphenazine | Trifluoperazine |
| Chlorothiazide | Hydrocortisone | Phenelzine | Trimethoprim |
| D,L-Chlolrpheniramine | O-Hydroxyhippuric acid | L-Phenylephrine | Tyramine |
| Chlorpromazine | 3-Hydroxytyramine | β-Phenylethylamine | D,L-Tryptophan |
| Chlorquine | D,L-Isoproterenol | Phenylpropanolamine | Urine acid |
| Cholesterol | Isoxsuprine | Prednisone | Verapamil |
| Clonidine | Ketoprofen | D,L-Propanolol | Zomepirac |
| Cortisone | Labetalol | L-Cotinine | D-Pseudoephedrine |
| | | | |

From the results above, it is clear that One Step Multi-Drug Urine Test Panel resists well against interference from these substances.

- 1. Baselt, R.C. Disposition of Toxic Drugs and Chemicals in Man. Biomedical Publications, Davis, CA, 1982.
- 2. Ellenhorn, M.J. and Barceloux, D. G Medical Toxicology. Elservier Science Publishing Company, Inc., New York, 1988
- 3. Gilman, A. G., and Goodman, L. S. The Pharmacological Fluids, in Martin WR(ed): Drug
- Addiction I, New York, Spring Verlag, 1977.

 4. Harvey, R.A., Champe, P.C. Lippincotts Illustrated Reviews. Pharmacology. 91-95, 1992.

 5. Hawwks RL, CN Chiang. Urine Testing for drugs of Abuse. National Institute for Drug Abuse (NIDA), Research Monography 73, 1986
- Hofmann F.E., A Handbook on Drug and Alcohol Abuse: The Biomedical Aspects, New York, Oxford University Press, 1983. McBay, A. J. Clin. Chem. 33,33B-40B, 1987.

MEANING OF SYMBOLS ON PACKAGE



Keep away from sunlight



Store between 4°C and 30°C



Keep dry



Do not re-use