# **Single Test Strip**

# **INSTRUCTIONS FOR USE**

PLEASE READ ALL INFORMATION IN THE INSTRUCTIONS FOR USE BEFORE USING THE TEST!

REF See Box Label

atom (KRA 300)	Mitragynine	300
atom (KRA 250)	Mitragynine	250
atom (KRA 100)	Mitragynine	100
ethamphetamine (MET 1000)	d-Methamphetamine	1000
ethamphetamine (MET 500)	d-Methamphetamine	500
ethamphetamine (MET 300)	d-Methamphetamine	300
ethadone (MTD 300)	Methadone	300
ethadone (MTD 200)	Methadone	200
ethadone Metabolite (EDDP 300)	2-ethylidene-1,5-dimethyl-3, 3-diphenylpyrrolidine (EDDP)	300
ethylenedioxymethamphetamine IDMA 500)	3,4-Methylenedioxymethamp- hetamine	500
ethylenedioxymethamphetamine IDMA 300)	3,4-Methylenedioxymethamp- hetamine	300
orphine (MOP 300)	Morphine	300
orphine (MOP 100)	Morphine	100
piate (OPI)	Morphine	2000
cycodone (OXY)	Oxycodone	100
nencyclidine (PCP)	Phencyclidine	25
opoxyphene (PPX)	d-Propoxyphene	300
nthetic Cannabis (K2 50)	JWH-018 / JWH-073	50
nthetic Cannabis (K2 25)	JWH-018 / JWH-073	25
nthetic Cannabis (K3)	AB-Pinaca	10
icyclic Antidepressants (TCA)	Nortriptyline	1000
amadol (TRA 1000)	Tramadol	1000
amadol (TRA 200)	Tramadol	200
amadol (TRA 100)	Tramadol	100
lazine (XYL)	Xylazine	300
Monoacetylmorphine (6-MAM)	6-Monoacetylmorphine	10

One strip is used to detect only one drug of abuse, and only one cutoff conc une strip is used to detect only one drug of abuse, and only one cutoff concentration under same drug condition will be included per strip. It is intended for forensic use only. This assay provides a qualitative, preliminary test result. A more specific analytical method must be used in order to obtain a confirmed result. Gas Chromatography/Mass spectrometry (GC/MS) or Liquid Chromatography/Tandem Mass Spectrometry (LC/MS-MS) are the preferred confirmatory methods. Professional judgment should be applied to any drug test result, particularly when preliminary positive results are indicated.

Amphetamine (AMP) Amphetamine (AMP)
Amphetamine and the structurally related "designer" drugs are sympathomimetic amines whose biological effects include potent central nervous system (CNS) stimulation, anorectic, hyperthymic, and cardiovascular properties. They are usually taken orally, intravenously, or by smoking. Amphetamines are readily absorbed from the gastrointestinal tract and are then either deactivated by the liver or excreted unchanged in the urine. Methamphetamine is partially metabolized to amphetamine and its major active metabolite. Amphetamines increase the heart rate and blood pressure, and suppress the appetite. Some studies indicate that heavy abuse may result in permanent damage to certain essential nerve structural in the brain. 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. It can be detected in the urine for 1 to 2 days after use. to 2 davs after use.

Barbiturates are central nervous system depressants. They are usually administered orally but are sometimes injected intramuscularly and intravenously. Barbiturates range from short-acting (approximately 15 minutes, such as secobarbital) to long-acting (24 hours or longer, such as Phenobarbital). Short-acting barbiturates are extensively metabolized in the body, while the long-acting ones are secreted primarily unchanged. Barbiturates produce alertness, wakefulness, increased energy, reduced hunger, and an overall feeling of well being. Large doses of Barbiturate could develop tolerance and physiological dependency and lead to its abuse.

physiological dependency and lead to its abuse.

Benzodiazepines (BZO)

Benzodiazepines are a class of drugs that are often therapeutically used as anxiolytics, anti-convulsants and sedative hypnotics. Benzodiazepines manifest their presence by analgesia, drowsiness, confusion, diminished reflexes, lowering of body temperature, respiratory depression, blockade of adrenocortical response, and a decrease in peripheral resistance without an impact on the cardiac index. The major pathways of elimination are the kidneys (urine) and the liver where it is conjugated to glucuronic acid. Large doses of Benzodiazepines could develop tolerances and physiological dependency and lead to its abuse. Only trace amounts (less than 1%) of Benzodiazepines are excreted unaltered in the urine, most of Benzodiazepines in urine is conjugated drug. Oxazepam, a common metabolite of many benzodiazepines, remains detectable in urine for up to one week, which makes Oxazepam a useful marker of Benzodiazepines abuse.

week, which makes Oxazepam a useful marker of Benzodiazepines abuse.

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 HcI alone or in combination with Naloxone HcI. 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. 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 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.

Cocaine (COC)
Cocaine derived from leaves of coca plant, is a potent central nervous system stim Cocamina derived infinite eares of cocaminaria, as potent central netwous system stimilaria and a local anesthetic. Among the psychological effects induced by using cocaine are euphoria, confidence and a sense of increased energy, accompanied by increased heart rate, dilation of the pupilis, fever, tremors and sweating. Cocaine is excreted in urine primarily as benzoylecgonine in a short period of time.

primarily as benzoylecgonine in a short period of time.

Cannabinoids (THC)

Cannabinoids is a hallucinogenic agent derived from the flowering portion of the hemp plant. The active ingredients in Cannabinoids, THC & Cannabinol can be metabolized and excreted as 11-nor-Δ9-tetrahydro cannabinoi-9-carboxylic acid with a half-life of 24 hours. It can be detected for 1 to 5 days after use. Smoking is the primary method of use of Cannabinoids/cannabis. Higher doses used by abusers produce central nervous system effects, altered mood and sensory perceptions, loss of coordination, impaired short-term memory, anxiety, paranoia, depression, confusion, hallucinations and increased heart rate. A tolerance to the cardiac and psychotropic effects can occur, and withdrawal syndrome produces restlessness, insomnia, anorexia and nausea.

Cotinine (COT) Gabapentin is a medicine used to treat partial seizures, nerve pain from shingles and restless leg syndrome, and is in a class of medications called anticonvulsants. It works on the chemical messengers in the brain and nerves. Gabapentin may cause serious side effects such as drowsiness, dizziness, weakness, problems with balance or muscle movement, or increased seizures. Gabapentin can cause life-threatening breathing problems, especially if the users take gabapentin with drugs that cause severe sleepiness or decreased awareness. Some examples include narcotic opioids, anti-anxiety medicines, antidepressants, and antihistamines.

# Ketamine (KET) Ketamine was developed in the 1960s to replace phencyclidine (PCP) as an anesthetic agent and is most commonly used in veterinary medicine today. In addition to rohypnol (add hyperlink to page) and GHB, it is also considered a club drug, and may be used in drug-facilitated sexual assault situations. It is odorless, tasteless and usually swallowed in powder form or injected. Once taken, it is very short-acting and shows effects within minutes. Under federal law, ketamine is classified as a Schedule III drug, meaning it has approved medical use, but still possesses a high potential for abuse.

withdrawal syndrome produces restlessness, insomnia, anorexia and nausea.

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 tobaccc-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%. While cotinine is thought to be an inactive metabolite, its elimination profile is more stable than that of nicotine which is largely urine pH dependent. As a result, cottinine 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. 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.

Cutoff

-25% Cutoff -50% Cutoff

-75% Cutoff

+50% Cutoff

+100% Cutoff

+50% Cutoff

Cutoff

-50% Cutoff

-100% Cutoff

+75% Cutoff +50% Cutoff +25% Cutoff

-25% Cutoff -50% Cutoff

-75% Cutoff -100% Cutoff

200 ng/mL is expected to be up to 2-3 days after nicotine use.

Ethyl Glucuronide (ETG)

Ethyl Glucuronide (ETG) is a direct metabolite of alcohol. Presence in urine may be used to detect recent alcohol intake, even after alcohol is no longer measurable. Traditional laboratory methods detect the actual alcohol in the body, which reflects current intake within the past few hours (depending on how much was consumed). The presence of ETG in urine is a definitive indicator that it can be detected in the urine for 3 to 4 days after drinking alcohol, even alcohol is eliminated from the body. Therefore, ETG is a more accurate indicator of the recent intake of alcohol than measuring for the presence of alcohol itself. The ETG test can aid in the diagnosis of drunk driving and alcoholism, which has important significance in the forensic identification and medical examination.

Fentanyl (FTY)
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. After continuous injection of fentanyl, the sufferer will have the performance of protracted opioid abstinence syndrome, such as ataxia and irritability etc, 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. The dufation of the dufation o

3-diphenylpyrrolidine).

Methadone Metabolite (EDDP)

EDDP(2-Ethylidine-1,5-dimethyl-3,3-diphenylpyrrolidine) is the primary metabolite of methadone. Methadone is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. The detection of EDDP is more beneficial than traditional methadone screening since EDDP exists only in urine from individuals that ingested methadone. The tampering of specimens by spiking the urine with methadone can be prevented. Secondly, renal clearance of EDDP is not affected by urinary pH, therefore the EDDP test provides a more accurate result of methadone ingestion than the methadone parent screen.

pain and for the treatment of opiate dependence (Heroin, Vicodin, Percocet, Morphine). It is administered either orally, or by intravenous or intra-muscular injection. The duration of

Methylenedioxymethamphetamine (MDMA) MDMA belongs to a family of man-made drugs. Its relatives include MDA (methylenedioxyamphetamine), and MDEA (methylenedioxyethylamphet amine). They all share the amphetamine-like effects. MDMA is a stimulant with hallucinogenic tendencies described as an empathogen as it releases mood-altering chemicals, such as cartooning and L-dopa, and may generate feelings of love and friendliness. The adverse effects of MDMA use include elevated blood pressure, hyperthermia, anxiety, paranoia and insomnia. MDMA is administered either by oral ingestion or intravenous injection. The effects of MDMA begin 30 minutes after intake, peak in an hour and last for 2~3 hours.

Mornhine (MMP)

Morphine (MOP)

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 central nervous system. 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. Kratom is an herbal extract that comes from the leaves of an evergreen tree (Mitragyna speciosa) grown in Southeast Asia and Africa. Kratom extract is often marketed as a treatment for muscle pain, or to suppress appetite and stop cramps and diarrhea. Kratom is also sold as a treatment for panic attacks. At low doses, kratom acts as a stimulant, making users feel more energetic. At higher doses, it reduces pain and may bring on euphoria. At very high doses, it acts as a sedative, making users quiet and perhaps sleepy. In fact, kratom's potential for severe side effects outweigh its potential benefits, and in extreme cases, kratom has even caused death.

# Opiate (OPI) Single Test Strip yields a positive result when the concentration of morphine in urine exceeds 2000ng/mL. See Morphine (MOP) for the summary.

Oxycodone (OXY)
Oxycodone is an analgesic, which works by depressing the central nervous system. Oxycodone is abused for its opiate-like effects. In addition to its equal potency to morphine in analgesic effects, it is also equipotent to morphine in relieving abstinence symptoms from chronic opiate (heroin, morphine) use. For this reason, it is often used to alleviate or prevent the onset of opiate withdrawal by street users of heroin and methadone. The drug is most often administered orally. Like other opiates, Oxycodone can also depress the respiratory system resulting in suffocation and death when overdosed. Oxycodone is very addictive, both physically and psychologically. Some physical indications of Oxycodone abuse include extreme loss of appetite and weight, cramps, nausea, vomiting, excessive scratching and complaint of tiching, excessive westing, constipation, pin-point pupils and watery eyes, reduced vision, drowsiness, euphoria, trance-like states, excessive thirst, tremors, twitching, irritability, hallucinations and lethargy.

Phencyclidine, commonly known as PCP or "angel dust" is used primarily as recreational drug due to its hallucinogenic effects. It is generally self-administered by intravenous injection or by inhalation and concentrates fastest in fatty tissues and the brain. The effects of PCP are very much dose related. Small amounts of Phencyclidines (PCP) are central nervous system stimulants that produce alertness, wakefulness, increased energy, increased heat rate, and decreased sense of pain and touch, and an overall feeling of well being. Large doses of Phencyclidine (PCP) can result in death due to convulsions, heart and lung failure and coma. Large repeated doses of Phencyclidine (PCP) could develop tolerances and physiological dependency and lead to its abuse. PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days. Phencyclidine is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).

Propoxyphene (PPX)
Propoxyphene is a prescription drug for the relief of pain. Overdose of propoxyphene can have the symptoms including analgesia, stupor, respiratory depression and coma. The half-life of propoxyphene is 8 to 24 hours. Propoxyphene reaches its peak in 1 to 2 hours

# Tricyclic Antidepressants (TCA)

Tricyclic Antidepressants (TCA)
Tricyclic Antidepressants are a group of antidepressant drugs that are commonly used for treatment of depressive disorders. TCAs can be taken orally or by intramuscularly injection (IM). The symptoms of TCAs overdoses include agitation, confusion, hallucinations, hypertonicity, seizures, and EKG changes. The half-life of TCA varies from a few hours to several days. The commonly used TCAs are excreted with a very low percentage of unchanged drugs in the urine. Therefore, detection of the metabolites of TCAs in human urine has been used for screening the abuse of TCAs.

It is a synthetic analog of codeine, but has a low binding affinity to the mu-opioid receptors. It has been for the treatment of diabetic neuropathy and restless leg receptors. It has been for the treatment of diabetic neuropathy and restless leg syndrome. Large doses of Tramadol could develop tolerances and physiological dependency and lead to its abuse. Both  $\Delta$  (d) and L forms of the isomers are controlled substances. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 60% is excreted as metabolities. The major pathways appear to be N- and O-demethylation, glucuronidation or sulfation in the liver.

Xylazine (XYL)

Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a Controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a Controlled substance; it is marketed as a veterinary drug and used as a Xylazine is not a Xylazine is no Xylazine is not a controlled substance; it is marketed as a veterinary drug and used as a seadative, analogesic and muscle relaxant. In humans, it could cause central nervous system depression, respiratory depression, bradycardia, hypotension, and even death. Most of the non-fatal cases required medical intervention. Over recent years xylazine has emerged as an adulterant in recreational drugs, such as heroin or speedball (a cocaine and heroin mixture). Its chronic use is reported to be associated with physical deterioration and skin ulceration. Literature shows some similar pharmacologic effects between xylazine and heroin in humans. These similar pharmacologic effects between fixed in humans. Therefore, fatalities among drug users may increase due to the use of xylazine as an adulterant. Xylazine alone has proven harmful to humans and even more when it is combined with drugs of abuse.

and even more when it is combined with drugs of abuse.

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.

# PRINCIPLE OF THE PROCEDURE

Indicates a negative test result. When the drug in the urine sample is at or above the detection level of the test, the free drug in the sample binds to the respective drug monoclonal antibody conjugate, preventing the respective drug monoclonal antibody conjugate from binding to the respective 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 preliminary 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.

4. Read the result at 5 minutes. **Do not read after 60 minutes**.

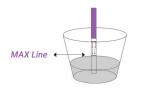
- r external use only. Do not swallow. scard after first use. The test cannot be used more than once.

- REAGENTS AND MATERIALS SUPPLIED

1. Collect urine specimen with a urine collection cup. Urine collected at any time of the

 For best results, test the urine specimens imm 3. Urine specimens may be refrigerated at 35°F - 46°F / 2°C - 8°C and stored up to forty-eight hours. For longer storage, freeze the samples at 4°F / -20°C or below. Bring frozen or refrigerated specimens to room temperature before testing.

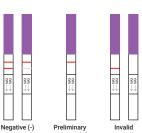
4. DO NOT REFREEZE.



### INTERPRETATION OF TEST RESULTS

legative (-)
A color band is visible in both the control region (C) and the test region (T). This negative

Invalid
If a color band is not visible in the control region (C), the test is invalid. Another test should be Note: There is no meaning attributed to line color intensity or width. Any visible line is considered to be a line



Users should follow the appropriate federal, state, and local guidelines concerning the frequency of assaying external quality control materials. Even though there is an internal procedural control line in the test device in the Control Region (C), the use of external controls is strongly recommended as good laboratory testing practice to confirm the test procedure and to verify proper test performance. Positive and negative controls should give the expected results. When testing the positive and negative controls, the same assay procedure should be adopted. External controls (positive and negative) should be run with each new lot, each new shipment and each new operator to determine that tests are working properly.

3. Contaminated urine samples may produce incorrect results. Strong oxidizing agents such as bleach (hypochlorite) can oxidize drug analyte. If a sample is suspected of contamination, epeat the test with another urine sample.

4. This test is a qualitative screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication.

5. A positive result does not indicate level or intoxication, administration route or concentration in urine.

## A. Precision and Sensitivity

concentration	Number of determinatio	Neg	Results Negative/ Positive			
(ng/mL)	ns per lot	Lot 1	Lot 2	Lot 3		
+100% Cutoff	50	0/50	0/50	0/50		
+75% Cutoff	50	0/50	0/50	0/50		
+50% Cutoff	50	0/50	0/50	0/50		
	of sample (ng/mL) +100% Cutoff +75% Cutoff	Number of determination   of sample (ng/mL)   +100% Cutoff   50     +75% Cutoff   50	concentration of sample (ng/mL)         Number of determination ns per lot         Lot 1           +100% Cutoff         50         0/50           +75% Cutoff         50         0/50	concentration of sample (ng/mL)         Number of determination ns per lot         Negative/Positive           +100% Cutoff         50         0/50         0/50           +75% Cutoff         50         0/50         0/50		

1. This test has been developed for testing urine samples only. No other fluids have been evaluated. DO NOT use this device to test substances other than urine. . There is a possibility that technical or procedural errors, as well as interfering substances in the urine specimen may cause incorrect results.

6. 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.

A. Precision and Sensitivity
To investigate the precision and sensitivity, each drug samples were analyzed at the following concentrations: +100% cutoff, +75% cutoff, +50% cutoff, +25% cutoff, cutoff, -25% cutoff, -50% cutoff, -75% cutoff and -100% cutoff. All concentrations were confirmed with GC-MS. The study was performed 2 runs /day and lasted 25 days using three different lots of the corresponding drug of abuse test. Totally 3 operators participated in the study of the corresponding drug of abuse test. Each of the 3 operators tests 2 aliquots at each concentration for each lot per day (2 runs /day), for a total of 50 determinations per concentration per lot of the corresponding drug of abuse test.

	Drug test	Approximate	Number of determinatio	Results Negative/ Positive			
		of sample (ng/mL)	ns per lot	Lot 1	Lot 2	Lot 3	
		+100% Cutoff	50	0/50	0/50	0/50	
	AMP 1000	+75% Cutoff	50	0/50	0/50	0/50	
		+50% Cutoff	50	0/50	0/50	0/50	

	]	0/50	0/50	0/50	50	Τ
		13/37	14/36	13/37	50	T
		50/0	50/0	50/0	50	T
		50/0	50/0	50/0	50	T
BZO :		50/0	50/0	50/0	50	T
		50/0	50/0	50/0	50	T
	1	0/50	0/50	0/50	50	T
	1	0/50	0/50	0/50	50	T
		0/50	0/50	0/50	50	T
	1	0/50	0/50	0/50	50	T
	1	12/38	12/38	12/38	50	T
		50/0	50/0	50/0	50	T
		50/0	50/0	50/0	50	T
BZO :		50/0	50/0	50/0	50	T
		50/0	50/0	50/0	50	T
	1	0/50	0/50	0/50	50	T
	1	0/50	0/50	0/50	50	T
		0/50	0/50	0/50	50	T
		0/50	0/50	0/50	50	T
		14/36	14/36	15/35	50	T
		50/0	50/0	50/0	50	T
		50/0	50/0	50/0	50	
BZO		50/0	50/0	50/0	50	
		50/0	50/0	50/0	50	T
		0/50	0/50	0/50	50	T
	1	0/50	0/50	0/50	50	T
	1	0/50	0/50	0/50	50	T
		0/50	0/50	0/50	50	T
		14/36	12/38	14/36	50	
		50/0	50/0	50/0	50	
BUP		50/0	50/0	50/0	50	
		50/0	50/0	50/0	50	I
		50/0	50/0	50/0	50	

+100% Cutoff	50	0/50	0/50	0/50
+75% Cutoff	50	0/50	0/50	0/50
+50% Cutoff	50	0/50	0/50	0/50
+25% Cutoff	50	0/50	0/50	0/50
Cutoff	50	11/39	13/37	12/38
-25% Cutoff	50	50/0	50/0	50/0
-50% Cutoff	50	50/0	50/0	50/0
-75% Cutoff	50	50/0	50/0	50/0
-100% Cutoff	50	50/0	50/0	50/0
+100% Cutoff	50	0/50	0/50	0/50
+75% Cutoff	50	0/50	0/50	0/50
+50% Cutoff	50	0/50	0/50	0/50
+25% Cutoff	50	0/50	0/50	0/50
Cutoff	50	13/37	13/37	13/37
-25% Cutoff	50	50/0	50/0	50/0
-50% Cutoff	50	50/0	50/0	50/0
-75% Cutoff	50	50/0	50/0	50/0
-100% Cutoff	50	50/0	50/0	50/0
+100% Cutoff	50	0/50	0/50	0/50
+75% Cutoff	50	0/50	0/50	0/50
+50% Cutoff	50	0/50	0/50	0/50
+25% Cutoff	50	0/50	0/50	0/50
Cutoff	50	12/38	13/37	13/37
-25% Cutoff	50	50/0	50/0	50/0
-50% Cutoff	50	50/0	50/0	50/0
-75% Cutoff	50	50/0	50/0	50/0
-100% Cutoff	50	50/0	50/0	50/0
+100% Cutoff	50	0/50	0/50	0/50
+75% Cutoff	50	0/50	0/50	0/50
+50% Cutoff	50	0/50	0/50	0/50
+25% Cutoff	50	0/50	0/50	0/50
Cutoff	50	16/34	15/35	15/35
-25% Cutoff	50	50/0	50/0	50/0
	50	50/0	50/0	50/0

Methamphetamine (MET)
Methamphetamine is a potent sympathomimetic agent with therapeutic applications.
Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, and a sense of increased energy and power. More acute responses produce anxiety, paranoia, psychotic behavior, and cardiac dysrhytmias. The pattern of psychosis which may appear at half-life of about 15 hours is excreted in urine as amphetamine and oxidized as deaminated and hydroxylated derivatives. However, 40% of methamphetamine is excreted unchanged. Thus the presence of the parent compound in the urine indicates methamphetamine use.

Methadone (MTD)
Methadone is a narcotic analgesic prescribed for the management of moderate to severe

Methamphetamine (MET)

DUD 10	-/5% Cutoff	50	50/0	50/0	50/0			-25% Cutoff	
BUP 10	-100% Cutoff	50	50/0	50/0	50/0		TUO 50	-50% Cutoff	
	+100% Cutoff	50	0/50	0/50	0/50		THC 50	-75% Cutoff	Т
	+75% Cutoff	50	0/50	0/50	0/50			-100% Cutoff	Т
	+50% Cutoff	50	0/50	0/50	0/50			+100% Cutoff	T
	+25% Cutoff	50	0/50	0/50	0/50			+75% Cutoff	T
COC 300	Cutoff				+50% Cutoff	T			
	-25% Cutoff	50	50/0	50/0	50/0			+25% Cutoff	T
	-50% Cutoff 50 50/0 50/0 50/0		THC 40	Cutoff	T				
	-75% Cutoff	50	50/0	50/0	50/0			-25% Cutoff	Т
	-100% Cutoff	50	50/0	50/0	50/0			-50% Cutoff	Т
	+100% Cutoff	50	0/50	0/50	0/50			-75% Cutoff	T
	+75% Cutoff	50	0/50	0/50	0/50			-100% Cutoff	
	+50% Cutoff	50	0/50	0/50	0/50			+100% Cutoff	T
	+25% Cutoff	50	0/50	0/50	0/50			+75% Cutoff	T
COC 150	Cutoff	50	15/35	14/36	14/36		THC 25	+50% Cutoff	T
	-25% Cutoff	50	50/0	50/0	50/0			+25% Cutoff	T
	-50% Cutoff	50	50/0	50/0	50/0			Cutoff	T
	-75% Cutoff	50	50/0	50/0	50/0			-25% Cutoff	Т
	-100% Cutoff	50	50/0	50/0	50/0			-50% Cutoff	Т
	+100% Cutoff	50	0/50	0/50	0/50			-75% Cutoff	Т
	+75% Cutoff	50	0/50	0/50	0/50			-100% Cutoff	T
	+50% Cutoff	50	0/50	0/50	0/50			+100% Cutoff	T
	+25% Cutoff	50	0/50	0/50	0/50			+75% Cutoff	T
COC 100	Cutoff	50	14/36	14/36	14/36			+50% Cutoff	Т
	-25% Cutoff	50	50/0	50/0	50/0			+25% Cutoff	T
	-50% Cutoff	50	50/0	50/0	50/0		COT 200	Cutoff	T
	-75% Cutoff	50	50/0	50/0	50/0			-25% Cutoff	T
	-100% Cutoff	50	50/0	50/0	50/0			-50% Cutoff	Т
	+100% Cutoff	50	0/50	0/50	0/50			-75% Cutoff	Т
	+75% Cutoff	50	0/50	0/50	0/50			-100% Cutoff	T
THC 50	+50% Cutoff	50	0/50	0/50	0/50			+100% Cutoff	T
	+25% Cutoff	50	0/50	0/50	0/50		COT 100	+75% Cutoff	T
	Cutoff	50	14/36	13/37	14/36	1		+50% Cutoff	T

	-25% Cutoff	50	50/0	50/0
TUO 50	-50% Cutoff	50	50/0	50/0
THC 50	-75% Cutoff	50	50/0	50/0
	-100% Cutoff	50	50/0	50/0
	+100% Cutoff	50	0/50	0/50
	+75% Cutoff	50	0/50	0/50
	+50% Cutoff	50	0/50	0/50
	+25% Cutoff	50	0/50	0/50
THC 40	Cutoff	50	14/36	13/37
	-25% Cutoff	50	50/0	50/0
	-50% Cutoff	50	50/0	50/0
	-75% Cutoff	50	50/0	50/0
	-100% Cutoff	50	50/0	50/0
	+100% Cutoff	50	0/50	0/50
	+75% Cutoff	50	0/50	0/50
	+50% Cutoff	50	0/50	0/50
	+25% Cutoff	50	0/50	0/50
THC 25	Cutoff	50	12/38	11/39
	-25% Cutoff	50	50/0	50/0
	-50% Cutoff	50	50/0	50/0
	-75% Cutoff	50	50/0	50/0
	-100% Cutoff	50	50/0	50/0
	+100% Cutoff	50	0/50	0/50
	+75% Cutoff	50	0/50	0/50
	+50% Cutoff	50	0/50	0/50
	+25% Cutoff	50	0/50	0/50
COT 200	Cutoff	50	13/37	13/37
	-25% Cutoff	50	50/0	50/0
	-50% Cutoff	50	50/0	50/0
	-75% Cutoff	50	50/0	50/0
	-100% Cutoff	50	50/0	50/0
	+100% Cutoff	50	0/50	0/50
COT 100	+75% Cutoff	50	0/50	0/50
	+50% Cutoff	50	0/50	0/50
		15		

	+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	13/37	14/36	13/3
	-25% Cutoff	50	50/0	50/0	50/0
COT 100	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
ETG 500	Cutoff	50	13/37	13/37	14/3
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
ETG 300	Cutoff	50	14/36	15/35	14/3
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50

FTY 20 +100% Cutoff 50 0/50 0/50 0/50

	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
FTY 20	Cutoff	50	12/38	12/38	13/37
F11 20	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
FTY 10	Cutoff	50	12/38	13/37	13/37
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
FTY 1	Cutoff	50	12/38	11/39	11/39
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
GAB 1000	+25% Cutoff	50	0/50	0/50	0/50
GAD 1000	Cutoff	50	13/37	12/38	11/39
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0

GAB 1000	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
KET 1000	Cutoff	50	12/38	11/38	12/38
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
KET 500	Cutoff	50	13/37	12/38	12/38
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
KRA 300	Cutoff	50	13/37	12/38	13/37
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
KDA 3E0	+50% Cutoff	50	0/50	0/50	0/50
KRA 250	+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	14/36	12/38	12/38
	-25% Cutoff	50	50/0	50/0	50/0

	-50% Cutoff	50	50/0	50/0	50/0
KRA 250	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
KRA 100	Cutoff	50	12/38	12/38	13/37
	-25% Cutoff	50	50/0	50/0	50/0
Ī	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
Ī	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
Ī	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
MET 1000	Cutoff	50	11/39	10/40	11/39
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
Ī	+50% Cutoff	50	0/50	0/50	0/50
Ī	+25% Cutoff	50	0/50	0/50	0/50
MET 500	Cutoff	50	12/38	13/37	12/38
Ī	-25% Cutoff	50	50/0	50/0	50/0
Ī	-50% Cutoff	50	50/0	50/0	50/0
Ī	-75% Cutoff	50	50/0	50/0	50/0
Ī	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
MET 200	+75% Cutoff	50	0/50	0/50	0/50
MET 300	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50

			1		
	Cutoff	50	12/38	13/37	13/37
	-25% Cutoff	50	50/0	50/0	50/0
MET 300	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
MTD 300	Cutoff	50	14/36	15/35	14/36
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
MTD 200	Cutoff	50	15/35	14/36	14/36
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
EDDP 300	Cutoff	50	13/37	12/38	12/38
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
MDM 500	+100% Cutoff	50	0/50	0/50	0/50
MDMA 500	+75% Cutoff	50	0/50	0/50	0/50

	+50% Cutoff	50	0/50	0/50	0/50
ĺ	+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	10/40	10/40	11/39
MDMA 500	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
MDMA 300	Cutoff	50	11/39	11/39	10/40
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
MOP 300	Cutoff	50	14/36	15/35	14/36
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
1	+25% Cutoff	50	0/50	0/50	0/50
MOP 100	Cutoff	50	15/35	15/35	15/35
Ī	-25% Cutoff	50	50/0	50/0	50/0
1	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
1	-100% Cutoff	50	50/0	50/0	50/0

	+100% Cutoff	50	0/50	0/50	0/
	+75% Cutoff	50	0/50	0/50	0/
	+50% Cutoff	50	0/50	0/50	0/
	+25% Cutoff	50	0/50	0/50	0/
OPI 2000	Cutoff	50	10/40	9/41	10,
	-25% Cutoff	50	50/0	50/0	50
	-50% Cutoff	50	50/0	50/0	50
	-75% Cutoff	50	50/0	50/0	50
	-100% Cutoff	50	50/0	50/0	50
	+100% Cutoff	50	0/50	0/50	0/
	+75% Cutoff	50	0/50	0/50	0/
	+50% Cutoff	50	0/50	0/50	0/
	+25% Cutoff	50	0/50	0/50	0/
OXY 100	Cutoff	50	13/37	15/35	15
	-25% Cutoff	50	50/0	50/0	50
	-50% Cutoff	50	50/0	50/0	50
	-75% Cutoff	50	50/0	50/0	50
	-100% Cutoff	50	50/0	50/0	50
	+100% Cutoff	50	0/50	0/50	0,
	+75% Cutoff	50	0/50	0/50	0,
	+50% Cutoff	50	0/50	0/50	0/
	+25% Cutoff	50	0/50	0/50	0/
PCP 25	Cutoff	50	15/35	16/34	14
	-25% Cutoff	50	50/0	50/0	50
	-50% Cutoff	50	50/0	50/0	50
	-75% Cutoff	50	50/0	50/0	50
	-100% Cutoff	50	50/0	50/0	50
	+100% Cutoff	50	0/50	0/50	0/
	+75% Cutoff	50	0/50	0/50	0/
	+50% Cutoff	50	0/50	0/50	0/
PPX 300	+25% Cutoff	50	0/50	0/50	0/
	Cutoff	50	12/38	12/38	12
	-25% Cutoff	50	50/0	50/0	50
	-50% Cutoff	50	50/0	50/0	50

PPX 300	-75% Cutoff	50	50/0	50/0	50/0
PPX 300	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
K2 (50)	Cutoff	50	13/37	13/37	13/3
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
K2 (25)	Cutoff	50	15/35	15/35	14/3
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50
K3 (10)	Cutoff	50	13/37	14/36	14/3
	-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0
	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50
TCA 1000	+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/5
	Cutoff	50	12/38	11/39	11/3

Single Test Strip is a rapid urine screening test. It's a lateral flow, one-step immunoassay for the qualitative detection of single drugs in human urine at the following cut-off

This package insert applies to all single-drug tests listed. Therefore, some informay not be relevant to your test. You can identify which drug and associated cut included in your test from the labels on the packaging and the prints on the test do

Drug (Identifier)	Calibrator	Cut-off (ng/mL)
Amphetamine (AMP 1000)	d-Amphetamine	1000
Amphetamine (AMP 500)	d-Amphetamine	500
Amphetamine (AMP 300)	d-Amphetamine	300
Barbiturates (BAR 300)	Secobarbital	300
Benzodiazepines (BZO 300)	Oxazepam	300
Benzodiazepines (BZO 200)	Oxazepam	200
Benzodiazepines (BZO 100)	Oxazepam	100
Buprenorphine (BUP 10)	Buprenorphine	10
Cocaine (COC 300)	Benzoylecgonine	300
Cocaine (COC 150)	Benzoylecgonine	150
Cocaine (COC 100)	Benzoylecgonine	100
Cannabinoids (THC 50)	11-nor-Δ9-THC-9-C00H	50
Cannabinoids (THC 40)	11-nor-Δ9-THC-9-C00H	40
Cannabinoids (THC 25)	11-nor-Δ9-THC-9-C00H	25
Cotinine (COT 200)	Cotinine	200
Cotinine (COT 100)	Cotinine	100
Ethyl Glucuronide (ETG 500)	Ethyl Glucuronide	500
Ethyl Glucuronide (ETG 300)	Ethyl Glucuronide	300
Fentanyl (FTY 50)	Fentanyl	50
Fentanyl (FTY 20)	Fentanyl	20
Fentanyl (FTY 10)	Fentanyl	10
Fentanyl (FTY 1)	Fentanyl	1
Gabapentin (GAB)	Gabapentin	1000
Ketamine (KET 1000)	Ketamine	1000
Ketamine (KET 500)	Ketamine	500

2. Discard after instacts. The effect calmot us used more than once.
3. Do not use the test device beyond expiry date.
4. Do not use the test device if the pouch is punctured or not well sealed.
5. Keep out of the reach of children.
6. The used test dipcard should be discarded according to local regulations. STORAGE AND STABILITY . Store at  $35^{\circ}\text{F}~-86^{\circ}\text{F}~(2^{\circ}\text{C}~-30^{\circ}\text{C})$  in the sealed pouch up to the expiration date.

Single Test Strip is a competitive immunoassay that is used to screen for the presence of various drugs and drug metabolites in urine. It is chromatographic absorbent device in which, drugs in a urine sample, competitively combined to a limited number of drug monoclonal antibody (mouse) conjugate binding sites. When the test is activated, the urine is absorbed into the test strip by capillary action, mixes with the respective drug monoclonal antibody conjugate, and flows across a pre-coated membrane. When the drug in the urine sample is below the detection level of the test, respective drug monoclonal antibody conjugate binds to the respective drug-protein conjugate immobilized in the Test Region (T) of the test strip. This produces a colored Test line in the Test Region (T) of the strip, which, regardless of its intensity, indicates a negative test result.

MATERIALS REQUIRED BUT NOT PROVIDED

Test should be performed at room temperature (59°F-86°F / 15°C - 30°C). 1. Remove the Single Test Strip from the pouch and use it within the first hour after

Synthetic Cannabis (K2/K3)

Synthetic Cannabis (K2/K3)

Synthetic Cannabis (K2/K3)

Synthetic cannabis is a psychoactive designer drug derived of natural herbs sprayed with synthetic chemicals that, when consumed, allegedly mimic the effects of cannabis, it is best known by the brand names K2 and Spice.

Synthetic cannabis act on the body in a similar way to cannabinoids naturally found in cannabis, such as THC. A large and complex variety of synthetic cannabis most often cannabicyclohexanol, JWH-018, JWH-073, or HU-210, are used in an attempt to avoid the laws that make cannabis illegal, making synthetic cannabis a designer drug. Although synthetic cannabis does not produce positive results in drug tests for cannabis, it is possible to detect its metabolites in human urine. The synthetic cannabinoids contained in synthetic cannabis products have been made illegal in many European countries. On November 24, 2010, the U.S. Drug Enforcement Administration announced it would use emergency powers to ban many synthetic cannabinoids within a month. As of March 1, 2011, five cannabinoids, JWH-018, JWH-073, CP-47,497, JWH-200, and cannabicyclohexanol are now illegal in the US.

AB-PINACA (K3 Spice) was synthesized by Pfeizer in 2009 for analgesic use. The drug gained popularity in Japan by 2012, and emerged in other countries by 2013. In under a year, AB-PINACA became one of the most commonly used drugs in the U.S. Synthetic marijuana is 1.5 times more potent than regular cannabis and is responsible for a number of hospitalizations and deaths as a result.

Tricyclic Antidepressants (TCA)

**Tramadol (TRA)**Tramadol is a quasi-narcotic analgesic used in the treatment of moderate to severe pain

		d (I Name In Addition	140000		A l'annum
-25% Cutoff 50 50/0 50/0	/0 +25% Cutoff 50 0/50 0/50 0/50	d/l-Norephedrine 100,000	p-Hydroxynorephedrine 100,000	Delorazepam 2,000	Nitrazep
-50% Cutoff 50 50/0 50/0	/0 Cutoff 50 14/36 13/37 14/36	Benzphetamine >100,000	Phenylpropanolamine >100,000	Demoxepam 5,000	Nordiaz
1000 -75% Cutoff 50 50/0 50/0	70 -25% Cutoff 50 50/0 50/0 50/0	I-Epinephrine >100,000	(±)Phenylpropanolamine >100,000	Flurazepam 500	Temaze
	XYL 300	d/l-Epinephrine >100,000	p-Hydroxyamphetamine 100,000		Triazola
-100% Cutoff 50 50/0 50/0	/0 -50% Cutoff 50 50/0 50/0 50/0		d/l-Norephedrine 100,000	Benzodiazepines (BZO 200)	Desalky
+100% Cutoff 50 0/50 0/50	50 -75% Cutoff 50 50/0 50/0 50/0	Amphetamine (AMP 500)	Benzphetamine >100,000	Oxazepam 200	Lorazep
		d-Amphetamine 500	I-Epinephrine >100,000	Alprazolam 100	Norchlo
+75% Cutoff 50 0/50 0/50	50 -100% Cutoff 50 50/0 50/0 50/0		d/l-Epinephrine >100,000	α-Hydroxyalprazolam 1,000	Nordaze
+50% Cutoff 50 0/50 0/50	50 +100% Cutoff 50 0/50 0/50 0/50	7	4/1 Epinophinio   1/100,000	Bromazepam 75	Deloraze
+25% Cutoff 50 0/50 0/50	50 +75% Cutoff 50 0/50 0/50 0/50		Barbiturates (BAR 300)		
		(+/-)3,4-methylenedioxyamphetamine (MDA) 2,500			Demoxe
00 Cutoff 50 14/36 13/37	37 +50% Cutoff 50 0/50 0/50 0/50	Phentermine 1,500	Secobarbital 300	Clobazam 500	Flurazer
-25% Cutoff 50 50/0 50/0	/0 +25% Cutoff 50 0/50 0/50 0/50	Hydroxyamphetamine 5,000	Amobarbital 1,000	Clonazepam 1,000	
		d-Methamphetamine >100,000	Alphenal 75	Clorazepate dipotassium 75	Bupreno
-50% Cutoff 50 50/0 50/0	0 6-MAM 10 Cutoff 50 14/36 15/35 15/35	I-Methamphetamine >100,000	Aprobarbital 250	Diazepam 500	Bupreno
-75% Cutoff 50 50/0 50/0	/0 -25% Cutoff 50 50/0 50/0 50/0	(+/-)3,4-Methylenedioxyethylamphetamine (MDEA) >100,000	Butabarbital 100	Estazolam 500	Norbupr
-100% Cutoff 50 50/0 50/0	70 -50% Cutoff 50 50/0 50/0 50/0	(+/-)3,4-Methylenedioxymethamphetamine (MDEA) >100,000	Butalbital 5,000	Flunitrazepam 2,000	Bupreno
			Butethal 500	Midazolam 1,000	Norbupr
+100% Cutoff 50 0/50 0/50	50 -75% Cutoff 50 50/0 50/0 50/0	(1R,2S)-(-)-Ephedrine >100,000		7,000	
+75% Cutoff 50 0/50 0/50	50 -100% Cutoff 50 50/0 50/0 50/0	β-Phenylethylamine 100,000	Cyclopentobarbital 500	Nitrazepam 1,000	Morphin
		Tryptamine 100,000	Pentobarbital 200	Nordiazepam 500	Oxymor
+50% Cutoff 50 0/50 0/50	50	p-Hydroxynorephedrine 100,000	Phenobarbital 300	Temazepam 200	Hydrom
+25% Cutoff 50 0/50 0/50	B. Specificity and Cross-reactivity	Phenylpropanolamine >100,000	<b>–</b>	Triazolam 750	
	The following table lists the concentration of compounds (ng/mL) above which the		Benzodiazepines (BZO 300)	Desalkylflurazepam 500	Cocaine
Cutoff 50 13/37 13/37	Single Test Strip identified positive results at a read time of 5 minutes.	(±)Phenylpropanolamine >100,000			
-25% Cutoff 50 50/0 50/0	/0	p-Hydroxyamphetamine 100,000	Oxazepam 300		Benzoyl
	Compound Concentration (ng/mL)	d/l-Norephedrine 100,000	Alprazolam 150	Norchlordiazepoxide 500	Cocaine
-50% Cutoff 50 50/0 50/0	Amphetamine (AMP 1000)	Benzphetamine >100,000	α-Hydroxyalprazolam 1,500	Nordazepam 750	Cocaeth
-75% Cutoff 50 50/0 50/0	/0 d-Amphetamine 1,000	I-Epinephrine >100,000	Bromazepam 100	Delorazepam 1,000	Ecgonin
	1/14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d/l-Epinephrine >100,000	Chlordiazepoxide 500	Demoxepam 4,000	Ecgonin
-100% Cutoff 50 50/0 50/0		u/	Clobazam 750	Flurazepam 500	Norcoca
+100% Cutoff 50 0/50 0/50		A . I (AMB 000)		110102000011	140,000
	(+/-)3,4-metriyleriedioxyamphetamine (MDA) 3,000	Amphetamine (AMP 300)	Clonazepam 1,500	Benzodiazepines (BZO 100)	0
+75% Cutoff 50 0/50 0/50	Phentermine 3,000	d-Amphetamine 300	Clorazepate dipotassium 100		Cocaine
+50% Cutoff 50 0/50 0/50	Hydroxyamphetamine 10,000	d/l-Amphetamine 900	Diazepam 500	Oxazepam 100	Benzoyl
	d Marks in	I-Amphetamine 15,000	Estazolam 500	Alprazolam 50	Cocaine
+25% Cutoff 50 0/50 0/50	I-Methamphetamine >100,000	(+/-)3,4-methylenedioxyamphetamine (MDA) 1,500	Flunitrazepam 2,500	α-Hydroxyalprazolam 500	Cocaeth
Cutoff 50 14/36 13/37	(+/-)3,4-Methylenedioxyethylamphetamine (MDEA) >100,000		Midazolam 2,000	Bromazepam 50	Ecgonin
-25% Cutoff 50 50/0 50/0		Phentermine 900		Chlordiazepoxide 300	
	(17 )o,1 metrijenedioxymetriamphetamine (mbm/) - 100,000	Hydroxyamphetamine 3,000	Nitrazepam 2,000		Ecgonin
-50% Cutoff 50 50/0 50/0	/0 (1R,2S)-(-)-Ephedrine >100,000	d-Methamphetamine >100,000	Nordiazepam 500	Clobazam 250	Norcoca
-75% Cutoff 50 50/0 50/0	γ <sub>0</sub> β-Phenylethylamine 100,000	I-Methamphetamine >100,000	Temazepam 250	Clonazepam 500	
	Tryptamine 100,000	(+/-)3,4-Methylenedioxyethylamphetamine (MDEA) >100,000	Triazolam 1,000	Clorazepate dipotassium 50	Cocaine
-100% Cutoff 50 50/0 50/0	p-Hydroxynorephedrine 100,000		Desalkylflurazepam 500	Diazepam 300	Benzoyl
+100% Cutoff 50 0/50 0/50		(+/-)3,4-Methylenedioxymethamphetamine (MDMA) >100,000 (1R,2S)-(-)-Ephedrine >100,000	Lorazepam 5.000	Estazolam 300	Cocaine
			5,555	Flunitrazepam 1,000	Cocaeth
+75% Cutoff 50 0/50 0/50	(±)Phenylpropanolamine >100,000	β-Phenylethylamine 100,000		Midazolam 500	
+50% Cutoff 50 0/50 0/50	p-Hydroxyamphetamine 100,000	Tryptamine 100,000	Nordazepam 1,000	Wildazoidiii	Ecgonin
24	25	26	27	28	
nyl 30	Norfentanyl >100,000	Ketamine (KET 500)	Methamphetamine (MET 500)	Methadone (MTD 300)	Morphin
ntanyl 60	, , , , , , , , , , , , , , , , , , , ,	Ketamine 500	d-Methamphetamine 500	Methadone 300	Morphin
1,000	Fentanyl (FTY 1)	2-Fluorodeschloroketamine 1,000	d-Amphetamine 25,000	EDDP >100,000	Codeine
ethylfentanyl 1,000	Fentanyl 1	Methadone 25,000		Doxylamine 50,000	Hydroco
butyrylfentanyl 100	Acetyl fentanyl 1	Pethidine 7,500	(1R,2S)-(-)-Ephedrine 25,000	Levacetylmethadol (LAAM) >100,000	Hydrom
tanyl 60	Acetyl norfentanyl 10,000	Methylamphetamine 7,500	(-)-Methamphetamine 12,500	EMDP >100,000	6-Mono
yfentanyl >100,000	Acrylfentanyl 1.5	Methoxyphenamine 7,500	(+/-)3,4-Methylenedioxumethamphetamine (MDMA) 2,000	Alpha Methadol >100,000	Morphir
cythiofentanyl 200	Butyryl fentanyl 2.5	Promethazine 12,500	β-Phenylethylamine 25,000		Ethylmo
entanyl 20	Carfentanil 50	Phencyclidine 12,500	Trimethobenzamide 5,000	Methadone (MTD 200)	
		r nencycliume 12,000		` '	Diacety
30	(±)-3-cis-methylfentanyl 50				Levorp
outyrylfentanyl (p-FBF) 60	4-Fluoro-isobutyrylfentanyl 5	Kratom (KRA 300)	(+/-)3,4-Methylenedioxyethylamphetamine (MDEA) 15,000	EDDP >100,000	Norcod
fentanyl 60	Furanyl fentanyl 2.8	Mitragynine 300	Mephentermine 25,000	Doxylamine 37,500	Oxycod
1,000	ω-1-Hydroxyfentanyl 20,000	7-Hydroxymitragynine 600	Methoxyphenamine 25,000	Levacetylmethadol (LAAM) >100,000	Thebair
nyl 100	(±) β-hydroxythiofentanyl 1.5		Fenfluramine 37.500	EMDP >100,000	Normor
>100 >100,000	Isobutyryl fentanyl 1	Kratom (KRA 250)	Procaine >100,000	Alpha Methadol >100,000	Oxymor
		` '		1,5100,000	
yl fentanyl (4-ANPP) >100,000	Ocfentanil 1.8	Mitragynine 250		Methadone Metabolite (EDDP)	Procaine
nil >100,000	Para-fluorobutyrylfentanyl (p-FBF) 4	7-Hydroxymitragynine 500	p-Hydroxymethamphetamine 15,000		Codeine
1 100.000	Para-fluoro fentanyl 3		I-Phenylephrine >100,000	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine 300	d-Norpro
anil >100.000	Sufentanil 20	Kratom (KRA 100)	d/l-Methamphetamine 500	Methadone >100,000	
	Valeryl fentanyl 5		(+/-)3,4-Methylenedioxyamphetamine(MDA) 75,000	EMDP >100,000	Morphir
		Mitragynine 100	70,000	Doxylamine >100,000	Morphir
>100,000					
>100,000 TY 10)	Alfentanil 5,000	7-Hydroxymitragynine 150	Mathematica (MET 200)		
>100,000 TY 10)	Alfentanil 5,000 Despropionyl fentanyl (4-ANPP) 20,000		Methamphetamine (MET 300)	Levacetylmethadol (LAAM) >100,000	Codeine
>100,000 Y 10)	Alfentanil 5,000	7-Hydroxymitragynine 150	d-Methamphetamine 300	Levacetylmethadol (LAAM) >100,000 Disopyramide >100,000	Codeine
>100,000 FY 10) 10 nyl 10	Alfentanil   5,000	7-Hydroxymitragynine 150  Methamphetamine (MET 1000)		Levacetylmethadol (LAAM) >100,000	Codeine Hydroco Hydrom
yl >100,000 FTY 10) 10	Alfentanil 5,000 Despropionyl fentanyl (4-ANPP) 20,000	7-Hydroxymitragynine 150	d-Methamphetamine 300	Levacetylmethadol (LAAM) >100,000 Disopyramide >100,000	Codeine Hydroco

Methylenedioxymethamphetamine (MDMA 300) Opiate (OPI)

phine (MOP 300) phine (MOP 100) Morphine 3-β-D-glucuronide Ethylmorphine
Diacetylmorphine (heroin)
Levorphanol iine ine-6-β-D-glucuror

>100,000 >100,000

onoacetyImorpnine phine 3-β-D-glucuronide Ethylmorphine
Diacetylmorphine (heroin) Synthetic Cannabis (K2 25)
JWH-018 Pentanoic Acid
JWH-073 Butanoic Acid
JWH-018 N-4-hydroxypentyl
JWH-018 (Spice Cannabinoid) Oxycodone (OXY) norphone-3β-D-glucuronide Synthetic Cannabis (K3 10) Phencyclidine (PCP) 4-Hydroxy Phencyclidine Propoxyphene (PPX) Synthetic Cannabis (K2 50) MAB-CHMINACA Tricyclic Antidepressants (TCA) Nortriptyline Nordoxepin

200

Ecgonine methyl ester Norcocaine

Cannabinoids (THC 50)
11-nor-Δ9-THC-9-C00H
11-nor-Δ8-THC-9-C00H
(±)-11-Hydroxy-Δ9-THC

(±)-11-nor-9-carboxy-Δ9-TH0 11-nor-Δ9-THC-carboxy glud

Cannabinoids (THC 40)

11-nor-Δ9-THC-9-COOH
11-nor-Δ8-THC-9-COOH
(±)-11-Hydroxy-Δ9-THC
Δ8-Tetrahydrocannabinol
Δ9-Tetrahydrocannabinol
Cannabinol

(±)-11-nor-9-carboxy-Δ9-THC 11-nor-Δ9-THC-carboxy gluc Cannabinoids (THC 25)

Cotinine (COT 200)

Cotinine (COT 100)

otinine

Ethyl Glucuronide (ETG 300) curonic acid Fentanyl (FTY 50) Butyryl fentanyl Butyryi rentanyi
Carfentanii
(±)-3-cis-methylfentanyi
4-Fluoro-isobutyryifenta
Furanyl fentanyi
ω-1-Hydroxyfentanyi
(±) β-hydroxythiofentan
Isobutyryi fentanyi Fentanyl (FTY 20)

Butyryl fentanyl
Carfentanil
(±)-3-cis-methylfentanyl
4-Fluoro-isobutyrylfentanyl

Despropionyl fentanyl (4-ANPP)
Remifentanil
Norcarfentanil

Tramadol (TRA 1000)

Tramadol
(+/-)Chlorpheniramine
Diphenhydramine
Pheniramine
PCM

Tramadol (TRA 200)

Tramadol (TRA 100)
Tramadol
(+/-)Chlorpheniramine
Diphenhydramine
Pheniramine
PCM

Xylazine (XYL)

Xylazine 4-Hydroxy Xylazine

6-Monoacetylmorphine (6-MAM 10)

Gabapentin (GAB)
Gabapentin
Pregabalin
Viqabatrin

Ketamine (KET 1000)

Z-Fluorodeschloroketamine

Hydromorphone
Levorphanol
Morphine 3-β-D-glucuronide

extromethorphan
ipramine
vacetylmethadol (LAAM)

Meperidine
Methadone
Mitragynine (kratom)
Morphine 6-D-glucuronide
Naloxone

rbuprenorphine rbuprenorphine glucuronide

Noroxymorphone
Norpropoxyphene
Oxymorphone-3β-D-glucuronide
Tapentadol HCl
Tramadol

altrexone

hoxyphenamin

C. Interfering Substances

3-Hydroxytyramine	Acetaminophen
Acetylsalicylic Acid	Albumin (100 mg/dL)
Albuterol sulfate (Proair HFA)	Aminophylline
Aminopyrine	Amoxicillin
Ampicillin	Apomorphine
Aripiprazole	Aspartame
Atomoxetine	Atorvastatin Calcium
Atropine	Azithromycin
Benzilic acid	Benzocaine
Benzoic acid	Bilirubin
Bupropion	Captopril
Carbamazepine	Cefradine
Cephalexin	Chloral Hydrate
Chloramphenicol	Chlorothiazide
Chlorpheniramine	Chlorpromazine
Cholesterol	Ciprofloxacin Hydrochloride
Citalopram	Clarithromycin
Clonidine	Clozapine
Conjugated Estrogens	Cortisone
Cotinine	Creatinine
D,L- Isoproterenol	D,L-Octopamine
D,L-Propranolol	D,L-Tryptophan
D,L-Tyrosine	Deoxycorticosterone
Dextromethorphan	Diclofenac
Diflunisal	Digoxin
Diphenhydramine	Dopamine HCI
D-Pseudoephedrine	Duloxetine
Ecgonine methyl ester	Erythromycin
Esomeprazole Magnesium	Ethanol (1%)
Fenoprofen	Fluoxetine Hydrochloride
Furosemide	Gabapentin
Gentisic Acid	Glucose
Hemoglobin	Hydralazine
Hydrochlorothiazide	Hydrocortisone
Ibuprofen	Isoxsuprine
Ketamine	Ketoprofen

Loratadine Meperidine Methoxyphenamine (except MET test)
Mifepristone
Nalidixic Acid
Nattrexone
Niacinemide Paliperidone Penicillin-G Papaverine PenicillinV Pota Perphenazine (Acetophenetidin)
Phenelzine Phenacetin Pregablin Ranitidine Rifampicin Salicylic Acid Risperidone Serotonin Seldonnii Sildenafil Citrate Sulfamethazine Tetrahydrocortisone 3-(β-D-glucuroni Venlafaxine HCl
Vitamin B2
Zomepirac
Acyclovir Verapamil
Vitamin C (Ascorbic acid)
β-Estradiol

D. Effect of Urinary Specific Gravity

The urine samples with different specific gravity ranging from 1.000~1.035 are spiked with the target drug at 25% below and 25% above cutoff level. Each sample was tested by the test device. The results demonstrate that varying ranges of urinary specific gravity do not affect the test result.

E. Effect of Urinary pH The pH of an aliquot negative urine pool is adjusted to a pH range of 4 to 9 in 1 pH unit increments and spiked with each drug at 25% below and 25% above cutoff levels. Each sample was tested by the test device. The result demonstrates that varying range of pH do not interfere with the performance of the test.

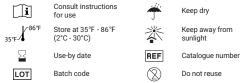
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INDEX OF SYMBOL



LOT

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300 300

1,000 >100,000 >100,000 >100,000 >100,000