

# One Step Multi-Drug Urine Q-Cup

Suitable for the following catalogue number:

W2002-C	W2007-C	W2012-C
W2003-C	W2008-C	W2013-C
W2004-C	W2009-C	W2014-C
W2005-C	W2010-C	W2015-C
W2006-C	W2011-C	W2016-C

One Step Multi-Drug Urine Q-Cup offers any combination from 2 to 16 drugs of abuse tests for 16 different drugs: Amphetamine (AMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine (COC), Marijuana (THC), Methadone (MTD), Methamphetamine (MET), Methylenedioxymethamphetamine (MDMA), Morphine (MOP), Opiate (OPI 2000), Phencyclidine (PCP), Tricyclic Antidepressants (TCA), Buprenorphine (BUP), Oxycodone (OXY), Ketamine (KET), Propoxyphene (PPX). This drug test kit cup also provides adulteration testing for Oxidant/Bleach, Specific Gravity, pH, Nitrite, Creatinine and Pyridinium Chlorochromate.

This package insert applies to all combinations of multi-drug tests panel with integrated cup. 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 healthcare professional use only. For in vitro diagnostic use.

## INTENDED USE

One Step Multi-Drug Urine Q-Cup is rapid urine screening test. 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	Benzoylcegonine	300
Marijuana	Marijuana	50
Methadone	Methadone	300
Methamphetamine	Methamphetamine	1,000
Methylenedioxymethamphetamine	3,4-Methylenedioxymethamphetamine HCl(MDMA)	500
Morphine	Morphine	300
Opiate	Morphine	2000
Phencyclidine	Phencyclidine	25
Tricyclic Antidepressants	Nortriptyline	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.

## PRINCIPLE

One Step Multi-Drug Urine Q-Cup 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 at or above the target cutoff, the drug in the sample binds to the antibody-dye conjugate preventing the antibody-dye conjugate from binding to the drug-protein pre-coated in the test region (T). This prevents the development of a distinct colored band in the test region indicating a potentially positive result.

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 pre-coated in the test region (T) of the device. This produces a colored test line that, regardless of its intensity, indicates a negative result.

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

## WARNINGS AND PRECAUTIONS

- 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 expiration date.
- Do not use the kit if the pouch is punctured or not well sealed.
- Keep out of the reach of children.

## STORAGE AND STABILITY

- Store at 4 °C – 30 °C up to the expiration date.
- Keep away from sunlight, moisture and heat.
- DO NOT FREEZE.

## MATERIAL

Material provided

- One pouch containing a test Q-cup and a desiccant.

- Package insert
- Color comparator Chart for the adulteration testing labeled on the foil pouch.

Material Required But Not Provided

- Timer

## SPECIMEN COLLECTION AND PREPARATION

- Wash your hands with soap and warm water. Open the sealed pouch and remove the urine test Q-cup.
- The donors collect their urine samples. Open the cap of the cup and urinate directly into the test cup. The sample volume should be higher than the minimum urine level. Re-cap the cup.

## TEST PROCEDURE

1. After the urine has been collected, re-cap the cup and place the test Q-cup on a flat surface.
2. Peel the label from right to left.
3. Read adulteration testing results at the times specified, compare the colors on the adulteration strip to the color chart labeled on the foil pouch. Proper read time is critical for optimal results. If the results indicate adulteration, do not read the drug test results.
4. If results do not indicate adulteration, read drug test results within 5 minutes. Do not read results after 10 minutes.



## INTERPRETATION OF RESULTS

### 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.

### Negative (-)

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 zero or below 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.



## QUALITY CONTROL

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

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

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. The test result does not distinguish between drugs of abuse and certain medicines.
7. A positive result might be obtained from certain foods or food supplements.
8. 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.
9. The adulteration assays are for screening purposes only; all abnormal results should be confirmed by an alternative methodology.

## PERFORMANCE CHARACTERISTICS

### Accuracy

1080 (eighty of each drug) clinical urine specimens were analyzed by GC-MS and by each corresponding One Step Drug of Abuse Test. Each test was read by three viewers. Samples were divided by concentration into four categories: less than half the cutoff, near cutoff negative, near cutoff positive, and high positive. Results were as follows:

### AMP

#### Viewer A:

Result	Less than half the cutoff concentration by GC/MS analysis	Near Cutoff Negative (Between 50% below the cutoff and the cutoff concentration)	Near Cutoff Positive (Between the cutoff and 50% above the cutoff concentration)	High Positive (greater than 50% above the cutoff concentration)

**Analytical Specificity**

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.

Amphetamine		Methamphetamine	
d-Amphetamine	1,000	D(+)-Methamphetamine	1,000
d,l-Amphetamine	3,000	D-Amphetamine	50,000
l-Amphetamine	50,000	Chloroquine	50,000
{+/-}	5,000	{+/-}-Ephedrine	50,000
3,4-methylenedioxymphetamine			
Phentermine	3,000	(-)-Methamphetamine	25,000
<b>Barbiturates</b>		{+/-}-3,4-methylenedioxymethamphetamine (MDMA)	2,000
Secobarbital	300	b-Phenylethylamine	50,000
Amobarbital	300	Trimethobenzamide	10,000
Alphenal	150		
Aprobarbital	200	<b>Methylenedioxymethamphetamine(MDMA)</b>	
Bulbarbital	75	3,4-Methylenedioxymethamphetamine HCl(MDMA)	500
Butalhal	100	3,4-Methylenedioxymphetamine HCl	3,000
Butalbital	2,500	3,4-Methylenedioxylethylamphetamine	300
Cyclopentobarbital	600	Morphine	
Pentobarbital	300	Morphine	300
Phenobarbital	100	Codeine	300
<b>Benzodiazepines</b>		Ethyl Morphine	300
Oxazepam	300	Hydrocodone	5,000
Alprazolam	200	Hydromorphone	5,000
u-Hydroxylprazolam	1,500	Morphine-3-β-d-glucuronide	1,000
Bromazepam	1,500	Thebaine	30,000
Chlordiazepoxide	1,500	<b>Opiate 2000</b>	
Clonazepam HCl	600	Norpine	2,000
Clobazam	100	Codeine	2,000
Clonazepam	800	Ethylmorphine	5,000
Clorazepate dipotassium	200	Hydrocodone	12,500
Delorazepam	1,500	Hydromorphone	5,000
Desalkylfurazepam	400	Lorphanol	75,000
Diazepam	200	o-Monoacetylmorphine	5,000
Estazolam	2,500	Morphine 3-β-d-glucuronide	2,000
Flunitrazepam	400	Norcocaine	12,500
D,L-Lorazepam	1,500	Normorphone	50,000
		Oxycodone	25,000
Midazolam	12,500	Oxymorphone	25,000
Nitrazepam	100	Procaine	150,000
Norchlordiazepoxide	200	Thebaine	100,000
Nordiazepam	400	<b>Phencyclidine</b>	
Temazepam	100	Phencyclidine	25
Trazolam	2,500	4-Hydroxyphencyclidine	12,500
<b>Cocaine</b>		<b>Tricyclic Antidepressants</b>	
Benzoylcegonine	300	Nortriptyline	1,000
Cocaine HCl	750	Nordoxeprine	1,000
Cocacethylene	12,500		
Ecgonine	32,000		
<b>Marijuana</b>		Trimipramine	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-Tetrahydrocannabinol	2,500	Desipramine	200
D8-Tetrahydrocannabinol	7,500	Imipramine	400
D9-Tetrahydrocannabinol	10,000	Clomipramine	12,500
Cannabinol	10,000	Doxeprine	2,000
Cannabidiol	100,000	Maprotiline	2,000
<b>Methadone</b>		Promethazine	25,000
Methadone	300	<b>Buprenorphine</b>	
Doxylamine	50,000	Buprenorphine 3-D-Glucuronide	15
<b>Oxycodone</b>		Norbuprenorphine	20
Dihydrocodeine	20,000	Norbuprenorphine 3-D-Glucuronide	200
Codeine	100,000	<b>Ketamine</b>	
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
<b>Propoxyphene</b>		Phencyclidine	25,000
d-Propoxyphene	300		
d-Norpropoxyphene	300		

**Cross-Reactivity**

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 Q-Cup at a concentration of 100 µg/ml.

**Non Crossing-Reacting Compounds**

Acetophenethidin	Creatinine	Loperamide	Quinine
Nalidixic acid	Deoxycorticosterone	Meprobamate	Quinine
Acetylsalicylic acid	Dextromethorphan	Methoxyphenamine	Ranitidine
Aminopyrine	Diclofenac	Nalidixic acid	Salicylic acid
Amoxicillin	Diflunisal	Naloxone	Serotonin
Aspicillin	Digoxin	Naltrexone	Sulfamethoxazole
L-Phenylephrine	Diphenhydramine	Natprosen	Sulindac
Apomorphine	L-γ-Ephedrine	Nicotinamide	Tetracycline
Aspartame	Ecgonine methyl ester	Nifedipine	Tetrahydrocortisone.

Atropine	Ethyl-p-aminobenzoate	Norethindrone	3-Acetate
Benzic acid	β-Estradiol	D-Norpropoxyphene	Tetrahydrocortisone,
Benzic acid	Estrone-3-sulfate	Noscapine	(β-D-glucuronide)
Benzophenamine	Erythromycin	D,L-Octopamine	Tetrahydrozoline
Bilirubin	Fenpropfen	Oxalic acid	Thiamine
Deoxyaceticosterone	Furosemide	Oxolinic acid	Thiazidazine
Caffeine	Genisteic acid	Oxymetazoline	D,L-Tyrosine
	Hemoglobin	Papaverine	Tolbutamide
Chloralhydrate	Hydralazine	Paricillin-G	Triamterene
Chloramphenicol	Hydrochlorothiazide	Perphenazine	Trifluoperazine
Chlorothiazide	Hydrocortisone	Phenazine	Trimethoprim
D,L-Chlopheniramine	O-Hydroxyhippuric acid	L-Phenylephrine	Tyramine
Chlorpromazine	3-Hydroxytyramine	β-Phenylethylamine	D,L-Tryptophan
Chlorquine	D,L-isoproterenol	Phenylpropionolamine	Urine acid
Cholesterol	Isosuxprine	Prednisone	Verapamil
Clonidine	Ketoprofen	D,L-Propenolol	Zomoprac
Cortisone	Labetalol	L-Cocaine	D-Pseudoephedrine

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

**Effect of Urinary Specific Gravity**

5 urine samples with density ranges (1.000-1.035) are collected and spiked with each drug at 50% below and 50% above cutoff level. One Step Multi-Drug Urine Test was tested in duplicate. The results demonstrate that varying ranges of urinary specific gravity do not affect the test result.

**Effect of Urinary PH**

The pH of an aliquot negative urine pool is adjusted to a pH range of 4 to 9 in 1 pH unit increments and spiked with morphine at 50% below and 50% above cutoff levels. One Step Multi-Drug Urine Test was tested in duplicate. The result demonstrate that varying ranged of PH do not interfere with the performance of the test.

**BIBLIOGRAPHY OF SUGGESTED READING**

- Basell, R.C. Disposition of Toxic Drugs and Chemicals in Man. Biomedical Publications, Davis, CA, 1982.
- Ellenhorn, M.J. and Barceloux, D. G Medical Toxicology. Elsevier Science Publishing Company, Inc., New York, 1988
- Gilman, A. G., and Goodman, L. S. The Pharmacological Fluids, in Merin WR(ed): Drug Addiction I, New York, Spring - Verlag, 1977.
- Harvey, R.A., Charpe, P.C. Lippincott's Illustrated Reviews. Pharmacology. 91-95, 1992.
- Hawkins 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

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