

QuickScreen™ Pro Multi Drug Screening Test

Catalog # 9177T

Test Instructions

Intended Use

The QuickScreen™ Pro Multi Drug Screening Test is a rapid, self-timing, qualitative immunoassay for the detection of drugs of abuse in urine. The cutoff concentrations for this test are PCP at 25 ng/mL, Amphetamine at 1000 ng/mL, THC metabolite (THCA) at 50 ng/mL, Cocaine metabolite (Benzoylecgonine) at 300 ng/mL and Opiates at 2,000 ng/mL. This assay is intended for professional use.

This test provides only a preliminary test result. A more specific alternate testing method must be used in order to obtain a confirmed analytical result. Gas chromatography / mass spectrometry (GC/MS) is the preferred confirmatory method. Other chemical confirmation methods are available. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are observed.

Summary & Explanation of the Test

Phencyclidine, also known as “Angel Dust” or **PCP**, is used primarily as a recreational drug for its hallucinogenic effects. Commonly eaten, inhaled, smoked or injected, it is well absorbed by all routes of administration, concentrating fastest in fatty tissues and in the brain. Unchanged PCP is excreted in the urine in moderate amounts (10% of the dose). The terminal half-life for PCP varies considerably, ranging from 8 to 55 hours, averaging 18 hours. The effects of this drug are unpredictable and variable. Users may exhibit signs of euphoria, anxiety, relaxation, increased strength, time and space distortions, panic and hallucination.

Amphetamine (AMP) and its metabolites are central nervous system stimulants whose pharmacological properties include alertness, wakefulness, increased energy, reduced hunger and an overall feeling of well being. Large doses and extended usage can result in higher tolerance levels and physiological dependency. Both *d* and *l* forms of Amphetamine are controlled substances.

Δ⁹-Tetrahydrocannabinol (THC) is generally accepted to be the principle active component in marijuana and hashish, although other cannabinoids are likely to contribute to their physiological activity. THC is rapidly absorbed by inhalation and by the gastrointestinal tract, and is almost completely metabolized. Its predominant metabolite, 11-Nor-Δ⁹-THC-2-carboxylic Acid, or **THCA**, is found in the plasma, feces and urine along with other compounds. Very low concentrations of THC may be detected in urine during the initial several hours, but THCA persists in urine at a detectable concentration for many days after smoking.

Cocaine (COC) is an alkaloid present in coca leaves (*Erythroxine coca*) whose pharmacological properties include alertness, wakefulness, increased energy and an overall feeling of euphoria. Cocaine has been used medicinally as a local anesthetic, however, its addictive properties have minimized its modern value as an anesthetic. Elimination of cocaine is predominantly controlled by its biotransformation. It is almost completely metabolized to Benzoylecgonine. Very low concentrations of Cocaine may be detected in urine during the initial several hours, but Benzoylecgonine persists in urine at detectable concentrations for 48 hrs.

Opiates (OPI 2000) are addictive, pain-relieving narcotic drugs derived from the opium poppy (*Papaver somniferum*). An opiate is any natural or synthetic drug derived from this plant that has morphine-like pharmacological actions. Natural opiates include Codeine, Morphine and Thebaine. Synthetic opiates include Heroin, Hydrocodone and Levorphanol.

Urine-based screening tests for drugs of abuse range from complex analytical procedures to simple immunoassay tests. The sensitivity and rapidity of the immunoassay have made them the most accepted method of preliminary screening for drugs of abuse in urine. This allows the laboratory to eliminate the large number of negative specimens and focus on the smaller number of initially positive samples.

Principles of the Procedure

The QuickScreen™ Pro Multi-Drug Screening Test is a competitive immunoassay that is used to screen for the presence of drugs of abuse in urine. It is a chromatographic absorbent device in which drugs or drug metabolites in a sample compete with drug / protein conjugate immobilized on a porous membrane for a limited number of antibody / dye conjugate binding sites. The test device employs a unique combination of monoclonal and polyclonal antibodies to selectively identify drugs of abuse in urine with a high degree of confidence. The test device also contains a self-timer that indicates when test results are ready to be interpreted.

In the procedure, the absorbent end of the test device is inserted 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 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 Band 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, indicating a potentially positive sample.

In either case, a colored Control Band is produced in the Control Region (**C**) by a non-specific antibody-dye / conjugate reaction. This band serves as a built-in quality control device, demonstrating antibody recognition and reactivity as well as confirming that the test is complete.

Reagents & Materials Supplied

1. 25 “Self-Timed” Test Devices (Cat. # 9177T) with a separate panel for each target drug. Each panel contains:
 - a. Monoclonal anti-drug antibody / colloidal gold conjugate in a protein matrix containing 0.1% sodium azide coated in the sample path
 - b. Drug derivative / protein conjugate immobilized as a line in the Test Region (**T**)
 - c. Goat anti-mouse antibody immobilized as a line in the Control Region (**C**)
2. Directional Insert (Cat. # 9177T-DI)
3. (Optional) Single Specimen Collection Kit (Cat. # 9501 or equivalent) – or –
4. (Optional) Split Specimen Collection Kit (Cat. # 9502 or equivalent)

Warnings & Precautions

1. FOR *IN VITRO* DIAGNOSTIC USE ONLY.
2. For professional use only.
3. Urine samples have the potential to be infectious. Follow Universal Precautions for proper handling and disposal methods.
4. Do not use this kit beyond its expiration date.
5. This method has been established using urine only. Other fluids have not been evaluated.
6. Do not reuse the Test Device.

Storage & Handling Requirements

Store at room temperature (15 – 28 °C). Do not freeze. Refer to expiration date for stability.

Sample Collection & Preparation

A fresh urine sample should be collected in one of the above-mentioned specimen collection kit or equivalent. Alternately, a clean, dry plastic or glass container, unused and without preservatives, may be used for specimen collection. Testing requires at least $\frac{3}{4}$ -inch (20 – 25 mL) of urine in the sample container. If required by your procedure, aliquot a portion of urine into the split sample container for later confirmation of results. If not required, dispose of all but $\frac{3}{4}$ -inch of urine and save the remainder for the QuickScreen™ test.

Samples may be tested immediately or stored for up to 48 hours at 2 – 8 °C. For longer storage, freeze samples at –20 °C or below.

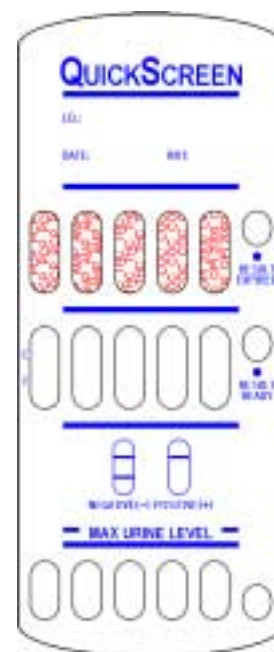
Assay Procedure

Preparation

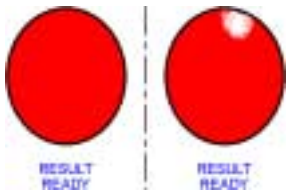
1. Confirm that all samples and test components are at room temperature (15 – 28 °C) before testing.
2. Do not break the seal on the pouch until you are ready to perform the test.

Testing

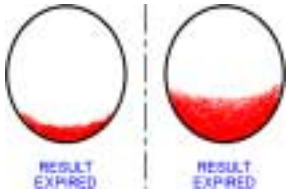
1. Open the foil pouch at the notch and remove the test device. Take care not to touch the exposed membranes.
2. Insert the reactive end of the test device into the urine sample. Make sure that the urine level is not above the “MAX URINE LEVEL” printed on the front of the device.
3. Leave the test device in the sample cup until ready to read the results.



When to Read Test Results Using the “Timer”

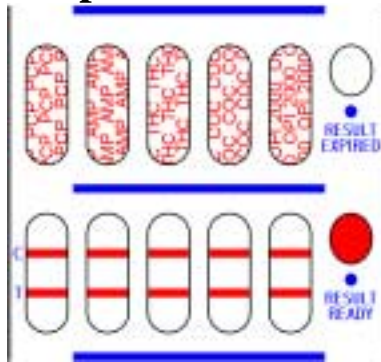


When the “RESULT READY” window is completely filled with red color, or is almost completely covered with red color that reaches the top of the window, the test results are ready to interpret.



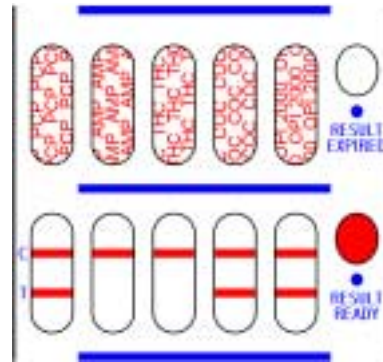
When red color becomes clearly visible at the bottom of the “RESULT EXPIRED” window, test results should no longer be interpreted and should not be considered as conclusive.

Interpretation of Test Results



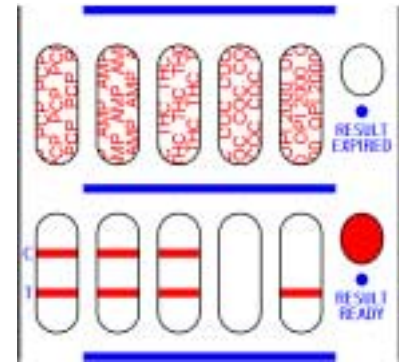
Negative Test Results For All Drugs Tested

Negative – A negative result is indicated when two (2) colored bands appear, one in the Control Region (C) and one in the Test Region (T), *before* any red color appears at the bottom of the “RESULT EXPIRED” window. This result indicates that the target drug is not present or its concentration is below the detection sensitivity of the test panel. Some negative results may appear in as little as 1 minute, and can be safely interpreted as soon as 2 colored bands are visible.



Positive Test Results For THC & Opiates

Positive – A positive result is indicated when only one (1) colored band appears in the Control Region © and no band appears in the Test Region (T), *after* a red spot appears in the “RESULT READY” window. This result indicates that the target drug concentration is at or above the detection sensitivity of the panel. More than one panel may be positive. Potentially positive results can only be reported when a red spot appears in the timer’s “RESULT READY” window, and *before* any red color appears at the bottom of the timer’s “RESULT EXPIRED” window.



Invalid Test Results For Amphetamine & Cocaine

Invalid – A test must be considered invalid if, *after* a red spot appears in the “RESULT READY” window, no bands appear or if a band appears in the Test Region without a Control Band. The presence of a Control Band is necessary to confirm assay performance.

Quality Control

An internal procedural control line has been incorporated into the test to help ensure proper kit performance and reliability. However, the use of external controls is recommended. Positive and negative controls within 25% of the cutoff concentration should produce the expected results. For positive controls, only one (1) colored band will appear in the Control Region (C), and no band will appear in the Test Region (T). For negative controls, two (2) colored bands will appear, one in the Control Region (C) and one in the Test Region (T).

Limitations of the Procedure

1. The possibility exists that substances and factors not described in this directional insert may interfere with the test, causing false results (e.g., technical or procedural error).
2. This test has been developed for testing urine samples only. The performance of this test using other specimens has not been substantiated.
3. Adulterated urine samples may produce erroneous results. Strong oxidizing agents such as bleach (hypochlorite) can oxidize drug analytes. If a sample is suspected of being adulterated, obtain a new sample.
4. All positive samples must be confirmed by another method. Gas chromatography / mass spectrometry (GC/MS) is the method of choice to confirm the presence and concentration of a drug in urine.
5. This test is a qualitative, competitive screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication.
6. Because the QuickScreen™ Test is a competitive assay, no prozone effect is present.
7. Occasionally, samples containing target drug concentrations below the cutoff sensitivity for the test may produce a positive result.

Performance Characteristics

Sensitivity – The sensitivity of the QuickScreen™ Pro Multi Drug Screening Test was evaluated on clinical (urine) samples and compared with a commercially available immunoassay at the cutoff concentrations. In addition, the combined studies of two independent clinical laboratories are reported for overall sensitivity, comparing QuickScreen™ to the Emit II instrument-based immunoassay.

Specificity – The specificity of the QuickScreen™ Pro Multi Drug Screening Test was evaluated on clinical (urine) samples and compared with a commercially available immunoassay at the cutoff concentrations. In addition, the combined studies of two independent clinical laboratories are reported, comparing QuickScreen to the Emit II assay.

Accuracy – The accuracy of the QuickScreen™ Pro Multi Drug Screening Test was evaluated on clinical (urine) samples and compared with a commercially available immunoassay at the cutoff concentrations. In addition, the combined studies of two independent laboratories are reported, comparing QuickScreen to the Emit II assay.

Analyte	In-House Study, % Agreement					Clinical Study, % Agreement				
	PCP	AMP	THC	COC	OPI	PCP	AMP	THC	COC	OPI
<i>n</i> =	167	189	143	164	176	140	124	102	143	151
Sensitivity	99	97.6	99	100	>99	95	98.8	98	100	>99
Specificity	99	100	99	95.9	>99	99	100	99	87.5 ^[1]	>99
Accuracy	>99	99.4	98	98.1	>99	97.9	99.2	>98	96.5	>99

^[1] Five discrepant results were observed in the Cocaine Clinical Study. The samples were from 3 to 10% below the assay cutoff concentration (271 to 293 ng/mL) and subsequently tested positive by GC/MS.

Precision – Eight urine pools, ranging in concentration from 0 to 200% of cutoff, were assayed twice a day for 20 days. The results were interpreted individually by two technicians. The inter- and intra-assay coefficients of variation were determined to be less than 2%.

Cross-Reactivity – The following structurally related compounds were spiked into normal human urine and found to cross-react in the QuickScreen™ Pro Multi Drug Screening Test. The results, in µg/mL, are expressed as that amount of compound capable of giving a result equivalent to the target drug at its cut-off concentration. Unless otherwise noted, a blank space indicates no cross-reactivity was observed when the compound was tested to 100 µg/mL.

Compound	PCP	AMP	THC	COC	OPI
2-Ethylidene-1,5-Dimethyl-3,3-Diphenylpyrrolidine (EDDP)	25				
Phencyclidine	0.025				
<i>d</i> -Amphetamine		1			
<i>dl</i> -Amphetamine • 3-Hydroxytyramine • (±)- α -Phenylethylamine		10			
<i>l</i> -Amphetamine • Mephentermine • (R)-(+)- α -Phenylethylamine		100			
(±)-3,4-Methylenedioxyamphetamine		4.5			
β -Phenylethylamine		10			
Tyramine		12.5			
11-Hydroxy- Δ^9 -THC ^[A]			1		
11-Nor- Δ^8 -THC-2-Carboxylic Acid ^[A]			0.1		
11-Nor- Δ^9 -THC-2-Carboxylic Acid ^[A] • Δ^9 -Tetrahydrocannabinol			0.05		
Δ^8 -Tetrahydrocannabinol			100		
Benzoylcegonine • Cocaine				0.3	
Metoclopramide				25	
Procaine • Pirlamine				100	
6-Acetylmorphine • Hydromorphone					10
Codeine					1
Ethylmorphine ^[B] • Morphine • Nalorphine					2
Heroin ^[B] • Hydrocodone					2.5
Morphine-3 β -D-Glucuronide					5

^[A] A blank space indicates that no cross-reactivity was observed when the compound was tested to 5 µg/mL.

^[B] A blank space indicates that no cross-reactivity was observed when the compound was tested to 10 µg/mL.

Interfering Substances – The following compounds were spiked into normal human urine and tested for interference with the QuickScreen™ Pro Multi Drug Screening Test. The compounds were tested to 100 µg/mL, except as noted, with no interference observed.

Acetaminophen • Acetone • *N*-Acetylprocainamide • Acetylsalicylic Acid (Aspirin) • Albumin • Alphenal • Alprazolam^[C] • Amantadine • (+)-Amethopterin • Amikacin • *dl*-Aminoglutethimide • Aminopyrine • Amitriptyline • Amobarbital • Amoxicillin • Ampicillin • Apomorphine • Aprobarbital • (–)-Arterenol • *l*-Ascorbic Acid (Vitamin C) • Aspartame • *d*-Aspartic Acid • *dl*-Aspartic Acid • *l*-Aspartic Acid • Atropine • Barbitol • Barbituric Acid • Benzoic Acid • Benzphetamine • Benztropine Methane Sulfonate • Bilirubin • Bromazepam • Bromocriptine Mesylate • (+)-Brompheniramine • Butabarbital • Butalbital • Butethal • Caffeine • Cannabidiol • Cannabinol • Carbamazepine • Cephalexin • Chloramphenicol • Chlordiazepoxide • Chloroquine • (+)-Chlorpheniramine • (±)-Chlorpheniramine • Chlorpromazine • Chlorpropamide • Chlorprothixene • Cimetidine • Clemastine • Clomipramine • Clonazepam • Clonidine • (–)-Cotinine • Creatinine • Cyclizine • Cyclobenzaprine • Cyclosporin A • Cyproheptadine • (–)-Deoxyephedrine • Desipramine • Desmethyldiazepam • Dextromethorphan • 5,5-Diallylbarbituric Acid • Diazepam • Diflunisal • Digoxin • 4-Dimethylaminoantipyrine • Diphenhydramine • Diphenoxylate • 5,5-Diphenylhydantoin • Disopyramide • Doxepin • Doxylamine • (+)-*ψ*-Ephedrine • (–)-*ψ*-Ephedrine • (+)-Ephedrine • (±)-Ephedrine • (–)-Ephedrine • (±)-Epinephrine • (–)-Epinephrine • Erythromycin • Estriol • Estrone-3-Sulfate • Ethanol • Ethosuximide • Ethyl-*p*-Aminobenzoate • Ethylenediaminetetraacetic Acid • Fenfluramine • Fenpropfen • Fentanyl^[D] • Flunitrazepam • Flurazepam • Furosemide • Gentamicin • Gentisic Acid • Glucose • *dl*-Glutethimide • Griseofulvin • Guaiacol Glyceryl Ester • Hexobarbital • Human Hemoglobin • Hydrochlorothiazide • *o*-Hydroxyhippuric Acid • 5-Hydroxyindole-3-Acetic Acid • 5-Hydroxyindole-2-Carboxylic Acid • Hydroxyzine • Ibuprofen • Imipramine • Indole-3-Acetic Acid • Indole-3-Butyric Acid • Indomethacin • (+)-Isoproterenol • (±)-Isoproterenol • (–)-Isoproterenol • Isoxsuprine • Kanamycin • Ketamine • Ketoprofen • Labetalol • Levorphanol • Lidocaine • Lithium Carbonate • (±)-Lorazepam • Lormetazepam • Lysergic Acid Diethylamide (LSD)^[E] • Medazepam • Melanin • Meperidine • Meprobamate • Mescaline • *dl*-Metanephrine • (±)-Methadone • (+)-Methamphetamine • Methaqualone • (S)-6-Methoxy- α -Methyl-2-Naphthaleneacetic Acid • 2-Methyl-3-(3,4-Dihydroxyphenyl)-*dl*-Alanine • 2-Methyl-3-(3,4-Dihydroxyphenyl)-*l*-Alanine • (±)-3,4-Methylenedioxyamphetamine • Methylphenidate • Methyprylon • (±)-Metoprolol • Nafcillin • Naloxone • Naltrexone • Naphazoline • α -Naphthaleneacetic Acid • β -Naphthaleneacetic Acid • Naproxen • Netilmicin • Niacinamide • Nialamide • Nicotinic Acid • Nifedipine • Nitrazepam • Nomifensine • Norcodeine • Nordoxepin^[D] • Norethindrone • Normorphine^[D] • Nortriptyline • Noscapine • Nyldrin • Orphenadrine • Oxalic Acid • Oxazepam • Oxycodone • Oxymetazoline • Papaverine • Penicillin G • Pentazocine • Pentobarbital • Phenelzine • Pheniramine • Phenobarbital • Phenothiazine • Phentermine • Phenylacetone • *l*-Phenylalanine • Phenylbutazone • *trans*-2-Phenylcyclopropylamine • *l*-Phenylephrine • (±)-Phenylpropanolamine • Piroxicam • Potassium Chloride • Prazepam • Prednisolone • Primidone • Procainamide • Prochlorperazine • Promazine • Promethazine • (+)-Propoxyphene • 2-Propylpentanoic Acid • Protriptyline • Quinidine • Quinine • Ranitidine • Riboflavin • Salicylic Acid • (–)-Scopolamine • Secobarbital • Sodium Chloride • Sulindac • Temazepam • Terbutaline • Tetracycline • Tetraethylthiuram Disulfide (Antabuse) • Tetrahydrozoline • Thebaine • Theophylline • Thioridazine • *cis*-Thiothixene • Tobramycin • Triamterene • Triazolam^[D] • Trifluoperazine • Triflupromazine • *dl*-Trihexyphenidyl • Trimethobenzamide • Trimethoprim • Trimipramine • Triprolidine • Urea • Uric Acid • Vancomycin • (±)-Verapamil • Zomepirac

^[C] No interference was observed when the compound was tested to 25 µg/mL.

^[D] No interference was observed when the compound was tested to 10 µg/mL.

^[E] No interference was observed when the compound was tested to 2.5 µg/mL.

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FOR IN VITRO DIAGNOSTIC USE ONLY

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