

SalivaScreen**SALIVASCREEN III
008S300****ulti
med****A rapid, screening test for the simultaneous, qualitative detection of multiple drugs and metabolites in human oral fluid.****For professional in vitro diagnostic use only.****INTENDED USE**

The **SalivaScreen III** is a lateral flow chromatographic immunoassay for the qualitative detection of Cocaine, Marijuana, and Methamphetamines and their metabolites in oral fluid at the following cut-off concentrations.

TEST	SYMBOL	CALIBRATOR	CUT-OFF (ng/mL)	DETECTION TIME
Cocaine	COC	Benzoylcegonine	20	10 min – 24 hrs
Marijuana	THC	11-nor- Δ^9 -THC-9 COOH	12	up to 14 hrs
Methamphetamine	MET	D-Methamphetamine	50	10 min – 72 hrs

SUMMARY

This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

COC: Cocaine is a potent central nervous system (CNS) stimulant and a local anesthetic derived from the coca plant (*erythroxylum coca*).

THC: Tetrahydrocannabinol, the active ingredient in the marijuana plant (*cannabis sativa*), is detectable in oral fluid shortly after use. The detection of the drug is thought to be primarily due to the direct exposure of the drug to the mouth (oral and smoking administrations) and the subsequent sequestering of the drug in the buccal cavity.

MET: Methamphetamine is a potent stimulant chemically related to amphetamine but with greater CNS stimulation properties. The drug is often self-administered by nasal inhalation, smoking or oral ingestion.

The **SalivaScreen III** provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) and gas chromatography/tandem mass spectrometry (GC/MS/MS) are the preferred confirmatory methods. Professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

PRINCIPLE

The **SalivaScreen III** is an immunoassay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a portion of the oral fluid specimen migrates upward by capillary action. A drug, if present in the oral fluid specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test line region of the specific drug strip. The presence of drug above the cut-off concentration in the oral fluid specimen will saturate all the binding sites

of the antibody. Therefore, the colored line will not form in the test line region.

A drug-positive oral fluid specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative oral fluid specimen will generate a line in the test line region because of the absence of drug competition. To serve as a procedural control, a colored line will always appear at the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

REAGENTS

The **SalivaScreen III** contains drug protein conjugates and mouse monoclonal antibody-coupled particles specific to each drug coated on the membrane. A goat anti-mouse antibody is employed in each control line.

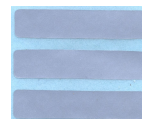
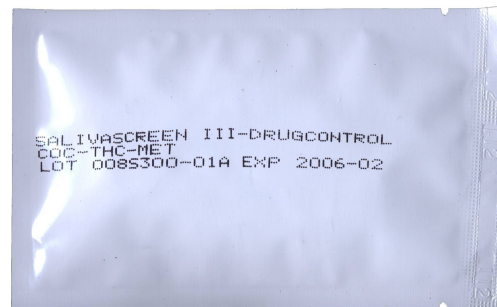
PRECAUTIONS

- For in vitro diagnostic use only.
- Do not use after the expiration date.
- The test device should remain in the sealed pouch until use.
- Do not moisten nitrocellulose membrane with samples.
- Use proper sample volume (min 180 μ l per assay).
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent
- The used test device should be discarded according to federal state and local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test devices must remain in the sealed pouch until use.

- Do not freeze.
- Do not use beyond the expiration date.

MATERIALS PROVIDED

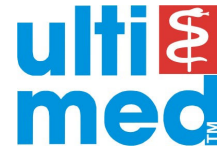
- SalivaScreen III,**
- single pouched
 - Collection tubes
 - Collector, single pouched
 - Tamper evident tape

MATERIALS REQUIRED BUT NOT PROVIDED

- Timer



**SALIVASCREEN III
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SPECIMEN COLLECTION AND PREPARATION

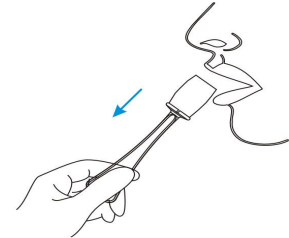
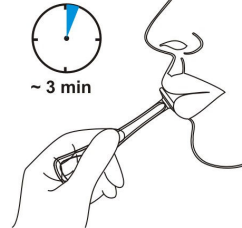
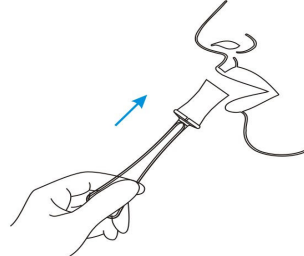
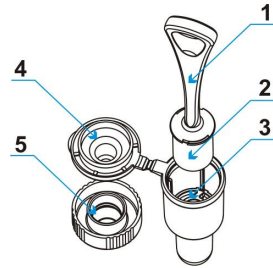
The oral fluid specimen should be collected using the collector provided with the kit. Follow the detailed Directions for Use below. No other collection devices should be used with this test. Oral fluid collected at any time of the day may be used. Specimen is stable up to two days refrigerated (2-8°C). Specimen is also stable frozen (-20°C) for up to three days. For ideal shipment conditions, transport specimen using ice packs (2-8°C).

- 1: Collector
- 2: Sponge
- 3: Filter Board
- 4: Cap
- 5: Cap Cover

Insert the sponge end of the collector into the mouth:

Swab sponge continuously between cheek and teeth until the sponge becomes fully saturated.

Remove collector from mouth



DIRECTIONS FOR USE

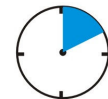
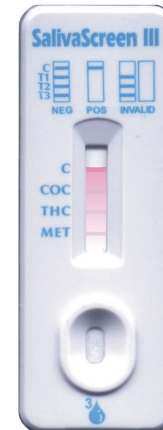
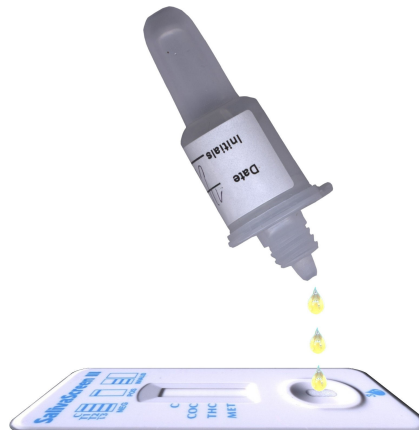
Note: Allow the test device, specimen, and/or controls to reach room temperature (15-30°C) prior to testing. Remove the test from the sealed pouch and use it as soon as possible.

Push collector into the collection chamber and press it down to release as much liquid as possible. Discard the collector.

Place the cap on the collection tube.

Place the test device on a clean and level surface. Unscrew cap cover from the collection tube. Invert the collection tube and transfer 3 drops of oral fluid (approximately 180 µL) into specimen well of the test device, and start the timer. Avoid trapping air bubbles in the specimen well. Replace cap cover on the collection tube.

Wait for the colored line(s) to appear. Read results at 10 minutes. Do not read results after more than 1 hour.



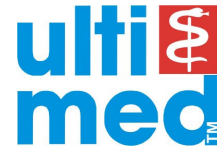
max
10 min



Secure collection tube with tamper evident tape and send to the laboratory for confirmation if necessary.

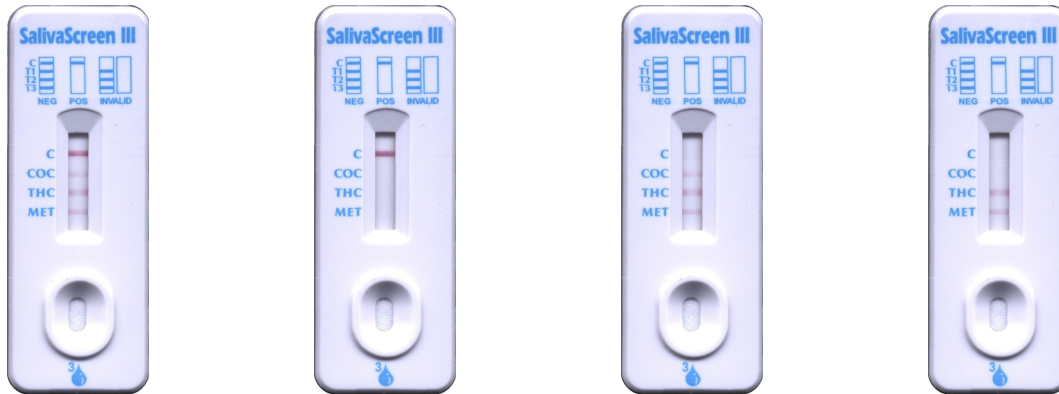


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INTERPRETATION OF RESULTS

NEGATIVE*	POSITIVE	INVALID
A colored line in the control line region (C) and a colored line in the test line region (T) for a specific drug indicate a negative result. This indicates that the drug concentration in the oral fluid specimen is below the designated cut-off level for that specific drug.	A colored line in the control line region (C) but no line in the test line region (T) for a specific drug indicates a positive result. This indicates that the drug concentration in the oral fluid specimen exceeds the designated cut-off for that specific drug.	Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test using a new test device. If the problem persists, discontinue using the lot immediately and contact your local distributor.



*NOTE: The shade of color in the test line region (T) may vary, but it should be considered negative whenever there is even a faint colored line. Examples:

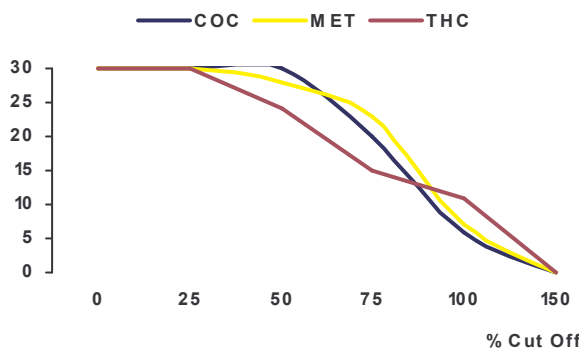
QUALITY CONTROL

A procedural control is included in **SalivaScreen III**. A colored line appearing in the control region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique. Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

- 1 The **SalivaScreen III** provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is preferred confirmatory methods.
- 2 A positive test result does not indicate the concentration of drug in the specimen or the route of administration.
- 3 A negative result may not necessarily indicate a drug-free specimen. Drug may be present in the specimen below the cut-off level of the test.

PERFORMANCE CHARACTERISTICS



Analytical Sensitivity

A phosphate-buffered saline (PBS) pool was spiked with drugs to target concentrations of $\pm 50\%$ cut-off and $\pm 25\%$ cut-off and tested with the **SalivaScreen III**. The results are shown on the left.

The presence of T-line is shown at different drug of abuse concentrations. To screen saliva for drugs of abuse highly sensitive tests are most preferable.

Analytical Specificity

The following table lists the concentration of compounds (ng/mL) above which the **SalivaScreen III** identified positive results at 10 minutes.

COCAINE & METABOLITES	[ng / mL]
Benzoylcegonine	20
Cocaine HCl	20
Cocaeethylene	25
Ecgonine HCl	1,500
Ecgonine methylester	12,500
METHAMPHETAMINES	
D-Methamphetamine	50
3,4-Methylenedioxyamphetamine (MDMA)	50
p-Hydroxymethamphetamine	400
(1R,2S) - (-) Ephedrine	400
Procaine	2,000
L-Phenylephrine	4,000
Methoxyphenamine	25,000
Fenfluramine	60,000
MARIJUANA & METABOLITES	
11-nor- Δ^8 -THC-9 COOH	2
11-nor- Δ^9 -THC-9 COOH	12
Δ^8 -THC	6,000
Δ^9 -THC	10,000
Cannabinol	12,500

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds spiked into drug-free PBS stock. The following compounds demonstrated no false positive results on the **SalivaScreen III** when tested at concentrations up to 10 μ g/mL.

Non Cross-Reacting Compounds

Acetaminophen	Dextromethorphan	Meperidine	D-Pseudoephedrine
Acetophenetidin	Diclofenac	Meprobamate	Quinacrine
N-Acetylprocainamide	Diflunisal	Methoxyphenamine	Quinine
Acetylsalicylic acid	Digoxin	Methylphenidate	Quindine
Aminopyrine	Diphenhydramine	Nalidixic acid	Ranitidine
Amoxicillin	Ecgonine methyl ester	Naloxone	Salicylic acid
Ampicillin	L - Ψ -Ephedrine	Naltrexone	Serotonin
L-Ascorbic acid	β -Estradiol	Naproxen	Sulfamethazine
Apomorphine	Estrone-3-sulfate	Niacinamide	Sulindac
Aspartame	Ethyl-p-aminobenzoate	Nifedipine	Tetracycline
Atropine	L(-)-Epinephrine	Norethindrone	Tetrahydrocortisone 3-acetate
			Tetrahydrocortisone 3 (β -D-glucuronide)
Benzilic acid	Erythromycin	D-Norpropoxyphene	Tetrahydrozoline
Benzoic acid	Fenoprofen	Noscapine	Thiamine
Benzphetamine	Furosemide	D/L-Octopamine	Thioridazine
Bilirubin	Gentisic acid	Oxalic acid	D/L-Tyrosine
D/L-Brompheniramine	Hemoglobin	Oxolinic acid	Tolbutamide
Caffeine	Hydralazine	Oxymetazoline	Triamterene
Cannabidiol	Hydrochlorothiazide	Papaverine	Trifluoperazine
Chloralhydrate	Hydrocortisone	Penicillin-G	Trimethoprim
Chloramphenicol	o-Hydroxyhippuric acid	Pentazocine hydrochloride	Tryptamine
Chlorothiazide	p-Hydroxyamphetamine	Perphenazine	D/L-Tryptophan
D/L-Chloropheniramine	p-Hydroxytyramine	Phenelzine	
Chlorpromazine	Ibuprofen	Trans-2-phenylcyclo-propylamine hydrochloride	Tyramine
Chloroquine	Iproniazid	L-Phenylephrine	Uric acid
Cholesterol	D/L-Isoproterenol	β -Phenylethylamine	Verapamil
Clonidine	Isoxsuprine	Phenylpropanolamine	Zomepirac
Cortisone	Ketamine	Prednisolone	
L-Cotinine	Ketoprofen	Prednisone	
Creatinine	Labetalol	D/L-Propranolol	
Deoxycorticosterone	Loperamide	D-Propoxyphene	

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- Kim, I, et al., *Plasma and oral fluid pharmacokinetics and pharmacodynamics after oral codeine administration*. Clin Chem, 2002 Sept.; 48 (9), pp 1486-96.
- Schramm, W. et al., *Drugs of Abuse in Saliva: A Review*. J Anal Tox, 1992 Jan-Feb; 16 (1), pp 1-9.
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