

AMP Rapid Test Dipstick (Urine)

Package Insert

REF DAM-101/111 English

A rapid test for the qualitative detection of Amphetamine in human urine. For medical and other professional in vitro diagnostic use only [INTENDED USE]

The AMP Rapid Test Dipstick (Urine) is a rapid chromatographic immunoassay for the detection of Amphetamine in human urine at a cut-off concentration of 1,000 ng/mL. This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

This assay 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) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used. [SUMMARY]

Amphetamine is a Schedule II controlled substance available by prescription (Dexedrine®) and is also available on the illicit market. Amphetamines are a class of potent sympathomimetic agents with therapeutic applications. They are chemically related to the human body's natural catecholamines: epinephrine and norepinephrine. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to Amphetamines include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior. 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

The AMP Rapid Test Dipstick (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Amphetamine in urine. The AMP Rapid Test Dipstick (Urine) yields a positive result when Amphetamines in urine exceed 1,000ng/mL.

[PRINCIPLE]

The AMP Rapid Test Dipstick (Urine) is a rapid chromatographic immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a urine specimen migrates upward by capillary action. Amphetamine, if present in the urine specimen below 1,000 ng/mL, will not saturate the binding sites of the antibody coated particles in the test. The antibody coated particles will then be captured by immobilized Amphetamine conjugate and a visible colored line will show up in the test line region. The colored line will not form in the test line region if the Amphetamine level exceeds 1,000 ng/mL because it will saturate all the binding sites of anti-Amphetamine antibodies.

A drug-positive urine specimen will not generate a colored line in the test line region, while a drug-negative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. 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 test contains mouse monoclonal anti-Amphetamine antibody-coupled particles and Amphetamine-protein conjugate. A goat antibody is employed in the control line system.

PRECAUTIONS

For medical and other professional in vitro diagnostic use only. Do not use after the expiration date. The test should remain in the sealed pouch until use.

 All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent

· The used test should be discarded according to local regulations.

STORAGE AND STABILITY

Store as packaged at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch or label of the closed canister. The test must remain in the sealed pouch or closed canister until use. DO NOT FREEZE. Do not use beyond the expiration date. NOTE: Once the canister has been opened, the remaining test(s) are stable for 50 days only. SPECIMEN COLLECTION AND PREPARATION

Urine Assay

The urine specimen must be collected in a clean and dry container. Urine collected at any time of the day may be used. Urine specimens exhibiting visible particles should be centrifuged, filtered, or allowed to settle to obtain clear specimen for testing

Specimen Storage

Urine specimens may be stored at 2-8°C for up to 48 hours prior to testing. For long-term storage specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed before testing [MATERIALS]

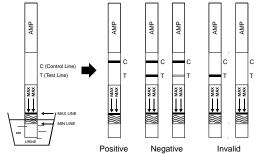
Materials Provided · Test Dipsticks Package insert

Materials Required But Not Provided Timer

 Specimen collection container DIRECTIONS FOR USE

Allow the test, urine specimen, and/or controls to reach room temperature (15-30°C) prior to testing

1. Bring the pouch to room temperature before opening it. Remove the Test Dipstick from the sealed pouch and use it within one hour



2. With arrows pointing toward the urine specimen, immerse the test dipstick vertically in the urine specimen for at least 10-15 seconds. Do not pass the maximum line (MAX) on the Test Dipstick when immersing the strip. See the illustration below

3. Place the Test Dipstick on a non-absorbent flat surface, start the timer and wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes. **[INTERPRETATION OF RESULTS]**

(Please refer to the illustration above)

NEGATIVE:* Two lines appear. One colored line should be in the control line region (C), and another apparent colored line should be in the test line region (T). This negative result indicates that the Amphetamine concentration is below the detectable level (1,000 ng/mL)

*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.

POSITIVE: One colored line appears in the control line region (C). No line appears in the test line region (T). This positive result indicates that the Amphetamine concentration exceeds the detectable level (1.000 ng/mL)

INVALID: 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. If the problem persists, discontinue using the lot immediately and contact your local distributor.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line 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 good laboratory testing practice to confirm the test procedure and to verify proper test performance

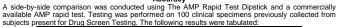
LIMITATIONS

- 1. The AMP Rapid Test Dipstick (Urine) 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 the preferred confirmatory method.^{1,2}
- 2. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- 3. 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.
- 4. A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
- 5. A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
- 6. Test does not distinguish between drugs of abuse and certain medications.

EXPECTED VALUES

This negative result indicates that the Amphetamine concentration is below the detectable level of 1000ng/ml. Positive result means the concentration of Amphetamine is above the level of 1000ng/ml. The AMP Rapid Test Dipstick has a sensitivity of 1000ng/ml [PERFORMANCE CHARACTERISTICS]

Accuracy



Method		Other AMP	Total Results	
AMP Rapid	Results	Positive	Negative	Total Results
Test Dipstick	Positive	33	0	33
	Negative	0	67	67
Total R	esults	33	67	100
% Aare	ement	<u>\99 9%</u>	<u>\99 9%</u>	<u>\99 9%</u>

A side-by-side comparison was conducted using The AMP Rapid Test Dipstick and GC/MS at the cut-off of 1,000ng/mL. Testing was performed on 250 clinical specimens previously collected from subjects present for Drug Screen Testing. The following results were tabulated:

Meth	od	GC/	Total Results			
AMP Rapid Results		Positive Negative		Total Results		
Test Dipstick	Positive	103	3	106		
Test Dipstick	Negative	2	142	144		
Total R	esults	105	145	250		
% Agreement		98.1%	97.9%	98.0%		
Analytical Sensitivity						

A drug-free urine pool was spiked with Amphetamine at the following concentrations: 0 ng/mL, 500 ng/mL, 750 ng/mL, 1,000 ng/mL, 1,250 ng/mL, 1,500 ng/mL and 3,000 ng/mL. The result demonstrates >99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below

Amphetamine	Percent of	n	Visual Result		
Concentration (ng/mL)	Cut-off	n	Negative	Positive	
0	0	30	30	0	
500	-50%	30	30	0	
750	-25%	30	26	4	
1,000	Cut-off	30	15	15	
1,250	+25%	30	3	27	
1,500	+50%	30	0	30	
3,000	3X	30	0	30	
	Analytical	Specificity			

The following table lists compounds that are positively detected in urine by The AMP Rapid Test Dipstick (Urine) at 5 minutes

Compound	Concentration (ng/mL)
D,L-Amphetamine sulfate	300
L-Amphetamine	25,000
(±) 3,4-Methylenedioxyamphetamine	500
Phentermine	800
Maprotiline	50,000
Methoxyphenamine	6,000
D-Amphetamine	1,000

Precision

A study was conducted at three hospitals by laypersons using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens containing, according to GC/MS, no Amphetamine, 25% Amphetamine above and below the cut-off, and 50% Amphetamine above and below the 1,000 ng/mL cut-off was provided to each site. The results are given below:

Amphetamine	n	Site A		Site B		Site C	
Concentration (ng/mL)	per Site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
500	10	10	0	10	0	10	0
750	10	9	1	8	2	9	1
1,250	10	1	9	2	8	2	8
1,500	10	0	10	0	10	0	10

Effect of Urinary Specific Gravity

Fifteen urine specimens of normal, high, and low specific gravity ranges were spiked with 500 ng/mL and 1,500 ng/mL of Amphetamine. The AMP Rapid Test Dipstick (Urine) was tested in duplicate using the fifteen neat and spiked urine specimens. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with Amphetamine to 500 ng/mL and 1,500 ng/mL. The spiked, pH-adjusted urine was tested with The AMP Rapid Test Dipstick (Urine) in duplicate. The results demonstrate that varying ranges of pH does not interfere with the performance of the test.

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Amphetamine positive urine. The following compounds show no cross-reactivity when tested with The AMP Rapid Test Dipstick (Urine) at a concentration of 100 µg/mL.

N	on (Cross-I	React	ing	Com	pound	s

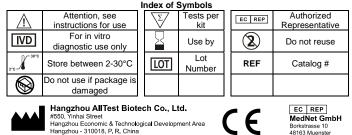
Non cross-Reacting Compounds							
4-Acetamidophenol	Creatinine	Ketoprofen	Procaine				
Acetophenetidin	Deoxycorticosterone	Labetalol	Promazine				
N-Acetylprocainamide	Dextromethorphan	Levorphanol	Promethazine				
Acetylsalicylic acid	Diazepam	Loperamide	D,L-Propanolol				
Aminopyrine	Diclofenac	Maprotiline	D-Propoxyphene				
Amitryptyline	Diflunisal	Meperidine	D-Pseudoephedrine				
Amobarbital	Digoxin	Meprobamate	Quinidine				
Amoxicillin	Diphenhydramine	Methadone	Quinine				
Ampicillin	Doxylamine	D-Methamphetamine	Ranitidine				
L-Ascorbic acid	Ecgonine hydrochloride	L-Methamphetamine	Salicylic acid				
Apomorphine	Ecgonine methylester	Methoxyphenamine	Secobarbital				
Aspartame	(IR,2S)-(-)-Ephedrine	3,4-Methylenedioxyethyl-	Serotonin				
Atropine	L-Ephedrine	amphetamine	(5-Hydroxytyramine)				
Benzilic acid	(-)-y-Ephedrine	(+) 3,4-Methylenedioxy-	Sulfamethazine				
Benzoic acid	Erythromycin	methamphetamine	Sulindac				
Benzoylecgonine	β-Estradiol	Methylphenidate	Temazepam				
Benzphetamine	Estrone-3-sulfate	Morphine-3-B-D-	Tetracycline				
Bilirubin	Ethyl-p-aminobenzoate	glucuronide	Tetrahydrocortisone,				
(±)-Brompheniramine	Fenfluramine	Nalidixic acid	3-Acetate				
Caffeine	Fenoprofen	Naloxone	Tetrahydrocortisone				
Cannabidiol	Furosemide	Oxolinic acid	3-(β-D glucuronide)				
Cannabinol	Gentisic acid	Oxycodone	Tetrahydrozoline				
Chloralhydrate	Hemoglobin	Oxymetazoline	Thebaine				
Chloramphenicol	Hydralazine	Papaverine	Thiamine				
Chlordiazepoxide	Hydrochlorothiazide	Penicillin-G	Thioridazine				
Chlorothiazide	Hydrocodone	Pentazocine	Tolbutamine				
(±) Chlorpheniramine	Hydrocortisone	Pentobarbital	Triamterene				
Chlorpromazine	p-Hydroxyamphetamine	Perphenazine	Trifluoperazine				
Chlorquine	O-Hydroxyhippuric acid	Phencyclidine	Trimethoprim				
Cholesterol	p-Hydroxymethamphetamin	Phenelzine	Trimipramine				
Clomipramine	3-Hydroxytyramine	Phenobarbital	D, L-Tryptophan				
Clonidine	Ibuprofen	L-Phenylephrine	Tyramine				
Cocaine hydrochloride	Imipramine	β-Phenylethlamine	D, L-Tyrosine				
Codeine	(±)-Isoproterenol	Phenylpropanolamine	Uric acid				
Cortisone	Isoxsuprine	Prednisolone	Verapamil				
(-) Cotinine	Ketamine	Prednisone	Zomepirac				
PIPI IOCPAPHY							

[BIBLIOGRAPHY]

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2. Hawks RL, CN Chiang. Urine Testing for Drugs of Abuse. National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986



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