Multi-Drug Rapid Test Cassette With/Without Adulteration (Urine)

Package Insert

Instruction Sheet for testing of any combination of the following drugs: ACE/AMP/BAR/BZO/BUP/COC/THC/MTD/MET/MDMA/MOP/MQL/OPI/PCP/PPX/TCA/TML/ KET/OXY/COT/EDDP/FYL/K2/6-MAM/MDA/ETG/CLO/LSD/MPD/ZOL/ALC/ZOP/MCAT/7-A CL/CFYL /CAF/CAT/TRO/MDPV/MEP /ALP

Including Specimen Validity Tests (S.V.T.) for:

Oxidants/PCC, Specific Gravity, pH, Nitrite, Glutaraldehyde, Creatinine and Bleach A rapid test for the simultaneous, qualitative detection of multiple drugs and drug metabolites in human urine. For healthcare professionals including professionals at point of care sites. Immunoassay for in vitro diagnostic use only.

[INTENDED USE]

The Multi-Drug Rapid Test Cassette is a rapid chromatographic immunoassay for the qualitative detection of multiple drugs and drug metabolites in urine at the following cut-off concentrations

Test	Calibrator	Cut-off (ng/mL)
Acetaminophen (ACE 5,000)	Acetaminophen	5,000
Amphetamine (AMP1,000)	d-Amphetamine	1,000
Amphetamine (AMP 500)	d-Amphetamine	500
Amphetamine (AMP 300)	d-Amphetamine	300
Barbiturates (BAR 300)	Secobarbital	300
Barbiturates (BAR 200)	Secobarbital	200
Benzodiazepines (BZO 500)	Oxazepam	500
Benzodiazepines (BZO 300)	Oxazepam	300
Benzodiazepines (BZO 200)	Oxazepam	200
Benzodiazepines (BZO 100)	Oxazepam	100
Buprenorphine (BUP 10)	Buprenorphine	10
Buprenorphine (BUP 5)	Buprenorphine	5
Cocaine (COC 300)	Benzoylecgonine	300
Cocaine (COC 200)	Benzoylecgonine	200
Cocaine (COC 150)	Benzoylecgonine	150
Cocaine (COC 100)	Benzoylecgonine	100
Marijuana (THC150)	11-nor-Δ9-THC-9 COOH	150
Marijuana (THC 50)	11-nor-A9-THC-9 COOH	50
Marijuana (THC 25)	11-nor-Δ9-THC-9 COOH	25
Methadone (MTD 300)	Methadone	300
Methadone (MTD 200)	Methadone	200
Methamphetamine (MET 1,000)	d-Methamphetamine	1,000
Methamphetamine (MET 500)	d-Methamphetamine	500
Methamphetamine (MET 300)	d-Methamphetamine	300
Methylenedioxymethamphetamine	d,I-Methylenedioxymethamphetami	
(MDMA 300)	ne	300
Methylenedioxymethamphetamine (MDMA 500)	d,I-Methylenedioxymethamphetami ne	500
Methylenedioxymethamphetamine (MDMA 1,000)	d,I-Methylenedioxymethamphetami ne	1,000
Morphine (MOP 300)	Morphine	300
Morphine (MOP 100)	Morphine	100
Methaqualone(MQL)	Methaqualone	300
Opiate (OPI 2,000)	Morphine	2,000
Phencyclidine (PCP)	Phencyclidine	25
Propoxyphene (PPX)	Propoxyphene	300
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000
Tramadol (TML 100)	Cis-Tramadol	100
Tramadol (TML 200)	Cis-Tramadol	200
Tramadol (TML 300)	Cis-Tramadol	300
Ketamine (KET 1,000)	Ketamine	1,000
Ketamine (KET 500)	Ketamine	500
Ketamine (KET 300)	Ketamine	300
Ketamine (KET100)	Ketamine	100
Oxycodone (OXY100)	Oxycodone	100
Oxycodone (OXY300)	Oxycodone	300
Cotinine(COT200)	Cotinine	200
Cotinine(COT100)	Cotinine	100
2-ethylidene-1,5-dimethyl- 3,3-diphenylpyrrolidine (EDDP300)	2-ethylidene-1,5-dimethyl- 3,3-diphenylpyrrolidine	300
2-ethylidene-1,5-dimethyl- 3,3-diphenylpyrrolidine (EDDP100)	3,3-diphenylpyrrolidine 2-ethylidene-1,5-dimethyl- 3,3-diphenylpyrrolidine	100
Fentanyl(FYL20)	Norfentanyl	20
Fentanyl(FYL10)	Norfentanyl	10

Synthetic Marijuana (K2-50)	JWH-018、JWH-073	50
Synthetic Marijuana (K2-30)	JWH-018、JWH-073	30
6-mono-aceto-morphine (6-MAM10)	6-MAM	10
(±) 3,4-Methylenedioxy- Amphetamine(MDA500)	(±) 3,4-Methylenedioxy- Amphetamine	500
Ethyl- β-D-Glucuronide(ETG500)	Ethyl- β -D-Glucuronide	500
Ethyl- β-D-Glucuronide(ETG1,000)	Ethyl- β -D-Glucuronide	1,000
Clonazepam(CLO 400)	Clonazepam	400
Clonazepam(CLO 150)	Clonazepam	150
Lysergic Acid Diethylamide (LSD)	Lysergic Acid Diethylamide	20
Lysergic Acid Diethylamide (LSD)	Lysergic Acid Diethylamide	50
Methylphenidate (MPD)	Methylphenidate	300
Zolpidem(ZOL)	Zolpidem	50
Diazepam(DIA 300)	Diazepam	300
Diazepam(DIA 200)	Diazepam	200
Zopiclone (ZOP 50)	Zopiclone	50
Methcathinone (MCAT 500)	S(-)-Methcathinone	500
7-Aminoclonazepam(7-ACL300)	7-Aminoclonazepam	300
7-Aminoclonazepam(7-ACL200)	7-Aminoclonazepam	200
7-Aminoclonazepam(7-ACL100)	7-Aminoclonazepam	100
Carfentanyl(CFYL500)	Carfentanyl	500
Caffeine(CAF)	Caffeine	1000
Cathine (CAT)	(+)-Norpseudoephedrine	150
Tropicamide(TRO)	Tropicamide	350
3, 4-methylenedioxypyrovalerone (MDPV)	3, 4-methylenedioxypyrovalerone	1000
Mephedrone(MEP)	Mephedrone	100
Alprazolam(ALP)	Alprazolam	100
Test	Calibrator	Cut-off
Alcohol(ALC)	Alcohol	0.02%

Configurations of the Multi-Drug Rapid Test Cassette come with any combination of the above listed drug analytes with or without S.V.T. 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 indicated.

(SUMMARY)

The Multi-Drug Rapid Test Cassette is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes monoclonal antibodies to selectively detect elevated levels of specific drugs in urine.

Acetaminophen (ACE)

Acetaminophen is one of the most commonly used drugs, yet it is also an important cause of serious liver injury. Acetaminophen is the generic name of a drug found in many common brand name over-the-counter (OTC) products, such as Tylenol, and Prescription (Rx) products, such as Vicodin and Percocet. Acetaminophen is an important drug, and its effectiveness in relieving pain and fever is widely known. Unlike other commonly used drugs to reduce pain and fever (e.g., non steroidalant inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen), at recommended doses acetaminophen does not cause adverse effects, such as stomach discomfort and bleeding, and acetaminophen is considered safe when used according to the directions on its OTC or Rx labeling. However, taking more than the recommended amount can cause liver damage, ranging from abnormalities in liver function blood tests, to acute liver failure, and even death. Many cases of overdose are caused by patients inadvertently taking more than the recommended dose (i.e., 4 grams a day) of a particular product, or by taking more than one product containing acetaminophen (e.g., an OTC product and an Rx drug containing acetaminophen). The mechanism of liver injury is not related to acetaminophen itself, but to the production of a toxic metabolite. The toxic metabolite binds with liver proteins, which cause cellular injury. The ability of the liver to remove this metabolite before it binds to liver protein influences the extent of liver injury

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Acetaminophen in urine exceeds 5,000ng/mL

Amphetamine (AMP)

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 (CNS) 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 Multi-Drug Rapid Test Cassette yields a positive result when the concentration of

amphetamines in urine exceeds detective level.

Barbiturates (BAR)

Barbiturates are CNS depressants. They are used therapeutically as sedatives, hypnotics, and anticonvulsants barbiturates are almost always taken orally as capsules or tablets. The effects resemble those of intoxication with alcohol. Chronic use of barbiturates leads to tolerance and physical dependence.

Short-acting barbiturates taken at 400 mg/day for 2-3 months can produce a clinically significant degree of physical dependence. Withdrawal symptoms experienced during periods of drug abstinence can be severe enough to cause death.

Only a small amount (less than 5%) of most barbiturates are excreted unaltered in the urine. The approximate detection time limits for barbiturates are:

- Short acting (e.g. Secobarbital)
- 100 mg PO (oral) 4.5 days Long acting (e.g. Phenobarbital) 400 mg PO (oral) 7 days² The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of

barbiturates in urine exceeds detective level.

Benzodiazepines (BZO)

Benzodiazepines are medications that are frequently prescribed for the symptomatic treatment of anxiety and sleep disorders. They produce their effects via specific receptors involving a neurochemical called gamma aminobutyric acid (GABA). Because they are safer and more effective, benzodiazepines have replaced barbiturates in the treatment of both anxiety and insomnia. Benzodiazepines are also used as sedatives before some surgical and medical procedures, and for the treatment of seizure disorders and alcohol withdrawal

Risk of physical dependence increases if benzodiazepines are taken regularly (e.g., daily) for more than a few months, especially at higher than normal doses. Stopping abruptly can bring on such symptoms as trouble sleeping, gastrointestinal upset, feeling unwell, loss of appetite, sweating, trembling, weakness, anxiety and changes in perception.

Only trace amounts (less than 1%) of most benzodiazepines are excreted unaltered in the urine; most of the concentration in urine is conjugated drug. The detection period for benzodiazepines in urine is 3-7 days.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of benzodiazepines in urine exceeds detective level.

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 HCl alone or in combination with Naloxone HCl. 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.⁷While 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 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

The Multi-Drug Rapid Test Cassette yields a positive result when the Buprenorphine in urine exceeds detective level.

Cocaine(COC)

Cocaine is a potent central nervous system stimulant and a local anesthetic. Initially, it brings about extreme energy and restlessness while gradually resulting in tremors, over-sensitivity and spasms. In large amounts, cocaine causes fever, unresponsiveness, difficulty in breathing and unconsciousness

Cocaine is often self-administered by nasal inhalation, intravenous injection and free-base smoking. It is excreted in the urine in a short time primarily as benzoylecgonine.^{3,4}Benzoylecgonine, a major metabolite of cocaine, has a longer biological half-life (5-8 hours) than cocaine (0.5-1.5 hours), and can generally be detected for 24-48 hours after cocaine exposure.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of benzovlecgonine in urine exceeds detective level

Marijuana (THC)

THC (A9-tetrahydrocannabinol) is the primary active ingredient in cannabis (marijuana). When smoked or orally administered, THC produces euphoric effects. Users have impaired short-term memory and slowed learning. They may also experience transient episodes of confusion and anxiety. Long-term, relatively heavy use may be associated with behavioral disorders. The peak effect of marijuana administered by smoking occurs in 20-30 minutes and the duration is 90-120 minutes after one cigarette. Elevated levels of urinary metabolites are found within hours of exposure and remain detectable for 3-10 days after smoking. The main metabolite excreted in the urine is 11-nor-A9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of THC-COOH in urine exceeds detective level.

Methadone (MTD)

Methadone is a narcotic analgesic prescribed for the management of moderate to severe pain and for the treatment of opiate dependence (heroin, Vicodin, Percocet, morphine). The pharmacology of oral methadone is very different from IV methadone. Oral methadone is partially stored in the liver for later use. IV methadone acts more like heroin. In most states you must go to a pain clinic or a methadone maintenance clinic to be prescribed methadone.

Methadone is a long acting pain reliever producing effects that last from twelve to forty-eight hours. Ideally, methadone frees the client from the pressures of obtaining illegal heroin, from the dangers of injection, and from the emotional roller coaster that most opiates produce. Methadone, if taken for long periods and at large doses, can lead to a very long withdrawal period. The withdrawals from methadone are more prolonged and troublesome than those provoked by heroin cessation, yet the substitution and phased removal of methadone is an acceptable method of detoxification for patients and therapists.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of methadone in urine exceeds detective level.

Methamphetamine (MET)

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to Amphetamine, but the central nervous system effects of Methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. The drug can be taken orally. injected, or inhaled. 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 Methamphetamine include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, psychotic behavior, and eventually, depression and exhaustion.

The effects of Methamphetamine generally last 2-4 hours and the drug have a half-life of 9-24

hours in the body. Methamphetamine is excreted in the urine primarily as Amphetamine, and oxidized and dearninated derivatives. However, 10-20% of Methamphetamine is excreted unchanged. Thus, the presence of the parent compound in the urine indicates Methamphetamine use. Methamphetamine is generally detectable in the urine for 3-5 days, depending on urine pH level.

The Multi-Drug Rapid Test Cassette 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 Methamphetamine in urine. The Multi-Drug Rapid Test Cassette yields a positive result when the Methamphetamine in urine exceeds detective level.

Methylenedioxymethamphetamine (MDMA500)

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.⁵ Those who take the drug frequently report adverse effects, such as increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some users. Its mechanism of action is thought to be via release of the neurotransmitter serotonin. MDMA may also release dopamine, although the general opinion is that this is a secondary effect of the drug (Nichols and Oberlender, 1990). The most pervasive effect of MDMA, occurring in virtually all people who took a reasonable dose of the drug, was to produce a clenching of the jaws.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methylenedioxymethamphetamine in urine exceeds detective level.

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 CNS. 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.²

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of morphine in urine exceeds detective level.

Morphine/Opiate (OPI)

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of morphine in urine exceeds 2,000 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).1 See morphine (MOP 300) for summary.

Methaqualone (MQL)

Methaqualone (Quaalude, Sopor) is a quinazoline derivative that was first synthesized in 1951 and found clinically effective as a sedative and hypnotic in 1956.¹⁰It soon gained popularity as a drug of abuse and in 1984 was removed from the US market due to extensive misuse. It is occasionally encountered in illicit form, and is also available in European countries in combination with diphenhydramine (Mandrax). Methaqualone is extensively metabolized *in vivo* principally by hydroxylation at every possible position on the molecule. At least 12 metabolites have been identified in the urine.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Methaqualone in urine exceeds 300 ng/mL.

Phencyclidine (PCP)

Phencýclidine, also known as PCP or Angel Dust, is a hallucinogen that was first marketed as a surgical anesthetic in the 1950's. It was removed from the market because patients receiving it became delinious and experienced hallucinations.

PCP is used in powder, capsule, and tablet form. The powder is either snorted or smoked after mixing it with marijuana or vegetable matter. PCP is most commonly administered by inhalation but can be used intravenously, intra-nasally, and orally. After low doses, the user thinks and acts swiftly and experiences mood swings from euphoria to depression. Self-injurious behavior is one of the devastating effects of PCP.

PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days, depending on factors such as metabolic rate, user's age, weight, activity, and diet.6 PCP is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).⁶

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of phencyclidine in urine exceeds 25 ng/mL. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).¹

Propoxyphene (PPX)

Propoxyphene (PPX) is a narcotic analgesic compound bearing structural similarity to methadone. As an analgesic, propoxyphene can be from 50-75% as potent as oral codeine. Darvocet[™], one of the most common brand names for the drug, contains 50-100 mg of propoxyphene napsylate and 325-650 mg of acetaminophen. Peak plasma concentrations of propoxyphene are achieved from 1 to 2 hours post dose. In the case of overdose, propoxyphene blood concentrations can reach significantly higher levels.

In humans, propoxyphene is metabolized by N-demethylation to yield norpropoxyphene. Norpropoxyphene has a longer half-life (30 to 36 hours) than parent propoxyphene (6 to 12 hours). The accumulation of norpropoxyphene seen with repeated doses may be largely responsible for resultant toxicity.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Propoxyphene or Norpropoxyphene in urine exceeds 300 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for propoxyphene positive specimens.

Tricyclic Antidepressants (TCA)

TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses can result in profound CNS depression, cardiotoxicity and anticholinergic effects. TCA overdose is the most common cause of death from prescription drugs. TCAs are taken orally or sometimes by injection. TCAs are metabolized in the liver. Both TCAs and their metabolites are excreted in urine mostly in the form of metabolites for up to ten days.

The Multi-Drug Rapid Test Cassetteyields a positive result when the concentration of tricyclic antidepressants in urine exceeds 1,000 ng/mL. At present, the Substance Abuse and Mental Health Services Administration (SAMHSA) does not have a recommended screening cut-off for tricyclic antidepressant positive specimens.

Tramadol (TML)

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

It is a synthetic analog of codeine, but has a low binding affinity to the mu-opioid receptors. Large doses of tramadol can develop tolerance and physiological dependency and lead to its abuse. Tramadol is extensively metabolized after oral administration. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 60% is excreted as metabolites. The major pathways appear to be N- and O- demethylation, glucoronidation or sulfation in the liver. The Multi-Drug Rapid Test Cassette 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 Tramadol in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Tramadol in urine exceed detective level.

Ketamine(KET)

Ketamine is a dissociative anesthetic developed in 1963 to replace PCP (Phencyclidine). While Ketamine is still used in human anesthesia and veterinary medicine, it is becoming increasingly abused as a street drug. Ketamine is molecularly similar to PCP and thus creates similar effects including numbness, loss of coordination, sense of invulnerability, muscle rigidity, aggressive / violent behavior, slurred or blocked speech, exaggerated sense of strength, and a blank stare. There is depression of respiratory function but not of the central nervous system, and cardiovascular function is maintained. The effects of Ketamine generally last 4-6 hours following use. Ketamine is excreted in the urine as unchanged drug (2.3%) and metabolites (96.8%).¹⁰

The Múlti-Drug Rapid Test Cassette 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 Ketamine in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Ketamine in urine exceeds detective level.

Oxycodone (OXY)

Oxycodone is a semi-synthetic opioid with a structural similarity to codeine. The drug is manufactured by modifying thebaine, an alkaloid found in the opium popy. Oxycodone, like all opiate agonists, provides pain relief by acting on opioid receptors in the spinal cord, brain, and possibly directly in the affected tissues. Oxycodone is prescribed for the relief of moderate to high pain under the well-known pharmaceutical trade names of OxyContin@, Tylox@, Percodan@ and Percocet@ contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin, OxyContin consists solely of oxycodone hydrochloride in a time-release form. Oxycodone is known to metabolize by demethylation into oxymorphone and noroxycodone. In a 24-hour urine, 33-61% of a single, 5 mg oral dose is excreted with the primary constituents being unchanged drug (13-19%), conjugated drug (7-29%) and conjugated oxymorphone (13-14%). The window of detection for Oxycodone in urine is expected to be similar to that of other opioids such as morphine.

The Multi-Drug Rapid Test Cassette 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 Oxycodone in urine. The Multi-Drug Rapid Test Cassette yields a positive result when Oxycodone in urine exceeds 100ng/mL.

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 tobacco-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, it's elimination profile is more stable than that of nicotine which is largely urine pH dependent. As a result, cotinine is considered a good biological marker for determining nicotine use. The plasma half-life of 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.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Cotinine in urine exceeds detective level.

2-ethylidene-1.5-dimethyl-3.3-diphenylpyrrolidine (EDDP)

Methádone is án unusual drúg in that its primary urinary métabolites (EDDP and EMDP) are cyclic in structure, making them very difficult to detect using immunoassays targeted to the native compound.¹⁰ Exacerbating this problem, there is a subsection of the population classified as "extensive metabolizers" of methadone. In these individuals, a urine specimen may not contain enough parent methadone to yield a positive drug screen even if the individual is in compliance with their methadone maintenance. EDDP represents a better urine marker for methadone maintenance than unmetabolized methadone.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of EDDP in urine exceeds detective level.

Fentanyl (FYL)

Fentanýl, 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 pain1. After continuous injection of fentanyl, the sufferer will have the performance of protracted opioid abstinence syndrome, such as ataxia and irritability etc2,3, 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 4.

The FYL 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 FYL in urine. The FYL Rapid Test Dipstick (Urine) yields a positive result when FYL in urine exceeds detective level.

Synthetic Marijuana (K2)

Synthetic Marijuana or K2 a psychoactive herbal and chemical product that, when consumed, mimics the effects of Marijuana. It is best known by the brand names K2 and Spice, both of which have largely become genericized trademarks used to refer to any synthetic Marijuana product. The studies suggest that synthetic marijuana intoxication is associated with acute psychosis, worsening of previously stable psychotic disorders, and also may have the ability to trigger a chronic (long-term) psychotic disorder among vulnerable individuals such as those with a family history of mental illness.

Elevated levels of urinary metabolites are found within hours of exposure and remain

detectable for 72 hours after smoking (depending on usage/dosage). Asof March 1, 2011, five cannabinoids, JWH -018, JWH- 073, CP- 47, JWH- 200and cannabicyclohexanol are now illegal in the US because these substances have the potential to be extremely harmful and, therefore, pose an imminent hazard to the public safety.

The Multi-Drug Rapid Test Cassette yields a positive result when the syntheticmarijuana metabolite in urine exceeds detective level.

6-mono-aceto-morphine (6-MAM)

6-Monoacety/morphine (6-MAM) of 6-acety/morphine (6-AM) is one of three active metabolites of heroin (diacety/morphine), the others being morphine and the much less active 3-monoacety/morphine (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.

The 6-MAM Rapid Test Cassette 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 6-MAM in urine. The 6-MAM Rapid Test Cassette yields a positive result when 6-MAM in urine reaches 10ng/ml. This is the suggested screening cut-off for positive specimens set by the Substance Abuse and Mental Health Services Administration (SAMHSA, USA).

(±) 3, 4-Methylenedioxyamphetamine (MDA)

3.4-Methylenedioxyamphetamine (MDA), also known as tenamfetamine (INN), or with the street name "Sally" or "Sass" or "Sass-a-frass", is a psychedelic and entactogenic drug of the phenethylamine and amphetamine chemical classes. It is mainly used as a recreational drug, an entheogen, and a tool in use to supplement various types of practices for transcendence, including in meditation, psychonautics, and as an agent in psychedelic psychotherapy. It was first synthesized by G. Mannish and W. Jacobson in 1910. There are about 20 different synthetic routes described in the literature for its preparation.

Ethyl- β-D-Glucuronide(ETG)

Ethyl Glucuronide (ETG) is a metabolite of ethyl alcohol which is formed in the body by glucuronidation following exposure to ethanol, such as by drinking alcoholic beverages. It is used as a biomarker to test for ethanol use and to monitor alcohol abstinence in situations where drinking is prohibited, such as in the military, in professional monitoring programs(health professionals, attorneys, airline pilots in recovery from addictions), in schools, inliver transplant clinics, or in recovering alcoholic patients. ETG can be measured in urine up to approximately 80 hours after ethanol is ingested. ETG is a more accurate indicator of the recent exposure to alcohol than measuring for the presence of ethanol itself.

The Multi-Drug Rapid Test Cassette yields a positive result when the concentration of Ethyl Glucuronide in urine exceeds detective level

Clonazepam(CLO)

Clonazepam is a benzodiazepine drug having anxiolytic, anticonvulsant, muscle relaxant, amnestic, sedative, and hypnotic properties. Clonazepam has an intermediate onset of action, with a peak blood level occurring one to four hours after oral administration. Long-term effects of benzodiazepines include tolerance, benzodiazepine dependence, and benzodiazepine withdrawal syndrome, which occurs in one third of patients treated with clonazepam for longer than four weeks. Benzodiazepines such as clonazepam have a fast onset of action, high effectivity rate, and low toxicity in overdose; however, as with most medications, it may have drawbacks due to adverse or paradoxical effects. The detection period for the Benzodiazepines in the urine is 3-7 days.

The Multi-Drug Rapid Test Cassette yields a positive result when the Benzodiazepines in urine exceeds detective level.

Lysergic Acid Diethylamide (LSD)

Lýsergic acid diethylamide (LSD) is a white powder or a clear, colorless liquid. LSD is manufactured from lysergic acid which occurs naturally in the ergot fungus that grows on wheat and rye. It is a Schedule I controlled substance, available in liquid, powder, tablet (microdots), and capsule form. LSD is recreationally used as a hallucinogen for its ability to alter human perception and mood. LSD is primarily used by oral administration, but can be inhaled, injected, and transdermally applied. LSD is a non-selective 5-HT agonist, may exert its hallucinogenic effect by interacting with 5-HT 2Areceptors as a partial agonist and modulating the NMDA receptor-mediated sensory, perceptual, affective and cognitive processes. LSD mimics 5-HT at 5-HT 1A receptors, producing a marked slowing of the firing rate of serotonergic neurons. LSD has a plasma half-life of 2.5-4 hours. Metabolites of LSD include N-desmethyl-LSD, hydroxy-LSD, 2-oxo-LSD, and 2-oxo-3-hydroxy-LSD. These metabolites are all inactive. LSD use can typically be detected in urine for periods of 2-5 days.

The Multi-Drug Rapid Test Cassette yields a positive result when Lysergic Acid Diethylamide in urine exceeds detective level.

Methylphenidate (MPD)

Methylphenidate (Ritaliń) is a psychostimulant drug approved for treatment of ADHD or attention-deficit hyperactivity disorder, postural orthostatic tachycardia syndrome and narcolepsy. Methylphenidate primarily acts as a norepinephrine-dopamine reuptake inhibitor. Methylphenidate is most active at modulating levels of dopamine and to a lesser extent norepinephrine. Similar to cocaine, methylphenidate binds to and blocks dopamine transporters and norepinephrine transporters. Methylphenidate bas both dopamine transporter and norepinephrine atfinity for the norepinephrine transporter. Methylphenidate may also exert a neuroprotective action against the neurotoxic effects of Parkinson's disease and methamphetamine abuse. Methylphenidate taken orally has a bioavailability of 11-52% with a duration of action around 1-4 hours for instant release, 3-8 hours for sustained release, and 8-12 hours for extended release(Concerta). The half-life of methylphenidate is 2-3 hours, depending on the individual. The peak plasma time is achieved at about 2 hours.

The Multi-Drug Rapid Test Cassette yields a positive result when the Methylphenidate (Ritalin) in urine exceeds 300 ng/mL.

Zolpidem(ZOL)

Zolpidem (brand names Ambien, Ambien CR, Intermezzo, Stilnox, Stilnoct, Sublinox, Hypnogen, Zonadin, Sanval and Zolsana) is a prescription medication used for the treatment of insomnia and some brain disorders. It is a short-acting nonbenzodiazepine hypnotic of the imidazopyridine class¹ that potentiates GABA, an inhibitory neurotransmitter, by binding to GABAA receptors at the same location as benzodiazepines.² It works quickly, usually within 15 minutes, and has a short half-life of two to three hours.

Zolpidem may be detected in blood or plasma to confirm a diagnosis of poisoning in hospitalized patients, provide evidence in an impaired driving arrest, or to assist in a medico-legal death investigation. Blood or plasma Zolpidem concentrations are usually in a range of 30–300 µg/l in persons receiving the drug therapeutically, 100–700 µg/l in those arrested for impaired driving, and 1000–7000 µg/l in victims of acute over dosage. Analytical techniques, in general, involve gas or liquid chromatography.^{34,5}

The Multi-Drug Rapid Test Cassette yields a positive result when Zolpidem in urine reaches 50ng/ml.

Diazepam (DIA)

Diazebam is a medication of the benzodiazepine family that typically produces a calming effect. It has anticonvulsant properties. Diazepam has no effect on GABA levels and no effect on glutamate decarboxylase activity, but has a slight effect on gamma-amino butyric acid transaminase activity. Diazepam can be administered orally, intravenously intramuscularly (IM), or as a suppository. When administered orally, it is rapidly absorbed and has a fast onset of action is one to five minutes for IV administration and 15–30 minutes for IN administration. The duration of diazepam's peak pharmacological effects is 15 minutes for low administration and a diministration. Peak plasma levels occur between 30 and 90 minutes after oral administration, peak plasma levels occur between 30 and 90 minutes after oral administration, peak plasma levels occur after 10 to 45 minutes. Diazepam is highly protein-bound, with 96 to 99% of the absorbed drug being protein-bound. The distribution half-life of diazepam is 2 to 13 minutes. When diazepam is administred IM, absorption is slow, erratic, and incomplete.

Zopiclone (ZOP)

Zopiclone is a nonbenzodiazepine hypotic agent used in the treatment of insomnia. It is a cyclopytrolone, which increases the normal transmission of the neurotransmitter gamma-aminobutyric acid in the central nervous system, as benzodiazepines do, but in a different way. Zopiclone is indicated for the short-term treatment of insomnia where sleep initiation or sleep maintenance are prominent symptoms. Long-term use is not recommended, as tolerance, dependence, and addiction can occur with prolonged use. Zopiclone is partly extensively metabolized in the liver to form an active N-demethylated derivative (N-desmethylzopiclone) and an inactive zopiclone-N-oxide.

In urine, the N-demethyl and N-oxide metabolites account for 30% of the initial dose. Between 7 and 10% of zopiclone is recovered from the urine, indicating extensive metabolism of the drug before excretion. The terminal elimination half-life of zopiclone ranges from 3.5 to 6.5 hours (5 hours on average).¹² Time to peak plasma concentration is 1 - 2 h, the absorption rate constant is 1.3 h-1 and maximum plasma concentration after administration of 7.5 mg is 131µg/l.

Zopičone may be measured in blood, plasma, or urine by chromatographic methods. Plasma concentrations are typically less than 100µg/l during therapeutic use, but frequently exceed 100µg/l in automotive vehicle operators arrested for impaired driving ability and may exceed 100µg/l in acutely poisoned patients. Post mortem blood concentrations are usually in a range of 0.4-3.9 mg/l in victims of fatal acute overdose.^{13 14 15}

Methcathinone(MCAT)

Methcathinone, is a monoamine alkaloid and psychoactive stimulant, a substituted cathinone. Methcathinone is a highly addictive drug, primarily psychologically addicting and most of the signs of addiction to the drug are emotional or psychological. It has been popularized and continues to be sold under misleading names such as "bath salts", "plant fertilizers" or "research chemicals", but it is actually a powerful psycho-stimulant used as a recreational drug. Effects of this drug typically last from 4 to 6 hours. It is used as a recreational drug due to its potent stimulant and euphoric effects and is considered to be addictive, with both physical and psychological withdrawal occurring if its use is discontinued after prolonged or high-dosage administration "6". It is usually snorted, but can be smoked, injected, or taken orally. Methcathinone is listed as a Schedue I controlled substances by the Convention on Psychotropic Substances and the United States' Controlled Substances by the Convention on Psychotropic Substances and the norepinephrine (horadrenaling) transporter. Its affinity for the serotonin transporter and the norepinephrine (noradrenaling) transporter. Its affinity for the serotonin transporter is less than that of methamphetamine."

Effects of short term intoxication are similar to those produced by crack cocaine or methamphetamine: stimulation of heart rate and respiration; feeling of euphoria; loss of appetite; increased alertness; pupils may be dilated; body temperature may be slightly elevated. Acute intoxication at higher doses may also result in: insomnia, tremors and muscle twitching, fever, headaches, convulsions, irregular heart rate and respirations, anxiety, restlessness, paranoia, hallucinations and delusions.

7-aminoclonazepam (7-ACL)

7-aminoclonazepam is the major metabolite of clonazepam. Clonazepam sold under the brandname Klonopin among others, is a medication used to prevent and treat seizures, panic disorder, and for the movement disorder known as akathisia. It is a type of benzodiazepine. As a major metabolite, 7-aminoclonazepam may be used to monitor use of the parent drug, clonazepam. Clonazepam, marketed as Klonopin and Rivotril, is a long-acting benzodiazepine with anxiolytic, anticonvulsant, muscle relaxant, and hyponic properties.

The Multi-Drug Rapid Test Panel (Urine) is a rapid urine-screening test that can be performed without the use of an instrument. The test utilizes the antibody to selectively detect elevated levels of 7-aminoclonazepam in urine. The Multi-Drug Rapid Test Panel (Urine) yields a positive result when the 7-aminoclonazepam in urine exceed the cut-off level.

Carfentanyl(CFYL)

Carfentanyl is an analog of the synthetic opioid analgesic fentanyl. It is 10,000 times more potent than morphine, making it among the most potent commercially used opioids. Carfentanil was first synthesized in 1974. It is marketed under the trade name Wildhil as a general anaesthetic agent for large animals. Side effects of carfentanil are similar to those of fentanyl, which include itching, nausea and respiratory depression, which can be life-threatening. Carfentanil is classified as Schedule II under the Controlled Substances Act in the United States with a DEA ACSCN of 9743.

Cathine (CAT)

Cathinone, also known as benzoylethanamine, or β-keto-amphetamine is a monoamine alkaloid found in the shrub Catha edulis (CAT) and is chemically similar to ephedrine, Cathinone, methCathinone and other amphetamines. It with amphetamine, ephedrine, methamphetamine and mephedrone belongs to excitatory amphetamines psychiatric drugs, has the strong central excitement and suppress appetite, has been widely applied in the depression, fatigue, obesity, gastric ulcer, etc. The earliest found in Arab tea, because of its structure and pharmacological activities are similar to amphetamines.¹⁹

S-(-)-Cathinone (S-(-)-alpha-aminopropiophenone) is the major active principle of khat leaves (Catha edulis), which are widely used in East Africa and the Arab peninsula as an

amphetamine-like stimulant. After oral administration of synthesized cathinone (isomers, racemate), 22-52% was recovered in 24 h urine samples mainly as aminoalcohol metabolites. With GC/MS, HPLC and CD, the main metabolite of S-(-)-cathinone was identified as R/S-(-)-norephedrine and the main metabolite of R-(+)-cathinone as R/R-(-)-norgseudoephedrine. Both aminoalcohols are formed by a stereospecific keto reduction.

Use too much Cathinone can cause loss of appetite, anxiety, irritability, insomnia, illusion and panic attacks. Abusers have for a long time for the development of personality disorder and continuing the risk of myocardial infarction. The World Anti-Doping Agency's list of prohibited substances (used for the Olympic Games among other athletic events) bars cathine in concentrations of over 5 micrograms per millilitier in urine.Cathine is a Schedule III drug under the Convention on Psychotropic Substances.²¹

Tropicamide(TRO)

Tropicamide is an antimuscarinic drug usually prescribed as an ophthalmic solution to induce short-term mydriasis and cycloplegia. Tropicamide is currently abused (injected intravenously) as an inexpensive recreational deliriant drug⁴².

Misuse of tropicamide typically occurs through IV injection; its effects last from 30 min to 6 h, and It is usually mixed with heroin, methadone, and other opioid drugs to potentiate the "rush" when injected intravenously.Medical effects of tropicamide misuse include slurred speech, persistent mydriasis, unconsciousness/unresponsiveness, hallucinations, kidney pain, dysphoria, "open eye dreams," hyperthermia, tremors, suicidal feelings, convulsions, psychomotor agitation, tachycardia and headche.

The TRO 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 tropicamide in urine. The TRO Rapid Test Dipstick (Urine) yields a positive result when tropicamide in urine exceeds 350nq/mL

3, 4-methylenedioxypyrovalerone(MDPV)

3, 4-methylenedioxypyrovalerone (MDPV) is a psychoactive recreational drug with stimulant properties which acts as a norepinephrine-dopamine reuptake inhibitor (NDRI). It was first developed in the 1960s by a team at Boehringer Ingelheim. MDPV remained an obscure stimulant until around 2004 when it was reportedly sold as a designer drug. Products labeled as bath salts containing MDPV were previously sold as recreational drugs in gas stations and convenience stores in the United States, similar to the marketing for Spice and K2 as incense. MDPV is the 3,4-methylenedioxy ring-substituted analog of the compound pyrovalerone, developed in the 1960s, which has been used for the treatment of chronic fatigue and as an anorectic, but caused problems of abuse and dependence. However, despite its structural similarity, the effects of MDPV bear little resemblance to other methylenedioxy phenylalkylamine derivatives such as 3,4-methylenedioxy-N-methylamphetamine (MDMA), instead producing primarily stimulant effects with only mild entactogenic qualities.

MDPV undergoes CYP450 2D6, 2C19, 1A2, and COMT phase 1 metabolism (liver) into methylcatechol and pyrrolidine, which in turn are glucuronated (uridine 5'-diphospho-glucuronosyl-transferase) allowing it to be excreted by the kidneys, with only a small fraction of the metabolites being excreted into the stools. No free pyrrolidine will be detected in the urine.

Caffeine(CAF)

Caffeine is a central nervous system (CNS) stimulant of the methylxanthine class. It is the world's most widely consumed psychoactive drug. It is found in the seeds, nuts, or leaves of a number of plants native to South America and East Asia and confers on them several survival and reproductive benefits.

Caffeine can produce a mild form of drug dependence – associated with withdrawal symptoms such as sleepingss, headache, and initability – when an individual stops using caffeine after repeated daily intake. ^{62,429} After intravenous administration of caffeine the urine level of the drug is approximately the same in each of the first 4 hourly specimens. Blood samples taken 10 and 70 minutes after injection of the drug were analyzed and showed 0.29 and 0.28 mg, per 100 cc. respectively. There are to be contrasted with the 1st hour urine which contained 0.73 mg, per 100 cc. essentially 3 times that in the blood. After oral administration of caffeine to the horse the concentration of caffeine in the urine rose progressively during the first 3 hours, remained relatively constant through the 8th hours. At 48 hours, a urine specimen contained approximately 0.17 mg, per 100 cc. of caffeine. In addition, flu-like symptoms, nausea/vomiting, and muscle pain/stiffness were judged likely to represent valid symptom categories. In experimental studies, the incidence of headache was 50% and the incidence of clinically significant distress or functional impairment was 13%. Typically, onset of symptoms occurred 12–24 h after abstinence, with peak intensity at 20–51 h, and for a duration of 2–9 days. 1% to 3% of caffeine is gycgreted unchanged in the urine. The rate of caffeine metabolism is variable, with a half-life of 4 to 6h.

Mephedrone(MEP100)

Mephedrone, also known as 4-methylmethcathinone (4-MMC) or 4-methylephedrone is a synthetic stimulant drug of the amphetamine and cathinone classes. Slang names include drone, ²⁴M-CAT, ²⁹White Magic³⁰ and meow meow. ³¹It is chemically similar to the cathinone compounds found in the khat plant of eastern Africa.

Mephedrone comes in the form of tablets or a powder, which users can swallow, snort or inject, producing similar effects to MDMA, amphetamines and cocaine. In addition to its stimulant effects, Mephedrone produces side effects, of which teeth grinding are the most common. A number of metabolites are possible, however the n-demethyl metabolite of Mephedrone will be 4-Methylcathinone. This metabolite appears to be nearly inactive as a Monoamine Oxydase Inhibitor. On further metabolism of this metabolite one of the possible metabolites is 4-Methylnorephedrine, caused by the reduction of the Keto.A dose of 150mg-250mg is the average, giving a duration of around 2 hours the duration will lengthen in larger 250mg+ dosages.

Alprazolam (ALP)

Alprazolam, available under the trade name Xanax among others, is a short-acting anxiolytic of the benzodiazepine class. It is commonly used for the treatment of panic disorder, and anxiety disorders, such as generalized anxiety disorder (GAD) or social anxiety disorder (SAD). ^{32,33} Alprazolam, like other benzodiazepines, binds to specific sites on the GABAA receptor. It possesses anxiolytic, sedative, hyponotic, skeletal muscle relaxant, anticionvulsant, and amnestic properties.

A mean half-life of alprazolam of 16.3 hours has been observed in healthy elderly subjects (range: 9.0-26.9 hours, n=16) compared to 11.0 hours (range: 6.3-15.8 hours, n=16) in healthy adult subjects. Alprazolam and its metabolites are excreted primarily in the urine. The pharmacokinetics of alprazolam and two of its major active metabolites (4-hydroxyalprazolam and e-hydroxyalprazolam) are linear, and concentrations are proportional up to the recommended maximum daily dose of 10 mg given once daily. Peak concentrations in the plasma occur in one to two hours following administration. Plasma levels are proportionate to the dose given; over the dose range of 0.5 to 3.0 mg, peak levels of 8.0 to 37ng/ml were observed.⁴⁴

Alcohol(ALC)

Alcohol intoxication can lead to loss of alertness, coma, death and birth defects. Determination of ethyl alcohol in blood, saliva and urine is commonly used for measuring legal impairment, alcohol poisoning, etc. The BAC (Blood Alcohol Content) at which a person becomes impaired is variable. The United States Department of Transportation (DOT) has established a BAC of 0.02% (0.02g/dL) as the cut-off level at which an individual is considered positive for the presence of alcohol.

The Multi-Drug Rapid Test Panel yields a positive result when the concentration of Alcohol in urine exceeds 0.02%.

WHAT IS ADULTERATION

Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants can cause false negative results in drug tests by either interfering with the screening test and/or destroying the drugs present in the urine. Dilution may also be employed in an attempt to produce false negative drug test results.

One of the best ways to test for adulteration or dilution is to determine certain urinary characteristics such as pH, specific gravity and creatinine and to detect the presence of oxidants/PCC, nitrites or glutaraldehyde in urine.

Oxidants/PCC (Pyridiniumchlorochromate)tests for the presence of oxidizing agents such as bleach and hydrogen peroxide. Pyridiniumchlorochromate (sold under the brand name Urine Luck) is a commonly used adulterant.8 Normal human urine should not contain oxidants of PCC.

Specific gravity tests for sample dilution. The normal range is from 1.003 to 1.030. Values outside this range may be the result of specimen dilution or adulteration.

PH tests for the presence of acidic or alkaline adulterants in urine. Normal pH levels should be in the range of 4.0 to 9.0. Values outside of this range may indicate the sample has been altered.

Nitrite tests for commonly used commercial adulterants such as Klear and Whizzies. They work by oxidizing the major cannabinoid metabolite THC-COOH.9 Normal urine should contain no trace of nitrite. Positive results generally indicate the presence of an adulterant.

Glutaraldehyde tests for the presence of an aldehyde. Adulterants such as Urin Aid and Clear Choice contain glutaraldehyde which may cause false negative results by disrupting the enzyme used in some immunoassay tests.9 Glutaraldehyde is not normally found in urine; therefore, detection of glutaraldehyde in a urine specimen is generally an indicator of adulteration.

Creatinine is a waste product of creatine; an amino-acid contained in muscle tissue and found in urine.2 A person may attempt to foil a test by drinking excessive amounts of water or diuretics such as herbal teas to "flush" the system. Creatinine and specific gravity are two ways to check for dilution and flushing, which are the most common mechanisms used in an attempt to circumvent drug testing. Low Creatinine and specific gravity levels may indicate dilute urine. The absence of Creatinine (<5 mg/dl) is indicative of a specimen not consistent with human urine.

Bleach tests for the presence of bleach bleach refers to a number of chemicals which remove color, whiten or disinfect, often by oxidation, Bleaches are used as household chemicals to whiten clothes and remove stains and as disinfectants. Normal human urine should not contain bleach.

[PRINCIPLE (FOR DOA TESTS EXCLUDING ALCOHOL)]

During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine 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 region of the specific drug dipstick. The presence of drug above the cut-off concentration will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test region.

A drug-positive urine specimen will not generate a colored line in the specific test region of the dipstick because of drug competition, while a drug-negative urine specimen will generate a line in the test region because of the absence of drug competition.

To serve as a procedural control, a colored line will always appear at the control region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

[PRINCIPLE (FOR ALCOHOL)]

The urine Alcohol Rapid Test consists of a plastic strip with a reaction pad attached at the tip. On contact with alcohol, the reaction pad will change colors depending on the concentration of alcohol present. This is based on the high specificity of alcohol oxidase for ethyl alcohol in the presence of peroxidase and enzyme substrate such as TMB.

[REAGENTS(FOR DOA TESTS EXCLUDING ALCOHOL)]

Each test line contains anti-drug mouse monoclonal antibody and corresponding drug-protein conjugates. The control line contains goat anti-rabbit IgG polyclonal antibodies and rabbit IgG. **[REAGENTS (FOR ALCOHOL)]**

Tetramethylbenzidine

Alcohol Oxidase Peroxidase

[S.V.T REAGENTS]

S.V.I KLAGLNIS		
Adulteration Pad	Reactive indicator	Buffers and non-reactive ingredients
Creatinine	0.04%	99.95%
Nitrite	0.07%	99.94%
Bleach	0.39%	99.77%
Glutaraldehyde	0.02%	99.97%
pH	0.06%	99.94%
Specific Gravity	0.25%	99.78%
Oxidants / PCC	0.36%	99.70%

PRECAUTIONS

- · For healthcare professionals including professionals at point of care sites.
- Immunoassay for in vitro diagnostic use only. The test Cassette 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
- as an infectious agent. • The used test Cassette should be discarded according to federal, state and local regulations

STORAGE AND STABILITY

Store as packaged in the sealed pouch at 2-30°C. The test is stable through the expiration date printed on the sealed pouch. The test Cassettes must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION Urine Assay

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

Specimen Storage

Urine specimens may be stored at 2-8°C for up to 48 hours prior to testing. For prolonged storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed well before testing. When testing cards with S.V.T. or Alcohol storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated prior to testing [MATERIALS]

timor

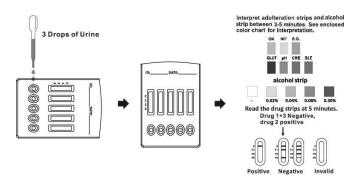
Materials Provided

 Test Cassettes Droppers Package insert Materials Required But Not Provided

[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 cassette from the sealed pouch and use it within one hour.
- 2. Place the test cassette on a clean and level surface. Hold the dropper vertically and transfer 3 full drops of urine (approx. 75 µL) to the specimen well (S) of the test cassette, and then start the timer. Avoid trapping air bubbles in the specimen well (S). See the illustration below
- 3. Read the adulteration strips and Alcohol strip between 3-5 minutes according to color chart provided separately/on foil pouch. Refer to your Drug Free Policy for guidelines on adulterated specimens. We recommend not to interpret the drug test results and either retest the urine or collect another specimen in case of any positive result for any adulteration
- 4. The drug strip result should be read at 5 minutes. Do not interpret the result after 10 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE:* A colored line appears in the Control region (C) and colored lines appear in the Test region (T). This negative result means that the concentrations in the urine sample are below the designated cut-off levels for a particular drug tested.

*NOTE: The shade of the colored lines(s) in the Test region (T) may vary. The result should be considered negative whenever there is even a faint line.

POSITIVE: A colored line appears in the Control region (C) and NO line appears in the Test region (T). The positive result means that the drug concentration in the urine sample is greater than the designated cut-off for a specific drug. INVALID: No line appears in the Control region (C). Insufficient specimen volume or incorrect

procedural techniques are the most likely reasons for Control line failure. Read the directions again and repeat the test with a new test card. If the result is still invalid, contact your manufacturer

[INTERPRETATION OF RESULTS (S.V.T/ ADULTERATION)] (Please refer to the color chart)

Semi Quantitative results are obtained by visually comparing the reacted color blocks on the strip to the printed color blocks on the color chart.

No instrumentation is required. [INTERPRETATION OF RESULTS (ALCOHOL STRIP)]

Negative: Almost no color change by comparing with the background. The negative result indicates that the urine alcohol level is less than 0.02%.

Positive: A distinct color developed all over the pad. The positive result indicates that the urine alcohol concentration is 0.02% or higher.

Invalid: The test should be considered invalid If only the edge of the reactive pad turned color that might be ascribed to insufficient sampling. The subject should be re-tested. Besides, if the color pad has a blue color before applying urine sample, do not use the test.

QUALITY CONTROL

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

[LIMITATIONS]

1. The Multi-Drug Rapid Test Cassette 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.

- 2. There is a possibility that technical or procedural errors, as well as 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 does not indicate level or 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.
- This test does not distinguish between drugs of abuse and certain medications.
- A positive test result may be obtained from certain foods or food supplements.
- **[**S.V.T/ ADULTERATION LIMITATIONS]
- 1. The adulteration tests included with the product are meant to aid in the determination of abnormal specimens. While comprehensive, these tests are not meant to be an "all-inclusive" representation of possible adulterants.
- 2. Oxidants/PCC: Normal human urine should not contain oxidants or PCC. The presence of high levels of antioxidants in the specimen, such as ascorbic acid, may result in false negative results for the oxidants/PCC pad.
- 3. Specific Gravity: Elevated levels of protein in urine may cause abnormally high specific gravity values.
- 4. Nitrite: Nitrite is not a normal component of human urine. However, nitrite found in urine may indicate urinary tract infections or bacterial infections. Nitrite levels of > 20 md/dL may produce false positive glutaraldehyde results.
- 5. Glutaraldehyde: is not normally found in urine. However certain metabolic abnormalities such as ketoacidosis (fasting, uncontrolled diabetes or high protein diets) may interfere with the test results.
- 6. Creatinine: Normal Creatinine levels are between 20 and 350 mg/dL. Under rare conditions, certain kidney diseases may show dilute urine.
- 7.Bleach: Normal human urine should not contain bleach. The presence of high levels of bleach in the specimen may result in false negative results for the bleach pad.

EXPECTED VALUES

The negative result indicates that the drug concentration is below the detectable level. Positive result means the concentration of drug is above the detectable level. [PERFORMANCE CHARACTERISTICS]

Accuracy

A side-by-side comparison was conducted using the Multi-Drug Rapid Test Cassette and commercially available drug rapid tests. Testing was performed on approximately 250 specimens per drug type previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS.

	thod	GC	/MS	
Cas	Rapid Test sette	Positive	Negative	% agreement with GC/M
ACE	Positive	29	1	93.5%
5,000	Negative	2	68	98.6%
AMP	Positive	103	3	98.1%
1,000	Negative	2	142	97.9%
AMP	Positive	110	2	99.1%
500	Negative	1	137	98.6%
AMP	Positive	116	2	99.1%
300	Negative	1	131	98.5%
BAR	Positive	98	2	96.1%
300	Negative	4	146	98.6%
BAR	Positive	101	3	95.3%
200	Negative	5	141	97.9%
BZO	Positive	112	3	98.2%
500	Negative	2	133	97.8%
BZO	Positive	121	1	98.4%
300	Negative	2	126	99.2%
BZO	Positive	127	2	99.2%
200	Negative	1	120	98.4%
BZO	Positive	128	3	99.2%
100	Negative	120	118	97.5%
BUP	Positive	105	0	99.1%
10	Negative	105	144	>99.9%
BUP	Positive	105	0	99.1%
5	Negative	100	144	>99.9%
202	Positive	111	3	98.2%
300	Negative	2	134	97.8%
COC	Positive	40	0	>99.9%
200		0	60	>99.9%
COC	Negative	116	60 4	98.3%
150	Positive		128	98.3%
COC	Negative Positive	2 117	128	97.0%
		1	4 128	
100 THC	Negative	86	4	97.0% 94.5%
150	Positive			
	Negative	5	155	97.5%
THC	Positive	92	3	97.9%
50	Negative	2	153	98.1%
THC	Positive	95	4	96.9%
25	Negative	3	148	97.4%
MTD	Positive	89	2	98.9%
300	Negative	1	158	98.8%
MTD	Positive	91	2	98.7%
200	Negative	1	156	98.7%
MET	Positive	76	5	96.2%
1,000	Negative	3	166	97.1%
MET	Positive	83	5	97.6%

Meth		GC/	MS	
Multi-Drug		Positive	Negative	% agreement with GC/MS
Cass			-	07.00/
500	Negative	2	160	97.0%
MET	Positive	88	4	97.8%
300	Negative	2	156	97.5%
MDMA	Positive	99	1	98.0%
1,000	Negative	2	148	99.3%
MDMA	Positive	102	1	98.1%
500	Negative	2	145	99.3%
MDMA	Positive	103	1	98.1%
300	Negative	2	144	99.3%
MOP	Positive	95	7	95.0%
300	Negative	5	143	95.3%
MOP	Positive	98	5	97.0%
100			144	
100	Negative	3		96.6%
MQL	Positive	79	11	89.8%
	Negative	9	151	93.2%
OPI	Positive	117	8	96.7%
011	Negative	4	121	93.8%
PCP	Positive	85	5	92.4%
FOF	Negative	7	153	96.8%
DDV	Positive	97	9	96.0%
PPX	Negative	4	140	94.0%
	Positive	91	13	94.8%
TCA	Negative	5	141	91.6%
TML	Positive	82	12	88.2%
100	Negative	11	145	92.4%
TML	Positive	82	6	88.2%
200	Negative	11	151	96.2%
TML	Positive	81	6	88.0%
300	Negative	11	152	96.2%
KET	Positive	77	3	97.5%
1,000	Negative	2	168	98.2%
KET	Positive	81	3	97.6%
500	Negative	2	164	98.2%
KET	Positive	89	4	96.7%
300	Negative	3	154	97.5%
KET	Positive	97	4	96.0%
100		4	145	97.3%
	Negative			
OXY	Positive	84	1	97.7%
100	Negative	2	163	99.4%
OXY	Positive	83	1	96.5%
300	Negative	3	163	99.4%
COT	Positive	88	4	96.7%
200	Negative	3	155	97.5%
COT	Positive	93	3	97.9%
100	Negative	2	152	98.1%
EDDP	Positive	92	1	97.9%
300	Negative	2	155	99.4%
EDDP	Positive	95	5	96.9%
100	Negative	3	147	96.7%
	Positive			98.8%
FYL		79	1	
20	Negative	1	169	99.4%
FYL	Positive	80	1	98.8%
10	Negative	1	168	99.4%
K2-50	Positive	78	3	97.5%
112-30	Negative	2	167	98.2%
K2-30	Positive	82	2	97.6%
rz-30	Negative	2	164	98.8%
	Positive	42	2	97.7%
6-MAM10	Negative	1	105	98.1%
	Positive	103	3	98.1%
MDA500		2	142	97.9%
	Negative			
ETG500	Positive	83	1	97.6%
	Negative	2	164	99.4%
ETG1,000	Positive	81	1	95.3%
	Negative	4	164	99.4%
CLO	Positive	101	1	97.1%
400	Negative	3	145	99.3%
CLO	Positive	103	2	99.0%
150	Negative	1	144	98.6%
	Positive	33	1	94.3%
LSD 20		2	64	98.5%
	Negative		04 1	30.370 04 19/
LSD 50	Positive	32		94.1%
	Negative	2	65	98.5%
MPD	Positive	35	1	94.6%
2	Negative	2	62	98.4%
	Positive	20	2	90.9%
701	Negative	2	66	97.1%
ZOL				
		121	1	98.4%
ZOL DIA 300	Positive			
DIA 300	Positive Negative	2	126	99.2%
	Positive			

GC/MS

Method

-									~"	10										
Multi-Dr		api	d Test			Po	sitiv		<u>C/N</u>		lea	ative		6 agr	eem	ent	with	GC	/MS	
, C	asset		legativ	е		-	3	-			6					97	.2%			
MCAT 50	0		Positive				20					1					.9%			
7-ACL 30	0		legativ Positive				2 32		ł		- '	6 1					.0%			
I-ACL 30	0		legativ Positive				2 35				4	3					.7%			
7-ACL 20	0 -	Ν	legativ	е			2				4	0				97	.6%			
7-ACL 10	0 -		Positive Jegativ				36 2		_		3	1 9					.7% .5%			
CFYL 50	0	F	Positive	•			36					1				94	.7%			-
			legativ Positive				2 21		+			2 3					.6% .3%			
CAF 100	0	Ν	legativ	е			2				6	6				95	.7%			
CAT 150) –		Positive legativ				19 2					2 3					0.5% 7.3%			
TRO 350) –		Positive legativ				23 2				6	2					2.0% 7.0%			
MDPV		F	Positive	•			28					1					.0%			
			legativ Positive				2 19					9 2					.6% .5%			
MEP		Ν	legativ	е			2				6	4				97	.0%			
ALP	F		Positive legativ				20 2		J			2 '4	_				.9% .4%			
				%			nen				ner	cial I		-						_
	AC 5,00		AMP 1,000	AN 50		AN 30		BA 30		BAI 200		BZC 500		3ZO 300	BZ 20		BZ(10(BUP 10	
Positive	*		>99.9	>99	9.9	>99	9.9	>99	1.9	>99	.9	>99.		99.9	>99	9.9	>99	.9	>99.	
Agreement Negative	*		% >99.9	% >99		% >99		% >99		% >99		% >99.	9 >	<u>%</u> 99.9	% >99		% >99		% >99.	9
Agreement Total			% >99.9	%	ó	9 >9	6	% >99		% >99		% >99.		% 99.9	% >99		% >99		% >99.	
Results	*		>99.9 %	293		29		/95		/99		>99. %	5 /	99.9 %	/93		/99		>99. %	.9
	BUP		COC	coc	IC	OC	C	C	Т	нс	Т	HC	TH	С	мт		MTE		MET	г
	5		300	200		50		00		50		50	2		300		200		1,00	
Positive Agreement	*	>9	99.9%	*		*	>99	9.9%	>99	9.9%	>9	9.9%	>99.	9%>	99.9	9%>	99.9	%>	99.9	1%
Negative Agreement	*	>9	99.9%	*		*	>99	9.9%	>99	9.9%	>9	9.9%	>99.	9%>	99.9	9%>	99.9	%>	99.9	1%
Total	*	>9	99.9%	*		*	>99	9.9%	>99	9.9%	>9	9.9%	>99.	9%>	99.9	9%>	99.9	%>	99.9	9%
Results																				
	MET 500		MET 300	MD 1,0		ME 5	00 00		OP 00		OP 00	M	QL	OPI	P	СР	PI	эх	тс	A
Positive			>99.9%									%>99	.9%	*	>99	9.9%	6>99	.9%	, *	
Agreement Negative		-	>99.9%	-		-		_		+		-		*	- 00	0.00	6>99	00/	*	
Agreement Total		_								-		-			-		-		-	
Results	>99.9	%	>99.9%	s>99	.9%	6>99	9.9%	6 > 99	9.9%	%>99	9.99	%>99	.9%	*	>99	9.9%	%>99	.9%	ò *	
	TM		TML	ΤM		KE		KE		KE		KE		OXY		ОТ	CC		EDD	DP
Positive	10	0	200	30	0	1,0		50		30		10			2	200	10		30	0
Agreement	*		*	*		>99.	.9%	>99.	9%	>99.	9%	>99.	9%	*		*	*		*	
Vegative Agreement	*		*	*		>99.	.9%	>99.	9%	>99.	9%	>99.	9%	*		*	*		*	
Fotal Results	*		*	*		>99.	.9%	>99.	9%	>99.	9%	>99.	9%	*		*	*		*	-
	EDD	DP	FYL	F١	′L	K	2	K	2	6-M/	١M	MDA	A E	TG	ET	G	CL	0	CLO	S
Positive	10	0	20	1		5	0	30)	10		500		500	1,0	000	40		150	
Agreement	*		*	*		1	ł	*		*		*		*	,	۲	*		*	
Negative Agreement	*	-	*	*			*	*		*		*		*	,	•	*	ſ	*	
Total Result	s *	_	*	*		,	*	*		*		*		*	,	*	*	_†	*	_
				1		1		MDN	14	OX	V I	DIA	Тг	DIA	ZO	P	MCA	TIZ	'-AC	:
	LSD	20	LSD50	MF	D	ZC	C	30		300		300		200	50		500		300	
Positive Agreement	*		*	*		*	r	*		*		*		*	*		*		*	
Negative	*		*	*		*	,	*		*	T	*		*	*		*		*	
Agreement Total	*		*	*		*	,	*	1	*	+	*	+	*	*		*	+	*	_
Results	1			1																
			7-ACL 200	7-A 1(FYL 00		AF		AT 50		RO 50	MD	PV 00		EP 00		_P)0	
Positive		┥	*	,			*		*	+	5U *		*	10			*		*	
Agreement Negative		+				+		_		_		+							*	
Agreement			*	,			*	_	*	_	*		*	,			*			
Total Result	s		*	,			*		*		*		*	,	۲		*	:	*	

* Note: Based on GC/MS data instead of Commercial Kit. 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 card of coded specimens, containing drugs at concentrations of ± 50% and ± 25% cut-off level, was labeled, blinded and tested at each site. The results are given below: ACETAMINOPHEN (ACE5,000)

	Amphetamine	n per	Sit	eΑ	Site	eВ	Site	эC
	conc. (ng/mL)	site	-	+	-	+	-	+
	0	10	10	0	10	0	10	0
	2,500	10	10	0	10	0	10	0
	3,750	10	9	1	9	1	8	2
	6,250	10	1	9	1	9	1	9
	7,500	10	0	10	0	10	0	10
AMF	PHETAMINE (AMP 1,000)							

AMF	PHETAMINE (AMP 1,000)							
	Amphetamine	n per	Sit	еA	Site	е В	Site	еC
	conc. (ng/mL)	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
AMF	PHETAMINE (AMP 500)							
	Amphetamine	n per	Sit	еA	Site	еВ	Site	еC
	Amphetamine conc. (ng/mL)	n per site	Sit	e A +	Site	e B +	Site	eC +
			Sit - 10	-	- 10	-	- 10	
	conc. (ng/mL)	site	-	+	-	+	-	+
	conc. (ng/mL) 0	site 10	- 10	+ 0	- 10	+ 0	- 10	+ 0
	conc. (ng/mL) 0 250	site 10 10	- 10 10	+ 0 0	- 10 10	+ 0 0	- 10 10	+ 0 0
	conc. (ng/mL) 0 250 375 625 750	site 10 10 10	- 10 10 9	+ 0 0 1	- 10 10 9	+ 0 0 1	- 10 10 9	+ 0 0 1
AMF	conc. (ng/mL) 0 250 375 625	site 10 10 10 10	- 10 10 9 2	+ 0 0 1 8	- 10 10 9 1	+ 0 0 1 9	- 10 10 9 2 0	+ 0 0 1 8

	Amphetamine	n per	Sit	еA	Site	эB	Site C	
	conc. (ng/mL)	site	-	+	-	+	-	+
	0	10	10	0	10	0	10	0
	150	10	10	0	10	0	10	0
	225	10	8	2	8	2	8	2
	375	10	2	8	2	8	2	8
	450	10	0	10	0	10	0	10
BAF	BITURATES (BAR 300)							
	Ceecharbital		Cit.	o A	Sit	² B	Sit	<u> </u>

	Secobarbital	n per	Site	еA	Site	эB	Site C	
	conc. (ng/mL)	site	-	+	-	+	-	+
	0	10	10	0	10	0	10	0
	150	10	10	0	10	0	10	0
	225	10	9	1	8	2	9	1
	375	10	2	8	1	9	2	8
	450	10	0	10	0	10	0	10
BAF	BITURATES (BAR 200)							

	Secobarbital	n per	Site	e A	Site	эB	Site	эC
	conc. (ng/mL)	site	-	+	-	+	-	+
	0	10	10	0	10	0	10	0
	100	10	10	0	10	0	10	0
	150	10	9	1	9	1	9	1
	250	10	1	9	1	9	1	9
	300	10	0	10	0	10	0	10
BEN	IZODIAZEPINES (BZO 500)							

	Oxazepam	n per	Sit	еA	Site	eВ	Site	еC
	conc. (ng/mL)	site	-	+	-	+	-	+
	0	10	10	0	10	0	10	0
	250	10	10	0	10	0	10	0
	375	10	8	2	9	1	8	2
	625	10	1	9	2	8	1	9
	750	10	0	10	0	10	0	10
REN	ZODIAZEPINES (BZO 300)							

BEN	IZODIAZEPINES (BZO 300)							
	Oxazepam	n per	Sit	eА	Site	eВ	Sit	еC
	conc. (ng/mL)	site	•	+	-	+	-	+
	0	10	10	0	10	0	10	0
	150	10	10	0	10	0	10	0
	225	10	9	1	9	1	9	1
	375	10	1	9	1	9	1	9
	450	10	0	10	0	10	0	10

BEN	IZODIAZEPINES (BZO 200)							
	Oxazepam	n per	Sit	e A	Site	eВ	Site	еC
	conc. (ng/mL)	site	•	+	•	+	-	+
	0	10	10	0	10	0	10	0
	100	10	10	0	10	0	10	0
	150	10	9	1	8	2	9	1

250	10	1	9	1	9	2	8
300	10	0	10	0	10	0	10
BENZODIAZEPINES (BZ		Ŭ	10	Ŭ	10	Ū	10
		Si	te A	Sit	eВ	Site	~ C
Oxazepam) n per site	31		31		310	
conc. (ng/mL	,	-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	8	2	7	3
125	10	1	9	1	9	2	8
150		0		0		0	
	10	0	10	0	10	0	10
Buprenorphine (BUP 10))	0.		0.1		0.1	
Buprenorphir		SI	te A	Sit	еВ	Site	eC
conc. (ng/mL	.) site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	8	2
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10
Buprenorphine (BUP 5)							
Buprenorphir	ne n per	Sit	te A	Sit	е В	Site	еC
conc. (ng/mL	.) site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
2.5	10	10	0	10	0	10	
							0
3.75	10	9	1	9	1	8	2
6.25	10	1	9	1	9	1	9
7.5	10	0	10	0	10	0	10
COCAINE (COC 300)							
Benzoylecgon	ine n per	Si	te A	Sit	eВ	Site	еC
conc. (ng/mL		-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	1	9	1	9
450	10	0	10	0	10	0	10
COCAINE (COC 200)							
Benzoylecgon		Si	te A	Sit	е В	Site	еC
conc. (ng/mL		-	1	-		-	1
		10	+	- 10	+	- 10	+
0	10	-		-	-	-	0
100	10	10	0	10	0	10	0
150	10	9	1	9	1	9	1
250	10	1	9	1	9	1	9
300	10	0	10	0	10	0	10
COCAINE (COC 150)			1	÷		-	
		Ci-	te A	Ci+	eВ	Site	~ C
Benzoylecgon conc. (ng/mL	ine n per .) site						
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
75	10	10	0	10	0		0
112.5	10	9	4			10	0
	10	9	1	9	1	10 9	1
187.5	10	2	1	9	1 8	-	-
187.5	10	2	8	2	8	9 2	1
225		-		-		9	1
225 COCAINE (COC 100)	10 10	2	8 10	2	8 10	9 2 0	1 8 10
225 COCAINE (COC 100) Benzoylecgoni	10 10 ine n per	2 0 Sit	8 10 te A	2 0 Sit	8 10 e B	9 2 0 Site	1 8 10 e C
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL	10 10 ine n per .) site	2 0 Sit	8 10 te A +	2 0 Sit	8 10 e B +	9 2 0 Site	1 8 10 e C +
225 COCAINE (COC 100) Benzoylecgoni	10 10 ine n per	2 0 Sit	8 10 te A	2 0 Sit	8 10 e B	9 2 0 Site	1 8 10 e C
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL	10 10 ine n per .) site	2 0 Sit	8 10 te A +	2 0 Sit	8 10 e B +	9 2 0 Site	1 8 10 e C +
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50	10 10 ine n per .) 10 10	2 0 Sit - 10 10	8 10 te A + 0 0	2 0 Sit - 10 10	8 10 e B + 0 0	9 2 0 Site - 10 10	1 8 10 e C + 0 0
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75	10 10 ine n per site 10 10 10	2 0 - 10 10 9	8 10 te A + 0 0 1	2 0 Sit - 10 10 9	8 10 e B + 0 0 1	9 2 0 - 10 10 9	1 8 10 e C + 0 0 1
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125	10 10 ine n per site 10 10 10 10	2 0 - 10 10 9 2	8 10 te A 0 0 1 8	2 0 	8 10 e B + 0 0 1 8	9 2 0 - 10 10 9 2	1 8 10 e C + 0 0 1 8
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 150	10 10 ine n per site 10 10 10	2 0 - 10 10 9	8 10 te A + 0 0 1	2 0 Sit - 10 10 9	8 10 e B + 0 0 1	9 2 0 - 10 10 9	1 8 10 e C + 0 0 1
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 125 150 MARIJUANA (THC150)	10 10 10 10 10 10 10 10 10	2 0 - 10 9 2 0	8 10 te A + 0 0 1 8 10	2 0 	8 10 e B + 0 0 1 8 10	9 2 0 5 10 10 9 2 0	1 8 10 e C + 0 0 1 8 8 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-3°-COC	10 10 10 10 10 10 10 10 10 10 0 0 0 0 0	2 0 - 10 10 9 2 0 Sit	8 10 te A 0 0 1 8 10 te A	2 0 	8 10 e B + 0 0 1 8 10 e B	9 2 0 Situ - 10 10 9 2 0 Situ	1 8 10 e C + 0 0 1 8 10 e C
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-ŰCO(conc. (ng/ml	10 10 10 10 10 10 10 10 10 20H n per site	2 0 - 10 10 2 0 0 Sit	8 10 te A + 0 0 1 1 8 10 te A +	2 0 5it 10 9 2 0 5it -	8 10 e B + 0 0 1 8 10	9 2 0 - 10 10 9 2 0 Situ	1 8 10 e C + 0 0 1 8 8 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-3°-COC	10 10 10 10 10 10 10 10 10 10 0 0 0 0 0	2 0 - 10 10 9 2 0 Sit	8 10 te A 0 0 1 8 10 te A	2 0 	8 10 e B + 0 0 1 8 10 e B	9 2 0 Situ - 10 10 9 2 0 Situ	1 8 10 e C + 0 0 1 8 10 e C
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 125 125 150 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/mL 0	10 10 10 10 10 10 10 10 10 0H n per .) site 10	2 0 10 10 9 2 0 0 5ii - 10	8 10 te A + 0 0 1 1 8 10 te A +	2 0 Sit 10 10 9 2 0 0 Sit - 10	8 10 e B + 0 0 1 8 10 e B +	9 2 0 - 10 10 9 2 0 Situ - 10	1 8 10 e C + 0 0 1 8 10 e C +
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 150 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/ml 0 75	10 10	2 0 10 10 9 2 0 5 iii - 10 10	8 10 te A 0 0 1 8 10 te A + 0 0	2 0 - 10 10 9 2 0 Sitt - 10 10	8 10 e B + 0 1 8 10 e B + 0 0	9 2 0 - 10 10 9 2 0 0 Sitt - 10 10	1 8 10 e C + 0 0 1 8 10 e C + 0 0
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 125 150 MARIJUANA (THC150) 11-nor_0*-COC conc. (ng/ml 0 75 112.5	10 10	2 0 10 10 2 0 2 0 0 5 10 10 10 9 9	8 10 te A 0 1 1 8 10 te A + 0 0 1	2 0 10 10 9 2 0 Sitt - 10 10 9	8 10 e B + 0 1 8 10 e B + 0 0 1	9 2 0 - 10 10 9 2 0 0 Site - 10 10 9 9	1 8 10 e C + 0 0 1 8 10 e C + 0 0 1 0 1
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-Ű-CO(conc. (ng/ml 0 75 112.5 187.5	10 10	2 0 10 10 2 0 0 2 0 0 5 10 10 10 10 2 2	8 10 te A + 0 0 1 8 10 te A + 0 0 1 8	2 0 10 10 9 2 0 5 it - 10 10 9 1	8 10 e B + 0 1 8 10 e B + 0 0 1 9	9 2 0 3 10 10 9 2 0 3 3 10 10 9 1	1 8 10 e C + 0 0 1 8 10 e C + 0 0 1 9
225 COCAINE (COC 100) Benzoylecgon conc. (ng/mL 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/mL 0 75 112.5 187.5 225	10 10	2 0 10 10 2 0 2 0 0 5 10 10 10 9 9	8 10 te A 0 1 1 8 10 te A + 0 0 1	2 0 10 10 9 2 0 Sitt - 10 10 9	8 10 e B + 0 1 8 10 e B + 0 0 1	9 2 0 - 10 10 9 2 0 0 Site - 10 10 9 9	1 8 10 e C + 0 0 1 8 10 e C + 0 0 1 0 1
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 150 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/ml 0 75 112.5 187.5 187.5 225 MARIJUANA (THC50)	10 10	2 0 3it - 10 10 9 2 0 0 5it - 10 10 10 9 9 2 0	8 10 te A - 0 0 1 8 10 te A - 0 0 1 8 10	2 0 5it - 10 9 2 0 5it - 10 10 10 9 9 1 0	8 10 e B + 0 1 8 10 e B + 0 0 1 9 10	9 2 0 5 10 10 9 2 0 0 5 itt - 10 10 9 10 9 10 0	1 8 10 • C + 0 0 1 1 8 10 • C + 0 0 0 1 1 9 9 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 150 MARIJUANA (THC150) 11-nor-A ³ -COC conc. (ng/ml 0 75 112.5 187.5 225 MARIJUANA (THC50) 11-nor-A ³ -COC	10 10	2 0 3it - 10 10 9 2 0 0 5it - 10 10 10 9 9 2 0	8 10 te A + 0 0 1 8 10 te A + 0 0 1 8	2 0 5it - 10 9 2 0 5it - 10 10 10 9 9 1 0	8 10 e B + 0 1 8 10 e B + 0 0 1 9	9 2 0 5 10 10 9 2 0 0 5 itt - 10 10 9 10 9 10 0	1 8 10 e C + 0 0 1 8 10 e C + 0 0 0 1 9
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 150 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/ml 0 75 112.5 187.5 187.5 225 MARIJUANA (THC50)	10 10	2 0 3it - 10 10 9 2 0 0 5it - 10 10 10 9 9 2 0	8 10 te A - 0 0 1 8 10 te A - 0 0 1 8 10	2 0 5it - 10 9 2 0 5it - 10 10 10 9 9 1 0	8 10 e B + 0 1 8 10 e B + 0 0 1 9 10	9 2 0 5 10 10 9 2 0 0 5 itt - 10 10 9 10 9 10 0	1 8 10 • C + 0 0 1 8 10 • C • C • C • + 0 0 0 1 9 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 50 75 125 125 150 MARIJUANA (THC150) 11-nor-Ű-COC conc. (ng/ml 0 112.5 187.5 225 MARIJUANA (THC50) 11-nor-Ű-COC conc. (ng/ml	10 10	2 0 10 10 9 9 2 0 0 10 10 10 10 9 9 2 0 0 5 iff -	8 10 te A 0 1 8 10 te A + 0 11 8 10 te A + 0 11 te A + 0 1 8 10 te A +	2 0 	8 10 e B + 0 0 1 8 10 e B + 0 0 1 1 9 10 e B + 10 e B +	9 2 0 - 10 10 9 2 0 5 itt - 10 9 10 9 1 0	1 8 10 e C + 0 0 1 8 10 e C + 0 0 1 1 9 9 10 e C + + 0 0 1 1 8 8 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 125 MARIJUANA (THC150) 11-nor-Δ ⁹ -COC conc. (ng/ml 0 75 112.5 187.5 225 MARIJUANA (THC50) 11-nor-Δ ⁹ -COC conc. (ng/ml 0	10 0 10 10 0 10	2 0 5ii 10 10 9 2 0 0 5ii - 10 10 9 2 0 0 5ii - 10	8 10 te A 1 1 1 8 10 te A 4 0 0 0 1 1 8 10 te A 4 9 0 0 1 1 1 0 0 0 0 1 1 1 0 0 0 0 0 0 0	2 0 10 10 9 2 0 0 Sitt 10 10 0 Sitt 10	8 10 e B + 0 0 1 8 10 e B + 0 0 1 9 10 e B + 0 0 1 9 10 e B + 0 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 1 0	9 2 0 10 10 9 2 0 5 ite - 10 10 0 Site - 10 0	1 8 10 e C + 0 0 1 8 10 e C + 0 0 1 1 9 9 10 e C + + 0 0 0 1 1 9 9 10
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 150 MARIJUANA (THC150) 11-nor-A ⁹ -CO(conc. (ng/ml 0 75 112.5 225 MARIJUANA (THC50) 11-nor-A ⁹ -CO(conc. (ng/ml 0 25	10 0 10 10 10 10	2 0 10 10 2 0 2 0 0 2 0 0 10 10 10 9 2 2 0 0 0 10 10 10 10 10	8 10 te A 0 0 1 8 10 te A + 0 0 0 1 8 10 te A + 10 te A 0 0 0 1 1 8 10	2 0 	8 10 e B + 0 0 1 8 10 e B + 0 0 1 1 9 10 0 10 9 10 0 0 0	9 2 0 5itt - 10 9 2 0 0 5itt - 10 10 9 1 0 5 11 0 0 10 10	1 8 10 e C + 0 0 1 1 8 0 0 0 0 1 9 10 e C + + 0 0 0 0 1 9 10 0 0 0 0 0 0 0 0 0 0 0 0
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 150 MARIJUANA (THC150) 11-nor-Å ³ -COC 0 75 112.5 187.5 225 MARIJUANA (THC50) 11-nor-Å ⁹ -COC conc. (ng/ml 0 25 37.5	10 0 10 0 10 10 10 10 10 10 10 10 10	2 0 5it 10 10 9 2 0 0 5it - 10 10 10 9 2 0 0 5it - 0 0 5it - 0 9 2 0 0 5it - 0 0 9 10 0 9 2 0 0 10 10 9 9 2 0 0 10 10 9 9 2 0 0 10 10 9 9 2 0 0 10 10 10 9 9 2 0 0 10 10 10 9 9 2 0 0 10 10 10 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	8 10 te A 1 1 8 10 te A + 0 0 0 1 8 10 te A + 0 0 0 1 1 te A 10 te A 10 A 10 A 10 A 10 A 10 A 10 A 10 A 10	2 0 Sitt - 10 10 9 2 0 5 tt - 10 10 9 11 0 0 Sitt - 10 10 9 10 0 8	8 10 e B + 0 0 1 8 10 e B + 0 0 1 1 9 9 10 0 2	9 2 0 5itt - 10 9 2 0 0 5itt - 0 10 9 1 0 0 5itt - 0 10 9 1 0 0 10 9 9 1 0 0 10 9 9 1 0 0 10 9 9 2 0 0 10 10 10 10 9 9 2 0 0 10 10 10 10 10 10 10 9 10 10 10 10 10 10 10 10 10 10 10 10 10	1 8 10 e C + 0 0 1 8 8 10 e C + 0 0 1 1 9 10 0 0 1 10 e C + 0 0 1 10 0 0 1 1 0 0 0 1 1 0 0 0 1 10 0 0 10 0 0 10 0 0 0 10 0 0 0 10 0 0 0 0 10 0 0 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
225 COCAINE (COC 100) Benzoylecgon conc. (ng/ml 0 75 125 125 150 MARIJUANA (THC150) 11-nor-A ⁹ -COC conc. (ng/ml 0 75 112.5 187.5 225 MARIJUANA (THC50) 11-nor-A ⁹ -COC conc. (ng/ml 0 0 25	10 0 10 0 10 10 10	2 0 10 10 2 0 2 0 0 2 0 0 10 10 10 9 2 2 0 0 0 10 10 10 10 10	8 10 te A 0 0 1 8 10 te A + 0 0 0 1 8 10 te A + 10 te A 0 0 0 1 1 8 10	2 0 	8 10 e B + 0 0 1 8 10 e B + 0 0 1 1 9 10 0 10 9 10 0 0 0	9 2 0 5itt - 10 9 2 0 0 5itt - 10 10 9 1 0 5 11 0 0 10 10	1 8 10 e C + 0 0 1 1 8 0 0 0 0 1 9 10 e C + + 0 0 0 0 1 9 10 0 0 0 0 0 0 0 0 0 0 0 0

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MARIJUANA (THC25)											
11-nor-∆ ⁹ -COOH	np			Site	A		Site	B		Site	ЭC
conc. (ng/mL)	si		-		+		-	+		-	+
0	1		10		0		10	0		10	0
12.5	1		10)	0		10	0		10	0
18.75	1		8		2		8	2		8	2
31.25	1		1		9		1	9		2	8
37.5	1	0	0		10)	0	10		0	10
NETHADONE (MTD300)											
Methadone	np			Site	A		Site	B		Site	эC
conc. (ng/mL)	si	te	-		+		-	+		-	+
0	1	0	10		0		10	0		10	0
150	1	0	10)	0		10	0		10	0
225	1	0	9		1		9	1		9	1
375	1	0	1		9		1	9		1	9
450	1	0	0		10)	0	10		0	10
METHADONE (MTD200)											
Methadone	np	ber		Site	А		Site	B		Site	эC
conc. (ng/mL)	si	te	-		+		-	+		-	+
0	1	0	10)	0		10	0		10	0
100	1		10		0		10	0	+	10	0
150	1		8		2	-	8	2	+	8	2
250	1	-	0	-	2		o 1	9	+	2	2
300	1	-	0	+	10		0	10	+	2	0 10
METHAMPHETAMINE (MET1,000		J	U		n	<u> </u>	J	10		U	10
	1			Site	٨	1	Site	B	Т	Site	
Methamphetamine	np			Sile	<u>A</u> .		Sile		-	SIL	
conc. (ng/mL)	si		-	+	+	-	-	+	+	-	+
0	1	-	10	_	0	-	10	0	+	10	0
500	1		10		0		10	0	_	10	0
750	1		9		1		9	1		9	1
1,250	1		1		9		2	8		1	9
1,500	1	0	0		10)	0	10		0	10
METHAMPHETAMINE (MET 500)											
Methamphetamine	np	ber		Site	le A		Site	B		Site	эC
conc. (ng/mL)	si	te	-		+		-	+		-	+
0	1	0	10)	0		10	0		10	0
250	1	0	10)	0		10	0		10	0
375	1	0	9	9 1			9	1		9	1
625	1	0	1		9		1	9		1	9
750	1	10			10)	0	10		0	10
METHAMPHETAMINE (MET300)								-	-	-	
Methamphetamine	np	er		Site	А		Site	B		Site	эC
conc. (ng/mL)	si		-		+		-	+		-	+
0	1	0	10)	0		10	0		10	0
150	1		10		0		10	0	1	10	0
225	1	-	9	<u> </u>	1		9	1	+	9	1
375	1		1	-	9		1	9	+	1	9
	-			_					+		
450	1		0		10		0	10		0	10
METHYLENEDIOXYMETHAMPHE			_							0.	
Methylenedioxymethampheta	mine		per	:	Site		5	ite B		Si	te C
conc. (ng/mL)		_	ite	-		+	-	+		-	+
0		_	0	10	_	0	10	0	_	10	0
500		_	0	10)	0	10	0	_	10	0
750			0	9		1	9	1		8	2
1,250			0	1		9	1	9	_	1	9
1,500			0	0		10	0	1()	0	1(
METHYLENEDIOXYMETHAMPHE		1									
Methylenedioxymethampheta	mine		per		Site	Α	S	ite B		Sit	te C
conc. (ng/mL)			ite	-		+	-	+		-	+
0			0	10		0	10	0		10	0
250			0	10	_	0	10	0	_	10	0
375		1	0	8		2	9	1		9	1
625		1	0	1	Π	9	1	9		1	9
750		1	0	0		10	0	1()	0	1(
METHYLENEDIOXYMETHAMPHE	ТАМ				00)						
Methylenedioxymethampheta			oer		Site			ite B	1	Sit	te C
conc. (ng/mL)		si	ite	-	T	+	-	+	.	-	+
			0	10)	0	10	0	_	10	0
0			0	10		0	10	0	_	10	0
0									_		3
150				Q		2	a	1		7	
150 225		1	0	8	_	2	9	1	_	7	
150		1		8 2 0	_	2 8 10	9 1 0	1 9 1(1	7 1 0	9

_						Site C		
Morphine	n per	Sit	e A	Sit	e B	Sit		
conc. (ng/mL)	site 10	- 10	+	- 10	+	- 10	+	
150	10	10	0	10	0	10	0	
225	10	9	1	9	1	9	1	
375	10	1	9	1	9	1	9	
450	10	0	10	0	10	0	10	
MORPHINE (MOP 100)		Sit	e A	Sit	eВ	Sit	e C	
Morphine conc. (ng/mL)	n per site	-	+	-	е Б +	-	+	
0	10	10	0	10	0	10	0	
50	10	10	0	10	0	10	0	
75	10	9	1	9	1	9	1	
125	10	1	9	1	9	1	9	
150 METHAQUALONE (MQL 300)	10	0	10	0	10	0	10	
Methaqualone	n per	Sit	e A	Sit	eВ	Sit	еC	
conc. (ng/mL)	site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
150	10	10	0	10	0	10	0	
225	10	9	1	9	1	9	1	
375	10	1	9	1	9	1	9	
450 MORPHINE/OPIATE (OPI 2,000)	10	U	10	U	10	U	10	
Morphine	n per	Sit	e A	Site	e B	Site	эC	
conc. (ng/mL)	site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
1,000	10	10	0	10	0	10	0	
1,500	10	9	1	9	1	9	1	
2,500	10 10	1	9 10	1	9 10	1	9	
3,000 PHENCYCLIDINE (PCP)	10	0	10	0	10	0	10	
Phencyclidine	n per	Sit	e A	Sit	eВ	Sit	еC	
conc. (ng/mL)	site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
12.5	10	10	0	10	0	10	0	
18.75	10	8	2	9	1	9	1	
31.25	10	1	9	1	9	1	9	
37.5	10	0	10	0	10	0	10	
PROPOXYPHENE (PPX)								
Propoxyphene	n per	Sit	e A	Site	e B	Site	e C	
conc. (ng/mL)	site	-	+	-	+	-	+	
0 150	10 10	10 10	0	10 10	0	10 10	0	
225	10	8	2	9	1	9	1	
375	10	1	9	1	9	1	9	
450	10	0	10	0	10	0	10	
TRICYCLIC ANTIDEPRESSANTS (TO	-	-		0.1	- D	~	- 0	
Nortriptyline conc. (ng/mL)	n per site	Sit	e A	Site	e B	Site	e C	
	10	- 10	+ 0	- 10	+ 0	- 10	+	
500	10	10	0	10	0	10	0	
750	10	9	1	8	2	8	2	
1,250	10	1	9	1	9	1	9	
1,500	10	0	10	0	10	0	10	
TRAMADOL (TML 100)		C:+	o A	0;+	0 B	0;+		
Tramadol conc. (ng/mL)	n per site	- Sit	e A +	Site	e B +	- Site	eC +	
0	10	- 10	+	- 10	+	10	+	
50	10	10	0	10	0	10	0	
75	10	9	1	9	1	8	2	
125	10	1	9	1	9	2	8	
	10	0	10	0	10	0	10	
150			• •	0	• D	0		
	1		ω <i>Δ</i>	Site	е В	Site	еC	
150	n per site	Sit	-		يل ا			
150 TRAMADOL (TML 200) Tramadol conc. (ng/mL)	site	-	+	-	+	- 10	+	
150 TRAMADOL (TML 200) Tramadol conc. (ng/mL) 0	site 10	- 10	-	- 10	+ 0 0	10	+ 0 0	
150 TRAMADOL (TML 200) Tramadol conc. (ng/mL)	site	-	+ 0	-	0		0	
150 TRAMADOL (TML 200) Tramadol conc. (ng/mL) 0 100	site 10 10	- 10 10	+ 0 0	- 10 10	0	10 10	0	

TRAMADOL (TML 300)

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	Tramadol conc. (ng/mL)	n per	Site A	Site B	Site C

						1	
	site	-	+	-	+	-	+
0 150	10 10	10 10	0	10 10	0	10 10	0
225	10	9	1	9	1	8	2
375	10	1	9	1	9	2	8
450	10	0	10	0	10	0	10
KETAMINE (KET1, 000)							
Ketamine conc. (ng/mL)	n per		еA		eВ		эC
,	site	-	+	-	+	-	+
0	10	10 10	0	10 10	0	10 10	0
500 750	10 10	9	0	8	0	9	0
1,250	10	1	9	1	9	2	8
1,500	10	0	10	0	10	0	10
KETAMINE (KET500)							
Ketamine conc. (ng/mL)	n per	Sit	e A	Sit	e B	Site	
()	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
250 375	10 10	10 9	0	10 9	0	10 8	0
625	10	9	9	9	9	2	8
750	10	0	10	0	10	0	10
KETAMINE (KET300)							
Ketamine conc. (ng/mL)	n per	Sit	e A	Sit	eВ	Site	еC
,	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225 375	10 10	9 1	1 9	9 1	1 9	9 1	1 9
450	10	0	9 10	0	9 10	0	9 10
KETAMINE (KET100)	10	0	10	0	10	0	10
	n per	Sit	еA	Sit	eВ	Site	эC
Ketamine conc. (ng/mL)	site	-	+	•	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
<u>125</u> 150	10 10	1	9 10	1	9 10	2	8 10
Oxycodone (OXY100)	10	0	10	0	10	0	10
Oxycodone conc. (ng/mL)	n per	Sit	еA	Sit	eВ	Site	эC
	site	-	+	•	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10 10	9 1	1 9	9 1	1 9	9 1	1 9
150	10	0	10	0	10	0	10
Oxycodone (OXY300)	10	0	10	0	10	0	10
Oxycodone conc. (ng/mL)	n per	Sit	e A	Sit	e B	Site	еC
	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10 9	0	10	0	10	0
225	10 10	9	9	9 1	1 9	9 1	1 9
375	10	0	10	0	10	0	10
Cotinine (COT 200)						5	
Cotinine conc. (ng/mL)	n per	Sit	e A	Sit	e B	Site	еC
	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
100	10	10 9	0	10 9	0	10 9	0
150 250	10 10	9	9	9	9	9	1
300	10	0	10	0	10	0	10
COTININE (COT 100)	10	. <u> </u>		. <u> </u>		-	
	n per	Sit	еA	Sit	eВ	Site	эC
Cotinine conc. (ng/mL)	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10 10	9 1	1 9	9 1	1 9	9 1	1 9
	10		3		3		3
150	10	0	10	0	10	0	10

EDDP conc. (ng/mL)		line (E			. D	0	
	n per	Site		Site		Site	
	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
150	10	10	0	10	0	10	0
225	10	9	1	9	1	9	1
375	10	1	9	2	8	1	9
450	10	0	10	0	10	0	10
2-Ethylidene-1,5-dimethyl-3,3-diphe	nylpyrrolio	line (E	DDP 10	00)			
	n per	Site	эA	Site	эB	Site	эC
EDDP conc. (ng/mL)	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	9	1
125	10	1	9	1	9	1	9
150	10	0	10	0	10	0	10
Fentanyl (FYL20)	10	0	10	0	10	0	10
		Site	۰ ۸	Site	o P	Site	
FYL conc. (ng/mL)	n per site						
0		-	+	-	+	-	+
0	10	10	0	10	0	10	0
10	10	10	0	10	0	10	0
15	10	9	1	9	1	9	1
25	10	1	9	1	9	1	9
30	10	0	10	0	10	0	10
Fentanyl (FYL10)							
FYL conc. (ng/mL)	n per	Site	eΑ	Site	эB	Site	эC
FTE CONC. (IIg/IIIE)	site	-	+	-	+	-	+
0	10	10	0	10	0	10	0
5	10	10	0	10	0	10	0
7.5	10	9	1	9	1	9	1
12.5	10	1	9	1	9	1	9
15	10	0	10	0	10	0	10
K2 50	10	0	10	0	10	0	10
12 30	n nor	Site	Δ	Site	B	Site	- C
K2 conc. (ng/mL)	n per site	-	+	-	+	-	+
0							
0	10	10	0	10	0	10	0
25	10	10	0	10	0	10	0
37.5	10	8	2	8	2	9	1
62.5	10	1	9	2	8	2	8
75	10	0	10	0	10	0	10
	10					0	
K2 30	n per	0 Site		0 Site			
	1					0	
K2 30	n per	Site	e A	Site	e B	0 Site	еC
K2 30 K2 conc. (ng/mL) 0 15	n per site	Site	e A +	Site	e B +	0 Site	e C +
K2 30 K2 conc. (ng/mL) 0	n per site 10	Site - 10	e A + 0	Site - 10	e B + 0	0 Site - 10	e C + 0
K2 30 K2 conc. (ng/mL) 0 15 22.5	n per site 10 10 10	Site - 10 10	e A + 0 0	Site - 10 10	e B + 0 0	0 - 10 10	e C + 0
K2 30 K2 conc. (ng/mL) 0 15	n per site 10 10	Site - 10 10 8	e A + 0 0 2	Site - 10 10 9	e B + 0 0	0 - 10 10 9	e C + 0 1
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45	n per site 10 10 10 10	Site - 10 10 8 1	e A + 0 2 9	Site - 10 10 9 1	e B + 0 1 9	0 - 10 10 9 1	e C + 0 0 1 9
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM	n per site 10 10 10 10 10	Site - 10 10 8 1 0	e A + 0 0 2 9 10	Site - 10 10 9 1 0	e B + 0 0 1 9 10	0 - 10 10 9 1 0	e C + 0 1 9 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45	n per site 10 10 10 10	Site - 10 10 8 1	e A + 0 0 2 9 10	Site - 10 10 9 1	e B + 0 0 1 9 10	0 - 10 10 9 1	e C + 0 1 9 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL)	n per site 10 10 10 10 10 10 n per site	Site - 10 10 8 1 0 Site -	e A + 0 2 9 10 e A +	Site - 10 10 9 1 0 Site -	e B + 0 1 9 10 e B +	0 - 10 10 9 1 0 Site	e C + 0 1 9 10 e C +
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0	n per site 10 10 10 10 10 10 10 n per site 10	Site - 10 10 8 1 0 Site - 10	e A + 0 2 9 10 e A + 0	Site - 10 10 9 1 0 Site - 10	e B + 0 0 1 9 10 e B + 0	0 Site - 10 10 9 1 0 Site - 10	e C + 0 0 1 9 10 e C + 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5	n per site 10 10 10 10 10 10 10 n per site 10 10	Sitte - 10 10 8 1 0 Sitte - 10 10	e A + 0 2 9 10 e A + 0 0	Site - 10 10 9 1 0 5 ite - 10 10	e B + 0 1 9 10 e B + 0 0	0 Site - 10 10 9 1 0 Site - 10 10	e C + 0 0 1 9 10 € C + 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5	n per site 10 10 10 10 10 10 n per site 10 10	Sitte - 10 10 8 1 0 Sitte - 10 10 9	e A + 0 0 2 9 10 e A + 0 0 1	Situ - 10 10 9 1 1 0 Situ - 10 10 9	e B + 0 0 1 9 10 e B + 0 0 1	0 Site - 10 10 9 1 0 Site - 10 10 9	e C + 0 0 1 9 10 e C + 0 0 1 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5	n per site 10 10 10 10 10 10 10 10 10 10	Situ - 10 10 8 1 0 Situ - 10 10 9 1	e A + 0 2 9 10 e A + 0 0 1 9 10 9 10 1 9	Situ - 10 10 9 1 10 - 10 10 9 1	e B + 0 0 1 9 10 e B + 0 0 1 9 9	0 Site - 10 10 9 1 0 Site - 10 10 9 1	e C + 0 0 1 9 10 + 0 0 1 9
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15	n per site 10 10 10 10 10 10 n per site 10 10	Sitte - 10 10 8 1 0 Sitte - 10 10 9	e A + 0 0 2 9 10 e A + 0 0 1	Situ - 10 10 9 1 1 0 Situ - 10 10 9	e B + 0 0 1 9 10 e B + 0 0 1	0 Site - 10 10 9 1 0 Site - 10 10 9	e C + 0 0 1 9 10 e C + 0 0 1 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15	n per site 10 10 10 10 10 10 10 10 10 10 10	Site - 10 10 8 1 0 Site - 10 10 9 1 0	e A + 0 2 9 10 e A + 0 0 1 9 10	Situ - 10 9 1 0 Situ - 10 10 9 1 0	e B + 0 1 9 10 e B + 0 0 1 9 10	0 Sitte - 10 10 9 1 0 Sitte - 10 10 9 1 0	e C + 0 0 1 9 10 e C + 0 0 1 9 10 10 10 10 10 10 10 10 10 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - 10 10 8 1 0 Situ - 10 10 9 1	e A + 0 2 9 10 e A + 0 0 1 9 10	Situ - 10 10 9 1 10 - 10 10 9 1	e B + 0 1 9 10 e B + 0 0 1 9 10	0 Site - 10 10 9 1 0 Site - 10 10 9 1	e C + 0 0 1 9 10 e C + 0 0 1 9 10 10 10 10 10 10 10 10 10 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA conc. (ng/mL)	n per site 10 10 10 10 10 10 10 10 10 10 10 10	Site 	e A + 0 2 9 10 e A + 0 0 10 e A + 10 9 10 e A + 10 e A + + 0 0 + 10 + - - - - - - - - - - - - -	Situ - 10 10 9 1 0 Situ - 10 10 10 9 1 0 Situ - - - - - - - - - - - - -	e B + 0 1 9 10 e B + 0 0 1 9 10 e B + 10	0 Site - 10 10 9 1 0 Site - 10 10 9 1 0 Site - - - - - - - - - - - - -	e C + 0 0 1 9 10 e C + 0 0 1 9 10 0 1 9 10 0 1 1 0 0 1 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - 10 10 8 1 0 - 10 10 9 1 0 Situ - 10 10 9 1 0 - 10 10 - 10 - 10 - 10 - 10 - 10 - - - - - - - - - - - - -	e A + 0 2 9 10 e A + 0 10 0 10 e A + 10 0 10 0 + 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0	Situ - 10 10 9 1 1 0 Situ - 10 10 9 1 0 Situ - 10 10 - 10 - 10 - 10 - - 10 - - - - - - - - - - - - -	e B + 0 1 9 10 e B + 0 1 0 1 9 10 10 e B + 10 10 e B + 0 10 10 e B + 0 10 10 e B + 0 0 10 10 10 10 10 10 10 10	0 Sitte - 10 9 1 0 Sitte - 10 10 9 1 0 5 tte - 10	e C + 0 0 1 9 10 e C + 0 0 0 1 1 9 9 10 0 0 0 1 1 9 9 10 0 0 1 0 0 1 9 9 10 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250	n per site 10 10 10 10 10 10 10 10 10 10 10 10	Site 	e A + 0 2 9 10 e A + 0 0 10 e A + 10 9 10 e A + 10 e A + + 0 0 + 10 + - - - - - - - - - - - - -	Situ - 10 10 9 1 0 Situ - 10 10 10 9 1 0 Situ - - - - - - - - - - - - -	e B + 0 1 9 10 e B + 0 0 1 9 10 e B + 10	0 Site - 10 10 9 1 0 Site - 10 10 9 1 0 Site - - - - - - - - - - - - -	e C + 0 0 1 9 10 e C + 0 0 1 9 10 0 1 9 10 0 1 1 0 0 1 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - 10 10 8 1 0 - 10 10 9 1 0 Situ - 10 10 9 1 0 - 10 10 - 10 - 10 - 10 - 10 - 10 - - - - - - - - - - - - -	e A + 0 2 9 10 e A + 0 10 0 10 e A + 10 0 10 0 + 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0	Situ - 10 10 9 1 1 0 Situ - 10 10 9 1 0 Situ - 10 10 - 10 - 10 - 10 - - 10 - - - - - - - - - - - - -	e B + 0 1 9 10 e B + 0 1 0 1 9 10 10 e B + 10 10 e B + 0 10 10 e B + 0 10 10 e B + 0 0 10 10 10 10 10 10 10 10	0 Sitte - 10 9 1 0 Sitte - 10 10 9 1 0 5 tte - 10	e C + 0 0 1 9 10 e C + 0 0 0 1 1 9 9 10 0 0 0 1 1 9 9 10 0 0 1 0 0 1 9 9 10 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Site - 10 10 8 1 0 Site - 10 10 9 1 0 Site - 10 10 10 10 10 10 10 10 10 10	e A + 0 2 9 10 e A + 0 0 1 9 10 e A + 0 0 10 e A + 0 0 0 0 0 0 0 0 0 0 0 0 0	Site - 10 10 9 1 0 Site - 10 10 9 1 0 Site - 10 10 10 10 10 10 10 10 10 10	e B + 0 1 9 10 e B + 0 0 1 9 10 e B + 0 0 10 e B + 0 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0	0 Site - 10 10 9 1 0 Site - 10 10 0 Site - 10 10 10 10 10 10 10 10 10 10	e C + 0 0 1 9 9 10 e C + 0 0 11 9 9 0 10 e C + 0 0 0 10 0 0 10 0 0 0 0 10 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 5-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15 WDA 500 MDA conc. (ng/mL) 0 250 375	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Site - 10 10 8 1 - 10 10 9 1 0 Site - 10 10 9 1 0 9 1 0 9 1 0 9 9 1 0 9 9 1 0 9 9 1 0 9 9 1 0 10 10 10 10 10 10 10 10	⇒ A + 0 2 9 10 ⇒ A + 0 10 ⇒ A + 0 10 ⇒ A + 0 0 10	Situ - 10 10 9 9 1 0 Situ - 10 0 9 1 0 Situ - 10 0 9 1 0 10 0 9 1 0 0 1 0 0 9 1 0 0 0 0 0 0 0 0 0 0 0 0 0	e B + 0 0 1 9 10 − 0 0 1 9 10 − 0 0 1 9 10 − 0 0 0 1 0 − − − 0 − − − − − − − − − − − − −	0 Sitter - - - - - - - - - - - - - - - - - - -	e C + 0 0 1 9 9 10 e C + 0 0 1 1 9 9 10 0 0 1 1 9 0 10
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Sitte - 10 10 8 1 - 10 10 9 1 0 Sitte - - 10 10 9 1 0 10 9 1 10 10 10 10 10 10 10 10 10	⇒ A + 0 2 9 10 2 9 10 0 0 1 1 9 9 10 0 0 1 0 0 0 1 1 9	Sitte - 10 10 9 1 0 - 10 10 9 1 0 Sitte - - 10 10 9 - - 10 10 9 - - - - - - - - - - - - -	⇒ B + 0 0 10 ⇒ B + 0 0 10 ⇒ B + 10 ∞ B + 0 10	0 Sitte - - - - - - - - - - - - - - - - - -	€ C + 0 0 1 9 10 0 0 1 9 10 0 0 1 9 10 0 0 1 9 0 0 1 9 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750 ET G500	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Sitte - 10 10 8 1 - - 10 10 9 1 0 Sitte - - 10 10 9 1 0 - - 10 0 9 1 0 0 - - - - - - - - - - - - -	⇒ A + 0 2 9 10 2 9 10 0 0 1 1 9 9 10 0 0 1 0 0 0 1 1 9	Sitt - 10 9 1 0 Sitt - - 10 10 9 1 0 Sitt - - 10 10 9 1 0 0 9 1 0 0 9 1 0 0 9 1 0 0 9 1 0 0 0 0 0 0 0 0 0 0 0 0 0	⇒ B + 0 0 10 ⇒ B + 0 0 10 ⇒ B + 10 ∞ B + 0 10	0 Sittu - - - - 0 - - - - - - - - - - - - - -	€ C + 0 0 1 9 10 0 0 1 9 10 0 0 1 9 10 0 0 1 9 0 0 1 9 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA conc. (ng/mL) 0 250 375 625 750 ET 6500 Ethyl Glucuronide	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Sitti - - 10 10 8 1 0 0 10 10 9 1 0 0 5 10 10 9 1 0 0 5 10 10 10 10 10 10 10 10 10 10	e A + 0 0 2 9 9 10 0 0 1 9 10 0 1 9 10 0 1 9 10 0 1 9 10 0 1 9 10 0 10 0 10 0 10 0 0 10 0 0 10 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0	Sitt - 10 9 1 0 Sitt - - 10 10 9 1 0 Sitt - - 10 10 9 1 0 0 9 1 0 0 9 1 0 0 9 1 0 0 9 1 0 0 0 0 0 0 0 0 0 0 0 0 0	e B + 0 0 1 9 10 0 1 9 10 0 1 9 10 0 1 9 10 0 1 9 10 10 10 10 10 10 10 10 10 10	0 Sittu - - - - 0 - - - - - - - - - - - - - -	⇒ C + 0 0 1 9 9 10 0 0 1 9 9 10 0 0 1 9 9 10 0 0 1 9 9 10 0 0 1 9 9 10 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750 ET G500 Et hyl Glucuronide Concentration (ng/mL)	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - - 10 10 8 1 0 - - 10 10 9 9 1 0 - - 10 10 9 9 1 0 - - - - - - - - - - - - -	e A + 0 0 2 9 9 10 2 9 10 0 1 9 10 0 0 1 1 9 10 0 0 1 1 9 10 0 0 10 0 0 0	Situ - 10 10 9 1 0 Situ - - 0 10 0 9 1 0 Situ - - - - - - - - - - - - -		0 Sitte - 10 10 9 1 0 Sitte - 10 0 9 1 0 Sitte - - - - - - - - - - - - -	+ 0 1 9 10 + 0 0 0 1 9 10 0 0 1 9 10 0 0 1 9 9 10 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750 ET G500 Et hyl Glucuronide Concentration (ng/mL) 0	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situt - - - - - - - - - - - - -	e A + 0 0 2 9 10 2 9 10 0 0 1 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 0 10 0 0 9 10 0 0 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 0 0 9 9 10 10 9 9 10 10 10 9 9 10 10 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 9 10 10 9 9 10 10 9 9 9 10 10 9 9 10 10 9 9 9 10 10 9 9 10 10 9 9 10 10 9 9 10 10 9 9 10 10 9 9 9 10 10 9 9 10 10 9 9 10 10 9 9 10 10 9 10 10 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Situt - 10 10 9 1 0 Situt - 10 10 9 1 0 Situt - 10 10 9 1 0 Situt - - 10 10 9 10 10 10 10 10 10 10 10 10 10	e B + 0 0 1 9 9 1 0 0 0 1 9 9 10 0 0 1 9 10 0 0 10 10 10 10 10 10 10	0 Sitte - - 10 10 9 - - 10 10 0 9 1 - - 10 0 9 1 0 0 5 11 0 0 5 11 0 0 5 11 0 0 - - - - - - - - - - - - - - - -	⇒ C + 0 0 1 9 10 2 C + 0 0 1 9 10 2 C + 0 0 1 9 10 2 C + 0 0 0 1 9 10 2 C + 0 0 0 0 0 0 0 0 0 0 0 0 0
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K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750 ET 6500 Ethyl Glucuronide Concentration (ng/mL) 0 250 375	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - - 10 10 8 1 - 10 10 9 1 0 Situ - - 10 0 9 1 0 Situ - - - - - - - - - - - - -	e A + 0 0 2 9 9 10 + 0 0 0 1 9 9 10 0 0 0 1 9 9 10 0 0 0 0 0	Situ - - 10 10 9 1 0 - - 10 10 9 1 0 - - - - - - - - - - - - -		0 Sitte - - 10 9 1 0 5 5 5 5 5 10 0 9 1 1 0 0 5 5 10 0 9 9 1 1 0 0 5 5 5 5 5 7 0 9 9 1 0 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	+ + 0 0 1 9 0 1 9 0 0 1 1 9 10 + + 0 0 0 1 9 10 + + 0 0 0 1 9 + + 0 0 0 0 1 1 9 0 0 0 0 0 0 0 0 0 0 0 0 0
K2 30 K2 conc. (ng/mL) 0 15 22.5 37.5 45 6-MAM 6-MAM conc. (ng/mL) 0 5 7.5 12.5 12.5 15 MDA 500 MDA conc. (ng/mL) 0 250 375 625 750 Ethyl Glucuronide Concentration (ng/mL) 0 250	n per site 10 10 10 10 10 10 10 10 10 10 10 10 10	Situ - - 10 10 8 1 - - - 10 10 9 9 10 10 5 Situ - - - - - - - - - - - - -	e A + 0 2 9 9 10 0 0 1 1 9 0 0 1 1 9 0 0 1 1 9 0 0 1 0 0 1 9 0 0 0 1 9 0 0 0 0	Situ - - 10 10 9 1 0 Situ - - - - - - - - - - - - -	e B + 0 0 1 9 9 8 + 0 0 1 9 8 + 0 0 1 9 8 + 1 0 0 1 9 8 + 1 0 0 1 9 8 - 9 8 - 9 8 - 9 9 8 - 9 9 1 9 9 9 9 9 9 9 9 9 9 9 9 9	0 Sitte - 10 10 9 1 0 Sitte - 10 10 9 1 0 Sitte - - 10 10 9 1 0 Sitte - - - - - - - - - - - - -	⇒ C + 0 0 1 9 10 0 0 1 9 10 0 0 1 9 10 0 0 0

							Site C		
Ethyl Glucuronide	np		Sit	еA	S	ite B	Sit	ie C	
Concentration (ng/mL)	Si		-	+	-	+	-	+	
0	10		10	0	10	0	10	0	
500	10		10	0	10	0	10	0	
750	10)	8	2	8	2	9	1	
1250	10)	1	9	2	8	2	8	
1500	10)	0	10	0	10	0	10	
CLO 400									
Clonazepam	n p	er	Sit	e A	S	ite B	Sit	e C	
Concentration (ng/mL)	Si	te	-	+	-	+	-	+	
0	10)	10	0	10	0	10	0	
200	10)	10	0	10	0	10	0	
300	10)	9	1	8	2	9	1	
500	10)	1	9	2	8	1	9	
600	10		0	10	0	10	0	10	
CLO 150		-	-						
Clonazepam	np	er	Sit	eΑ	S	ite B	Sit	e C	
Concentration (ng/mL)	Śi	te	-	+	-	+	-	+	
0	10)	10	0	10	0	10	0	
75	10		10	0	10	0	10	0	
112	10		9	1	8	2	9	1	
187	10		9	9	2	2	9	9	
-	10		0	9 10	2	8	0	-	
225 LSD 20	10	J	U	10	U	10	U	10	
Clonazepam	np	er	Sit	еA	2	ite B	Sit	e C	
Concentration (ng/mL)	Si	te	-	+	- 3	+	-	+	
0	10		10	0	10	0	10	0	
10	10)	10	0	10	0	10	0	
15	10		9	1	9	1	9	1	
25	10		1	9	1	9	1	9	
30	10)	0	10	0	10	0	10	
LSD 50 Clonazepam	np	or	Sit	еA	S	ite B	Sit	e C	
Concentration (ng/mL)	Si		-	+	-	+	-	+	
0	10		10	0	10	0	10	0	
25	10)	10	0	10	0	10	0	
37.5	10		9	1	9	1	9	1	
62.5	10		1	9	1	9	1	9	
75 MPD	10)	0	10	0	10	0	10	
Methylphenidate (Ritalin)	np	or	Sit	еA	<u>د</u>	ite B	Si	e C	
Concentration (ng/mL)	Si		- 011	+		+	-	+	
0	10		10	0	10	0	10	0	
150	10)	10	0	10	0	10	0	
225	10		9	1	8	2	9	1	
375	10		1	9	2	8	1	9	
450 ZOL	10)	0	10	0	10	0	10	
Zolpidem	np	or	Sit	еA	S	ite B	Sit	e C	
Concentration (ng/mL)	Si		-	+	<u> </u>	+	-	+	
0	10)	10	0	10	0	10	0	
25	10		9	1	10	0	10	0	
75	10)	0	10	1	9	0	10	
DIA 300	n no-		Site A		Site		0:4	e C	
Diazepam Concentration (ng/mL)	n per Site	-	Sile P	+	- 316	+	-	+	
0	10	10	2	0	10	0	10	0	
150	10	10		0	10	0	10	Õ	
225	10	9		1	9	1	9	1	
375	10	1		9	1	9	1	9	
450	10	0	<u> </u>	10	U	10	0	10	
			Site A		Site	B	Q:+	еC	
	n nor		Sile P	+	-	+	-	+	
Diazepam Concentration (ng/mL)	n per Site	-		~	10		10	0	
	n per Site 10	- 10	2	0	10	0	10		
Diazepam Concentration (ng/mL) 0 100	Site 10 10	10)	0	10	0	10	0	
Diazepam Concentration (ng/mL) 0 100 150	Site 10 10 10	1(9) 	0	10 9	0 1	10 9	1	
Diazepam Concentration (ng/mL) 0 100 150 250	Site 10 10 10 10	1(9 1) 	0 1 9	10 9 1	0 1 9	10 9 1	1 9	
Diazepam Concentration (ng/mL) 0 100 150 250 300	Site 10 10 10	1(9) 	0	10 9	0 1	10 9	1	
Diazepam Concentration (ng/mL) 0 100 150 250 300 Zopiclone (ZOP 50)	Site 10 10 10 10 10	1(9 1 0	D 	0 1 9	10 9 1 0	0 1 9 10	10 9 1 0	1 9 10	
Diazepam Concentration (ng/mL) 0 100 250 250 20 20 20 20 20 20 20 20 20 2	Site 10 10 10 10 10 10	1(9 1 0	Site A	0 1 9 10	10 9 1 0 Site	0 1 9 10 B	10 9 1 0 Site	1 9 10 € C	
Diazepam Concentration (ng/mL) 0 100 250 300 Zopiclone (ZOP 50) Zopiclone Concentration (ng/mL)	Site 10 10 10 10 10 10 n per Site	1(9 1 0	Site A	0 1 9 10 +	10 9 1 0 Site	0 1 9 10 B +	10 9 1 0 Site	1 9 10 € C +	
0 100 150 250 300 Zopiclone (ZOP 50) Zopiclone Concentration (ng/mL) 0	Site 10 10 10 10 10 10 10 Site 10	1(9 1 0	Site A	0 1 9 10 + 0	10 9 1 0 Site - 10	0 1 9 10 B + 0	10 9 1 0 Site - 10	1 9 10 ≥ C + 0	
Diazepam Concentration (ng/mL) 0 100 250 250 20piclone (ZOP 50) Zopiclone Concentration (ng/mL) 0 25	Site 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	10 9 1 0 - 10 10	Site A	0 1 9 10 + 0 0	10 9 1 0 Site - 10 10	0 1 9 10 B + 0 0	10 9 1 0 Site - 10 10	1 9 10 e C + 0 0	
Diazepam Concentration (ng/mL) 0 100 150 250 300 Zopiclone (ZOP 50) Zopiclone Concentration (ng/mL) 0 25 37.5	Site 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	1(9 1 0 - 10 10 9	Site A	0 1 9 10 + 0 0 1	10 9 1 0 Site - 10 10 8	0 1 9 10 B + 0 0 2	10 9 1 0 Site - 10 10 9	1 9 10 e C + 0 0 1	
Diazepam Concentration (ng/mL) 0 100 250 250 20piclone (ZOP 50) Zopiclone Concentration (ng/mL) 0 25	Site 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	10 9 1 0 - 10 10	Site A	0 1 9 10 + 0 0	10 9 1 0 Site - 10 10	0 1 9 10 B + 0 0	10 9 1 0 Site - 10 10	1 9 10 e C + 0 0	

Methcathinone	n per	Site	eΑ	Sit	eВ	Sit	еC	
Concentration (ng/mL)	Site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
250 375	10 10	10 9	0	10 8	0	10 9	0	
625	10	2	8	2	8	2	8	
750	10	0	10	0	10	0	10	
7-ACL(300)		Ū		Ŭ		Ű		
7- Aminoclonazepam	n per	Si	te A	Si	te B	Sit	te C	
Concentration (ng/mL)	Site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
150	10	10	0	10	0	10	0	
225	10	8	2	9	1	9	1	
375	10	2	8	2	8	3	7	
450 7-ACL(200)	10	0	10	0	10	0	10	
7- Aminoclonazepam	n per	Si	te A	Si	te B	Sit	te C	
Concentration (ng/mL)	Site		+	-	+	-	+	
0	10	10	0	10	0	10	0	
100	10	10	0	10	0	10	0	
150	10	8	2	9	1	8	2	
250	10	2	8	2	8	2	8	
300	10	0	10	0	10	0	10	
7-ACL(100)			•					
7- Aminoclonazepam	n per		te A	_	te B		te C	
Concentration (ng/mL)	Site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
50	10	10	0	10	0	10	0	
75	10	7	3	7	3 9	9	1	
125	10	2	8 10	0	9 10	2	0 10	
Carfentanyl(CFYL500)	10	0	10	0	10	0	10	
Carfentanyl	n	Sit	e A	Sit	eВ	Sit	e C	
Concentration (ng/mL)	per site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
250	10	10	0	10	0	10	0	
375 625	10 10	7	3	9	1	8	2	
750	10	0	10	0	10	0	10	
Caffeine (CAF 1000)								
Caffeine	n per	Sit	e A	Sit	e B	Sit	e C	
Concentration (ng/mL)	site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
500 750	10 10	10 9	0	10 8	0	10 9	0	
1250	10	2	8	2	8	2	8	
1500	10	0	10	0	10	0	10	
Cathine (CAT 150)	n	Sit	еA	Sit	еB	Sit	еC	
(+)-Norpseudoephedrine HCI Concentration(ng/mL)	per	-	+	-	+	-	+	
	site 10	10	+	- 10	+	10	+ 0	
75	10	10	0	10	0	10	0	
112.5	10	9	1	8	2	9	1	
187.5	10 10	2	8	2	8	2	8	
225 Tropicamide (TRO)	10	0	10	0	10	0	10	
Tropicamide Concentration	n	Sit	e A	Sit	eВ	Sit	еC	
(ng/ml)	per site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
175	10	10	0	10	0	10	0	
<u>262.5</u> 437.5	10 10	8	2	8	2	8	2	
525	10	0	10	0	10	0	10	
3, 4-methylenedioxypyrovalerone		~	1- 0	<u>.</u>		~		
3, 4-methylenedioxypyrovalerone	n per	Si	te A	Sit	eВ	Sit	еC	
Concentration (ng/mL)	site	-	+	-	+	-	+	
0	10	10	0	10	0	10	0	
500	10	10	0	10	0	10	0	
750	10 10	9	1	9	1	8	2	
1250 1500	10	1	9 10	1	9 10	1	9 10	
1000	10	U	10	U	10	U	10	

Methcathinone (MCAT 500)

Mephedrone (ME	P 10 hedr		нс	4		1	n pe	.r	S	te A		Sit	e B	1	Site	<u>, C</u>	٦
Concer							site		-	+ 1		-	+		-	+	
	0						10		10	0		10	0	1	0	0	
	50						10		10	0		10	0	_	0	0	
	75					_	10		9	1	_	8	2		9	1	-
	12 15						10 10		2	8	_	2 0	8 10	_	2 0	8 10	-
Alprazolam (ALP							10		0	10		0	10		0	10	
Alprazola	m Co (ng/n		entra	ation	1	n pe	er	-	Site A	۸ +	-	Site I	3 +		Site	C +	
	0					sit 1	C	10		0	10		0	10		0	
	50 75				_	10		10 9	_	0	10 8		0	10		0	
	125					1()	2		8	2		8	2		8	
	150)				1(naly		0 I Sen	citiv	10 ////	0		10	0		10	1
A drug-free urine summarized belov	v.			-	ed v			s at	the		l cor	cent	ratior	ns. T	he r	esult	s are
Drug Concentrati		ACI 500			MP 000	٨N	/P50		4MP 300	BA	R 30	вА	R 200	BZC	2500	BZC	300
Cut-off Range		-	+	-	+	-	+	_	+		+	-	+	-	+	-	+
0% Cut-off	_	0	0	30	0	30	_	_	_	-		30	_	30	0	30	0
-50% Cut-off		0	0	30	0	30		_	_	-	_	30	_	30	0	30	0
-25% Cut-off		6	4	26	4	2			_		_	26	_	27	3	27	3
Cut-off		_	16	15	15	_	_	_	_	-	_	-	_	15 4	15	15	15
+25% Cut-off +50% Cut-off		_	27 30	3	27 30	_	_				26 30	3	27 30	4	26 30	3	27 30
+300% Cut-off	_	-	30 30	0	30	-	-		-		30	0	30	0	30	0	30
Drug	BZC		ור						P 5			C	C				
Concentration Cut-off Range	-	+	В	ZO1	00 +	ьUI -	> 10	-	+	-	C300 +		00 +		50 +	-	100 +
0% Cut-off	30	0	3		0	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	0	_	_	0	30	0	30	0	30	0	30	0	30	Ő	30	0
-25% Cut-off	27	3	_		3	26	4	26	4	26	4	26	4	27	3	27	3
Cut-off	16	14	_		16	14	16	14	16	13	17	14	16	16	14	16	14
+25% Cut-off	3	27	_		27	3	27	3	27	3	27	3	27	4	26	4	26
+50% Cut-off	0	30	() (30	0	30	0	30	0	30	0	30	0	30	0	30
+300% Cut-off	0	30	_		30	0	30	0	30	0	30	0	30	0	30	0	30
Drug	тно	215	ъ	HC	50	TH	C25	МТ	0300	мт	0200		1,00	MET	Г500	MET	300
Concentration Cut-off Range			_					_	+			_	0	_		_	
0% Cut-off	30	+	2	0	+	30	+	30	+	30	+	30	+	30	+	30	+
-50% Cut-off	30	0	3		U	30	_	30	0	30	0	30	U	30	0	_	0
-25% Cut-off	27	_			0	30	0				0		0	30	0		
			_		0	30 27	0		Λ		5	_	0	30	0	30	
		3	2	6	4	27	3	26	4	25	5 15	27	3	27	3	27	3
Cut-off	15	15	2	6 4	4 16	27 15	3 15	26 14	16		15	27 16	3 14	27 16	3 14	27 15	3 15
Cut-off +25% Cut-off		-	2	6 4 ⁻ 3 2	4	27	3	26		25 15	_	27	3	27	3	27	3
Cut-off	15 4	15 26	2	6 4 3 2	4 16 27	27 15 4	3 15 26	26 14 3	16 27	25 15 4	15 26	27 16 3	3 14 27	27 16 4	3 14 26	27 15 3	3 15 27
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Drug	15 4 0 0 MD	15 26 30 30	2	6 4 3 2 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 16 27 30 30	27 15 4 0 0	3 15 26 30 30	26 14 3 0 0 0	16 27 30 30	25 15 4 0	15 26 30 30	27 16 3 0 0	3 14 27 30	27 16 4 0	3 14 26 30 30	27 15 3 0	3 15 27 30 30
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off	15 4 0 0 MD	15 26 30 30	2	6 4 3 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 16 27 30 30	27 15 4 0 0	3 15 26 30 30	26 14 3 0 0 0	16 27 30 30	25 15 4 0 0	15 26 30 30	27 16 3 0 0	3 14 27 30 30	27 16 4 0 0	3 14 26 30 30	27 15 3 0 0	3 15 27 30 30
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Drug Concentration	15 4 0 0 MD	15 26 30 30 30 MA	2 1 () ()	6 4 3 2 0 3 2 0 3 2 3 2 3 3 2 3 3 3 3 3 3 3	4 16 27 30 30	27 15 4 0 0	3 15 26 30 30 0P	26 14 3 0 0 0	16 27 30 30 0P	25 15 4 0 0	15 26 30 30 PI	27 16 3 0 0	3 14 27 30 30	27 16 4 0 0	3 14 26 30 30	27 15 3 0 0	3 15 27 30 30
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Drug Concentration Cut-off Range	15 4 0 0 MD 1,0 -	15 26 30 30 30 MA 00 +	2 1 () ()	6 4 3 2 0 3 2 0 3 2 0 3 3 2 0 3 3 3 3 3 3 3	4 16 27 30 30 1A +	27 15 4 0 0 0 	3 15 26 30 30 30 	26 14 3 0 0 0 10 -	16 27 30 30 20 +	25 15 4 0 0 0 -	15 26 30 30 Pl +	27 16 3 0 0 P(-	3 14 27 30 30 CP +	27 16 4 0 0 PF -	3 14 26 30 30 30 ×X +	27 15 3 0 0 TC -	3 15 27 30 30 30 ×A +
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Orug Concentration Cut-off Range 0% Cut-off -50% Cut-off -25% Cut-off	15 4 0 0 1,0 - 30 30 26	15 26 30 30 30 + 0 0 4	22 1 (() () () () () () () () ()	6 4 3 2 0 3 2 0 3 2 3 2 3 2 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 3 2 3	4 16 27 30 30 30 HA 0 + 0 5 5	27 15 4 0 0 30 - 30 30 27	3 15 26 30 30 30 + 0 0 3	26 14 3 0 0 0 10 - 30 30 26	16 27 30 30 0 	25 15 4 0 0 - - 30 30 27	15 26 30 30 PI + 0 3	27 16 3 0 0 7 7 30 30 25	3 14 27 30 30 20 + 0 5	27 16 4 0 0 PF - 30 30 26	3 14 26 30 30 30 ×X + 0 0 4	27 15 3 0 0 7 0 7 7 30 30 25	3 15 27 30 30 30 ×A + 0 0 5
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Concentration Cut-off Range 0% Cut-off -50% Cut-off Cut-off Cut-off	15 4 0 0 1,0 - 30 30 26 15	15 26 30 30 30 + 00 + 0 0 4 15	22 1 1 1 1 1 1 1 1 1 1	6 4 3 2 3 2 3 2 5 0 5 0 5 4 4 1	4 16 27 30 30 30 HA 0 + + 0 5 5 16	27 15 4 0 0 - 30 30 27 15	3 15 26 30 30 30 	26 14 3 0 0 0 10 - 30 30 26 15	16 27 30 30 0 P 0 + 0 4 15	25 15 4 0 0 - 30 30 27 14	15 26 30 30 PI + 0 3 16	27 16 3 0 0 P(- 30 30 25 15	3 14 27 30 30 30 CP + 0 0 5 15	27 16 4 0 0 PF - 30 30 26 15	3 14 26 30 30 30 X + 0 0 4 15	27 15 3 0 0 7 0 7 30 30 25 15	3 15 27 30 30 30 ×A + 0 0 5 15
Cut-off +25% Cut-off +30% Cut-off +300% Cut-off Orug Concentration Cut-off Range 0% Cut-off -25% Cut-off +25% Cut-off +25% Cut-off	15 4 0 1,0 - 30 30 26 15 5	15 26 30 30 30 30 4 00 4 15 25	22 1 1 1 1 1 1 1 1 1 2 1 1 2	6 4 3 3 2 3 3 2 3 2 5 0 0 5 0 5 4 1 4 2	4 16 27 30 30 30 4 10 5 5 16 226	27 15 4 0 0 30 30 27 15 5	3 15 26 30 30 	26 14 3 0 0 10 - 30 30 26 15 3	16 27 30 30 70 + 0 4 15 27	25 15 4 0 0 - 30 30 27 14 4	15 26 30 30 PI + 0 0 3 16 26	27 16 3 0 0 - 30 25 30 25 3	3 14 27 30 30 30 CP + 0 0 5 15 27	27 16 4 0 0 PF - 30 30 26 15 3	3 14 26 30 30 20 + 0 4 15 27	27 15 3 0 7 7 30 30 25 15 4	3 15 27 30 30 20 + 0 5 15 26
Cut-off +25% Cut-off +30% Cut-off +300% Cut-off Drug Concentration Cut-off Range 0% Cut-off -50% Cut-off -25% Cut-off +25% Cut-off +50% Cut-off	15 4 0 0 1,0 - 30 30 26 15 5 0	15 26 30 30 30 4 00 + 0 0 4 15 25 30	22 1 ((N 3 3 3 2 2 1 2 (6 4 3 2 3 2 3 4 5 0 0 0 5 4 1 4 2 3 3 4 1 4 2 3 3 4 1 4 2 3 3 4 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	4 16 27 30 30 30 + + 0 5 5 16 26 30	27 15 4 0 0 30 30 27 15 5 0	3 15 26 30 30 	26 14 3 0 0 0 - 30 30 26 15 3 0	16 27 30 30 	25 15 4 0 0 - 30 30 27 14 4 0	15 26 30 30 PI + 0 0 3 16 26 30	27 16 3 0 0 7 - 30 25 30 25 15 3 0	3 14 27 30 30 30 CP + 0 0 5 15 27 30	27 16 4 0 0 PF - 30 30 26 15 3 0	3 14 26 30 30 2X + 0 0 4 15 27 30	27 15 3 0 0 7 7 30 30 25 15 4 0	3 15 27 30 30 27 30 30 27 30 5 15 26 30
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Concentration Cut-off Range 0% Cut-off -50% Cut-off -25% Cut-off +25% Cut-off +50% Cut-off +300% Cut-off	15 4 0 1,0 - 30 30 26 15 5 0 0	15 26 30 30 400 + 0 0 4 15 25 30 30	22 1 ((N 3 3 3 2 2 1 2 (6 4 7 3 2 0 3 2 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0	4 16 27 30 30 1A 0 + + 0 0 5 5 16 26 30 30	27 15 4 0 0 - 30 30 27 15 5 0 0	3 15 26 30 30 30 	26 14 3 0 0 0 - 30 30 26 15 3 0 0 0	16 27 30 30 0 0 + 0 0 4 15 27 30 30	25 15 4 0 0 - 30 30 27 14 4 0 0	15 26 30 30 91 + 0 0 3 16 26 30 30	27 16 3 0 0 0 - 30 30 25 15 3 0 0 0	3 14 27 30 30 30 CP + 0 0 5 15 27 30 30	27 16 4 0 0 7 30 30 26 15 3 0 0 0	3 14 26 30 30 30 	27 15 3 0 7 7 30 30 25 15 4	3 15 27 30 30 30 ×A + 0 5 15 26
Cut-off +25% Cut-off +30% Cut-off +300% Cut-off Orug Concentration Cut-off Range 0% Cut-off -25% Cut-off +25% Cut-off +50% Cut-off +300% Cut-off +300% Cut-off	15 4 0 0 1,0 - 30 30 26 15 5 0 0 0	15 26 30 30 30 + 0 0 4 15 25 30 30 30	22 1 ((N 3 3 3 2 2 1 2 (6 4 7 3 2 0 5 0 0 0 0 0 0 0 1 2 2 3 3 2 3 3 4 1 1 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	4 16 27 30 30 30 + + 0 0 5 5 16 26 30 30 -	27 15 4 0 0 - 30 30 27 15 5 0 0	3 15 26 30 30 20 + 0 0 3 15 25 30 30 30 ML	26 14 3 0 0 0	16 27 30 30 30 	25 15 4 0 0 - 30 30 27 14 4 0 0 K	15 26 30 30 91 + 0 0 3 16 26 30 30 T	27 16 3 0 0 7 30 30 25 15 3 0 0 8 K	3 14 27 30 30 30 	27 16 4 0 0 0 PF - 30 30 26 15 3 0 0 0 K	3 14 26 30 30 30 2X + 0 0 4 15 27 30 30 T	27 15 3 0 0 7 7 30 30 25 15 4 0	3 15 27 30 30 27 30 30 27 30 5 15 26 30 30
Cut-off +25% Cut-off +30% Cut-off +300% Cut-off Concentration Cut-off Range 0% Cut-off -50% Cut-off -25% Cut-off -25% Cut-off +30% Cut-off +300% Cut-off -30% Cut-off	15 4 0 0 1,0 - 30 30 26 15 5 0 0 0	15 26 30 30 30 + 00 + 0 0 4 15 25 30 30 WL 00	22 1 ((N 3 3 3 2 2 1 2 (6 4 7 3 2 0 5 0 5 4 1 4 2 0 3 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7	4 16 27 30 30 10 10 10 10 10 10 10 10 10 1	27 15 4 0 0 - 30 30 27 15 5 0 0	3 15 26 30 30 30 + 0 0 3 15 25 30 30 30 ML 00	26 14 3 0 0 0	16 27 30 30 0 + 0 4 15 27 30 30 30 ET	25 15 4 0 0 - 30 30 27 14 4 0 0 KI 5	15 26 30 30 91 + 0 3 16 26 30 30 30	27 16 3 0 0 7 30 30 25 15 3 0 0 8 K	3 14 27 30 30 30 	27 16 4 0 0 0 PF - 30 30 26 15 3 0 0 0 K	3 14 26 30 30 30 ×X + 0 0 4 15 27 30 30 30	27 15 3 0 0 7 7 30 30 25 15 4 0 0	3 15 27 30 30 30 2A + 0 5 5 5 26 30 30 30 2L
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Concentration Cut-off Range 0% Cut-off -50% Cut-off -25% Cut-off +25% Cut-off +300% Cut-off +300% Cut-off Drug Concentration Cut-off Range	15 4 0 0 1,0 - 30 26 15 5 0 0 0 TM 10 -	15 26 30 30 30 + 00 + 0 4 15 25 30 30 30 WL 00 +	22 1 ((() () () () () () () () (6 4 3 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1	4 16 27 30 30 10 14 0 14 0 15 16 26 30 16 26 30 - - - - - - + + + - - - - - - - - - - - - -	27 15 4 0 0 30 30 27 15 5 0 0 15 5 0 0 - - - - - - - - - - - - -	3 15 26 30 30 30 + 0 0 30 + 0 30 30 30 30 4 L 00 +	26 14 3 0 0 0	16 27 30 30 70 4 15 27 30 30 30 57 4 15 27 30 30 4 15 4 4 15 15 7 7 30 30 4 15 15 7 7 15 15 7 7 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15	25 15 4 0 0 - 30 27 14 4 0 0 5 - -	15 26 30 30 PI + 0 3 16 26 30 30 30 	27 16 3 0 0 - 30 30 25 15 3 0 0 0 - K 3 -	3 14 27 30 30 30 	27 16 4 0 0 7 30 26 15 3 0 0 0 8 Kt 10 -	3 14 26 30 30 30 *X + 0 0 4 15 27 30 30 =T 00 +	27 15 3 0 0 7 7 30 30 25 15 4 0 0 0 8 MC -	3 15 27 30 30 2A + 0 0 5 15 26 30 30 20 4 +
Cut-off +25% Cut-off +50% Cut-off +300% Cut-off Concentration Cut-off Range 0% Cut-off -25% Cut-off +25% Cut-off +300% Cut-off +300% Cut-off Drug Concentration Cut-off Range 0% Cut-off	15 4 0 0 1,0 - 30 30 26 15 5 0 0 0	15 26 30 30 30 + 00 + 0 0 4 15 25 30 30 WL 00	22 1 () () () () () () () () () () () () ()	6 4 3 2 1 1 1 1 1 2 0 1 1 2 0 1 1 2 0 1 1 2 0 1 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1	4 16 27 30 30 10 10 10 10 10 10 10 10 10 1	27 15 4 0 0 30 30 27 15 5 0 0 0 Th 30 - 30 - 30 30 30 27 30	3 15 26 30 30 30 + 0 0 3 15 25 30 30 30 ML 00	26 14 3 0 0 0	16 27 30 30 0 + 0 4 15 27 30 30 30 ET	25 15 4 0 - 30 30 27 14 4 0 0 5 5 5 30	15 26 30 30 91 + 0 3 16 26 30 30 30	27 16 3 0 0 - 30 30 25 15 3 0 0 0 K 30 - 30 30 25 3 0 0 0 - - 30 30 30 25	3 14 27 30 30 30 	27 16 4 0 0 7 30 26 15 3 0 0 0 8 5 3 0 0 0 8 5 3 0 0 0 8 5 3 0 0 0 8 5 7 16 16 16 16 16 16 16 16 16 16 16 16 16	3 14 26 30 30 30 ×X + 0 0 4 15 27 30 30 30	27 15 3 0 0 7 7 30 30 25 15 4 0 0 0 8 0 0 30 25 30	3 15 27 30 30 30 2A + 0 5 5 5 26 30 30 30 2L
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Cut-off		16	14	15	15	15	15	15	15	15		15	14	16	14	16
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+300% Cut-off		0	30	0	30	0	30	U	30	0	¢	30	0	30	0	30
	T	LSE	200		150	M		7	OL	ME	MA	30	0	/200	DIA	200
Drug Concentratio Cut-off Range	on	LOL	020	LSE	050	IVI	0	2	JL		0		07	/300	DIA	300
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-50% Cut-off	+	30	0	30	0	29	1	30	0	30	_	0	30	0	30	0
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Cut-off		15	15	17	13	17	13	14	16	14	_	-	13	17	14	16
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+50% Cut-off +300% Cut-off		0	30 30	0	30	0	30	0	30 30	0	3	_	1	29 30	0	30 30
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The following table	lis	ts the	e con	centra	ations	s of c	ompo	unds	(ng/r	nL)	that	are	e det	ected	l as po	ositive
in urine by the Mu	u-L	Jrug	Rapic	Conce (ng/	ontra	tio .	al 5 i	ninut	es.					C	oncen	tratio
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L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine	xoib sul	lfate	1	AM 50 2,500)	D FAMI Pł M M D	Amp NE (A nente aprot ethox Amp	hetar AMP rmine iline typhe hetar	mine 500) e mamin mine	ne				50 25	00 5,000 000	
L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine L-Amphetamine (±) 3,4-Methylened amphetamine	sul sul	lfate ky	1	AM 50 2,500 250 AM)	D Pi M M D	Amp NE (A nente aproti ethox Amp NE (A	hetar rmine iline syphe hetar	mine 500) e mamin mine 300)	ne				50 25 3, 50	00 5,000 000 00	
L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine	sul sul	lfate ky	1	AM 50 2,500 250 AM 5	D PHE	D: PH M: M: D: D: FAMI PH	Ampl nente aproti ethox Ampl NE (A nente	hetar AMP rmine iline xyphe hetar AMP rmine	mine 500) e mamin mine 300)	ne				5(25 3, 5(00 5,000 000 00	
L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine L-Amphetamine	sul sul	lfate ky lfate	1	AM 50 2,500 250 AM 5 0,000	D PHE	Di Ph Mi Di Di TAMI Ph	Ampl nente aproti ethox Ampl NE (A nente aproti	hetar rmine iline syphe hetar AMP rmine iline	mine 500) e mamine 300) e					50 25 3, 50 30 15	00 5,000 000 00 00 5,000	
L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine L-Amphetamine (±) 3,4-Methylened amphetamine D,L-Amphetamine	sul sul	lfate ky lfate	1	AM 50 2,500 250 AM 5 0,000 50) PHE		Ampl NE (A nente aproti ethox Ampl NE (A nente aproti ethox	hetar rmine iline cyphe hetar AMP rmine iline cyphe hetar	nine 500) anamii nine 300) a namii nine					50 25 3, 50 30 15	00 5,000 000 00 00 5,000	
L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine	sul sul	lfate ky lfate	1 1 2 7 1	AM 50 2,500 250 250 AM 50 50 BAF) PHE		Ampl nente aproti ethox Ampl NE (A nente aproti ethox Ampl TES (hetar rmine iline syphe hetar AMP rmine iline syphe hetar BAR	nine 500) anamii nine 300) a namii nine					50 25 3, 50 15 2, 30	00 5,000 00 00 5,000 00 00	
L-Amphetamine (±) 3,4-Methylenet amphetamine D,L-Amphetamine (±) 3,4-Methylenet amphetamine D,L-Amphetamine L-Amphetamine (±) 3,4-Methylenet amphetamine Amobarbital	sul sul sul	lfate ky lfate ky		AM 50 2,500 250 AM 50 50 BAF 5,000) PHE		Ampl NE (A hente aproti ethox Ampl Ampl Ampl Ampl CES (phen	hetar rmine iline typhe hetar AMP rmine iline typhe hetar BAR ol	mine 500) e mamin 300) e mamin mine 300)					50 25 3, 50 15 2, 30 60	00 5,000 00 00 00 5,000 00 00	
L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine Amobarbital 5,5-Diphenylhydar	sul sul sul	lfate ky lfate ky		AM 50 2,500 250 AM 50 50 BAF 5,000 3,000) PHE		Ampl NE (A aproti ethox Ampl NE (A hente aproti ethox Ampl Ethox Ampl TES (I phen proba	hetar rmine iline syphe hetar iline syphe hetar BAR ol irbital	mine 500) e mamine 300) e mamine 300)					50 25 3, 50 15 2, 30 60 50	00 5,000 00 00 5,000 00 00 00	
L-Amphetamine (±) 3,4-Methylenet amphetamine L-Amphetamine (±) 3,4-Methylenet amphetamine D,L-Amphetamine D,L-Amphetamine (±) 3,4-Methylenet amphetamine Amobarbital 5,5-Diphenylhydar Allobarbital	sul sul sul	lfate ky lfate ky		AM 50 2,500 250 AM 50 50 BAF 5,000 3,000 500) PHE		Ampl NE (A aproti ethox Ampl NE (A nente aproti ethox Ampl CES (phen proba utaba	hetar rmine iline yphe hetar MP rmine iline yphe hetar BAR ol rbital	mine 500) e mamine 300) e mamine 300)					50 25 3, 50 15 2, 30 60 50 20	00 5,000 00 00 5,000 00 00 00 00 00 00 00 00 00	
L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine D,L-Amphetamine D,L-Amphetamine (±) 3,4-Methylener amphetamine Amobarbital 5,5-Diphenylhydar	sul sul sul	lfate ky lfate ky		AM 50 2,500 250 AM 50 50 BAF 5,000 3,000) PHE		Ampl NE (A aproti ethox Ampl NE (A hente aproti ethox Ampl Ethox Ampl TES (I phen proba	hetar rmine iline cyphe hetar AMP rmine iline cyphe hetar BAR ol rbital rbital rbital	mine 500) e mamine 300) e mamine 300)					50 25 3, 50 15 2, 30 60 50 20	00 5,000 00 00 5,000 00 00 00 00 00 00 00 00 00 00 00 00	
-Amphetamine (±) 3,4-Methylenet amphetamine D.L-Amphetamine (±) 3,4-Methylenet amphetamine D.L-Amphetamine (±) 3,4-Methylenet amphetamine (±) 3,4-Methylenet amphetamine Amobarbital 5,5-Diphenylhydar Allobarbital Barbital	sul sul sul diox	lfate ky lfate ky		AM 50 2,500 250 AM 5 0,000 50 BAF 5,000 3,000 3,000	D PHET D		Ampl NE (A nente aproti ethox Ampl NE (A nente aproti ethox Amp TES (phen proba utaba utalbit	hetar mine iline cyphe hetar AMP rmine iline cyphe hetar BAR ol rbital rbital rbital	nine 500) anamin nine 300) anamin nine 300)					50 25 3, 50 15 2, 30 60 50 20 8,	00 5,000 00 00 5,000 00 00 00 00 00 00 00 00 00	

Pentobarbital 8,000 Secobarbital 300					
BARBITURATES (BAR 200)					
Amobarbital	3,000	Alphenol	400		
5,5-Diphenylhydantoin Allobarbital	5,000 400	Aprobarbital Butabarbital	300 150		
Barbital	5,000	Butalbital	5,000		
Talbutal	150	Butethal	300		
Cyclopentobarbital	20,000	Phenobarbital	200		
Pentobarbital	5,000	Secobarbital	200		
Ale		EPINES (BZO 500)	1 500		
Alprazolam a-hydroxyalprazolam	200	Bromazepam Chlordiazepoxide	1,500 1,500		
Clobazam	2,500 300	Nitrazepam	300		
Clonazepam	800	Norchlordiazepoxide	200		
Clorazepatedipotassium	800	Nordiazepam	1,500		
Delorazepam	1,500	Oxazepam	500		
Desalkylflurazepam	300	Temazepam	300		
Flunitrazepam	300	Diazepam	500		
(±) Lorazepam RS-Lorazepamglucuronide	5,000 300	Estazolam Triazolam	10,000 5,000		
Midazolam	10,000	Triazolam	5,000		
	BENZODIAZE	EPINES (BZO 300)			
Alprazolam		Bromazepam	900		
a-hydroxyalprazolam	1,500	Chlordiazepoxide	900		
Clobazam	200	Nitrazepam	200		
Clonazepam	500	Norchlordiazepoxide	100		
Clorazepatedipotassium	500 900	Nordiazepam	900 300		
Delorazepam Desalkylflurazepam	900 200	Oxazepam Temazepam	300 100		
Flunitrazepam	200	Diazepam	300		
(±) Lorazepam	3,000	Estazolam	6,000		
RS-Lorazepamglucuronide	200	Triazolam	3,000		
Midazolam	6,000				
		EPINES (BZO 200)	000		
Alprazolam	70 1.000	Bromazepam	600 600		
a-hydroxyalprazolam Clobazam	120	Chlordiazepoxide Nitrazepam	120		
Clonazepam	300	Norchlordiazepoxide	70		
Clorazepatedipotassium	300	Nordiazepam	600		
Delorazepam	600	Oxazepam	200		
Desalkylflurazepam	120	Temazepam	70		
Flunitrazepam	120	Diazepam	200		
(±) Lorazepam RS-Lorazepamglucuronide	2,000 120	Estazolam Triazolam	4,000 2,000		
Midazolam	4.000	mazolam	2,000		
		PINES (BZO 100)			
Alprazolam	40	Bromazepam	300		
a-hydroxyalprazolam	500	Chlordiazepoxide	300		
Clobazam	60	Nitrazepam	60		
Clonazepam	150	Norchlordiazepoxide	40		
Clorazepatedipotassium Delorazepam	150 300	Nordiazepam Oxazepam	300 100		
Desalkylflurazepam	60	Temazepam	40		
Flunitrazepam	60	Diazepam	100		
(±) Lorazepam	1,000	Estazolam	2,000		
RS-Lorazepamglucuronide	60	Triazolam	1,000		
Midazolam	2,000				
Devenue e en bie e		PHINE (BUP 10)	50		
Buprenorphine Buprenorphine	10 50	Norbuprenorphine Norbuprenorphine 3-D-Glucuronide	50 100		
3-D-Glucuronide		Guculonide - D-Guculonide			
	BUPRENO	RPHINE (BUP 5)			
Buprenorphine	5	Norbuprenorphine	25		
Buprenorphine	25	Norbuprenorphine 3-D-Glucuronide	50		
3-D-Glucuronide	COCAIN	E (COC 300)			
Benzoylecgonine	300	Cocaethylene	20,000		
Cocaine HCI		Ecgonine	30,000		
		IE (COC 200)			
Benzoylecgonine		Cocaethylene	13,500		
Cocaine HCI	135	Ecgonine	20,000		
Denno de egenico		IE (COC 150)	1 0000		
Benzoylecgonine	150	Cocaethylene	1,0000		
Cocaine HCI 120 Ecgonine 15,000 COCAINE (COC 100)					
Benzoylecgonine		Cocaethylene	7,000		
Cocaine HCI	80	Ecgonine	10,000		
	MARIJUA	ANA (THC150)			
Cannabinol	100,000	△8-THC	50,000		
11-nor-△8-THC-9 COOH	100	△9-THC	50,000		
11-nor-∆9-THC-9 COOH	150 MARIIII				
MARIJUANA (THC50) Cannabinol 35,000 △8-THC [17,000					
11-nor- \triangle 8-THC-9 COOH 30 \triangle 9-THC 17,000					
11-nor-△9-THC-9 COOH	50	-	,		

Cannabinol	MARIJU 17,500	ANA (THC25) △8-THC	8,500
11-nor-△8-THC-9 COOH	15	△9-THC	8,500
11-nor-△9-THC-9 COOH	25		
		ONE (MTD300)	
Methadone	300 METHAD	Doxylamine	100,000
Methadone	200	ONE (MTD200) Doxylamine	65,000
		AMINE (MET1, 000)	00,000
p-Hydroxymethamphetamine	25,000	(±)-3,4-Methylenedioxy-	12,500
D-Methamphetamine	1,000	methamphetamine	50.000
L-Methamphetamine	20,000 METHAMPHE	Mephentermine TAMINE (MET500)	50,000
p-Hydroxymethamphetamine	12.500	(±)-3,4-Methylenedioxy-	6,250
D-Methamphetamine	500	methamphetamine	
L-Methamphetamine	10,000	Mephentermine	25,000
a Hydroxymothomphotoming	METHAMPHE 7.500	TAMINE (MET300) (±)-3,4-Methylenedioxy-	2 750
ρ-Hydroxymethamphetamine D-Methamphetamine	300	methamphetamine	3,750
L-Methamphetamine	6,000	Mephentermine	15,000
	XYMETHAMP	PHETAMINE (MDMA1, 000) Ecstas	;y
(±) 3,4-Methylenedioxy methamphetamine HCl	1,000	3,4-Methylenedioxyethyl-ampheta	600
(±)		mine	1
3,4-Methylenedioxyamphetam	6,000		
ine HCI			
METHYLENEDI (±) 3,4-Methylenedioxy		PHETAMINE (MDMA500) Ecstasy 3,4-Methylenedioxyethyl-ampheta	
methamphetamine HCl	500	mine	300
(±)			1
3,4-Methylenedioxyamphetam	3,000		
INE HCI		PHETAMINE (MDMA300) Ecstasy	
(±) 3,4-Methylenedioxy		3,4-Methylenedioxyethyl-ampheta	T
methamphetamine HCl	300	mine	180
(±)			1
3,4-Methylenedioxyamphetam	1,800		
ine HCI	MORPHI	NE (MOP 300)	
Codeine	200	Norcodeine	6,000
Levorphanol	1,500	Normorphone	50,000
Morphine-3-β-D-Glucuronide	800	Oxycodone	30,000
Ethylmorphine Hydrocodone	6,000 50,000	Oxymorphone Proceine	50,000 15,000
Hydromorphone	3,000	Procaine Thebaine	6,000
6-Monoacethylmorphine	300	Morphine	300
		NE (MOP 100)	
Codeine	80	Norcodeine	2,000
Levorphanol Morphine-3-β-D-Glucuronide	500 300	Normorphone Oxycodone	20,000 10,000
Ethylmorphine	2,000	Oxymorphone	20,000
Hydrocodone	20,000	Procaine	5,000
Hydromorphone	1,000	Thebaine	2,000
6-Monoacethylmorphine	200	Morphine	100
Methaqualone	300	lone (MQL 300)	T T
methoqualone		PIATE (OPI 2,000)	1
Codeine	2,000	Morphine	2,000
Ethylmorphine	3,000	Norcodeine	25,000
Hydrocodone Hydromorphone	50,000 15,000	Normorphone Oxvcodone	50,000 25,000
Levorphanol	25,000	Oxymorphone	25,000
6-Monoacetylmorphine	3,000	Procaine	50,000
Morphine 3-β-D-glucuronide	2,000	Thebaine	25,000
Disaster listing		CLIDINE (PCP)	40.500
Phencyclidine		4-Hydroxyphencyclidine YPHENE (PPX)	12,500
D-Propoxyphene		D-Norpropoxyphene	300
TRI	CYCLIC ANTI	DEPRESSANTS (TCA)	
Nortriptyline	1,000	Imipramine	400
Nordoxepine Trimipramine	500 3,000	Clomipramine	50,000 2,000
Amitriptyline	3,000 1,500	Doxepine Maprotiline	2,000
Promazine	3,000	Promethazine	50,000
Desipramine	200	Perphenazine	50,000
Cyclobenzaprine 2,000 Dithiaden 10,000			
n-Desmethyl-cis-tramadol	TRAMAD	OL (TML 100) o-Desmethyl-cis-tramadol	10,000
Cis-tramadol	100	Phencyclidine	100,000
Procyclidine	100,000	d,I-O-Desmethyl venlafaxine	50,000
	TRAMAD	OL (TML 200)	
n-Desmethyl-cis-tramadol	400	o-Desmethyl-cis-tramadol	20,000
Cis-tramadol Broquelidino	200	Phencyclidine	200,000
Procyclidine	200,000 TRAMAD	d,I-O-Desmethyl venlafaxine	100,000
TRAMADOL (TML 300)			

n-Dosmothyl-cis-tramadol	600	o-Desmethyl-cis-tramadol	30,000		
n-Desmethyl-cis-tramadol Cis-tramadol	300	Phencyclidine	30,000		
Procyclidine	300,000	d,I-O-Desmethyl venlafaxine	150,000		
		NE (KET1, 000)			
Ketamine	1,000	Benzphetamine	25,000		
Dextromethorphan	2,000	(+) Chlorpheniramine	25,000		
Methoxyphenamine	25,000	Clonidine	100,000		
d-Norpropoxyphene	25,000	EDDP	50,000		
Promazine Promethazine	25,000 25,000	4-Hydroxyphencyclidine Levorphanol	50,000 50,000		
Pentazocine	25,000	MDE	50,000		
Phencyclidine	25,000	Meperidine	25,000		
Tetrahydrozoline	500	d-Methamphetamine	50,000		
Mephentermine	25,000	I-Methamphetamine	50,000		
(1R, 2S) - (-)-Ephedrine	100,000	3,4-Methylendioxymethamphetami	100,000		
		ne (MDMA)			
Disopyramide 25,000 Thioridazine 50,000					
Katamina		INE (KET500)	10 500		
Ketamine Devtromethorphon	500	Benzphetamine	12,500 12,500		
Dextromethorphan Methoxyphenamine	1,000 12,500	(+) Chlorpheniramine Clonidine	50,000		
d-Norpropoxyphene	12,500	EDDP	25,000		
Promazine	12,500	4-Hydroxyphencyclidine	25,000		
Promethazine	12,500	Levorphanol	25,000		
Pentazocine	12,500	MDE	25,000		
Phencyclidine	12,500	Meperidine	12,500		
Tetrahydrozoline	250	d-Methamphetamine	25,000		
Mephentermine	12,500	I-Methamphetamine	25,000		
(1R, 2S) - (-)-Ephedrine	50,000	3,4-Methylendioxymethamphetami	50,000		
-	L	ne (MDMA)			
Disopyramide	12,500	Thioridazine	25,000		
Katamina		INE (KET300)	0.050		
Ketamine	300	Benzphetamine	6,250		
Dextromethorphan Methovy/phonoming	600	(+) Chlorpheniramine	6,250		
Methoxyphenamine d-Norpropoxyphene	6,250	Clonidine EDDP	30,000		
	6,250 6,250		15,000 15,000		
Promazine Promethazine	6,250	4-Hydroxyphencyclidine Levorphanol	15,000		
Pentazocine	6,250	MDE	15,000		
Phencyclidine	6,250	Meperidine	6,250		
Tetrahydrozoline	150	d-Methamphetamine	15,000		
Mephentermine	6,250	I-Methamphetamine	15,000		
(1R, 2S) - (-)-Ephedrine	30,000		30,000		
() -) ()		ne (MDMA)	,		
Disopyramide	6,250	Thioridazine	15,000		
		INE (KET100)			
Ketamine	100	Benzphetamine	2,000		
Dextromethorphan	200	(+) Chlorpheniramine	2,000		
Methoxyphenamine	2,000	Clonidine	10,000		
d-Norpropoxyphene	2,000	EDDP	5,000		
Promazine	2,000	4-Hydroxyphencyclidine	5,000		
		Levorphanol	F 000		
Promethazine	2,000		5,000		
Pentazocine	2,000	MDE	5,000		
Pentazocine Phencyclidine	2,000 2,000	MDE Meperidine	5,000 2,000		
Pentazocine Phencyclidine Tetrahydrozoline	2,000 2,000 50	MDE Meperidine d-Methamphetamine	5,000 2,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine	2,000 2,000 50 2,000	MDE Meperidine d-Methamphetamine I-Methamphetamine	5,000 2,000 5,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine	2,000 2,000 50 2,000 10,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine	5,000 2,000 5,000 5,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine	2,000 2,000 50 2,000	MDE Meperidine d-Methamphetamine I-Methamphetamine	5,000 2,000 5,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine	2,000 2,000 50 2,000 10,000 2,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3.4-Methylendioxymethamphetami	5,000 2,000 5,000 5,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine	2,000 2,000 50 2,000 10,000 2,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone	5,000 2,000 5,000 5,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Oxymorphone	2,000 2,000 50 2,000 10,000 2,000 0xycode 100 300	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone	5,000 2,000 5,000 5,000 5,000 10,000 50,000 25,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol	2,000 2,000 50 2,000 10,000 2,000 2,000 0xycode 100 300 50,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone	5,000 2,000 5,000 5,000 5,000 10,000 50,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Oxymorphone	2,000 2,000 50 2,000 10,000 2,000 Oxycodo 100 300 50,000 25,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naloxone Naltrexone	5,000 2,000 5,000 5,000 5,000 10,000 50,000 25,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol	2,000 2,000 50 2,000 10,000 2,000 Oxycodo 100 300 50,000 25,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone	5,000 2,000 5,000 5,000 5,000 10,000 50,000 25,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Levorphanol Hydrocodone Oxycodone	2,000 2,000 50 2,000 2,000 2,000 2,000 100 300 50,000 25,000 0xycodd 300	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naloxone Naltrexone one (OXY300)	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 150,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone	2,000 2,000 50 2,000 10,000 2,000 0xycode 100 300 50,000 25,000 0xycode 300	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naltrexone one (OXY300) Hydromorphone Naloxone	5,000 2,000 5,000 5,000 5,000 10,000 50,000 25,000 25,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxymorphone Levorphanol Evorphanol	2,000 2,000 50 2,000 2,000 2,000 2,000 0 Xycod 300 50,000 25,000 Oxycod 300 900 150,000	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone one (OXY300) Hydromorphone	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 150,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone Oxycodone	2,000 2,000 50 2,000 10,000 2,000 000 50,000 25,000 000 000 150,000 75,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone One (OXY300) Hydromorphone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 150,000 75,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Oxymorphone Levorphanol Hydrocodone Oxymorphone Levorphanol Hydrocodone	2,000 2,000 50 2,000 10,000 2,000 0xycode 100 300 25,000 0xycode 300 900 150,000 75,000 Cotinin	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone one (OXY300) Hydromorphone Naloxone Naltrex	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 25,000 75,000 75,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Aydrocodone Oxymorphone Levorphanol Evorphanol	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 300 50,000 25,000 0xycodd 300 150,000 75,000 Cotinin 200	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Na	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 150,000 75,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine Disopyramide Oxycodone Oxyroorphone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone Oxycodone Oxycodone (-)-Cotinine	2,000 2,000 50 2,000 10,000 2,000 000 50,000 25,000 000 150,000 75,000 75,000 Cotinin 200 Cotinin	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (NDMA) one (OXY100) Hydromorphone Naltrexone Naltrexone Naloxone N	5,000 2,000 5,000 5,000 10,000 10,000 25,000 25,000 25,000 75,000 75,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone (-)-Cotinine (-)-Cotinine	2,000 2,000 50 2,000 10,000 2,000 10,000 2,000 100 300 50,000 25,000 0xycodd 300 0xycodd 300 0xycodd 300 0xycodd 300 0xycodd 300 Cotinin 200 Cotinin 100	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Nalox	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 25,000 75,000 75,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxymorphone Levorphanol Hydrocodone (-)-Cotinine (-)-Cotinine 2-Ethylidene-1	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 300 50,000 25,000 0xycodd 150,000 150,000 75,000 Cotinin 100 5-dimethyl-3,	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine (MDMA) one (OXY100) Hydromorphone Naloxon	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 5,000 2,500		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxymorphone Levorphanol Hydrocodone (-)-Cotinine (-)-Cotinine 2-Ethylidene-1,5-dimethyl-3,3	2,000 2,000 50 2,000 10,000 2,000 0xycodd 300 55,000 0xycodd 300 150,000 75,000 Cotinin 200 Cotinin 100 ,5-dimethyl-3, -diphenylpyrrol	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3.4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naltrexone Naltrexone Naltrexone Naltrexone Naltrexone Naltrexone Naltrexone (-)-Nicotine se (COT 100) (-)-Nicotine 3-diphenylpyrrolidine (EDDP300) Jidine (EDDP)	5,000 2,000 5,000 5,000 10,000 10,000 25,000 25,000 25,000 75,000 75,000 5,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone Caymorphone Levorphanol Hydrocodone (-)-Cotinine C-Dthine 2-Ethylidene-1,5-dimethyl-3,3 2-Ethylidene-1	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 300 50,000 0xycodd 300 0xycodd 300 0xycodd 300 0xycodd 300 Cotinin 200 Cotinin 100 5-dimethyl-3, diphenylpyrol	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3.4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone (-) Nicotine te (COT 200) (:)-Nicotine te (COT 100) (:)-Nicotine a.3-diphenylpyrrolidine (EDDP100)	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 5,000 2,500 2,500 2,500 300		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone (-)-Cotinine (-)-Cotinine 2-Ethylidene-1,5-dimethyl-3,3	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 50,000 25,000 0xycodd 300 000 150,000 75,000 Cotinin 100 5-dimethyl-3, -diphenylpyrrol -diphenylpyrrol	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methampheni ne (OXY100) Hydromorphone Naltrexone I-Methamphene Naltrexone I-Nicotine I-Nicotine I-Nicotine I-Nicotine I-Nicotine I-Nicotine I-S-Nicotine I-	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 5,000 2,500		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone (-)-Cotinine (-)-Cotinine 2-Ethylidene-1,5-dimethyl-3,3 2-Ethylidene-1,5-dimethyl-3,3	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 300 25,000 0xycodd 300 900 150,000 75,000 Cotinin 100 .5-dimethyl-3, -diphenylpyrrol .5-dimethyl-3, -diphenylpyrrol .5-dimethyl-3, -diphenylpyrrol	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone Naltrexone Naltrexone Naltrexone Naltrexone (-)-Nicotine se (COT 100) (-)-Nicotine se (COT 100) (-)-Nicotine 3-diphenylpyrrolidine (EDDP300) idine (EDDP) 3-diphenylpyrrolidine (EDDP100) idine (EDDP) nyl (FYL20)	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 5,000 2,500 2,500 300		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone (-)-Cotinine C-)-Cotinine C-)-Cotinine C-2-Ethylidene-1,5-dimethyl-3,3 2-Ethylidene-1,5-dimethyl-3,3 Alfentanyl	2,000 2,000 50 2,000 10,000 2,000 10,000 2,000 0xycodd 300 50,000 25,000 0xycodd 300 0xycodd 300 0xycodd 300 0xycodd 300 Cotinin 100 .5-dimethyl-3, -diphenylpyrrol Fenta 600,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone Matrexone Naloxone Na	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 5,000 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,0000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone (-)-Cotinine (-)-Cotinine 2-Ethylidene-1,5-dimethyl-3,3 Alfentanyl Fenfluramine	2,000 2,000 50 2,000 10,000 2,000 000 2,000 000 2,000 000	MDE Meperidine d-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine I-Methamphetamine (MDMA) one (OXY100) Hydromorphone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone Naloxone (-)-Nicotine e (COT 100) (-)-Nicotine 3-diphenylpyrrolidine (EDDP100) idine (EDDP) 3-diphenylpyrrolidine (EDDP100) idine (EDDP) Suspirone Fentanyl	5,000 2,000 5,000 5,000 5,000 5,000 25,000 25,000 25,000 150,000 75,000 75,000 5,000 2,500 100 100 15,000 100		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Oxycodone Vydrocodone Oxycodone Oxycodone Oxycodone (-)-Cotinine C-)-Cotinine C-)-Cot	2,000 2,000 50 2,000 10,000 2,000 0xycodd 100 300 25,000 0xycodd 300 900 150,000 75,000 Cotinin 100 .5-dimethyl-3, -diphenylpyrrol .5-dimethyl-3, .5-di	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone Hydromorphone Naloxone Naltrexone (-)-Nicotine e (COT 100) (-)-Nicotine a-diphenylpyrrolidine (EDDP300) idine (EDDP) 3-diphenylpyrrolidine (EDDP100) idine (EDDP) myl (FYL20) Buspirone Fentanyl Sufentanyl	5,000 2,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,500 2,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxycodone Oxycodone Vydrocodone Vydrocodone Oxycodone Oxycodone Oxycodone (-)-Cotinine C-Pthylidene-1,5-dimethyl-3,3 2-Ethylidene-1,5-dimethyl-3,3 Alfentanyl Fenfluramine Norfentanyl	2,000 2,000 50 2,000 10,000 2,000 10,000 2,000 10,000 25,000 0xycodd 300 50,000 25,000 Cotinin 100 5-dimethyl-3, -diphenylpyrrol -diphenylpyrrol -diphenylpyrr	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3.4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone (-) Naloxone	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 2,500 2,500 2,500 2,500 100 100 100 100 50,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxyroodone Oxymorphone Levorphanol Hydrocodone Oxymorphone Levorphanol Hydrocodone (-)-Cotinine (-)-Cotinine	2,000 2,000 50 50 2,000 10,000 2,000 2,000 000 25,000 000 000 150,000 75,000 Cotinin 100 5-dimethyl-3, diphenylpyrrol 5-dimethyl-3, diphenylpyrrol Fental 600,000 20 Fental 300,000	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3,4-Methylendioxymethamphetami ne (NDMA) one (OXY100) Hydromorphone Naloxone Naltrexone Maltrexone Naloxone N	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 25,000 75,000 75,000 75,000 5,000 2,500 8,000 100 100 100 100 8,000		
Pentazocine Phencyclidine Tetrahydrozoline Mephentermine (1R, 2S) - (-)-Ephedrine Disopyramide Oxycodone Oxymorphone Levorphanol Hydrocodone Oxycodone Oxycodone Oxycodone (-)-Cotinine	2,000 2,000 50 2,000 10,000 2,000 10,000 2,000 10,000 25,000 0xycodd 300 50,000 25,000 Cotinin 100 5-dimethyl-3, -diphenylpyrrol -diphenylpyrrol -diphenylpyrr	MDE Meperidine d-Methamphetamine I-Methamphetamine Thioridazine 3.4-Methylendioxymethamphetami ne (MDMA) one (OXY100) Hydromorphone Naloxone Naltrexone (-) Naloxone	5,000 2,000 5,000 5,000 5,000 10,000 25,000 25,000 25,000 75,000 75,000 75,000 2,500 2,500 2,500 2,500 100 100 100 100 50,000		

Synthetic Marijuana (K2-50)				
JWH-018 5-Pentanoic acid	50	JWH-073 4-butanoic acid	50	
JWH-018 4-Hydroxypentyl	400	JWH-018 5-Hydroxypentyl	500	
JWH-073 4-Hydroxybuty	500			
		Aarijuana (K2-30)	10.0	
JWH-018 5-Pentanoic acid JWH-018 4-Hydroxypentyl	30 250	JWH-073 4-butanoic acid JWH-018 5-Hydroxypentyl	30 300	
JWH-073 4-Hydroxybuty	300	SWIT-010 S-Hydroxypentyl	500	
		-morphine (6-MAM)		
6-Monoacethylmorphine	10	Morphine	100,000	
(±) 3,4-Methylenedioxy	Methylenedio	xyamphetamine (MDA 500)	5 000	
amphetamine	500	Methoxyphenamine D-Amphetamine	5,000 2,000	
D,L-Amphetamine sulfate	400	Phentermine	2,000	
L-Amphetamine	30,000	Maprotiline	100,000	
		ucuronide(ETG500)	50.000	
Ethyl- β -D-Glucuronide Morphine 3β-glucuronide	500 100,000	Propyl β-D-glucuronide Morphine 6β-glucuronide	50,000 100,000	
Glucuronic Acid	100,000	Ethanol	>100,000	
Methanol	>100,000			
		curonide(ETG1,000)	400.000	
Ethyl- β -D-Glucuronide Morphine 3β-glucuronide	1,000 >100,000	Propyl β-D-glucuronide Morphine 6β-glucuronide	100,000 >100,000	
Glucuronic Acid	>100,000	Ethanol	>100,000	
Methanol	>100,000			
	CLONAZE	EPAM(CLO 400)		
Clonazepam	400	Flunitrazepam	300	
Alprazolam a-hydroxyalprazolam	200 2,000	(±) Lorazepam RS-Lorazepamglucuronide	1,250 250	
Bromazepam	1,000	Midazolam	5,000	
Chlordiazepoxide	1,000	Nitrazepam	200	
Clobazam	250	Norchlordiazepoxide	200	
Clorazepatedipotassium	600 1,000	Nordiazepam	1,000 350	
Delorazepam Desalkylflurazepam	250	Oxazepam Temazepam	150	
Diazepam	300	Triazolam	5,000	
Estazolam	1,250			
01		EPAM(CLO 150)	100	
Clonazepam Alprazolam	150 75	Flunitrazepam (±) Lorazepam	120 500	
a-hydroxyalprazolam	750	RS-Lorazepamglucuronide	100	
Bromazepam	400	Midazolam	2,000	
Chlordiazepoxide	400	Nitrazepam	75	
Clobazam	100	Norchlordiazepoxide	75	
Clorazepatedipotassium Delorazepam	250 400	Nordiazepam Oxazepam	400 130	
Desalkylflurazepam	100	Temazepam	60	
Diazepam	120	Triazolam	2,000	
Estazolam	500			
LYS Lysergic Acid Diethylamide	20	DIETHYLAMIDE (LSD 20)		
		DIETHYLAMIDE (LSD 50)		
Lysergic Acid Diethylamide	50			
		NIDATE (RITALIN)	14 000	
Methylphenidate (Ritalin)	300	Ritalinic Acid	1,000	
Zolpidem	50			
		am (DIA 300)		
Diazepam	300	Midazolam	6,000	
Clobazam	200	Nitrazepam	200	
Clonazepam Clorazepate dipotassium	500 500	Norchlordiazepoxide Nordiazepam	100 900	
Alprazolam	100	Flunitrazepam	200	
a-hydroxyalprazolam	1,500	(±) Lorazepam	3,000	
Bromazepam	900	RS-Lorazepam glucuronide	200	
Chlordiazepoxide Estazolam	900 6,000	Triazolam	3,000 100	
Delorazepam	900	Temazepam Oxazepam	300	
Desalkylflurazepam	200			
0:		am (DIA 200)	4000	
Diazepam Clobazam	200 120	Midazolam Nitrazepam	4000 120	
Clonazepam	300	Norchlordiazepoxide	70	
Clorazepate dipotassium	300	Nordiazepam	600	
Alprazolam	70	Flunitrazepam	120	
a-hydroxyalprazolam	1000	(±) Lorazepam	2000	
Bromazepam Chlordiazepoxide	600 600	RS-Lorazepam glucuronide Triazolam	120 2000	
Estazolam	4000	Temazepam	70	
Delorazepam	600	Oxazepam	200	
Desalkylflurazepam	120	(300.50)		
Zopiclone (ZOP 50)				
Zopiclone-x-oxide 50 Zopiclone 50 Methcathinone (MCAT 500)				
S(-)-Methcathinone HCl	500	R(+)-Methcathinone HCl	1500	

Methoxyphenamine	100000	3-Fluoromethcathinone HCl	1500
7	-AMINOCLON	AZEPAM(7-ACL300)	•
a-hydroxyalprazolam	6,000	Flunitrazepam	3,000
Bromazepam	6,000	RS-Lorazepam glucuronide	2,700
Chlordiazepoxide	6,000	Norchlordiazepoxide	4,500
Clobazam	9,000	Nordiazepam	15,000
Clonazepam	2,400	Temazepam	9,000
Delorazepam	6,000	7-Aminoclonazepam	300
Desalkylflurazepam	6,000		
7	-AMINOCLON	AZEPAM(7-ACL200)	
a-hydroxyalprazolam	4,000	Flunitrazepam	2,000
Bromazepam	4,000	RS-Lorazepam glucuronide	1,800
Chlordiazepoxide	4,000	Norchlordiazepoxide	3,000
Clobazam	6,000	Nordiazepam	10,000
Clonazepam	1,600	Temazepam	6,000
Delorazepam	4,000	7-Aminoclonazepam	200
Desalkylflurazepam	4,000		
7	-AMINOCLO	AZEPAM(7-ACL100)	
a-hydroxyalprazolam	2,000	Flunitrazepam	1,000
Bromazepam	2,000	RS-Lorazepam glucuronide	900
Chlordiazepoxide	2,000	Norchlordiazepoxide	1,500
Clobazam	3,000	Nordiazepam	5,000
Clonazepam	800	Temazepam	3,000
Delorazepam	2.000	7-Aminoclonazepam	100
Desalkylflurazepam	2,000		
, , , , , , , , , , , , , , , , , , , ,		ANYL(CFYL500)	
Carfentanyl	500	Fentanyl	100
		NE (CAF 1000)	
Caffeine	1000		
	CATH	NE (CAT 150)	
(+)-Norpseudoephedrine HCl		(+)3,4-Methylenedioxyamphetamin	400
(Cathine)	150	e (MDA)	100
d/I-Amphetamine	100	p-Hydroxyamphetamine	100
Tryptamine	12,500	Methoxyphenamine	12,500
	TROPICA	MIDE (TRO 350)	
Tropicamide	350		
3, 4-MET	HYLENEDIO	XYPYROVALERONE (MDPV)	
3, 4-methylenedioxy	1000		
	MEPHED	RONE (MEP100)	
Mephedrone HCI	100	R(+)-Methcathinone HCI	1500
S(-)-Methcathinone HCl	500	3-Fluoromethcathinone HCI	1500
4-Fluoromethcathinone HCI	300	Methoxyphenamine	100,000
	ALPRAZ	OLAM(ALP 100)	
Benzodiazepines	300	Flunitrazepam	200
a-hydroxyalprazolam	1,500	(±) Lorazepam	3,000
Bromazepam	900	RS-Lorazepamglucuronide	200
Chlordiazepoxide	900	Midazolam	6,000
Clobazam	200	Nitrazepam	200
Clonazepam	500	Norchlordiazepoxide	100
Clorazepatedipotassium	500	Nordiazepam	900
Delorazepam	900	Oxazepam	300
Desalkylflurazepam	200	Temazepam	100
Diazepam	300	Triazolam	3.000
Estazolam	6000		3,000
LSIdZUIdIII		ary Specific Gravity	1

Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.005-1.045) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The Multi-Drug Rapid Test Cassette was tested in duplicate using fifteen drug-free urine and spiked urine samples. 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 drugs at 50% below and 50% above cut-off levels. The spiked. pH-adjusted urine was tested with the Multi-Drug Rapid Test Cassette. The results demonstrate that varying ranges of pH do 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 drug positive urine containing, Amphetamine, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine, Marijuana, Methadone, Methamphetamine, Methylenedioxymethamphetamine. Morphine. Tramadol .Ketamine .Phencyclidine. Propoxyphene or Tricyclic Antidepressants. Oxycodone. Cotinine. EDDP. Fentanyl, Synthetic Marijuana,6-mono-aceto-morphine, 3, 4-Methylenedioxyamphetamine, Ethyl- B-D-Glucuronide, Clonazepam, Lysergic Acid Diethylamide, Methylphenidate, Zolpidem 7- Aminoclonazepam, Carfentanyl and 3, 4-methylenedioxypyrovalerone. The following compounds show no cross-reactivity when tested with the Multi-Drug Rapid Test Cassette at a concentration of 100 ua/mL

Non Cross-Reacting Compounds				
Acetophenetidin	Cortisone	Zomepirac	d-Pseudoephedrine	
N-Acetylprocainamide	Creatinine	Ketoprofen	Quinidine	
Acetylsalicylic acid	Deoxycorticosterone	Labetalol	Quinine	
Aminopyrine	Dextromethorphan	Loperamide	Salicylic acid	
Amoxicillin	Diclofenac	Meprobamate	Serotonin	
Ampicillin	Diflunisal	Isoxsuprine	Sulfamethazine	
I-Ascorbic acid	Digoxin	d,I-Propanolol	Sulindac	
Apomorphine	Diphenhydramine	Nalidixic acid	Tetracycline	
Aspartame	Ethyl-p-aminobenzoate	Naproxen	Tetrahydrocortisone,	

Atropine Benzilic acid Benzoic acid	β-Estradiol Estrone-3-sulfate Erythromycin	Niacinamide Nifedipine Norethindrone	3-acetate Tetrahydrocortisone Tetrahydrozoline
Bilirubin	Fenoprofen	Noscapine	Thiamine
d,I-Brompheniramine	Furosemide	d,I-Octopamine	Thioridazine
Caffeine	Gentisic acid	Oxalic acid	d,I-Tyrosine
Cannabidiol	Hemoglobin	Oxolinic acid	Tolbutamide
Chloral hydrate	Hydralazine	Oxymetazoline	Triamterene
Chloramphenicol	Hydrochlorothiazide	Papaverine	Trifluoperazine
Chlorothiazide	Hydrocortisone	Penicillin-G	Trimethoprim
d,I-Chlorpheniramine	o-Hydroxyhippuric acid	Perphenazine	d,I-Tryptophan
Chlorpromazine	3-Hydroxytyramine	Phenelzine	Uric acid
Cholesterol	d,I-Isoproterenol	Prednisone	Verapamil
Clonidine	•		

(ALCOHOL PERFORMANCE CHARACTERISTICS)

The detection limit on the Urine Alcohol Rapid Test is from 0.02% to 0.30% for approximate relative blood alcohol level. The cutoff level of the Urine Alcohol Rapid Test can vary based on local regulations and laws. Test results can be compared to reference levels with color chart on the foil package

[ALCOHOL ASSAY SPECIFICITY]

The Urine Alcohol Rapid Test will react with methyl, ethyl and allyl alcohols.

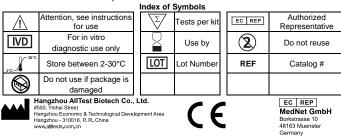
ALCOHOL INTERFERING SUBSTANCES

The following substances may interfere with the Urine Alcohol Rapid Test when using samples other than urine. The named substances do not normally appear in sufficient quantity in urine to interfere with the test.

- A. Agents which enhance color development
- Peroxidases Strong oxidizers
- B. Agents which inhibit color development
- Reducing agents: Ascorbic acid, Tannic acid, Pyrogallol, Mercaptans and tosylates, Oxalic acid, Uric Acid
 - I-dopa
- Methampyrone I -methyldopa
- Bilirubin [BIBLIOGRAPHY]
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