

One Step Ecstasy Test Strip (Urine) Package Insert REF 1181-S

A rapid, one step test for the qualitative detection of Methylenedioxymethamphetamine (MDMA) in human urine.

For professional in vitro diagnostic use only.

INTENDED USE

The MDMA One Step Ecstasy Test Strip (Urine) is a lateral flow chromatographic immunoassay for the detection of Methylenedioxymethamphetamine (primary ingredient of Ecstasy) in human urine at a cut-off concentration of 500 ng/mL. This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

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

SUMMARY

Methylenedioxymethamphetamine (Ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.¹ 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 have taken a reasonable dose of the drug, is to produce a clenching of the jaws. The MDMA one Step Ecstasy Test Strip (Urine) yields a positive result when Methylenedioxymethamphetamine turine exceeds 500 ng/mL.

PRINCIPLE

The MDMA One Step Ecstasy Test Strip (Urine) is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a urine specimen migrates upward by capillary action. Methylenedioxymethamphetamine, if present in the urine specimen below 500 ng/mL, will not saturate the binding sites of antibody coated particles in the test strip. The antibody coated particles will then be captured by immobilized Methylenedioxymethamphetamine conjugate and a visible colored line will show up in the test line region. The colored line will not form in the test line region if the Methylenedioxymethamphetamine level exceeds 500 ng/mL because it will saturate all the binding sites of anti-Methylenedioxymethamphetamine antibodies.

A drug-positive urine specimen will not generate a colored line in the test line region, while a drugnegative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of specimen has been added and membrane wickine has occurred.

REAGENTS

The test strip contains mouse monoclonal anti-Methylenedioxymethamphetamine antibody-coupled particles and Methylenedioxymethamphetamine-protein conjugate. A goat antibody is employed in the control line system. **PRECAUTIONS**

· For professional in vitro diagnostic use only. Do not use after the expiration date

- The test strip should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an
 infectious agent.
- · The used test strip should be discarded according to local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test strip is stable through the expiration date printed on the sealed pouch. The test strip must remain in the sealed pouch until use. **DO NOT FREZE**. Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

Urine Assay

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

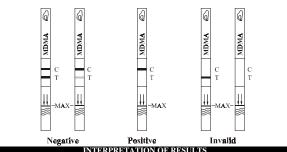
Specimen Storage

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



DIRECTIONS FOR USE

- Allow test strip, urine specimen, and/or controls to reach room temperature (15-30 $^{\circ}\mathrm{C})$ prior to testing.
- Bring the pouch to room temperature before opening it. Remove the test strip from the sealed pouch and use it as soon as possible.
- With arrows pointing toward the urine specimen, immerse the test strip vertically in the urine specimen for at least 10-15 seconds. Do not pass the maximum line (MAX) on the test strip when immersing the strip. See illustration below.
- Place the test strip on a non-absorbent flat surface, start the timer and wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE:* Two lines appear. One colored line should be in the control line region (C), and another apparent colored line should be in the test line region (T). This negative result indicates that the Methylenedioxymethamphetamine concentration is below the detectable level (500 ng/mL).

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

POSITIVE: One colored line appears in the control line region (C). No line appears in the test line region (T). This positive result indicates that the Methylenedioxymethamphetamine concentration exceeds the detectable level (500 ng/mL).

INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test using a new test strip. If the problem persists, discontinue using the lot immediately and contact your local distributor.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

- The MDMA One Step Ecstasy Test Strip (Urine) provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.²⁵
- It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- 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.
- A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
- A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
- 6. Test does not distinguish between drugs of abuse and certain medications.
- 7. A positive test result might be obtained from certain foods or food supplements.

PERFORMANCE CHARACTERISTICS

Accuracy

A side-by-side comparison was conducted using the MDMA One Step Ecstasy Test Strip (Urine) and a leading commercially available Methylenedioxymethamphetamine rapid test. Testing was performed on 240 clinical specimens previously collected from subjects present for Drug Screen Testing. Ten percent of the specimens previously collected from subjects present for Drug Screen Testing. Ten percent of the specimens previously collected from subjects present for Drug Screen Testing. Ten percent of the specimens previously collected from subjects present for Drug Screen Testing. Ten percent of the specimens previously collected from subjects present percent of the cut-off concentration of 500 ng/mL Methylenedioxymethamphetamine. Presumptive positive results were confirmed by GC/MS. The following results were tabulated:

Method		Other MDM	Total Results	
MDML On Store	Results	Positive	Negative	Total Results
MDMA One Step Test Strip	Positive	90	1	91
roroup	Negative	0	149	149
Total Results % Agreement		90	150	240
		>99%	99%	99%

When compared at 500 ng/mL cut-off with GC/MS, the following results were tabulated:

Metho	Method		GC/MS		
MDML On Store	Results	Positive	Negative	Total Results	
MDMA One Step Test Strip	Positive	88	3	91	
rest Strip	Negative	0	149	149	
Total Re	Total Results		152	240	
% Agreement		>99%	98%	99%	

Analytical Sensitivity

A drug-free urine pool was spiked with Methylenedioxymethamphetamine at the following concentrations: 0 ng/mL, 250 ng/mL, 375 ng/mL, 500 ng/mL, 625 ng/mL and 750 ng/mL. The result demonstrates > 99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below:

Methylenedioxymethamphetamine	Percent of Cut-off		Visual Result	
Concentration (ng/mL)	Percent of Cut-off	n	Negative	Positive
0	0%	30	30	0
250	-50%	30	30	0
375	-25%	30	26	4
500	Cut-off	30	17	13
625	+25%	30	4	26
750	+50%	30	0	30

Analytical Specific

The following table lists compounds that are positively detected in urine by the MDMA One Step Ecstasy Test Strip (Urine) at 5 minutes.

Compound

(±) 3,4-Methylenedioxymethamphetamine HCl (MDMA) (±) 3,4-Methylenedioxyamphetamine HCl (MDA) 3,4-Methylenedioxyethyl-amphetamine (MDE) Concentration (ng/mL) 500 3,000 300

A study was conducted at three physicians' offices by untrained operators using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens containing no Methylenedioxymethamphetamine, 25% Methylenedioxymethamphetamine above and below the cut-off and 50% Methylenedioxymethamphetamine above and below the 500 ng/mL cut-off were provided to each site. The results are given below:

Methylenedioxymethamphetamine	n	Site A		Site B		Site C	
Concentration (ng/mL)	per Site	-	+	-	+	-	+
0	15	15	0	15	0	15	0
250	15	15	0	15	0	15	0
375	15	15	0	15	0	15	0
625	15	6	9	4	11	7	8
750	15	0	15	0	15	0	15

Effect of Urinary Specific Gravity

Fifteen urine specimens of normal, high, and low specific gravity ranges were spiked with 250 ng/mL and 750 ng/mL of Methylenedioxymethamphetamine. The MDMA One Step Ecstasy Test Strip (Urine) was tested in duplicate using the fifteen neat and spiked urine specimens. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with Methylenedioxymethamphetamine to 250 ng/mL and 750 ng/mL. The spiked, pH-adjusted urine was tested with the MDMA One Step Ecstasy Test Strip (Urine) in duplicate. 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 Methylenedioxymethamphetamine positive urine. The following compounds show no cross-reactivity when tested with the MDMA One Step Ecstasy Test Strip (Urine) at a concentration of 100 µg/mL.

Non Cross-Reacting Compounds							
4-Acetamidophenol	Dextromethorphan	Meprobamate	Procaine				
Acetophenetidin	Diclofenac	Methamphetamine	Promazine				
N-Acetylprocainamide	Diazepam	Methadone	Promethazine				
Acetylsalicylic acid	Diflunisal	Methoxyphenamine	D,L-Propranolol				
Aminopyrine	Digoxin	Methylphenidate	D-Propoxyphene				
Amitryptyline	Dicylomine	Morphine-	D-Pseudoephedrine				
Amobarbital	Diphenhydramine	3-β-D-glucuronide	Quinacrine				
Amoxicillin	5,5 - Diphenylhydantoin	Morphine sulfate	Quinidine				
Ampicillin	Doxylamine	Nalidixic acid	Quinine				
L-Ascorbic acid	Ecgonine hydrochloride	Naloxone	Ranitidine				
D-Amphetamine	Ecgonine methylester	Naltrexone	Salicylic acid				
D,L-Amphetamine sulfate	(-) - w-Ephedrine	Naproxen	Secobarbital				
L-Amphetamine	[1R,2S](-) Ephedrine	Niacinamide	Serotonin				
Apomorphine	L – Epinephrine	Nifedipine	(5-Hydroxytyramine)				
Aspartame	Erythromycin	Nimesulidate	Sulfamethazine				
Atropine	β-Estradiol	Norcodein	Sulindac				
Benzilic acid	Estrone-3-sulfate	Norethindrone	Sustiva				
Benzoic acid	Ethyl-p-aminobenzoate	D-Norpropoxyphene	Temazepam				
Benzoylecgonine	Fenoprofen	Noscapine	Tetracycline				
Benzphetamine	Furosemide	D,L-Octopamine	Tetrahydrocortisone,				
Bilirubin	Gentisic acid	Oxalic acid	3- Acetate				
(±) - Brompheniramine	Hemoglobin	Oxazepam	Tetrahydrocortisone				
Buspiron	Hydralazine	Oxolinic acid	3-(β-D glucuronide)				
Caffeine	Hydrochlorothiazide	Oxycodone	Tetrahydrozoline				
Cannabidiol	Hydrocodone	Oxymetazoline	Thebaine				
Cannabinol	Hydrocortisone	Papaverine	Theophynine				
Chloralhydrate	O-Hydroxyhippuric acid	Penicillin-G	Thiamine				
Chloramphenicol	p-Hydroxyamphetamine	Pentazocine	Trans-2-				
Chlordiazepoxide	p-Hydroxy-	hydrochloride	phenylcyclopropylamine				
Chlorothiazide	methamphetamine	Pentobarbital	Thioridazine				
(±) - Chlorpheniramine	3-Hydroxytyramine	Perphenazine	Tolbutamide				
Chlorpromazine	Imipramine	Phencyclidine	Trazodone				
Chlorquine	Iproniazid	Phenelzine	D,L-Tyrosine				
Cholesterol	(±) - Isoproterenol	Phenobarbital	Triamterene				
Clomipramine	Isoxsuprine	Phentermine	Trifluoperazine				
Clonidine	Ketamine	Trans-2-phenyl	Trimethoprim				
Cocaethylene	Ketoprofen	cyclopropylamine	Trimipramine				
Cocaine hydrochloride	Labetalol	hydrochloride	Tryptamine				
Codeine	Levorphanol	L-Phenylephrine	D,L-Tryptophan				
Cortisone	Loperamide	β-Phenylethylamine	Tyramine				
(-) Cotinine	Maprotiline	Phenylpropanolamine	Uric acid				
Creatinine	Meperidine	Prednisolone	Verapamil				
Deoxycorticosterone	Mephentermine	Prednisone	Zomepirac				

1. Winger G. A Handbook of Drug and Alcohol Abuse. Third Edition, Oxford Press. 1992; 146

1533 Monrovia Ave.

Newport Beach, CA 92663 USA

- Baselt RC. <u>Disposition of Toxic Drugs and Chemicals in Man.</u> 2nd Ed. Biomedical Publ., Davis, CA. 1982; 488
 Hawks RL, Chiang CN, Uring Testing for Drugs of Abuse. National Institute for Drug Abuse (NIDA)
- Hawks RL, Chiang CN. Urine Testing for Drugs of Abuse. National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986
 Index of Symbols

	index of Symbols							
	X	Storage Temperature		Manufacturer	R	Do not reuse		
	LOT	Lot Code	EC REP	Authorized Representative	IVD	For in vitro diagnostic use		
	Σ	Expiration	\triangle	Caution, see instructions	REF	Catalog No.		
-		BIOMERI	CA, Inc.		acc to IVDI			

acc.to IVDD 98/79/EC MDSS Burckhardtstr. 1 30163 Hannover, Germany