# Methamphetamine Card Test

#### **INTENDED USE**

The OneStep Methamphetamine Card Test is a rapid qualitative, competitive binding immunoassay for the determination of methamphetamine in human urine.

Always justify preliminary positive and negative results with compelling clinical evidence and professional judgment. The test provides only preliminary data that should be confirmed by other methods such as GC/MS.1-3

#### INTRODUCTION

The OneStep Methamphetamine Card Test is an easy, fast, and visually read screening method without the need for instrumentation. The test system employs unique polyclonal antibodies to selectively identify methamphetamine in urine samples with a high degree of sensitivity. Methamphetamine and its metabolites are central nervous system stimulants that produce alertness, wakefulness, increased energy, reduced hunger, and an overall feeling of well-being.4 Large doses and extended usage can result in higher tolerance levels and physiological dependency and may lead to substance abuse. D-methamphetamine is a controlled substance. The legally allowable level for methamphetamine is set at 500 ng/ml in urine using the GC/MS detection method by the U.S. National Institute on Drug Abuse. 5

### PRINCIPLE OF THE TEST

The OneStep Methamphetamine Card Test is a chromatographic absorbent device in which drug or drug metabolites in a sample competewith drug conjugate immobilized on a porous membrane support for limited antibody sites. Labeled antibody-dye conjugate mixes with sample specimen and binds to the free drug present forming an antibody-antigen complex. This complex competes with immobilized antigen conjugate in the test zone preventing the formation of a pink-rose color band when the drug is above the detection level of 500 ng/ml. Unbound dye conjugate binds to the reagent in the control zone and produces a pink-rose color band, demonstrating that the reagents and device are functioning correctly. A negative specimen produces two distinct color bands, one in the test zone and one in the control zone. A positive specimen produces only one color band in the control zone.

#### REAGENTS AND MATERIALS SUPPLIED

- 1. Test Device
- 2. Dropper.

#### WARNINGS AND PRECAUTIONS

- 1. For *in vitro* diagnostic use only.
- 2. Do not use kit beyond the expiration date.
- 3. Urine specimens may be infectious; properly handle and dispose of all used reaction devices in a biohazard container.

#### STORAGE

Store the test kit at room temperature (15-28°C). Refer to the expiration date for stability.

#### SAMPLE COLLECTION AND PREPARATION

Collect a urine sample in clean, dry container, either plastic or glass, without any preservatives. Urine specimens may be refrigerated (2-8°C) and stored up to forty-eight hours. For longer storage, freeze samples (-20°C or below). Bring frozen or refrigerated samples to room temperature before testing. Urine samples exhibiting visible

precipitates should be filtered, centrifuged, or allowed to settle. Use only clear aliquots for testing.

## ASSAY PROCEDURE

1. Bring the test components and urine sample to room temperature (15-28°C) before testing.

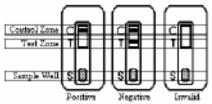
2. Do not break the seal on the foil pouch until ready to perform the test.

3. Open the foil pouch at the notch and remove the test device and dropper. Place the test device on a clean, level surface.4. Holding the dropper vertically, dispense two to three (2-3) full drops of urine without air bubbles into the sample well "S" of the test device.

5. Read the test result at five minutes.

*IMPORTANT: The result must be interpreted at five minutes. Waiting more than five minutes may cause the reading to be inaccurate. To avoid confusion, discard the test device after interpreting the result.* 

## **INTERPRETATION OF RESULTS**



1. **Positive**: A rose-pink color band appears in the control zone "C" but not in the test zone "T". This is a positive result and indicates the methamphetamine level is at or above the detection sensitivity of 500 ng/ml.

2. **Negative**: Two horizontal rose-pink color bands appear, one in the control zone "C" and one in the test zone "T". This is a negative result and indicates the methamphetamine level is below the detection sensitivity of 500 ng/ml.

**3. Invalid**: If no bands appear, or a test band appears without a control band, disregard the results. The presence of a control line is necessary to validate test performance.

#### **QUALITY CONTROL**

An internal procedure control has been incorporated into the test to ensure proper kit performance and reliability. The use of an external control is recommended to verify proper kit performance.

Quality control samples should be tested according to quality control requirements established by the testing laboratory.

## LIMITATIONS

 This product is designed for use with human urine only.
 Although the test is very accurate, there is a possibility false results will occur due to the presence of interfering substances in the urine.

## Methamphetamine Card Test

4. Adulterants such as bleach or other strong oxidizing agents, when added to urine specimens, may produce erroneous test results regardless of the analysis method used. If adulteration is suspected, obtain another urine specimen and retest.

## PERFORMANCE CHARACTERISTICS

1. **Sensitivity:** The OneStep Methamphetamine Card Test detects methamphetamine and the major metabolites of methamphetamine in urine at concentrations equal to or greater than 500 ng/ml, which is much lower than the level normally found in the urine of regular users of methamphetamine.

2. **Specificity:** A study was conducted with the *OneStep* Methamphetamine Card Test to determine the cross-reactivity of non-methamphetamine related compounds with the test at concentrations much higher than normally found in the urine of people using or abusing them. No cross-reactivity was detected with the substances listed in **Table 1**.

A separate study was conducted to determine the cross-reactivity of methamphetamine-related compounds with the test. Substances listed in **Table 2** produced results approximately equivalent to the cutoff level for methamphetamine.

 Table-1: Compounds tested and found not to cross-react with the test.

## Compound / Concentration in mg/ml

Acerophenaddin 100 Acetophenendin 100 N-Acetylprocainamide 200 Acetylsalicylic acid 300 Amitryptyline 100 Amohurhtal 100 Amaxicillin 130 1-Amphetamine 100 Apomorphine 100 ASP-PHE Methyl Ester 100 Airopine 100 Bercilic Acid 300 Benznoic Acid 280 Benzoylegonine 100 Benzphetamine 100 Butabarhital Sodium 100 Cannabidol 100 Chloral Hydrate 100 Chlorothiazide 320 Chlorpromazine 100 Chloroquine 330 Cholesterol 160 Clomipramine 230 Clonidine 100 Cocaine 100 Codeine 100 Cortisone 120 (-) Collnine 100 Creatinine 190 Deoxycorticosterone 1702 Dextromethorphan 100 Diazepam 100 Dicloferiac 100 Diflunisal 100 Digoxin 150 Diphenhydramine 200 4-Dimethylamoantipyrine 100 Daxylamine 100 (+) Ephedrine 130 (+) Ephedrine 160 d-y-Ephedrine 290

Guatacol Glycervl Ether Carbonate 226 Glucuronic acid 200 Glutethimide 100 5-Hydoxytryplamine 100 Hippuric acid 200 Hydralazine 100 Hydrochlorothiazide 100 Hydrocodone 100 Hydrocortisone 130 Hydromorphone 100 ()-Hydroxyhippuric acid 140 3-Hydroxyryramine 160 Ibuprofen 100 Imipramine 190 (-) Isoproterenol 120 Isoxsuprine 130 Ketamine 130 Ketoprofen 140 Labetalol 100 Levorphanol 100 Lidocaine 100 Loperamide 150 Mapronline 140 Meperidine 100 Meprohamate 100 Methadone 100 Methaqualone 100 (S)-6-methoxy-a-methylnaphthaleneacetic acid 250 Methylphenidate 100 Methyprylon 100 Morphine-3- -D- glucuronide 100 Nalidixic acid 130 Nalorphine 100 Naloxone 100 Naltrexone 100 Niacinamide 170 Nifedipine 140 Norcodeine 100 Norethindrone 100

Erythromycin 150 h-Estradiol 110 Estrone-3-sulfate 100 Ethyl-p-aminobenzoate 180 Furoxemide 150 Gentisic acid 120 Oxycodone 100 Oxymetazoline 100 Papaverine 120 Penicillin-G 120 Pentazocaine 100 Perphenazine 140 Phendimetrazine 100 Phenelzine 350 Phenobarbital 100 1-Phenylephrine 100 (±)-Phenylpropanolamine 100 Prednisolone 150 Prednisone 120 Promazine 120 Promethazine 220 Propiomazine 220 d-Propoxyphene 100 Quinidine 100 Quinine 100 Ranitidine 200 Salicylic acid 100 Secoburhital 100

d-Norpropoxyphene 100 Noscapine 100 Nylidrin 190 d, 1-Octopamine 190 Oxalic acid 400 Oxolinic Acid 110 Sulindac 120 Temazepam 100 Tetracycline 200 Tetrahydrocortisone 100 Tetrahydrozoime 100 Thebaine 100 Thlamine 120 Thioridazine 110 d, 1-Thyroxine 120 Tolbutamide 100 Triamiterene 120 Trifluoperazine 220 Trimethoprine 130 Tronipramine 190 Trypiamine 150 d, 1-Tryptophan 170 d, 1-Tyrosine 250 Uric acid 230 Verapamil 150 Zomepirac 130 Sulfamethazine 150

**Table-2**: Concentration of amphetamine-related compounds showing a positive response approximately equivalent to the amphetamine cutoff set for the test.

### Compound / Concentration in ng/ml

(±) 3,-1-Methylenedioxyamphetamine 500
 p-Hydroxymethamphetamine 5000
 Methoxyphenamine 50,000
 (±) 3,4-Methylenedioxyamphetamine 50,000

3. Accuracy: An independent correlation study was performed using positive and negative urine specimens. Each urine specimen was tested with the *OneStep* Methamphetamine Card Test and a commercially available test (Syva®EMIT II). Positive results were confirmed by GC/MS. The results are summarized as follows:

Syva EMIT II PositiveSyva EMIT II Negative One step Positive 50 0

One step Negative5000100

The relative sensitivity is 100%. The relative specificity is 100%. The data demonstrates the *OneStep* Methamphetamine Card Test is substantially equivalent to the commercially available test. The clinical significance of the two tests is comparable. 4. **Precision.** The precision was determined by replicate assays of three different patient urine samples with kits from three different production lots. Ten parallel assays were run from each of the three different lots on each urine sample. The resultant data indicated 100% precision for the duplicates within each lot and 100% precision between different lots.

#### REFERENCES

- 1. Ellerbe, P., Long, T., Welch, M.J., J. Anal. Toxicol., 17: 165-170 (1993).
- 2. Cody, J.T., Schwarzhoff, R., J. Anal. Toxicol., 17: 23-33 (1993).
- 3. Urine Testing for Drugs of Abuse, NIDA Research Monograph 73,
- (1986).

<sup>4.</sup> Dasgupta, A., Saldana, S., Kinnaman, G., Smith, M., Johansen, K., Clin. Chem., 39:104-108 (1993).

<sup>5.</sup> Department of Health and Human Services, Fed. Regist., 53(69): 11970-89 (1988).