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Product Instructions

INTENDED USE

Rapid TOX Cup[®]**II** is an in vitro diagnostic point of collection drugs of abuse testing device for professional use that incorporates collection and testing for the detection of drugs of abuse in human urine specimens. **Rapid TOX Cup II** uses one-step, lateral flow immunoassays for the simultaneous detection of up to fourteen (14) drugs of abuse. **Rapid TOX Cup II** may contain single assay and multiple assay test strips. The single assay test strips have the drug name labeled at the top of the strip and the multiple assay test strip has drug names printed on a separate label on the cup. All configurations of this cup are covered by these product instructions. **Rapid TOX Cup II** is intended for use in the qualitative detection of the following levels:

Compound	Test Abbreviation	Level (ng/mL)
Amphetamines (d-amphetamine sulfate)	AMP	500 1000 *
Barbiturates (butalbital)	BAR	300
Benzodiazepines (oxazepam)	BZO	300
Buprenorphine	BUP	12.5
Cocaine (benzoylecgonine)	сос	150 300 *
MDMA ((+/-) 3,4-methylenedioxy-methamphetamine) (Ecstasy)	MDMA	500 1000
Methadone	MTD	300
Methamphetamines ((+)methamphetamine HCI)	MET	500 1000
Opiates (morphine-3-b-D-glucuronide)	OPI	300 2000 *
Oxycodone	ΟΧΥ	100
Phencyclidine (phencyclidine HCI)	PCP	25 *
Propoxyphene	РРХ	300
THC/ Cannabinoids (11-nor-Δ9-THC-9-carboxylic-acid)	тнс	50 *
Tricyclic Antidepressants (nortriptyline)	ТСА	1000

*Screening cut-off concentrations recommended by Substance Abuse Mental Health Services Administration (SAMHSA).

The barbiturates (BAR), benzodiazepines (BZO) and tricyclic antidepressants (TCA) tests will yield preliminary positive results when barbiturates, benzodiazepines or tricyclic antidepressants are ingested at or above therapeutic doses. There are no uniformly recognized drug levels for barbiturates, benzodiazepines, or tricyclic antidepressants in human urine. Certain foods or medicines may interfere with tests for barbiturates, benzodiazepines, and tricyclic antidepressants and may cause preliminary positive results.

SUMMARY AND EXPLANATION

Rapid TOX Cup II incorporates competitive immunoassays utilizing highly specific reactions between antibodies and antigens for the simultaneous detection of amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, MDMA (ecstasy), methadone, methamphetamines, opiates, oxycodone, phencyclidine, propoxyphene, THC (cannabinoids), and tricyclic antidepressants in human urine.

PRINCIPLES OF THE TEST

Each **Rapid TOX Cup II** test device contains test strips for drugs of abuse that are onestep immunoassays. The specifically labeled drug (drug conjugate) competes for antibody binding sites with drugs or metabolites that may be present in the urine specimen. The test strip consists of a membrane strip with an immobilized drug conjugate. A colloidal gold-labeled antibody (mouse or rabbit) complex is dried at one end of the membrane. A control line, comprised of a different antibody/antigen reaction (Goat Anti-Mouse or Goat Anti-Rabbit), is present on the membrane strip. The control line is not influenced by the presence or absence of a drug analyte in the urine specimen, and therefore, it should be present in all reactions. In the absence of any drug in the urine specimen, the colloidal gold-labeled antibody complex moves with the urine by capillary action to contact the immobilized drug conjugate. An antibody-antigen reaction occurs forming a visible line in the "test" area.

The formation of two (2) or more visible lines (control and test lines) occurs when the test is negative or below the cut-off for the drug. When a drug analyte is present in the urine specimen, the drug or metabolite will compete with the immobilized drug conjugate in the test area for the antibody binding sites on the colloidal goldlabeled antibody complex. If a sufficient amount of drug analyte is present, it will fill all of the available binding sites, thus preventing attachment of the labeled antibody to the drug conjugate. The formation of a control line, and the absence of a test line is indicative of a preliminary positive result.

REAGENTS AND MATERIALS SUPPLIED

Each case of Rapid TOX Cup II contains:

- 1. Twenty five (25) Rapid TOX Cup II devices packaged in a foil pouch with a desiccant.
- 2. Product Instructions

The **Rapid TOX Cup II** is a 200mL urine collection cup with a temperature strip attached, and an area printed on the cup label where the date and donor identification may be written. Each test cup contains a multi-channeled insert. Each channel containing a test strip has immunoassays for up to four (4) different drugs of abuse. Each test strip is comprised of a membrane with two (2) attached absorbent pads and a pad containing the immobilized colloidal gold-labeled antibody complex. The upper pad acts as a reservoir for the specimen after it migrates through the membrane. The test lines contain a carrier-drug conjugate for the individual analytes, dried on the membrane. The control line, containing goat anti-mouse IgG, is placed above the test lines on the membrane.

WARNINGS AND PRECAUTIONS

For in vitro diagnostic use.

Follow proper handling and disposal procedures. For professional use.

While the Centers for Disease Control (CDC) has stated that "Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.", the use of gloves is recommended for handling of all specimens and is good hygienic practice. The **Rapid TOX Cup II** test device may be disposed of in a regular trash receptacle without any special handling.

Do not use if foil pouch seal is not intact (seal broken, tears, holes, etc.).

Do not use if beyond the expiration date printed on the pouch. The expiration date is formatted as YYYY/MM, e.g. 2016/01 means the kits should not be used after the end of January, 2016.

STORAGE

The **Rapid TOX Cup II** test device should be stored at room temperature (59° to 86°F or 15° to 30°C) or refrigerated (36° to 46°F or 2° to 8°C). If refrigerated, allow test device to warm up to room temperature before conducting any testing.

SPECIMEN COLLECTION AND HANDLING

Use fresh urine specimens. Urine specimens do not require any special handling or pretreatment. It is best to test urine specimens immediately after collection. If necessary, urine specimens may be refrigerated at 36° to 46°F (2° to 8°C) for two (2) days or frozen at -4°F (-20°C) or colder for longer periods. If refrigerated, allow the specimen to warm up to room temperature before conducting any testing.

Instruct the donor to provide an adequate urine specimen.

A temperature strip is attached to the **Rapid TOX Cup II**. For fresh urine specimens a reading between $90-100^{\circ}F$ ($32-38^{\circ}C$) is considered a viable specimen. The temperature should be read within four (4) minutes and is indicated by a green dot. If the temperature strip remains black, erroneous results may occur. Results are stable for four (4) hours.

Use of gloves is recommended for handling of all specimens and is good hygienic practice. The **Rapid TOX Cup II** test device may be disposed of in a regular trash receptacle. Avoid contact with skin. Avoid cross-contamination of urine specimens by using a new container for each urine specimen.

PROCEDURE

1. Verify the foil pouch is intact. Verify the product is within the expiration date as indicated on the pouch.

4. Instruct donor to provide adequate specimen volume. Urine level must be above the minimum fill line printed on the **Rapid TOX Cup II**.

5. Upon receipt of the specimen and within four (4) minutes, read the temperature strip to ensure it is between $90 - 100^{\circ}$ F (32-38°C).

6. The test strips in the **Rapid TOX Cup II** will begin running once urine is introduced into the cup. Keep the **Rapid TOX Cup II** in an upright position or place on a flat surface.

8. Allow the test to proceed undisturbed until all reddish-purple control lines appear and the test background clears. The control line is the uppermost line in each channel in the test area. Once all control lines are visible the tests are ready to be interpreted, typically this occurs in three to five (3-5) minutes.

9. Read results as explained under Interpretation of Results.

^{2.} Provide the donor with the Rapid TOX Cup II device and device cover.

^{3.} Remove the Rapid TOX Cup II from the foil pouch just prior to collection.

INTERPRETATION OF RESULTS - DRUG TEST

The test results may be interpreted once the control line(s) have formed and the background on the test strip(s) has cleared. This will occur in approximately three to five (3-5) minutes. The test results are determined by the presence or absence of the test and control lines, therefore color blindness will not affect reading the results of the test. The test results are stable for up to four (4) hours.

Test Valid

The device control line is the uppermost line appearing in each test channel. Before reading the test result lines, verify that the control line has formed in each test channel, indicating that the test is valid. If the control line does not appear in each test channel, the test is *invalid* and the test results must not be used. The test should be repeated using a new **Rapid TOX Cup II** device. The intensity of the control lines may vary. **Any line, without regard to intensity or size, is a line.**

Test Invalid

If no control line appears after approximately ten (10) minutes, consider the test *invalid*. Repeat the test using another **Rapid TOX Cup II** device.

Negative

A **NEGATIVE** result for a single drug in a multiple assay test strip is the presence of a reddish-purple line adjacent to the drug name. A **negative** result for a single assay test strip is the presence of two (2) reddish-purple lines, the upper control line and the lower test line. The intensity of the test lines may vary. **Any line, without regard to intensity or size, is a line.**

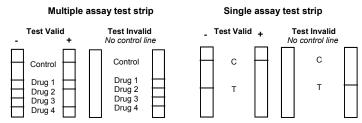
Preliminary Positive

A **PRELIMINARY POSITIVE** result for a single drug in a multiple assay test strip is the absence of a line adjacent to the drug name. A **preliminary positive** result for a single assay test strip is the presence of only one reddish-purple line (the control line) and <u>no</u> test line.

CONTROL LINE/ TEST LINE INTERPRETATION

Control Line	Control Line Test Line for Each Drug	
No control line present	No test line present	Invalid test
No control line present	Test line present	Invalid test
Control line present	Test line present	Negative
Control line present	No test line present	Preliminary positive

Examples of Results:



Example: Drug 3 in the multiple assay test strip is preliminary positive

Note: It was determined in a study that there is no contamination of a urine sample from any component of the **Rapid TOX Cup II**, the reagent strips or the reagents in the strip that causes any interference with the test results during re-analysis by the confirmation laboratory of the sample after nine (9) days storage at room temperature. Both negative and preliminary positive samples were tested in this study at one (1), three (3), five (5), and nine (9) days post initial analysis. Negative results were obtained on all negative samples and preliminary positive results were obtained on all positive samples, showing no interference after one (1), three (3), five (5) and nine (9) days. Therefore, a sample that is transported to a laboratory for confirmation will not be affected due to storage of the sample in the **Rapid TOX Cup II** during transport and need not be transferred to another container.

QUALITY CONTROL

A procedural control (the control line [C]) is built into each test strip, indicating that the reagents on the device are present and functioning properly.

For laboratory use it is good laboratory practice to use positive and negative controls to ensure proper test performance. Follow federal, state and local requirements for QC testing. Control specimens are commercially available. Positive and negative controls should be used: 1) prior to using a new lot/shipment of test devices, 2) if the product has been stored outside the recommended storage conditions, or 3) as determined by your organization's protocol.

LIMITATIONS OF PROCEDURE

Rapid TOX Cup II is designed for use with human urine only.

Rapid TOX Cup II provides only a preliminary qualitative test result. Use a more specific alternate quantitative analytical method to obtain a confirmed analytical result. Liquid chromatography Mass spectrometry (tandem MS) LC-MS/MS or gas chromatography/mass spectrometry (GC/MS) are the preferred confirmatory method⁽¹⁾. HPLC may be used as the confirmatory method for tricyclic antidepressants. Use best judgment to any Rapid TOX Cup II test result, particularly when preliminary positive results are obtained⁽²⁾.

Other substances and/or factors not listed may interfere with the test and cause erroneous results, such as adulterants, procedural errors or cross reactivity with other drugs or agents. Refer to the Performance Characteristics section for more information.

PERFORMANCE CHARACTERISTICS

SPECIFICITY

Interference and cross reactivity studies were performed by testing the drug analytes in the **Rapid TOX Cup II** test device with various other drugs. Below is the list of drugs that will give a preliminary positive result at or above the concentration stated. All of the following drugs were added to normal, drug-free urine. **Note: The drugs listed are preliminary positive for only the drug test specified. DRUG TEST CONCENTRATION**

DRUG TEST	CONCENTRATION
Amphetamines 500 ng/mL d-Amphetamine	500
d, l-amphetamine	500
I-Amphetamine	20,000
Phentermine (a, a-Dimethylphenethylamine)	1250
(+/-) - Methylenedioxyamphetamine (MDA)	750
Amphetamines 1000 ng/mL	1000
d-Amphetamine d, I-amphetamine	1000 1000
I-Amphetamine	20,000
Phentermine (a, a-Dimethylphenethylamine)	1250
(+/-) - Methylenedioxyamphetamine (MDA)	750
Barbiturates	
Allobarbital (5,5-Diallybarbituric Acid)	300
Amobarbital (Amytal; 5-Ethyl-5-Isoamylbarbituric Acid) Aprobarbital	1000 150
Barbital (Barbitone; 5,5-Diethlybarbituric Acid; Veronal)	1250
Butabarbital	750
Butalbital	300
Butethal	500
5,5 Diphenylhydantoin (Phenytoin)	2500
Pentobarbital (Nembutal)	300
Phenobarbital	1500 150
Secobarbital (Quinalbarbitone) Talbutal	75
Buprenorphine	12.5
Buprenorphine glucuronide	10
Codeine	10,000
Hydrocodone	25,000
Metoclopramide	50,000
Morphine Nalmefene	25,000
Naltrexone	75,000 100
Norbuprenorphine	10,000
Norbuphrenorphine glucuronide	1500
Benzodiazepines	
Alpha-hydroxyalprazolam	10,000
Alprazolam	75
Bromazepam	400
Chlordiazepoxide Clobazam	150 100
Clonazepam	300
Clorazepate	100
Desalkylfurazepam	500
Desmethyldiazepam	100
N-desmethylflunitrazepam	100
Diazepam Estazolam	100 500
Flunitrazepam	150
2-Hydroxyethylflurazepam	5000
4-Hydroxynordiazepam	4000
(+/-)Lorazepam	2200
Lorazepam glucuronide	250
Lormetazepam	500
Nitrazepam Norchlordiazepoxide	75 500
Nordiazepam	150
Oxazepam	300
Oxazepam glucuronide	750
Sulindac	7500
Temazepam	100
Temazepam glucuronide	75
Triazolam Cocaine 150 ng/mL	1500
Benzoylecgonine	150
Cocaethylene	150
Cocaine (Ecgonine Methyl Ester Benzoate)	100
Metoclopramide	80,000
Procaine (Novocaine)	75,000
Cocaine 300 ng/mL Benzoylecgonine	300
Cocaethylene	300
Cocaine (Ecgonine Methyl Ester Benzoate)	100
Metoclopramide	80,000
Procaine (Novocaine)	75,000
MDMA (Ecstasy) 500 ng/mL	
(+/-) 3,4-methlylenedioxy-methamphetamine (MDMA)	500
+/- Methamphetamine + Methamphetamine	500 500
(+/-) 3,4-Methylene-n-ethylmethamphetamine (MDEA)	20,000
Procaine	50,000
Ranitidine	40,000
Trimethobenzamide	20,000
MDMA (Ecstasy) 1000 ng/mL	1000
(+/-) 3,4-methlylenedioxy-methamphetamine (MDMA)	1000
+/- Methamphetamine	1000
+ Methamphetamine (+/-) 3,4-Methylene-n-ethylmethamphetamine (MDEA)	500 20,000
Procaine	60,000
Ranitidine	50,000
Trimethobenzamide	20,000

(Continued from previo			
Methadone	ius page)		
Benzotropine Methane s	ulfonate		30,000
Diphenhydramine			50,000
Disopyramide			60,000
Isopropamide			500
(+/-) Methadone			300
(-)-á-Methadol	A.N.4)		300
(-)-á-Acetylmethadol (LA	AM)		2500
Procyclidine Suxibuzone			50,000 25,000
Methamphetamines 50	0 ng/mL		20,000
	/-n-ethylamphetamine (MDEA	A)	20,000
Procaïne (Novocaïne)		,	60,000
Trimethobenzamide			20,000
+/- Methamphetamine			500
(+/-)- Methamphetamine			725
Ranitidine (Zantac)			50,000
Methamphetamines 10	methamphetamine (MDMA)		725
	-n-ethylamphetamine (MDEA)	20,000
Procaine (Novocaine)		,	60,000
Trimethobenzamide			20,000
+/- Methamphetamine			1000
+ Methamphetamine			500
Ranitidine (Zantac)			50,000
	methamphetamine (MDMA)		1000
Opiates 300 ng/mL			500
6-Acetylmorphine Codeine			500 100
Eserine (Physostigmine)			15,000
Ethylmorphine			100
Heroin (Diacetylmorphine	e)		500
Hydromorphone	,		2000
Hydrocodone			1250
Morphine			300
Morphine-3-b-D-Glucuro	nide		75
Nalorphine			500
Norcodeine			35,000
Oxycodone Thebaine (Paramorphine	2)		50,000 13,000
Opiates 2000 ng/mL	=)		13,000
6-Acetylmorphine			1000
Codeine			800
Ethylmorphine			400
Heroin (Diacetylmorphine	e)		10,000
Hydromorphone			2000
Hydrocodone			5000
Morphine	nida		1600
Morphine-3-b-D-Glucuro Oxycodone	nide		2000 75,000
Thebaine (Paramorphine			26,000
Oxycodone	·)		20,000
6-Acetylcodeine	Single assay: 11,000	Multi assay:	3000
6-Acetylmorphine	Single assay: 22,500	Multi assay:	
Codeine	Single assay: 900	Multi assay	: 300
Dihydrocodeine	Single assay: 325	Multi assay:	
Hydromorphone	Single assay: 3,500	Multi assay:	
Hydrocodone	Single assay: 75	Multi assay	150
Morphine	Single assay: 3,000	Multi assay:	450 50,000
Noroxycodone Oxycodone			100
Oxymorphone	Single assay: 200	Multi assay:	
Thebaine	eg.e dobdy: 200	maia accaji	25,000
Phencyclidine (PCP)			
Phencyclidine			25
4-Hydroxy phencyclidine			90
Phencyclidine Morpholin	e		625
Venlafaxine	lso detects high concentrations	of the court	100,000
maple for oup IFOF a	ise actoris mgn concentrations	or and cough a	approssarit uextilli

Rapid TOX Cup II PCP also detects high concentrations of the cough suppressant dextromethorphan. In young children, dextromethorphan overdoses may produce a preliminary positive result for PCP. However, adults ingesting therapeutic dosages of dextromethorphan should not produce a preliminary positive result.

Propoxyphene	
Propoxyphene	300
Norpropoxyphene	200

THC/ Cannabinoids (Tetrahydrocannabinol) Cannabinol	25.000
Efavirenz **	25,000
11-Hydroxy-D9-Tetrahydrocannabinol	5000
11-Nor-D8-Tetrahydrocannabinol-9 Carboxylic Acid	50
11-Nor-D9-Tetrahydrocannabinol-9 Carboxylic Acid	50
11-Nor-D9-Tetrahydrocannabinol-9 Carboxylic Acid Glucuronid	
D8-Tetrahydrocannabinol	20,000
D9-Tetrahydrocannabinol	20,000
** Efavirenz is the generic drug found in some HIV treatment	
have indicated that it is highly possible false positive results	s for THC may be observed in
patients taking medications which may include Efavirenz.	
Tricyclic Antidepressants	
Amitriptyline	1000
Clomipramine	75,000
Cyclobenzaprine	8000
Cyproheptadine	50,000
Desipramine	1000
Doxepin	5000
Imipramine	1000
Norclomipramine	2500
Nordoxepin	500
Nortriptyline	1000
Promazine	12,500
Protriptyline	2000

EFFECTS OF pH AND SPECIFIC GRAVITY

A series of experiments were conducted to evaluate the effects of pH on the reactivity of the **Rapid TOX Cup II** drug tests. Normal urine was adjusted to various pH levels by the addition of NaOH or HCI. Exogenous target drug or metabolite was then added to these pH-adjusted specimens to give a final concentration of the target cut-off level for that assay. A pH range of 3.0 to 12.0 was investigated. In all cases pH was found not to affect the ability of the **Rapid TOX Cup II** to detect the targeted level of drug or metabolite for that assay.

3000

Additional experiments determined that specific gravity did not affect the ability of **Rapid TOX Cup II** drug tests to detect the targeted drug or metabolite at the target cut-off level for that assay. Normal urine, specific gravity of 1.020, were diluted to produce urine with lower specific gravity values. Exogenous drug or metabolite was then added to these specimens to give a final concentration of the target cut-off for that assay. An aqueous solution (specific gravity of 1.000) of the drug or metabolite with a concentration of the target cut-off was also evaluated. In all cases, over the specific gravity range of 1.005 to 1.020 preliminary positive results were obtained by **Rapid TOX Cup II** drug tests. Specific gravity has little or no effect on the reactivity of **Rapid TOX Cup II** drugs of abuse tests.

SENSITIVITY

Trimipramine

Known concentrations of drug were added to normal, drug-free urine. Ten (10) determinations were made at each serial dilution of the single analyte. Sensitivity is defined as that concentration which produced preliminary positive responses in all ten (10) replicates.

DRUG	AVERAGE CONCENTRATION (ng/mL)	DRUG	AVERAGE CONCENTRATION (ng/mL)
Amphetamines	500 1000	Methamphetamines	500 1000
Barbiturates	300	Opiates	300 2000
Benzodiazepines	300	Oxycodone	100
Buprenorphine	12.5	Phencyclidine	25
Cocaine	150 300	Propoxyphene	300
MDMA (Ecstasy)	500 1000	THC/Cannabinoids	50
Methadone	300	Tricyclic Antidepressants	1000

SUMMARY

No immunoassay that produces a single response in relation to the presence of multiple components in a mixture can reliably quantify the concentration of these components. (For example, the **Rapid TOX Cup II** barbiturates test detects several barbiturates. Attempts to establish semi-quantitative concentrations are not recommended. The sensitivity of this test to detect barbiturates is at an average concentration of 300 ng/mL).

Drug	Concentration in ng/mL	Results # Pos./10
	250	3/10
Amphetamines	375	2/10
500 ng/mL	500	10/10
	625	10/10
	500	0/10
Amphetamines 1000 ng/mL	750 1000	2/10 10/10
root ng/me	1250	10/10
	150	0/10
	225	2/10
Barbiturates	300	10/10
	375	10/10
	150	0/10
Benzodiazepines	225	2/10
Delizoulazepilles	300	10/10
	375	10/10
	5	0/10
Buprenorphine	10	2/10
- aprono primo	12.5	10/10
	15	10/10
	75	0/10
Cocaine 150 ng/mL	113	2/10
150 lig/mL	150	10/10
	187	10/10
0	150	0/10
Cocaine 300 ng/mL	225 300	<u>3/10</u> 10/10
500 fig/file	300	10/10
	250	0/10
MDMA	375	3/10
500 ng/mL	500	10/10
	625	10/10
	500	0/10
MDMA	750	2/10
1000 ng/mL	1000	10/10
	1250	10/10
	150	1/10
Mathematica	225	3/10
Methadone	300	10/10
	375	10/10
	250	0/10
Methamphetamines	375	1/10
500 ng/mL	500	10/10
	615	10/10
	500	0/10
Methamphetamines	750	3/10
1000 ng/mL	1000	10/10
	1250	10/10
0.1.1	150	0/10
Opiates 300 ng/mL	225 300	2/10 10/10
SSO HEALT	300	10/10
	1000	0/10
Opiates	1250	3/10
2000 ng/mL	2000	10/10
-	2500	10/10
	50	0/10
0	75	3/10
Oxycodone	100	10/10
	125	10/10
	13	0/10
Phencyclidine	19	3/10
Fnencychume	25	10/10
	37	10/10
	150	0/10
Propoxyphene	225	3/10
i i opoxyphiene	300	10/10
	375	10/10

(Summary chart continued)

Drug	Concentration in ng/mL	Results # Pos./10
	25	0/10
THC/Cannabinoids	38	3/10
THC/Carmabinolus	50	10/10
	75	10/10
Tricyclic Antidepressants	500	0/10
	750	2/10
	1000	10/10
	1250	10/10

ACCURACY

Contrived samples of known GC/MS results were tested on the Rapid TOX Cup II at the levels specified below.

				Near	Neer		
				Negative	Near Positive Be-	High	
			Low	Between	tween the	Positive	
			Negative	50% below	cutoff and	Greater than	Percent
Drug Name		Nega-	Less than	the cutoff	50% above	50% above	Agree-
	Rapid TOX	tive	50% of the	and the cut-	the cutoff	the cutoff	ment
	Cup II Re-	No Drug	cutoff con-	off concen-	concentra-	concentra-	
	sult	Present	centration	tration	tion	tion	
OPI	POSITIVE	0	0	28	98	98	100%
2000ng/mL	NEGATIVE	939	48	67	0	0	97.4%
OPI	POSITIVE	0	0	25	96	96	100%
300 ng/mL	NEGATIVE	432	48	71	0	0	95.7%
METH	POSITIVE	0	0	26	98	97	100%
1000 ng/mL	NEGATIVE	926	47	71	0	0	97.6%
METH	POSITIVE	0	0	29	96	96	100%
500 ng/mL	NEGATIVE	96	48	67	0	0	87.9%
COC	POSITIVE	0	0	29	97	96	100%
300 ng/mL	NEGATIVE	1295	49	69	0	0	98.0%
COC	POSITIVE	0	0	26	96	96	100%
150 ng/mL	NEGATIVE	432	48	70	0	0	95.5%
AMP	POSITIVE	0	0	17	104	104	100.0%
1000 ng/mL	NEGATIVE	1272	52	87	0	0	98.8%
AMP	POSITIVE	0	0	29	96	96	100
500 ng/mL	NEGATIVE	432	48	67	0	0	95.0%
MDMA	POSITIVE	0	0	18	106	106	100%
1000 ng/mL	NEGATIVE	925	53	88	0	0	98.3%
MDMA	POSITIVE	0	0	27	96	96	100%
500 ng/mL	NEGATIVE	96	48	69	0	0	88.8%
THC	POSITIVE	0	0	26	104	104	100.0%
50 ng/mL	NEGATIVE	2039	52	78	0	0	98.8%
OXY	POSITIVE	0	0	30	102	102	100%
100 ng/mL	NEGATIVE	1372	51	72	0	0	98.0%
BZO	POSITIVE	0	0	13	106	106	100%
300 ng/mL	NEGATIVE	2033	53	93	0	0	99.4%
BAR	POSITIVE	0	0	23	102	102	100%
300 ng/mL	NEGATIVE	1279	51	79	0	0	98.4%
PPX	POSITIVE	0	0	28	104	104	100.0%
300 ng/mL	NEGATIVE	1272	52	76	0	0	98.0%
PCP	POSITIVE	0	0	28	104	104	100%
25 ng/mL	NEGATIVE	1272	52	76	0	0	98.0%
MTD	POSITIVE	0	0	33	106	106	100.0%
300 ng/mL	NEGATIVE	2031	53	73	0	0	98.5%
BUP	POSITIVE	0	0	26	106	106	100.0%
12.5 ng/mL	NEGATIVE	1264	53	80	0	0	98.2%
TCA	POSITIVE	0	0	22	102	102	100%
1000 ng/mL	NEGATIVE	1276	51	80	0	0	98.5%

REPRODUCIBILITY

Reproducibility studies were carried out using contrived urine specimens. Each specimen was contrived to a specific concentration compared to drug cutoff. Each specimen was tested by approximately fifty (50) consumers in one day.

Drug	Concentration to Cutoff	Concentration in ng/mL	#	Results	Precision
AMP 500	0.5	254	48	NEG	36/48 (75.00%)
	0.75	389	48	NEG	31/48 (64.58%)
	1.25	650	48	POS	48/48 (100.00%)
	1.5	757	48	POS	48/48 (100.00%)
AMP 1000	0.5	280	52	NEG	45/52 (86.54%)
	0.75	818	52	NEG	42/52 (80.77%)
	1.25	1299	52	POS	52/52 (100.00%)
	1.5	1474	52	POS	52/52 (100.00%)
BAR	0.5	157	51	NEG	44/51 (86.27%)
	0.75	270	51	NEG	35/51 (68.63%)
	1.25	323	51	POS	51/51 (100.00%)
	1.5	687	51	POS	51/51 (100.00%)
BUP	0.5	4.2	53	NEG	46/53 (86.79%)
	0.75	5.0	53	NEG	34/53 (64.15%)
	1.25	10	53	POS	53/53 (100.00%)
	1.5	12	53	POS	53/53 (100.00%)
BZO	0.5	149	53	NEG	50/53 (94.34%)
	0.75	248	53	NEG	43/53 (81.13%)
	1.25	391	53	POS	53/53 (100.00%)
	1.5	438	53	POS	53/53 (100.00%)
COC 150	0.5	66	48	NEG	38/48 (79.17%)
	0.75	96	48	NEG	32/48 (66.67%)
	1.25	158	48	POS	48/48 (100.00%)
	1.5	193	48	POS	48/48 (100.00%)
				1	

(Reproducibility continued)

Drug	Concentration to Cutoff	Concentration in ng/mL	#	Results	Precision
	to cuton	in ng/in∟			
COC 300	0.5	400	49	NEG	35/49
	0.75	136	49	NEG	(71.43%) 34/49
	0.75	187	49	NEG	(69.39%)
	1.25	364	49	POS	49/49 (100.00%)
		504			
	1.5	402	48	POS	48/48 (100.00%)
MDMA 500	0.5	250	48	NEG	38/48 (79.17%)
	0.75	375	48	NEG	31/48 (64.58%)
	1.25	625	48	POS	48/48 (100.00%)
	1.5	750	48	POS	48/48 (100.00%)
MDMA 1000	0.5	500	53	NEG	47/53 (88.68%)
	0.75	750	53	NEG	41/63 (77.36%)
	1.25	1250	53	POS	53/53 (100.00%)
	1.5	1500	53	POS	53/53 (100.00%)
METH 500	0.5	250	48	NEG	37/48 (77.08%)
	0.75	375	48	NEG	30/48 (62.50%)
	1.25	625	48	POS	48/48 (100.00%)
	1.5	750	48	POS	48/48 (100.00%)
METH 1000	0.5	500	48	NEG	38/48 (79.17%)
	0.75	750	49	NEG	33/49 (67.25%)
	1.25	1250	49	POS	49/49 (100.00%)
	1.5	1500	49	POS	49/49 (100.00%)
MTD	0.5	150	53	NEG	38/53 (71.70%)
	0.75	225	53	NEG	35/53 (66.04%)
	1.25	375	53	POS	53/53 (100.00%)
	1.5	450	53	POS	53/53 (100.00%)

(Reproducibility continued)

Drug	Concentration to Cutoff	Concentration in ng/mL	#	Results	Precision
OPI 300	0.5	150	48	NEG	37/48 (77.08%)
	0.75	225	48	NEG	34/48 (70.83%)
	1.25	375	48	POS	48/48 (100.00%)
	1.5	450	48	POS	48/48 (100.00%)
OPI 2000	0.5	1000	47	NEG	34/47 (72.34%)
	0.75	1500	48	NEG	33/48 (68.75%)
	1.25	2500	49	POS	49/49 (100.00%)
	1.5	3000	49	POS	49/49 (100.00%)
OXY	0.5	50	51	NEG	39/51 (76.47%)
	0.75	75	51	NEG	33/51 (64.71)
	1.25	125	51	POS	51/51 (100.00%)
	1.5	150	51	POS	51/51 (100.00%)
PCP	0.5	12.5	52	NEG	41/52 (78.85%)
	0.75	18.75	52	NEG	35/52 (67.31%)
	1.25	31.25	52	POS	52/52 (100.00%)
	1.5	37.5	52	POS	52/52 (100.00%)
PPX	0.5	150	52	NEG	40/52 (76.92%)
	0.75	225	52	NEG	36/52 (69.23%)
	1.25	375	52	POS	52/52 (100.00%)
	1.5	450	52	POS	52/52 (100.00%)
TCA	0.5	500	51	NEG	41/51 (80.39%)
	0.75	750	51	NEG	39/51 (76.47%)
	1.25	1250	51	POS	51/51 (100.00%)
	1.5	1500	51	POS	51/51 (100.00%)
THC	0.5	25	52	NEG	41/52 (78.85%)
	0.75	37.5	52	NEG	37/52 (71.15%)
	1.25	62.5	52	POS	52/52 (100.00%)
	1.5	75	52	POS	52/52 (100.00%)

CROSSREACTIVITY

The following drugs are not detected by **Rapid TOX Cup II** at concentrations less than 100,000 ng/mL unless otherwise specified:

Acebutolol Acetaldehyde Acetaminophen (4-Acetamidophenol; N-Acetyl-paminophenol) Acetazolamide Acetone 3-(α-acetonylbenzyl)-4-hydroxycoumarin (Warfarin) Acetophenetidin Acetopromazine N-Acetyl-L-cysteine 6-Acetylmorphine (except OPI & OXY) N-Acetylprocainamide (Acecainide) Acetylsalicylic Acid (Aspirin; 2-Acetoxybenzoic Acid) Albumin, standard Albuterol Allobarbital (5,5-Diallybarbituric Acid) (except BAR) Allopurinol (4-Hydroxypyrazole (3,4-) Pyrimidine) Alpha- hydroxyriazolam* Alprazolam (except BZO) Alprenolol Amantadine (Adamantan-1-amine) Amcinonide (+) Amethopterin (4-Amino-10-methylfolic acid; Methotrexate; Methylaminopterin) Amikacin Amiloride p-Aminobenzoic Acid 7-Aminoclonazepam 7-Aminoflunitrazepam DL-Aminoglutethimide 7-Aminonitrazepam Amiodarone Amitriptyline (except TCA) Ammonium Chloride Amobarbital (amytal;5-Ethyl-5- Isoamyl barbituric Acid) (except BAR) Amoxetine Amoxicillin Amphotericin B D-Amphetamine (except AMP) DL-Amphetamine (except AMP) L-Amphetamine (except AMP) Ampicillin D-Amygdalin Aniline Antipyrine (Phenazone) Apomorphine Aprobarbital (except BAR) Aripiprazole Ariprazole (-) Arterenol [(-)Norepinephrine] L-Ascorbic Acid ASP-PHE-Methyl-Ester (Aspartame) D-Aspartic Acid DL-Aspartic Acid L-Aspartic Acid Astemizole Atenolol Atomoxetine Atropine (Tropinetropate) Atrovastin Azathioprine Baclofen Barbital (Barbitone;5,5-Diethylbarbituric acid; Veronal) (except BAR) Barbituric Acid (2,4,6- Trihydroxypyrimidine; Malonylurea) Beclomethasone Beclomethasone Dipropionate Bendroflumethiazide Benzidine (4,4 Diaminobiphenyl) Benicar Benzylic Acid β-diethylaminoethyl ester Benzocaine (*Ethyl-p-Aminobenzoate*) Benzoic Acid Benzonatate Benzoylecgonine (except COC) Benzphetamine (a-dimethylphenethylamine) Benzthiazide Benztropine Methane sulfonate (Benztropine Mesylate) Benzyl alcohol Benzylamine Benzylpiperazine Berberine Betamethasone Bilirubin Bisacodyl Bromazepam (except BZO) 2-Bromo-α-ergocryptine (Bromocriptine mesylate) (+) Brompheniramine (Dexbrompheniramine) (+/-) Brompheniramine Bumetanide Bupivacaine Buprenorphine (except BUP) Bupropion HCL Buspirone Butabarbital (except BAR) Butalbital (except BAR) Butethal (except BAR) Butacaine 2-ButynoicAcid Ethyl Ester (*Ethyl-2-Butynoate*)

Butyrophenone Caffeine (1,3,7-Trimethylxanthine)

(Continued from previous page) (+/-) Camphor Cannabidiol Cannabinol (except THC) Canrenoic Acid Captopril Carbamazepine Carbamyl-β-methylcholine-chloride (Bethanechol Chloride) Carboplatin (s)-(-)-Carbidopa Carisoprodol Carvedilol Cefaclor Cefadroxil Cefotaxime Cefoxitin Ceftriaxone Cefuroxime Cephalexin Cephaloridine Cephradine (Cefradine) Cetirizine α-Chloralose Chloramphenicol (Chloromycetin) Chlorcyclizine Chlordiazepoxide (except BZO) 2-(p-Chlorophenoxy)-2-Methylpropionic Acid Ethyl Ester (Clofibrate) Chloroquine Chlorothiazide Chlorotrianisene (+)Chlorpheniramine (+/-)Chlorpheniramine Chlorpromazine Chlorpropamide Chlorprothixene Chlorthalidone Chlorzoxazone (5-Chloro-2-Hydroxybenzoxazole) Cholesterol Cimetidine Cinchonidine Cinoxacin Ciprofloxacin Citalopram* Citalopram Hydrobromide* Clarithromycin Clemastine Clenbuterol Clindamycin Clindamycin Phosphate Clobazam (except BZO) Clobetasone Butyrate Clomipramine (except TCA) Clonazepam (except BZO) Clonidine Clorazepate (except BZO) Clorazepate Dipotassium Cloxacillin Clozapine Coca ethylene (except COC) Cocaine (Ecgonine Methyl Ester Benzoate) (except COC) Codeine (Desferrioxamine Mesylate) (except BUP, OPI & OXY) Colchicine Cortisone β-Cortol Creatinine Cromolyn (Cromoglycic Acid) Cyclobenzaprine (except TCA) Cyclophosphamide Cyclosporin A Cyproheptadine (except TCA) Dantrolene Deferoxamine Mesylate Deoxyepinephrine R-(-)-Deprenyl (Selegiline) Desipramine (except TCA) N- Desmethylclozapine (Normethylclozapine) Desmethyldiazepam (except BZO) Desoximetasone Dexamethasone Dexbrompheniramine Dextromethorphan 4,4'-Diaminophenyl Sulfone (Dapsone) Diazepam (except BZO) Diazoxide Dichloromethane (Methylene Chloride) Dichlorphenamide Diclofenac Dicyclomine Dieldrin Diethyldithiocarbamic Acid N,N-Diethylnicotinamide (*Niacin Diethylamide; Nikethamide*) Diflorasone Diacetate Diflucortolone pivalate Diflunisal Digitoxin Digoxin (1,2 β -Hydroxydigitoxin) DL-3-4 Dihydroxymandelic Acid DL-3-4 Dihydroxyphenyl Glycol 3,4 Dihydroxyphenylacetic Acid (2,3-Dihydroxypropyl) Theophylline (Dyphylline) Diltiazem Diltiazem-cardizem Dimenhydrinate

Dimercaprol (2,3-Dimercaptopropanol) 4-Dimethylaminoantipyrine (Aminopyrine) 1,1-Dimethylbiguanide (Metformin) Dimethyl isosorbide Dimethyl Sulfoxide (DMSO) 1,3-Dimethyluric Acid ,7-Dimethylxanthine Diphenhydramine (except MTD) 5,5-Diphenylhydantoin (Phenytoin) (except BAR) Dipyridamole Dipyrone Disopyramide (except MTD) Divalproex Dobutamine Doxepin (except TCA) Doxycycline Doxylamine Droperidol Ecoonine Ecgonine Methyl Ester Efavirenz Emetine Enalapril (-)-ψEphedrine -)-ψ-Ephedrine (+)Ephedrine (+/-)Ephedrine (-)Epinephrine (+/-)Epinephrine Erythromycin Escitalopram Eserine (Physostigmine) (except OPI) Estazolam (except BZO) **R**-Estradiol Estriol Estrone Estrone-β-D-Glucuronide Estrone-3-Sulfate Ethacrynic Acid Ethambutol Ethamivan (*N*,*N*-*Diethylvanillamide*) Ethanol, Standard Ethopropazine Ethosuxuximide (2-Ethyl-2-Methylsuccinimide) 2-Ethyl –2-Phenylmalonamide Ethylene Glycol Ethylene digital Ethylene diaminetetraacetic Acid (*EDTA*) 2-Ethyldine-1,5-Dimethyl-3,3-diphenylpyrolidine Ethylmorphine* (*except OPI & OXY*) 17-α-Ethynylestradiol Etodolac Etoposide Ezetimibe Famotidine Felodipine Fenfluramine Fenoprofen [(+/-)-2-(3-Phenoxyphenyl) Propionic Acid] Fentanyl* Ferrous Sulfate exophenadine Fluoxetine Flurbiprofen Flufenamic Acid Flunisolide Flunitrazepam (except BZO) Fluphenazine Flurandrenolide Flurazepam (except BZO) Flurbiprofen Formaldehyde Furosemide Gabapentin Gemfibrozil Gentamicin Sulfate Gentisic Acid Glucose (D)-(+)-Glucose *(Dextrose)* Glibenclamide Griseofulvin Guaiacol Glyceryl Ether Guaifenesin Guanethidine Halazepam Halcinonide Haloperidol Hemoglobin Heroin (*Diacetylmorphine*)* (except OPI) Hexachlorocyclohexane Hexachlorophene Hexobarbital Hippuric Acid Hippuic Acia Histamine (2 (4-Imidazolyl) Ethylamine] DL-Homatropine Hydralazine (1-Hydrazinophthalazine) (15,9R)- β-Hydrastine Hydrochlorothiazide Hydrocodone (except BUP, OPI& OXY) Hydrocortisone Hydroflumethiazide Hydromorphone (except OPI & OXY) Hydroxocobalamin O-Hydroxyhippuric Acid 5-Hydroxyindole-3-Acetic Acid 5-Hydroxy-2-indole-2-Carboxylic Acid 4-Hydroxy-3-Methoxyphenylacetic Acid (Homovannilic Acid) 4-Hydroxy Phencyclidine (except PCP)

11-Hydroxy-∆9-Tetrahydrocannabinol* (except тнс) 5-Hydroxytryptamine (Serotonin) 3-Hydroxytyramine Hydroxyzine (Atarax) L-Hyoscyamine Ibuprofen Irbesartan Imidazole-4-Acetic acid Imipramine (except TCA) Indapamide Indole-3-Acetic acid Indole-3-Butyric Acid DL-Indole-3-Lactic Acid Indomethacin Interferon Ipratropium Bromide Iproniazid Isonicotinic Acid (Pyridine-4-Carboxylic Acid) Isonicotinic Acid Hydrazide Isopropamide (except MTD) (+)Isoproterenol (-)Isoproterenol (+/-)Isoproterenol Isoxsuprine Kanamycin Ketamine Ketoprofen Kynurenic Acid Labetalol Lamotrigine Lanoprazole Lansoprazole Levorphanol Levothyroxine Lidocaine Linoleic Acid-Conjugated (CLA), Gamma, Alpha; Eicosapentanoic, docahexaenoic acid; omega 369 Lisinopril Lithium Carbonate Loperamide Loratadine (+/-)Lorazepam (except BZO) Lormetazepam (except BZO) Lysergic Acid Diethylamide (LSD) Mebendazole Meclizine Meclofenamic Acid Medazepam Mefenamic Acid Melanin Meloxicam Melphalan (-)Menthol Meperidine Mephenesin Mephentermine Meprobamate 6-Mercaptopurine Mersalyl Acid Mescaline (3,4,5-Trimethoxyphenyethylamine) DL-Metanephrine Metaproterenol Metaraminol [(-)-m-Hydroxyphenylpropanolamine] (+/-) Methadone (except MTD) (+) Methamphetamine (Methylamphetamine; d-Desoxyephedrine) (except MDMA & MET) (+/-) Methamphetamine (except MDMA & MET) Methanol, Absolute Methaqualone Methazolamide Methotrimeprazine Methoxamine Methoxamine (S)-6-Methoxy-α-Methyl-2-Napthalene Acetic Acid (Naproxen) Methoxyphenamine 5-Methoxytryptamine 3-Methoxytyramine 2-Methyl-3-(3,4-dihydroxyphenyl)-DL-Alanine 2-Methyl-3-(3,4-dihydroxypheyl)-L-Alanine 3,3'-Methylene-bis-(4-Hydroxycoumarin) (Dicumarol) Methylene Blue (+/-) 3,4-Methylenedioxyamphetamine (MDA) (except AMP) (except AMP) (+/-) 3,4-Methylenedioxymethamphetamine (MDMA) (except MET & MDMA) (+/-) 3,4-methylenedioxy-n-ethylamphetamine (MDEA) (except MET & MDMA) 1-Methylhistamine 6 a-Methyl-17 a-Hydroxyprogesterone (Medroxyprogesterone) (Medroxyprogesterone) 6 a-Methylprednisolone (Medrol) Methylphenidate (Ritalin) Methyl Salicylate Methyl Viologen (Gramoxone; Paraquat Dichloride) Meticrane Metoclopramide (except BUP & COC) (+/-)Metoprolol Metronidazole Mexiletine (except AMP) Mianserin Midazolam Milrinone Minaprine Minocycline Mirtazapine (except BZO)

Morphine (except BUP, OPI & OXY) Morphine-3-β-D-Glucuronide (except OPI) Mupirocin Nabumetone Nadolol Nafcillin Nalburphine Nalidixic Acid Nalmefene (except BUP) Nalorphine (except OPI) Naloxone Naltrexone (except BUP) Naphazoline α-Naphthalene Acetic Acid β -Naphthalene Acetic Acid α -Naphthalene Acetic Acid α -Naphthol Neomycin Sulfate Nialamide Nicotic Acid (Niacin) Nifedipine Nitrazepam (except BZO) Nitrofurantoin Nomifensine 11-Nor-∆8-Tetrahydrocannabinol-9-Carboxylic Acid* (except THC) 11-Nor- Δ 9-Tetrahydrocannabinol-9-Carboxylic Acid* (except THC) (except THC) (except THC) Norclomipramine (except TCA) Norocaine Norcodeine (except OPI) Nordoxepin (except TCÁ) Nordiazepam (except BZO) Norethindrone Norfloxacin DL-Normetanephrine Normorphine d-Norpropoxyphene (except PPX) Nortriptyline (except TCA) Noscapine Nylidrin Olmesartan Omeprazole Orotic Acid (Uracil-6-Carboxylic Acid) Orphenadrine Oxalic Acid (Ethanedioic Acid) Oxaprozin Oxazepam (except BZO) Oxolinic Acid Oxybutynin Chloride Oxycodone (except OPI &OXY) Oxymetazoline Oxyphenbutazone Oxyprenolol Oxypurinol Paclitaxel Pancuronium Bromide Pantoprazole Papaverine Pargyline Paroxetine HCL Phenazopyridine Phencyclidine Morpholine (except PCP) Penicillin G (Benzylpenicillin) Pentachlorophenol Pentobarbital (Nembutal) (except BAR) Pentoxifylline (Trental) Pentylenetetrazole Phencyclidine (except PCP) Phendimetrazine p-Phenylenediamine Phenelzine Phenformin Pheniramine Phenobarbital (except BAR) Phenol Phenolohthalein Phenothiazine (Thiodiphenylamine) Phenoxymethyl Penicillinic Acid (*Penicillin V*) Phentermine (α , α -Dimethylphenethylamine) (except AMP) Phentolamine DL-Phenylalanine L-Phenylalanine Phenylbutazone L-Phenylephrine (+/-)-a-Phenylethylamine (a-Methyl benzylamine) β -Phenylethylamine (R)-(+)- α -Phenylethylamine (+/-) Phenylpropanolamine (PPA) Phenylosamide Phthalic Acid (1,2-Benzenedicarboxylic Acid) Picrotoxin Pilocarpine Pimozide Pinacidil Pindolol Pioglitazone L-Pipecolic Acid Pipemidic Acid Piroxicam Potassium Chloride Potassium lodide Prazepam Prazosin Prednisolone (1-Dehydrocortisol)

(continued from previous page) Prednisone (Dihydrocortisone)	Toluene cis-Tramadol	Trouble Shooting Tips			
5-Pregnen-3β-OL-20-one (EPI pregnanolone; Pregnenolone) Prilocaine	Trans-2-Phenylcyclopropylamine (Tranylcypromine-mine) Tramadol HCI	Potential Failure	Potential Cause of Failure	Corrective/Preventive Actions	
Primaquine Primidone (2-Desoxyphenobarbital) Proadifen Probenecid [<i>p</i> -(Dipropylsulfamoy) Benzoic Acid] Procainamide Procaine (Novocaine) (except COC, MDMA &	Trazodone Triamcinolone (<i>Fluoxiprednisolone</i>) Triamterene Triazolam* (<i>except BZO</i>) Trichlormethiazide Trichloroacetic acid 2,2,2 Trichloroethanol	One or more of the test strips fails to flow immediately	The test strips may not all begin to flow at the same time It is not uncommon for strips to	If one or more of the test strips fail to flow after 1 minute, agitate the cup on a flat surface for a few seconds	
MET) Prochlorperazine Procyclidine (except MTD) Promazine (except TCA)	Trifluoperazine Triflupromazine DL-Trihexyphenidyl Trimethobenzamide (except MDMA &		flow at different rates	All test strips should yield results within the 3 to 5 minute time period	
Promethazine Propionyl promazine d-Propoxyphene (except PPX) DL-Propranolol	MET) Trimethoprim 3,5,5-Trimethyloxazolidine-2-4dione (Trimethadione)			Do not turn the cup upside down during the testing period	
2-Propylpentanoic Acid (<i>Valproic Acid</i>) Protein Pyridoxine Protriptyline (<i>except TCA</i>)	Trimipramine <i>(except TCA)</i> Triprolidine DL-Tropic Acid Tropine	One or more of the test strips fail to flow	Insufficient sample Sample is below the minimum fill line	Ensure sample is above the minimum fill line labeled on the cup	
d-Pseudoephedrine Pyridine-2-AldoximeMethochloride (<i>Pralidoxime</i> <i>Chloride</i>) Pyrilamine (<i>Mepyramine</i>)	Tryptamine [3-(2-Aminoethyl) Indole] DL-Tryptophan (3 β-Indolylalanine; (+/-)-α- Amino-3-Indolepropionic Acid) d-Tubocurarine Chloride	Test results are washed out or test line(s) appears smeared	Vigorously shaking the cup or turning the cup upside down will flood the test strip(s)	Avoid excessive agitation or turning the cup upside down	
Quinapril Quinidine Quinine Quinolinic Acid (2,3-Pyridinedicarboxylic Acid)	Tyramine (4-Hydroxyphenethylamine) DL-Tyrosine Urea (Carbamide) Uric Acid	Silicareu		If agitation is necessary, lightly agitate the cup on a flat surface for a few seconds	
Ramipril Ranitidine (<i>Zantac</i>) (except MDMA & MET) Rescrinnamine Reserpine Ribavirin	Vancomycin (+/-)Verapamil Venlafaxine (<i>except PCP</i>) Vincamine Vitamins	Cup has leaked during shipment for confirmation	Lid was loosely placed on the cup prior to shipping	Ensure that the lid is placed on the cup and tightened appropri- ately prior to shipping	
Riboflavin Ritodrine Rosiglitazone Rosuvastatin	Warfarin Xylometazoline Yohimbine Zearalenone	The Control Line(s) does not appear after 10 minutes	Flooding of the test strip(s) by excessive agitation or turning the cup upside down	Test is considered invalid Repeat the test	
Salbutamol (Albuterol) Salicylamide (2-Hydroxybenzamide) Salicylic Acid (2-Hydroxybenzoic Acid) (-) Scopolamine (Hyoscine)	Zolpidem Zomepirac Zopiclone			Avoid excessive agitation or turning the cup upside down	
Secobarbital (<i>Quinalbarbitone</i>) (except BAR) Sertraline Simvastatin Sodium Chloride	*tested at 10,000 ng/mL			If agitation is necessary, lightly agitate the cup on a flat surface for a few seconds	
Sodium Formate (+/-)Sotalol Strychnine Succinylcholine Chloride		The Control Line(s) does not appear after 10 minutes	Insufficient sample Sample below the minimum fill line	Test is considered invalid Repeat the test	
Sulfamethazine Sulfamethoxazole Sulfanilamide (<i>p-Aminobenzenesulfonamide</i>) Sulfathiazole Sulfisoxazole				Ensure sample is above the minimum fill line labeled on the cup	
Sulindac (except BZO) (+/-)Sulpiride Suxibuzone (except MTD) Talbutal (except BAR) Tamoxifen		Color blindness (For analyte result interpreta- tion)	Result and control lines are colored	Color differentiation is not required to interpret the test results	
Tannic Acid Temazepam (except BZO) Tenoxicam Terazonin				Once the control lines have formed the results are read by the appearance or lack of a line	
Terazosin Terazosin HCI Terbutaline Terfenadine Tetractycline Tetractylt Thiuram Disulfide (Disulfiram) Δ8-Tetrahydrocannabinol (except THC) Δ9-Tetrahydrocannabinol (except THC) Tetrahydrozannabinol (except THC)		Questionable results	Physical degradation of device, improper storage, opening pack- age too soon prior to testing, attempting to read test results outside of result interpretation window	Follow product instructions for correct product storage, handling and result interpretation	
Tetrahydrozoline Thebaine (Paramorphine) (except OPI & OXY) Theobromine (3,7-Dimethylxanthine) Theophylline (1,3-Dimethylxanthine) Thiamine (Aneurine) Thimerosal (Sodium Ethylmercurithiosalicylate) Thioridazine cis-Thiothixene Thymol (5-Methly-2-Isopropylphenol)		Questionable results or excessive invalid results	Specimen adulteration	Upon receipt of the specimen and within four (4) minutes, read the temperature strip to ensure it is between 90 – 100° F (32-38°C)	
Timolol Tobramycin Tolazamide Tolbutamide Tolmetin		Questionable results/ non- confirmation of preliminary positive results	Incorrect or lack of specimen confirmation testing	For the most reliable confirma- tion results, confirm by GC/MS at limit of detection levels	

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Rapid TOX Cup II was developed and is manufactured by American Bio Medica Corporation.

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Website: www.abmc.com

Rapid TOX Cup II is covered by U.S Patent No. 7,507,373 & 8,206,661; with additional patents pending

ABMC hereby warranties that its products covered under these Product Instructions will be free from defects in workmanship and materials at the time of sale. ABMC shall only be responsible for direct damages that may result from such defect in workmanship or materials. Test results should be confirmed by an accepted reference method such as GC/MS.



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