

TROUBLESHOOTING GUIDE DRUGS OF ABUSE

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INTRODUCTION:

The purpose of this guide is to assist our partners in troubleshooting any foreseen or unforeseen events that may occur while running N.C.S drugs of Abuse tests. All N.C.S drug of abuse panels are rapid visual immunoassay for the qualitative detection of drug and drug metabolites in human urine. All panels and all formats provide 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, but the use of Liquid Chromatography/mass spectrometry (LC/MS) for confirmation testing is increasing. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary results are indicated.

In addition to the drugs of abuse assays, the One Step S.V.T. (Specimen Validity Test) is a semi-quantitative color comparison screen for the detection of adulterants. Within one minute (1) of the pads being activated by the urine sample, the color that appears on the pads can be compared with the printed color chart on the canister or color chart enclosed in the kit box. The S.V.T. also provides a preliminary screen only. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Abnormal results should be sent to a laboratory for confirmation.

BACKGROUND:

Amphetamine(s)

Amphetamine is a stimulant drug that is used in treatment of ADHD, narcolepsy and obesity. Most positive results originate from legitimate, prescription use of the drug. Illicitly, the drug is occasionally diverted from legitimate prescriptions and sold on the streets.

Technical Notes

1. Common cross-reactants: Prescription appetite suppressants such as Phentermine, other amphetamine-like prescription drugs; Ecstasy-like club drug called MDA (which is a metabolite of MDMA). In addition, there are several therapeutic agents, such as Benzphetamine, that metabolize to amphetamine (and methamphetamine) in the body and will produce positive drug test results. It is also important to note that amphetamine is a metabolite of methamphetamine and will appear in the urine of a person who has taken methamphetamine.
2. Current US SAMHSA "screening" cutoff is 1,000 ng/mL
3. Current GC/MS (industry standard) confirmation cutoff is 500 ng/mL.
4. Proposed changes in SAMHSA are:
 - a. To lower the screening cutoff to 500 ng/mL
 - b. Change target drug from D-amphetamine (historical) to D-methamphetamine
 - c. Change the GC/MS confirmation to 250 ng/mL
5. Outside the US, amphetamine screening cutoffs may be 300 ng/mL.
6. N.C.S manufactures amphetamine assays with cutoff levels of 1,000 and 300 ng/mL. Both assays are FDA cleared and target d-amphetamine as the primary antigen.

Methamphetamine(s)

Methamphetamine is a stimulant drug that is very rarely prescribed, but there is a form (stereoisomer) of methamphetamine that is used in the Over-the-Counter Vick's Inhalers. Most positives are the result of illegal use; the drug is made illegally from pseudoephedrine.

Technical Notes

1. About 4-7% of a methamphetamine dose is broken down to amphetamine by the body
2. Common cross-reactants: metabolites of Ephedrine, Ranitidine (Zantac), and MDMA. In addition, there are several therapeutic agents, such as Benzphetamine, that metabolize to methamphetamine (and amphetamine) in the body and will produce positive drug test results. It is also important to note that amphetamine is a metabolite of methamphetamine and will appear in the urine of a person who has taken methamphetamine.
3. Current US SAMHSA cutoff: grouped together with Amphetamine(s) is 1,000 ng/mL
4. Current GC/MS (SAMHSA) confirmation cutoff is 500 ng/mL; MUST ALSO HAVE AT LEAST 200 ng/mL of amphetamine in the urine to report a viable "methamphetamine" positive
5. Proposed changes in SAMHSA are:
 - Change the screening cutoff to 500 ng/mL
 - Change target drug from D-amphetamine (historical) to D-methamphetamine
 - Change the GC/MS confirmation to 250 ng/mL; amphetamine must still be present in the urine "around cutoff" to report a methamphetamine positive GC/MS result.
6. N.C.S manufactures methamphetamine assays with cutoff levels of 1,000, 500 and 300 ng/mL. The 500 and 1,000 ng/mL assays are FDA cleared; the 300 ng/mL assay is for outside the US only. All three assays target d-methamphetamine as the primary antigen.

Cocaine

Cocaine is a stimulant drug and local anesthetic drug that is derived from the coca plant; the drug is rarely prescribed. Most drug test positives are from illegal use; “crack” is a “free-base” form of cocaine that is more readily bio-available.

Technical Notes

1. Cocaine is extensively metabolized in the body to benzoylecgonine, ecognine methyl ester and ecognine
2. Common cross-reactants: there are No KNOWN cross-reactive compounds with urine-based cocaine immunoassays but the N.C.S Cocaine assay is considered very sensitive to low levels of benzoylecgonine in urine.
3. Current US SAMHSA “screening” cutoff: 300 ng/mL
4. Current GC/MS (industry standard) confirmation cutoff: 150 ng/mL of benzoylecgonine
5. Proposed changes in SAMHSA are to lower the screening cutoff to 150 ng/mL
6. Proposed change to GC/MS confirmation level is to lower it to 100 ng/mL of benzoylecgonine
7. N.C.S manufactures Cocaine assays with cutoff levels of 300 and 150 ng/mL. Both are FDA cleared and target benzoylecgonine as the primary antigen.

Opiates

Opiates are a large “class” of drugs used legally for pain-relief (morphine) and cough suppression (codeine). Heroin (diacetylmorphine) is an illegal opiate made from the opium poppy. In addition to the primary opiates, “synthetic opiates” are often used in pain relief. The original intent of creating synthetic opiates was to increase pain relief tendencies and reduce likelihood of dependence; synthetic opiates include hydrocodone (Vicodan), oxycodone (Oxycontin), hydromorphone (Dilaudid). Most synthetic opiates do not cross react very well with morphine-based opiate tests.

Technical Notes

1. Common cross-reactants: Poppy seeds contain codeine/morphine and, as such, can cause a “true positive” opiate test.
2. Current US SAMHSA “screening” cutoff: 2,000 ng/mL
3. Current GC/MS (industry standard) confirmation cutoff: 2,000 ng/mL for codeine and/or morphine
4. Other cutoff: 300 ng/mL Opiate cutoff was the historical SAMHSA cutoff; still used on occasion outside regulated drug testing (clinical, OUS)
5. Codeine and heroin metabolize to morphine in the body. Codeine is also eliminated unchanged.
6. N.C.S manufactures Opiate assays with cutoff levels of 300 and 2,000 ng/mL. Both are FDA cleared and target morphine as the primary antigen. In addition, N.C.S has an oxycodone-specific assay which is described in more detail later in this guide.

PCP

Phencyclidine (PCP) is a hallucinogen drug originally made for anesthetic use in humans. Its use in humans was discontinued due to “negative side effects.” There is no current legal use of the drug in humans. The use of PCP illegally is rarer now than before, but is sometimes seen in large, metropolitan areas such as LA and Detroit.

Technical Notes

1. PCP is liquid; marijuana joints are sometimes dipped into PCP (“sherm”)
2. Common cross-reactants: Venlafaxine (Effexor), Lamotrigine (Lamictal)
3. Current SAMHSA “screening” cutoff: 25 ng/mL
4. Current GC/MS (industry standard) confirmation cutoff: 25 ng/mL
5. N.C.S manufactures a PCP assay with a cutoff level of 25 ng/mL.

Marijuana (THC)

THC (tetrahydrocannabinol) is a hallucinogenic, sedative drug considered the primary active compound of the 400+ chemicals in the *cannabis sativa* plant. While there is some legal use of THC, such as the prescription Marinol (Dronabinol) used for wasting in cancer/HIV patients, most THC drug test positives are the result of illicit use. Marijuana is the number 1 illegal drug in the US

Technical Notes

1. THC breaks down extensively in the body; most common metabolite is THC-COOH. This metabolite is also referred to as "carboxy-THC" or "THCA."
2. Common cross-reactants: the consumption of Sustiva (efavirenz), an HIV treatment drug, is known to produce metabolites that cross-react on many THC assays. Also, the N.C.S test is considered "very sensitive" to low levels in urine
3. Current US SAMHSA "screening" cutoff: 50 ng/mL
4. Current GC/MS (industry standard) confirmation cutoff: 15 ng/mL of THC-COOH
5. No proposed changes to cutoffs in SAMHSA
6. N.C.S manufactures a THC assay with a cutoff level of 50 ng/mL for THC-COOH.

Benzodiazepines

Benzodiazepines are a large “class” of drugs used primarily for sedation and anxiety relief. Examples of Benzodiazepines include diazepam (Valium), chlordiazepoxide (Librium), alprazolam (Xanax), and clonazepam (Klonopin). Most benzodiazepine use in the US is due to prescription use, but some benzodiazepines are diverted for illegal consumption. Outside the US, particularly in Europe, benzodiazepines are more widely abused.

Technical Notes

1. Common cross-reactants: Sertraline (Zoloft). Of note, given the large number of benzodiazepine drugs (35+), be aware that GC/MS labs will not be able confirm for all of them.
2. NOT A SAMHSA-regulated drug, so cutoffs are usually country specific
3. Common US “screening” cutoff: 300 ng/mL
4. Some products/countries use 200 ng/mL screening cutoff
5. GC/MS confirmation cutoffs vary but usually range from 100-200 ng/mL
6. Again, GC/MS labs are limited by the number of benzodiazepines they identify on their GC/MS analyses
7. N.C.S manufactures BZO assays with cutoff levels of 300 and 200 ng/mL; both target oxazepam as the primary antigen.

Barbiturates

Barbiturates are another large “class” of drugs. They are used primarily for controlling epilepsy; some use for migraine relief (butalbital) and drug-induced comas for head trauma (pentobarbital). Examples of Barbiturates include phenobarbital, pentobarbital (used for head trauma) and butalbital (Fiorinal). Most barbiturate positive drug tests are due to prescription use; barbiturates are rarely diverted for illegal consumption. Some countries have heroin “cut” with phenobarbital.

Technical Notes

1. Common cross-reactants: Possibly Phenytoin which is chemically-related to barbiturates and used for epilepsy
2. NOT A SAMHSA-regulated drug
3. Common US “screening” cutoff: 300 ng/mL
4. GC/MS confirmation cutoffs vary but usually range from 100-200 ng/mL
5. GC/MS labs are limited by the number of barbiturates they identify on their GC/MS analyses
6. N.C.S manufactures a barbiturate assay with a cutoff level of 300 ng/mL; the target antigen is secobarbital

Methadone

Methadone is an analgesic compound that is most commonly used to treat heroin/opiate addiction. In addition, the drug may be prescribed for pain relief. Patients prescribed methadone for opiate addiction are considered to be in “methadone maintenance.” Patients in methadone maintenance are drug tested commonly to ensure they are (1) taking their methadone and (2) not taking heroin/opiates or other drugs.

Technical Notes

1. Methadone is eliminated in the urine as parent drug and as metabolites. The metabolites EDDP and EDMP are VERY different in structure from parent methadone, so they do not react with the drug test.
2. NOT A SAMHSA-regulated drug
3. Common US “screening” cutoff: 300 ng/mL
4. GC/MS confirmation cutoffs: 300 ng/mL
5. Most screening tests do not detect MTD metabolites (EDDP or EDMP). If a patient is an “extensive metabolizer,” they may not have any parent MTD in the urine
6. N.C.S manufactures a methadone assay with a cutoff level of 300 ng/mL.

Tricyclic Antidepressants

TCAs are a “class” of drugs used for treating depression. TCAs are the “older” antidepressants. Examples of TCAs include amitriptyline, nortriptyline, desipramine and clomipramine. New antidepressant drugs like Prozac, Paxil, Zoloft are NOT TCAs and, as such, will not cross react on the TCA assay.

Technical Notes

1. TCAs have a very low “lethal dose.” Since patients taking TCAs have a higher likelihood of suicidal tendencies, TCAs are often implicated in overdose situations.
2. Common cross-reactants: large doses of carbamazepine (Tegretol) metabolites, other prescription drugs may also cross react
3. NOT A SAMHSA-regulated drug class
4. Common US “screening” cutoff: 1,000 ng/mL
5. Other “screening” cutoff: 300 ng/mL
6. TCAs cannot be analyzed by GC/MS very well, so they are often “confirmed” by HPLC or another method
7. N.C.S manufactures a TCA assay with a cutoff level of 1,000 ng/mL

Oxycodone

Oxycodone is a member of the “synthetic” opiate class. The drug is used for pain relief (most commonly for chronic pain); oxycodone prescriptions are often diverted and sold on the street for illegal use. Brand names of oxycodone include: Percodan, Percocet and Oxycontin. Oxycontin is a “time released” formula of oxycodone. Overdoses are most often the result of people crushing the time-released Oxycontin pills and consuming the crushed powder in one dose.

Technical Notes

1. The structure of oxycodone is not close enough to codeine or morphine to ensure the drug is detected by regular Opiate immunoassays
2. Not part of the SAMHSA Opiate Class
3. Screening cutoff: 100 ng/mL
4. GC/MS Confirmation cutoff: 100 ng/mL
5. Most laboratories will not automatically confirm for oxycodone if a specimen is “opiate positive.” Oxycodone-specific confirmation must be requested.
6. N.C.S manufactures an oxycodone-specific assay with a cutoff level of 100 ng/mL. The OXY assay also shows some cross reactivity to hydrocodone (Vicodan, Lortab); 1,562 ng/mL of hydrocodone produces a positive OXY test result.

Propoxyphene

Propoxyphene is a narcotic analgesic structurally related to Methadone; the drug is used for the relief of mild to moderate pain. Brand names of propoxyphene include: Darvon and Darvocet. Propoxyphene is often dosed in combination with Aspirin and Acetaminophen.

Technical Notes

1. Although structurally related to methadone, ppx will not cross react on the N.C.S Opiates or Methadone assays.
2. PPX is not part of the SAMHSA-regulated drug testing menu
3. US Screening cutoff: 300 ng/mL
4. GC/MS Confirmation cutoff: 300 ng/mL for PPX or metabolite, Nor-PPX
5. Most laboratories will not automatically confirm for Propoxyphene. Propoxyphene-specific confirmation must be requested.
6. N.C.S manufactures a propoxyphene-specific assay with a cutoff level of 300 ng/mL. The assay has an equal affinity to the metabolite nor-propoxyphene.

MDMA/Ecstasy

Ecstasy (MDMA) is a stimulant and hallucinogen structurally related to Methamphetamine; the drug was once used for psychotherapy, but is now a Schedule 1 drug in the US (no approved medical use). The chemical name for Ecstasy is 3,4-methylenedioxymethamphetamine, hence the “MDMA” abbreviation. MDMA metabolizes to many compounds, but the most notable one is MDA (methylenedioxyamphetamine) which is chemically related to amphetamine.

Technical Notes

1. The structure of MDMA is similar enough to cross-react on the MAMP assays, but the sensitivity (cutoff) isn't ideal. As a result, the MDMA-specific assay was developed. The MDMA assay is reactive to Ecstasy/MDMA at level of 500 ng/mL. This assay is also sensitive to MDA and MDEA (methylenedioxyethylamphetamine).
2. Not part of current SAMHSA guidelines
3. Screening cutoff: 500 ng/mL
4. Confirmation cutoff: varies, but 250-500 ng/mL is typical
5. Proposed changes in SAMHSA are to add MDMA as a component of the “Amphetamine/Methamphetamine” drug class.
6. N.C.S manufactures an MDMA-specific assay with a cutoff level of 500 ng/mL. The MDMA-specific assay is also sensitive to MDA and MDEA (methylenedioxyethylamphetamine).

Definitions:

FALSE POSITIVES:

False positives are defined by a human urine specimen yielding positive results with an N.C.S drug of abuse test, then testing negative on a LOD (Limit of Detection) gas chromatography/ mass spectrometry test. A false positive result in any Immunoassay is most likely cause by cross-reactivity. The collector needs to verify that the donor has given an accurate list of any medication, prescription and/or over-the-counter. Please review with cross-reactivity table enclosed in this guide.

FALSE NEGATIVES:

False negatives are defined by a human urine specimen yielding negative results with an N.C.S drug of abuse test, then testing positive on a gas chromatography/ mass spectrometry test at levels at least 2 times the stated cut-off level.

INVALID RESULTS:

Invalid results are defined by an absence of a control line on an N.C.S drug of abuse test. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure.

SCREENING TESTS:

All N.C.S drug of abuse tests are screening tests that provide only a preliminary analytical test result. The purpose of a screening test is to rule out negative specimens from specimens that may contain drugs. As with most immunoassays the test is looking for class of drug, many different chemicals and compounds fall into this category. Not all specimens that have screened positive will confirm positive.

CONFIRMATION TESTING:

All preliminary positive immunoassay results should be confirmed by a more specific alternative method. In drugs of abuse testing the gold standard of confirmation is Gas Chromatography/mass spectrometry (GC/MS) and/or Liquid Chromatography/mass spectrometry (LC/MS). GC/MS and/or LC/MS testing is performed on any specimen that screens positive it will confirm a specific analyte in the class of drug such as Benzoyllecgonine when a specimen screens positive for Cocaine. Liquid Chromatography/mass spectrometry is a fairly new confirmation method in drugs of abuse testing, it is believed that it will become prevalent in the field.

SAMHSA:

SAMHSA is an acronym for Substance Abuse Mental Health Services Administration which is the governing agency that establishes the cutoff concentrations used in regulated drug testing in the United States. SAMHSA was formally known as NIDA (National Institute for Drug Abuse) hence the term of the NIDA 5 drug panel. Regulated drug testing in the United States is limited to testing for 5 drugs (Cocaine, THC, PCP, Opiates, Amp/Methamp).

ADULTERATION TESTING/ SPECIMEN VALIDITY TESTING:

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 or destroying the drugs present in the urine. Diluting, flushing or adding adulterants to the sample after collection are ways that users of illicit drugs have attempted to defeat drug tests and invalidate the testing procedures. Diluting samples or adding household chemical such as detergents, bleach and soaps are some of the creative ploys that abusers have used to mask positive samples. Specimen tampering is very common in the United States and is expected to continue to grow in other areas of the world that use drug tests. There are many different types of adulterants; some are made to affect the test, others are made to affect the drug.

CREATININE (DILUTION):

Dilution is the most common type of adulteration. Dilution can be either “*in vivo*” (consuming excessive quantities of fluids in an attempt to dilute the urine) or “*in vitro*” (introducing liquid into a specimen that has already been collected). The intention of dilution is to make the concentration of drug in the urine lower than the detection limit (cutoff) of the test. Creatinine testing in conjunction with specific gravity testing is a good indication of dilution of the urine sample. The absence of Creatinine (<5 mg/dl) is indicative of a specimen not consistent with human urine.

SPECIFIC GRAVITY:

Specific gravity tests for sample dilution. Values outside the normal range may be the result of specimen dilution or adulteration.

pH:

pH tests for the presence of acidic or alkaline adulterants in urine. Values outside the normal range may indicate that the specimen has been altered or spiked with acidic or alkaline compounds.

NITRITE:

Nitrite is a compound that is introduced into a urine specimen after collection. Nitrite works by oxidizing the major cannabinoid (THC-COOH) metabolite and making it undetectable. While this mechanism does work, the time needed for the reaction to occur is usually several hours. This means that after collection of the urine the rapid test maybe positive and when the sample is tested at the laboratory the nitrate will have modified the THC metabolite making it undetectable. Some commonly used commercial adulterants that contain nitrates are “Klear, Whizzes, Mary Jane 13”. Nitrites are sometimes found in people with urinary tract or bacterial infections.

GLUTARALDEHYDE:

Glutaraldehyde is an older adulterant that is introduced into the urine specimen after collection. It is not believed to affect the performance of lateral flow tests. Glutaraldehyde denatures the enzyme used in EMIT-like autoanalyzer reagents. Adulterants such as UrinAid and Clear Choice contain glutaraldehyde. Glutaraldehyde is not normally found in urine. However certain metabolic abnormalities such as ketoacidosis (fasting, uncontrolled diabetes, high-protein diets) may interfere with the test results.

OXIDANTS/PYRIDINIUM CHLOROCHROMATE (PCC):

Like nitrite, oxidants and PCC are introduced into a specimen after collection and are primarily meant to alter the structure of THC-COOH. Some commonly used oxidants are bleach, hydrogen peroxide and Urine Luck. 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.

CROSS-REACTIVITY GUIDE:

N.C.S® Drugs of Abuse Assays Cross-Reactivity Manual by Trade Name

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Acetaminophen (See also Paracetamol)	Aceta	Non-reactive
Acetaminophen (See also Paracetamol)	Acephen	Non-reactive
Acetaminophen (See also Paracetamol)	Apacet	Non-reactive
Acetaminophen (See also Paracetamol)	Dapacen	Non-reactive
Acetaminophen (See also Paracetamol)	Feverall	Non-reactive
Acetaminophen (See also Paracetamol)	Tylenol	Non-reactive
Acetaminophen (See also Paracetamol)	Excedrin (combination)	Non-reactive
Acetaminophen (See also Paracetamol)	Panadol	Non-reactive
Acetaminophen (See also Paracetamol)	Tempra	Non-reactive
Acetaminophen with Codeine (see also Paracetamol with codeine)	Tylenol 3	Positive for Opiates (OPI, MOR)
Acetaminophen with Codeine (see also Paracetamol with codeine)	Tylenol with codeine	Positive for Opiates (OPI, MOR)
Acetophenetidin	Phenacetin	Non-reactive
Acetylsalicylic acid	Aspirin	Non-reactive
Acetylsalicylic acid	Anadin	Non-reactive
Acetylsalicylic acid	Anasin	Non-reactive
Acetylsalicylic acid	Bufferin	Non-reactive
Acetylsalicylic acid	Caprin	Non-reactive
Acetylsalicylic acid	Disprin	Non-reactive
Acetylsalicylic acid	Ecotrin	Non-reactive
Acetylsalicylic acid	Empirin	Non-reactive
Acetylsalicylic acid	Excedrin (combination)	Non-reactive
Allobarbitol	No known trade names	Positive for Barbiturates (BAR)
Alphenol	No known trade names	Positive for Barbiturates (BAR)
Alprazolam	Xanax	Positive for Benzodiazepines (BZO)
Aluminum Chloride Hexahydrate	Drichlor	Non-reactive
Aluminum Chloride Hexahydrate	Anhydrol Forte	Non-reactive
Aluminum Hydroxide	Alu-Cap	Non-reactive
Aluminum Hydroxide	Alisone	Non-reactive
Aluminum Hydroxide	Gastrocote	Non-reactive
Aluminum Hydroxide	Kolanticon	Non-reactive
Aluminum Hydroxide	Maalox	Non-reactive
Aluminum Hydroxide	Maalox TC	Non-reactive
Aluminum Hydroxide	Mucogel	Non-reactive
Aluminum Hydroxide	Pyrogastrone	Non-reactive
Aluminum Hydroxide	Topal	Non-reactive
Alverine Citrate	Spasmonal	Non-reactive
Alverine Citrate	Spasmonal Fibre	Non-reactive
Aminopyrine		Non-reactive
Amitriptyline	Elavil	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Lentizol	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Tryptizol	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Triptafen	Positive for Tricyclic Antidepressants (TCA)

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Amitriptyline	Triptafen-M	Positive for Tricyclic Antidepressants (TCA)
Ammonia/Ipeacuanha	Ipecac	Non-reactive
Amobarbital	Amytal	Positive for Barbiturates (BAR)
Amobarbital	Tuinal	Positive for Barbiturates (BAR)
Amoxicillin or Amoxycillin	Amoxil	Non-reactive
Amoxicillin or Amoxycillin	Amoram	Non-reactive
Amoxicillin or Amoxycillin	Augmentin	Non-reactive
Amoxicillin or Amoxycillin	Heliclear	Non-reactive
Ampicillin	Penbritin	Non-reactive
Ampicillin	Polycillin	Non-reactive
Ampicillin	Principen	Non-reactive
Antazoline Sulphate	Otrivine-Anistin	Non-reactive
Aprobarbital		Positive for Barbiturates (BAR)
Aspirin	Bayer Aspirin	Non-reactive
Aspirin	Excedrin	Non-reactive
Aspirin	ASA	Non-reactive
Aspirin	Angettes	Non-reactive
Aspirin	Asasantin	Non-reactive
Aspirin	Caprin	Non-reactive
Atenolol	Beta-adlat	Non-reactive
Atenolol	Co-tenidone	Non-reactive
Atenolol	Kalten	Non-reactive
Atenolol	Tenben	Non-reactive
Atenolol	Tenif	Non-reactive
Atenolol	Tenoret 50	Non-reactive
Atenolol	Tenorectic	Non-reactive
Atenolol	Tenormin	Non-reactive
Atorvastatin	Lipitor	Non-reactive
Azlocillin	Securopen	Non-reactive
Barbital		Positive for Barbiturates (BAR)
Beclometasone	AeroBec	Non-reactive
Beclometasone	AeroBec Forte	Non-reactive
Beclometasone	Asmabec	Non-reactive
Beclometasone	Beclazone	Non-reactive
Beclometasone	Becloforte	Non-reactive
Beclometasone	Becodisks	Non-reactive
Beclometasone	Beconase	Non-reactive
Beclometasone	Becotide	Non-reactive
Beclometasone	Fillair	Non-reactive
Beclometasone	Nasobec	Non-reactive
Beclometasone	Qvar	Non-reactive
Beclometasone	Ventide	Non-reactive
Beclometasone	Zonivent	Non-reactive
Bendrofluazide	Aprinox	Non-reactive
Bendrofluazide	Cogaretic	Non-reactive
Bendrofluazide	Indertic	Non-reactive
Bendrofluazide	Inderex	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Bendrofluazide	Neo-Naclax	Non-reactive
Bendrofluazide	Neo-Naclax-K	Non-reactive
Bendrofluazide	Prestim	Non-reactive
Bendrofluazide	Tenben	Non-reactive
Benzalkonium	Bradosol	Non-reactive
Benzydamine	Difflam	Non-reactive
Benzylpenicillin	Crystapen	Non-reactive
Bromazepam	Lexotan	Positive for Benzodiazepines (BZO)
Bromopheniramine	Dimetapp	Non-reactive
Bromopheniramine	Dimotapp	Non-reactive
Bromopheniramine	Dimotane	Non-reactive
Buprenorphine	Subutex	Positive for Buprenorphine (BUP)
Buprenorphine	Temgesic	Positive for Buprenorphine (BUP)
Buprenorphine	Suboxone	Positive for Buprenorphine (BUP)
Bupropion	Wellbutrin	Non-reactive
Bupropion	Zyban	Non-reactive
Butabarbital	Butisol	Positive for Barbiturates (BAR)
Butabarbital	Soneryl	Positive for Barbiturates (BAR)
Butalbital	Fioricet	Positive for Barbiturates (BAR)
Butalbital	Fiorinal	Positive for Barbiturates (BAR)
Butethal		Positive for Barbiturates (BAR)
Canestan	Canestan ear/skin/vaginitis/HC	Non-reactive
Carbamazepine	Tegretol	Non-reactive
Carbamazepine	Teril	Non-reactive
Carbamazepine	Timonil	Non-reactive
Cephalexin	Ceporex	Non-reactive
Cephalexin	Keflex	Non-reactive
Chloral Hydrate	Welldorm	Non-reactive
Chlorazepate	Tranxene	Positive for Benzodiazepines (BZO)
Chlordiazepoxide	Librium	Positive for Benzodiazepines (BZO)
Chlorhexidine Gluconate	Bactrigras	Non-reactive
Chlorhexidine Gluconate	Cordsodyl	Non-reactive
Chlorhexidine Gluconate	Chlorohex	Non-reactive
Chlorhexidine Gluconate	CX Powder	Non-reactive
Chlorhexidine Gluconate	Dermol	Non-reactive
Chlorhexidine Gluconate	Hibicet	Non-reactive
Chlorhexidine Gluconate	Hibiscrub	Non-reactive
Chlorhexidine Gluconate	Hibisol	Non-reactive
Chlorhexidine Gluconate	Hibitane	Non-reactive
Chlorhexidine Gluconate	Instillagel	Non-reactive
Chlorhexidine Gluconate	Naseptin	Non-reactive
Chlorhexidine Gluconate	Nystaform	Non-reactive
Chlorhexidine Gluconate	Serotulle	Non-reactive
Chlorhexidine Gluconate	Steripod	Non-reactive
Chlorhexidine Gluconate	Tisept	Non-reactive
Chlorhexidine Gluconate	Unisept	Non-reactive
Chlorhexidine Gluconate	Uriflex	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Chlorhexidine Gluconate	Uro-Trainer	Non-reactive
Chlorpheniramine Maleate	Galpseud	Non-reactive
Chlorpheniramine Maleate	Haymine	Non-reactive
Chlorpheniramine Maleate	Piriton	Non-reactive
Chlorpromazine	Largactil	Non-reactive
Cimetidine	Dyspamet	Non-reactive
Cimetidine	Tagamet	Non-reactive
Cimetidine	Zita	Non-reactive
Clobazam	Frisium	Positive for Benzodiazepines (BZO)
Clonazepam	Clonopin	Positive for Benzodiazepines (BZO)
Clonazepam	Klonopin	Positive for Benzodiazepines (BZO)
Clonazepam	Rivotril	Positive for Benzodiazepines (BZO)
Citalopram	Cipramil	Non-reactive
Co-Amoxiclav	Augmentin	Non-reactive
Co-Amoxiclav	Augmentin Duo	Non-reactive
Codeine Phosphate	Codafen Continus	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Codeine Linctus	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Pediatric BP	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Galcodine	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Kapake	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Migraleve	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Solpadol	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Tylex	Positive for Opiates (OPI/MOR)
Co-Fluampicil	Magnapen	Non-reactive
Co-Phenotrope (atropine/diphenoxylate)	Lomotil	Non-reactive
Co-Phenotrope (atropine/diphenoxylate)	Trepergen	Non-reactive
Delorazepam	Briantum	Positive for Benzodiazepines (BZO)
Dexamethasone	Decadron	Non-reactive
Dexamethasone	Dexa-Rhinaspray Duo	Non-reactive
Dexamethasone	Maxidex	Non-reactive
Dexamethasone	Maxidrol	Non-reactive
Dexamethasone	Minims	Non-reactive
Dexamethasone	Otomize	Non-reactive
Dexamethasone	Sofradex	Non-reactive
Dexamphetamine Sulphate	Adderall	Positive for Amphetamine (AMP)
Dexamphetamine Sulphate	Adderall XR	Positive for Amphetamine (AMP)
Dexamphetamine Sulphate	Dexedrine	Positive for Amphetamine (AMP)
Dextropropoxyphene	Darvon	Positive for Propoxyphene (PPX)
Dextropropoxyphene	Darvocet	Positive for Propoxyphene (PPX)
Dextropropoxyphene	Co-proximal	Positive for Propoxyphene (PPX)
Diazepam	Diazemuls	Positive for Benzodiazepines (BZO)
Diazepam	Stesolid	Positive for Benzodiazepines (BZO)
Diazepam	Valclair	Positive for Benzodiazepines (BZO)
Diazepam	Valium	Positive for Benzodiazepines (BZO)
Diclofenac Sodium	Dicloflex	Non-reactive
Diclofenac Sodium	Diclomax	Non-reactive
Diclofenac Sodium	Motifene	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Diclofenac Sodium	Volraman	Non-reactive
Diclofenac Sodium	Volsaid	Non-reactive
Diclofenac Sodium	Voltarol	Non-reactive
Dicyclomine	Kolanticon	Non-reactive
Dicyclomine	Merbentyl	Non-reactive
Dihydrocodeine	DHC Continus	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Paramol	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Remedeine	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Remedeine Forte	Positive for Opiates (OPI/MOR)
Dimethicone	Asilone	Non-reactive
Dimethicone	Fancorsil	Non-reactive
Diphenhydramine	Benadryl	Non-reactive
Diphenhydramine	Medinex	Non-reactive
Diphenhydramine	Nytol	Non-reactive
Diphenhydramine	Panadol Night	Non-reactive
Diphenoxylate with Atropine	Lomotil	Non-reactive
Dothiepin	Prothiaden	Non-reactive
Doxycycline	Vibramycin	Non-reactive
Doxycycline	Vibramycin-D	Non-reactive
Doxepin	Sinequan	Positive for Tricyclic Antidepressants (TCA)
Doxepin	Xepin	Positive for Tricyclic Antidepressants (TCA)
Doxylamine	Nyquil	Positive for Methadone (MTD)
Efavirenz	Sustiva	Positive for Cannabinoids (THC) [Urinary metabolite(s) only; parent compound is non-reactive]
Erythromycin	Arpimycin	Non-reactive
Erythromycin	Benzymycin	Non-reactive
Erythromycin	Erycane	Non-reactive
Erythromycin	Erymax	Non-reactive
Erythromycin	Erythrocin	Non-reactive
Erythromycin	Erythroped	Non-reactive
Erythromycin	Ilosone	Non-reactive
Erythromycin	Isotrexin	Non-reactive
Erythromycin	Lactobinate	Non-reactive
Erythromycin	Stiemycin	Non-reactive
Erythromycin	Tiloryth	Non-reactive
Erythromycin	Zineryl	Non-reactive
Estazolam	ProSom	Positive for Benzodiazepines (BZO)
Ethambutol	Myambutol	Non-reactive
Ethylmorphine		Positive for Opiates (OPI/MOR)
Flucloxacillin	Co-fluampicil	Non-reactive
Flucloxacillin	Floxapen	Non-reactive
Flucloxacillin	Magnapen	Non-reactive
Flunitrazepam	Rohypnol	Positive for Benzodiazepines (BZO)
Fluoxetine	Prozac	Non-reactive
Fluoxetine	Sarafem	Non-reactive
Flupentixol Decanoate	Depixol	Non-reactive
Flupentixol Decanoate	Fluanxol	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Fusidic Acid (Sodium Fusidate)	Fucithalmic	Non-reactive
Fusidic Acid (Sodium Fusidate)	Fucibet	Non-reactive
Fusidic Acid (Sodium Fusidate)	Fucidin	Non-reactive
Gentamicin Sulphate	Cidomycin	Non-reactive
Gentamicin Sulphate	Genticin	Non-reactive
Gentamicin Sulphate	Gentisone	Non-reactive
Hydrocodone	Lorcet	Positive for Opiates (OPI/MOR) and/or Oxycodone (OXY)
Hydrocodone	Loratab	Positive for Opiates (OPI/MOR) and/or Oxycodone (OXY)
Hydrocodone	Vicodin	Positive for Opiates (OPI/MOR) and/or Oxycodone (OXY)
Hydrocortisone	Actinac	Non-reactive
Hydrocortisone	Alphaderm	Non-reactive
Hydrocortisone	Alphosyl-HC	Non-reactive
Hydrocortisone	Anugesic-HC	Non-reactive
Hydrocortisone	Anusol-HC	Non-reactive
Hydrocortisone	Calmurid-HC	Non-reactive
Hydrocortisone	Canesten-HC	Non-reactive
Hydrocortisone	Colioam	Non-reactive
Hydrocortisone	Daktacort	Non-reactive
Hydrocortisone	Dioderm	Non-reactive
Hydrocortisone	Econacort	Non-reactive
Hydrocortisone	Efortelan	Non-reactive
Hydrocortisone	Efcortesel	Non-reactive
Hydrocortisone	Eurax-HC	Non-reactive
Hydrocortisone	Gregoderm	Non-reactive
Hydrocortisone	Hydrocortistab	Non-reactive
Hydrocortisone	Hydrocortone	Non-reactive
Hydrocortisone	Mildison lipocream	Non-reactive
Hydrocortisone	Neo-cortef	Non-reactive
Hydrocortisone	Nystaform	Non-reactive
Hydrocortisone	Perinal	Non-reactive
Hydrocortisone	Proctofoam	Non-reactive
Hydrocortisone	Quinocort	Non-reactive
Hydrocortisone	Terra-cortil	Non-reactive
Hydrocortisone	Timodine	Non-reactive
Hydrocortisone	Uniroid-HC	Non-reactive
Hydrocortisone	Vioform-HC	Non-reactive
Hydrocortisone	Xyloproct	Non-reactive
Hydrocortisone-17-butyrate	Locoid	Non-reactive
Hydrocortisone-17-butyrate	Locoid C	Non-reactive
Hydromorphone	Dilaudid	Positive for Opiates (OPI/MOR) and/or Oxycodone (OXY)
Hydromorphone	Hydrostat	Positive for Opiates (OPI/MOR) and/or Oxycodone (OXY)
Hydroxychloroquine	Plaquenil	Non-reactive
Hydroxyzine	Atarax	Non-reactive
Hydroxyzine	Ucerax	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Hyoscine butylbromide	Buscopan	Non-reactive
Hyoscine butylbromide	Scopoderm	Non-reactive
Ibuprofen	Brufen	Non-reactive
Ibuprofen	Codafen	Non-reactive
Ibuprofen	Fenbid	Non-reactive
Ibuprofen	Ibugel	Non-reactive
Ibuprofen	Ibuspray	Non-reactive
Ibuprofen	Motrin	Non-reactive
Ibuprofen	Proflex	Non-reactive
Indomethacin	Flexin continus	Non-reactive
Indomethacin	Indocid	Non-reactive
Indomethacin	Indomod	Non-reactive
Interferon Alfa	Roferon-A	Non-reactive
Interferon Alfa	Intron A	Non-reactive
Interferon Alfa	Viraferon	Non-reactive
Interferon Alfa	Wellferon	Non-reactive
Isoniazide	INH	Non-reactive
Isosorbide Dinitrate	Angitak	Non-reactive
Isosorbide Dinitrate	Cedocard	Non-reactive
Isosorbide Dinitrate	Isocard	Non-reactive
Isosorbide Dinitrate	Isoket	Non-reactive
Isosorbide Dinitrate	Isordil	Non-reactive
Isosorbide Dinitrate	Sorbichew	Non-reactive
Isosorbide Dinitrate	Sorbitrate	Non-reactive
Isosorbide Dinitrate	Sorbid SA	Non-reactive
Koalin and Morphine Mixture	Diocalm	Positive for Opiates (OPI/MOR)
Koalin and Morphine Mixture	Entersan	Positive for Opiates (OPI/MOR)
Koalin and Morphine Mixture	Opazimes	Positive for Opiates (OPI/MOR)
Ketoprofen	Orudis	Non-reactive
Ketoprofen	Oruvail	Non-reactive
Ketoprofen	Powergel	Non-reactive
Lactulose	Lactugal	Non-reactive
Lactulose	Duphalec	Non-reactive
Lamotrigine	Lamitcal	Positive for Phencyclidine (PCP)
Lansoprazole	Heliclear	Non-reactive
Lansoprazole	Zoton	Non-reactive
Lisinopril	Carace	Non-reactive
Lisinopril	Zestril	Non-reactive
Lisinopril	Zestoretic	Non-reactive
Lofepramine	Gamanil	Positive for Tricyclic Antidepressants (TCA)
Lofepramine	Lomont	Positive for Tricyclic Antidepressants (TCA)
Lofexidine	Britoflex	Non-reactive
Loperamide	Imodium	Non-reactive
Loperamide	Loperagen	Non-reactive
Loperamide	Norimide	Non-reactive
Loratadine	Claritin	Non-reactive
Lorazepam	Ativan	Positive for Benzodiazepines (BZO)

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Lormetazepam	Noctamide	Positive for Benzodiazepines (BZO)
Magnesium Alginate	Gaviscon	Non-reactive
Mannitol	Gaviscon	Non-reactive
Medazepam	Anxitol	Positive for Benzodiazepines (BZO)
Medazepam	Lerisum	Positive for Benzodiazepines (BZO)
Medazepam	Medacepan	Positive for Benzodiazepines (BZO)
Medazepam	Nobritol	Positive for Benzodiazepines (BZO)
Medazepam	Nobrium	Positive for Benzodiazepines (BZO)
Mefenamic Acid	Ponstan	Non-reactive
Mefenamic Acid	Ponstel	Non-reactive
Meperidine	Demerol	Non-reactive
Meperidine	Pethidine	Non-reactive
Metoclopramide	Reglan	Non-reactive
Methadone Hydrochloride	Dolophine	Positive for Methadone (MTD)
Methadone Hydrochloride	Methadose	Positive for Methadone (MTD)
Methadone Hydrochloride	Physetone	Positive for Methadone (MTD)
d-Methamphetamine HCL	Desoxyn	Positive for Methamphetamine (mAMP)
d-Methamphetamine HCL	Methedrine	Positive for Methamphetamine (mAMP)
d-Methamphetamine HCL	Methamprex	Positive for Methamphetamine (mAMP)
l-Methamphetamine HCL	Vick's Inhaler	Positive for Methamphetamine (mAMP)
Methylenedioxyamphetamine (MDA)	Eve (slang)	Positive for Amphetamine (AMP) and Ecstasy (MDMA)
Methylenedioxyamphetamine (MDA)	Love Drug (slang)	Positive for Amphetamine (AMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	Ecstasy (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	XTC (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	Adam (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	E (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Metronidazole	Anabact	Non-reactive
Metronidazole	Elyzol	Non-reactive
Metronidazole	Flagyl	Non-reactive
Metronidazole	Metrogel	Non-reactive
Metronidazole	Metrolyl	Non-reactive
Metronidazole	Metrotop	Non-reactive
Metronidazole	Neuratop	Non-reactive
Metronidazole	Noritate	Non-reactive
Metronidazole	Rozex	Non-reactive
Metronidazole	Zidoval	Non-reactive
Metronidazole	Zymoet	Non-reactive
Morphine	Astramorph	Positive for Opiates (MOR, OPI)
Morphine	Cyclimorph	Positive for Opiates (MOR, OPI)
Morphine	Duramorph	Positive for Opiates (MOR, OPI)
Morphine	Morcap	Positive for Opiates (MOR, OPI)
Morphine	Morphine Sulfate	Positive for Opiates (MOR, OPI)
Morphine	MS Contin	Positive for Opiates (MOR, OPI)
Morphine	Oramorph	Positive for Opiates (MOR, OPI)

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Morphine	Roxanol	Positive for Opiates (MOR, OPI)
Morphine	Severedol	Positive for Opiates (MOR, OPI)
Nadolol	Corgard	Non-reactive
Nadolol	Corgaretic	Non-reactive
Nadolol	Corgartic	Non-reactive
Naloxone	Narcan	Non-reactive
Naltrexone	Antaxone	Non-reactive
Naltrexone	Nalorex	Non-reactive
Naltrexone	Trexan	Non-reactive
Naproxen	Aleve	Non-reactive
Naproxen	Condrotec	Non-reactive
Naproxen	Naprateg	Non-reactive
Naproxen	Naprosen	Non-reactive
Naproxen	Naprosyn	Non-reactive
Naproxen	Nycopren	Non-reactive
Naproxen	Synflex	Non-reactive
Nicotine	Nicoderm	Non-reactive
Nicotine	Nicorette	Non-reactive
Nicotine	Nicotinell	Non-reactive
Nicotine	Nicotrol	Non-reactive
Nicotine	Niquitin	Non-reactive
Nifedipine	Adalat	Non-reactive
Nifedipine	Nifecard	Non-reactive
Nifedipine	Nifar	Non-reactive
Nifedipine	Nif-ten	Non-reactive
Nifedipine	Procardia	Non-reactive
Nitrazepam	Mogadon	Positive for Benzodiazepines (BZO)
Nitrazepam	Somnite	Positive for Benzodiazepines (BZO)
Norethindrone	BiNovum	Non-reactive
Norethindrone	Brevinor	Non-reactive
Norethindrone	Climagest	Non-reactive
Norethindrone	Climesse	Non-reactive
Norethindrone	Elleste Duet	Non-reactive
Norethindrone	Estracombi	Non-reactive
Norethindrone	Evorel	Non-reactive
Norethindrone	Kliofem	Non-reactive
Norethindrone	Kliovance	Non-reactive
Norethindrone	Loestrin	Non-reactive
Norethindrone	Micronor	Non-reactive
Norethindrone	Norlutin	Non-reactive
Norethindrone	Noriday	Non-reactive
Norethindrone	Norimin	Non-reactive
Norethindrone	Norinyl	Non-reactive
Norethindrone	Noristat	Non-reactive
Norethindrone	Nuvelle	Non-reactive
Norethindrone	Ovysmen	Non-reactive
Norethindrone	TriNovum	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Norethindrone	Trisquens	Non-reactive
Norethindrone	Utovian	Non-reactive
Noscapine	Narcotine	Non-reactive
d/l-Octopamine	No known trade names	Non-reactive
Olanzapine	Zyprexa	Non-reactive
Orphenadrine	Norflex	Non-reactive
Orphenadrine	Norgesic	Non-reactive
Orphenadrine	Disipil	Non-reactive
Oxazepam	Serax	Positive for Benzodiazepines (BZO)
Oxazepam	Ox-pam	Positive for Benzodiazepines (BZO)
Oxymetazoline	Afrin	Non-reactive
Oxymetazoline	Neo-synephrine	Non-reactive
Oxytetracycline	Terra-Cortil	Non-reactive
Oxytetracycline	Terramycin	Non-reactive
Oxytetracycline	Trimovate	Non-reactive
Paracetamol (Acetaminophen)	Fortagesic	Non-reactive
Paracetamol (Acetaminophen)	Paradote	Non-reactive
Paracetamol (Acetaminophen) /Codeine Preparations	Tylenol 3	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Co-codamol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Codafen	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Co-dydramol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Kapake	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Remedine	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Solpadol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Tylox	Positive for Opiates (MOR, OPI)
Paroxetine	Paxil	Non-reactive
Paroxetine	Seroxat	Non-reactive
Penicillin	Combicillin	Non-reactive
Penicillin	Mefoxin	Non-reactive
Pentobarbital	Nembutal	Positive for Barbiturates (BAR)
Pericyazine	Amplan	Non-reactive
Pericyazine	Aolept	Non-reactive
Pericyazine	Apamin	Non-reactive
Pericyazine	Iryakin	Non-reactive
Pericyazine	Nemactil	Non-reactive
Pericyazine	Neulactil	Non-reactive
Pericyazine	Propetyl	Non-reactive
Pericyazine	Psycholept	Non-reactive
Phenobarbitone (see also Phenobarbital)	Luminal	Positive for Barbiturates (BAR)
Phenytoin	Dilantin	Possible Positive for Barbiturates (BAR) Urinary metabolite(s) only; parent compound is non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Phenytoin	Epanutin	Possible Positive for Barbiturates (BAR) Urinary metabolite(s) only; parent compound is non-reactive
Phenytoin	Epitard	Possible Positive for Barbiturates (BAR) Urinary metabolite(s) only; parent compound is non-reactive
Phenobarbital	Donnatal	Positive for Barbiturates (BAR)
Pholcodine	Galenphol	Positive for Opiates (MOR, OPI)
Pholcodine	Strong BP	Positive for Opiates (MOR, OPI)
Pholcodine	Pavacol-D	Positive for Opiates (MOR, OPI)
Pholcodine	ThebN.C.S	Positive for Opiates (MOR, OPI)
Piperacillin	Pipracil	Non-reactive
Piperacillin	Tazobactam	Non-reactive
Prazepam	Centrax	Positive for Benzodiazepines (BZO)
Prazepam	Demetrin	Positive for Benzodiazepines (BZO)
Prednisolone	Delta-cortef	Non-reactive
Prednisolone	Econopred	Non-reactive
Prednisolone	Inflamase	Non-reactive
Prednisolone	Pediapred	Non-reactive
Prednisolone	Prelone	Non-reactive
Procaine	Novocain	Positive for Opiates (OPI, MOP)
Progesterol		Non-reactive
Promethazine	Allerfen	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Anergan	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Antinaus	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Aprobit	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Avomine	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Baymethzine	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Diprozin	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Fenergan	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Methazine	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Phenergen	Positive for Tricyclic Antidepressants (TCA)
Propranolol	Beta-Progane	Non-reactive
Propranolol	Inderal	Non-reactive
Propranolol	Inderetic	Non-reactive
Propranolol	Inderex	Non-reactive
Pseudoephedrine	Afrinol	Non-reactive
Pseudoephedrine	Sudafed	Non-reactive
Pseudoephedrine	Tylenol Cold (combination)	Non-reactive
Ranitidine	Pylorid, Zantac	Positive for Methamphetamine (M-AMP) Urinary metabolite(s) only; parent compound is non-reactive
Salbutamol	Aerocrom	Non-reactive
Salbutamol	Aerolin	Non-reactive
Salbutamol	Airomir	Non-reactive
Salbutamol	Asmasal	Non-reactive
Salbutamol	Combivent	Non-reactive
Salbutamol	Duovent	Non-reactive
Salbutamol	Ventide	Non-reactive

Troubleshooting Guide Drugs of Abuse

COMPOUND (Generic Name)	COMPOUND (Trade Name)	RESULTS
Salbutamol	Ventodisks	Non-reactive
Salbutamol	Venotlin	Non-reactive
Salbutamol	Volmax	Non-reactive
Secobarbital	Seconal	Positive for Barbiturates (BAR)
Sennosides	Senokot	Non-reactive
Sertraline	Zoloft	Potential Positive for Benzodiazepines (BZO)
Sodium Valproate	Depakene	Non-reactive
Sodium Valproate	Depakote	Non-reactive
Sodium Valproate	Epilim	Non-reactive
Temazepam	Restoril	Positive for Benzodiazepines (BZO)
Testosterone	Andropatch	Non-reactive
Testosterone	Restandol	Non-reactive
Testosterone	Sustanon	Non-reactive
Testosterone	Virormone	Non-reactive
Testosterone	slang name "anabolic steroids"	Non-reactive
Thioridazine	Mellaril	Non-reactive
Thyroxine Sodium	Eltroxin	Non-reactive
Tramadol	Ultram	Non-reactive
Tramadol	Tramake	Non-reactive
Tramadol	Zamadol	Non-reactive
Tramadol	Zydol	Non-reactive
Trazodone	Desyrel	Non-reactive
Trazodone	Molipaxin	Non-reactive
Trazodone	Trialodine	Non-reactive
Triazolam	Halcion	Positive for Benzodiazepines (BZO)
Venlafaxine	Effexor	Potential Positive for Phencyclidine (PCP)
Venlafaxine	Effexor XL	Potential Positive for Phencyclidine (PCP)
Warfarin Sodium	Coumadin	Non-reactive
Warfarin Sodium	Marevan	Non-reactive

FREQUENTLY ASKED QUESTIONS

1. SPECIMEN

Q: How can specimens be stored prior to testing?

A: 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. For specimen undergoing Specimen Validity testing, for best results test specimens immediately. Storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated.

Q: How should urine specimens be collected?

A: 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 precipitates should be centrifuged, filtered, or allowed to settle to obtain a clear specimen for testing.

Q: Will menstrual blood have any effect on the test?

A: No, menstrual blood should not affect the test. Urine specimens exhibiting visible precipitates should be centrifuged, filtered, or allowed to settle to obtain a clear specimen for testing.

2. TEST PROCEDURE

Q: Q: How does the test work?

A: The test is a lateral flow chromatographic immunoassay for the qualitative detection of an identified drug or the identified drug metabolites in human urine. The S.V.T. test is a semi-quantitative color comparison screen for the detection of adulterants.

Q: If the test is used before the refrigerated specimen reaches room temperature, is the result reliable?

A: No. If refrigerated, the test and the specimen must be at room temperature (15-30°C) before the test is performed. Specimen at body temperature does not need to reach room temperature before running the test.

Q: What factors could cause the test to be invalid?

A: Improper testing procedure, unsealed packaging, damaged membrane and unsuitable specimens could cause the test to be invalid.

Q: If the test strip was removed from the foil pouch and dropped on the floor prior to using it, will it still work?

A: If the test is intact and the exposed membrane in the "reaction window" was not damaged, it can still be used and expected to function properly.

Q: How many tests is it possible to run at a time?

A: It depends on the proficiency of the user. However, even in experienced hands, we do not recommend running more than 10 tests at a time.

3. INTERPRETATION

Q: Do I have to wait the full amount of time before reading my results?

A: Yes. It is important that you wait to see if a line in the test region appears before reading your result. This might take the entire suggested number of minutes for the test region line to appear. Within one minute of the urine specimen activating the pads on the adulteration strips the colors can be compared.

Q: Can the test results be read after the suggested number of minutes?

A: Yes. The test card and panel results remain stable for up to 1 hour after test initiation. For specimen validity testing test results cannot be read after 4 minutes.

Q: The test line is very faint and the control line is very strong at the suggested minute read time. What does this mean?

A: The shade of red in the test line region (T) will vary, but it should be considered negative whenever there is even a faint pink line.
Not applicable for Specimen Validity Testing.

Q: Does a negative result indicate drug-free urine?

A: A negative result does not necessarily indicate drug-free urine. Negative results may be obtained when a drug is present in the urine but below the cut-off level of the test

Q: When the specimen sample is added to the test, red/pink fluid can be seen migrating up the membrane. Is this normal?

A: A red/pink background is normal as the sample flows up the test strip and will not affect the test result. As long as it does not interfere with the interpretation of the line(s), the background can be disregarded.

Q: How does one know that the test has been performed properly?

A: As an internal procedural control, a red line appearing in the control (C) region confirms the addition of sufficient specimen volume and the performance of correct procedural technique.

Q: A negative result is read when two distinct red lines appear, one in the control region (C) and another in the test region (T). Do the two lines need to be of the same intensity?

A: No. The intensity of the red color in the test line region (T) will vary. Any shade of a red line in the test (T) region (darker than, the same color as, or lighter than the control line) along with a red line in the control (C) region is considered a negative result.

Q: Can the result be read before the specified read time?

A: No. Even though a negative result may appear earlier, it is important that the test be allowed to fully develop for amount of the suggested minutes.

Q: Does the specimen need to be sent to a laboratory for confirmation?

A: The test 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.

Q: Can the test be used beyond the expiration date?

A: No. The test device should not be used under any circumstances past their expiration date.