CLO Rapid Test Panel (Urine)
Package Insert

A rapid test for the qualitative detection of Benzodiazepines in human urine.
For forensic use only.

【INTENDED USE】

The CLO Rapid Test Panel (Urine) is a rapid chromatographic immunoassay for the detection of Clonazepam in urine at a cut-off concentration of 400ng/ml. This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

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

【SUMMARY】

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

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

【PRINCIPLE】

The CLO Rapid Test Panel (Urine) is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

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

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

【REAGENTS】

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

【PRECAUTIONS】

- For forensic use only. Do not use after the expiration date.
- The test should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used test should be discarded according to local regulations.

【STORAGE AND STABILITY】

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

【SPECIMEN COLLECTION AND PREPARATION】

Urine Assay

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

Specimen Storage

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

【MATERIALS】

Materials Provided

- Test Panels
- Package insert

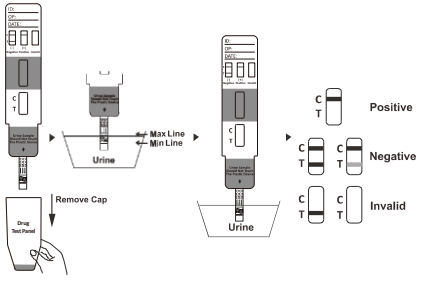
Materials Required But Not Provided

- Specimen collection container
- Timer

【DIRECTIONS FOR USE】

Allow the test, urine specimen, and/or controls to reach room temperature (15-30ºC) prior to testing.

1. Bring the pouch to room temperature before opening it. Remove the test panel from the sealed pouch and use it within one hour.
2. Remove the cap.
3. With the arrow pointing toward the urine specimen, immerse the test panel vertically in the urine specimen for at least 10 to 15 seconds. **Immerse the strip to at least the level of the wavy lines, but not above the arrow on the test panel.**



【INTERPRETATION OF RESULTS】

(Please refer to the illustration above)

NEGATIVE:* Two lines appear. One colored line should be in the control line region (C), and another apparent colored line should be in the test line region (T). This negative result indicates that the Benzodiazepine concentration is below the detectable cut-off level.

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

POSITIVE: One colored line appears in the control line region (C). No line appears in the test line region (T). This positive result indicates that the Benzodiazepine concentration exceeds the detectable cut-off level.

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

【QUALITY CONTROL】

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

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

【LIMITATIONS】

1. The CLO Rapid Test Panel (Urine) provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.[1,2]
2. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
3. Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
4. A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
5. A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
6. Test does not distinguish between drugs of abuse and certain medications.

【EXPECTED VALUES】

This negative result indicates that the Benzodiazepine concentration is below the detectable level of 400ng/ml. Positive result means the concentration of Benzodiazepine is above the level of 400ng/ml.

The CLO Rapid Test Panel has a sensitivity of 400ng/ml

【PERFORMANCE CHARACTERISTICS】

Accuracy

A side-by-side comparison was conducted using The CLO Rapid Test Panel (Urine) and GC/MS at the cut-off of 400ng/ml. Testing was performed on 250 clinical specimens previously collected from subjects present for Drug Screen Testing. The following results were tabulated:

Method		GC/MS		Total Results
CLO Rapid Test Panel	Results	Positive	Negative	
	Positive	101	1	102
	Negative	3	145	148
Total Results		104	146	250
% Agreement		97.1%	99.3%	98.4%

Analytical Sensitivity

A drug-free urine pool was spiked with Clonazepam at the following concentrations: 0ng/ml, 200ng/ml, 300 ng/ml, 400ng/ml, 500ng/ml, 600ng/ml and 1200ng/ml. The result demonstrates >99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below:

Clonazepam Concentration (ng/ml)	Percent of Cut-off	n	Visual Result	
			Negative	Positive
0	0	30	30	0
200	-50%	30	30	0
300	-25%	30	26	4
400	Cut-off	30	14	16
500	+25%	30	5	25
600	+50%	30	0	30
1200	3X	30	0	30

Analytical Specificity

The following table lists compounds that are positively detected in urine by the CLO Rapid Test Panel (Urine) at 5 minutes.

Compound	Concentration (ng/mL)	Compound	Concentration (ng/mL)
Clonazepam	400	Flunitrazepam	300
Alprazolam	200	(±) Lorazepam	1,250
a-hydroxyalprazolam	2,000	RS-Lorazepam glucuronide	250
Bromazepam	1,000	Midazolam	5,000
Chlordiazepoxide	1,000	Nitrazepam	200
Clobazam	250	Norchlordiazepoxide	200
Clorazepate	600	Nordiazepam	1,000
Delorazepam	1,000	Oxazepam	350
Desalkylflurazepam	250	Temazepam	150
Diazepam	300	Triazolam	5,000
Estazolam	1,250		

Precision

A study was conducted at three hospitals by laypersons using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens containing, according to GC/MS, no Clonazepam, 25% Clonazepam above and below the cut-off and 50% Clonazepam above and below the 400ng/ml cut-off was provided to each site. The following results were tabulated:

Clonazepam Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
200	10	10	0	10	0	10	0
300	10	9	1	8	2	9	1
500	10	1	9	2	8	1	9
600	10	0	10	0	10	0	10

Effect of Urinary Specific Gravity

Fifteen urine specimens of normal, high, and low specific gravity ranges were spiked with 200ng/ml and 600ng/ml of Clonazepam. The CLO Rapid Test Panel (Urine) was tested in duplicate using the fifteen neat and spiked urine specimens. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with Clonazepam to 200ng/ml and 600ng/ml. The spiked, pH-adjusted urine was tested with The CLO Rapid Test Panel (Urine) in duplicate. The results demonstrate that varying ranges of pH do not interfere with the performance of the test.

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Clonazepam positive urine. The following compounds show no cross-reactivity when tested with The CLO Rapid Test Panel (Urine) at a concentration of 100 μg/ml.

Non Cross-Reacting Compounds

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

【BIBLIOGRAPHY】

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

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