Multi-Drug Urine Test Cup Rx *Rx Only*

PLEASE READ ALL INFORMATION IN THE PACKAGE INSERT BEFORE USING THE TEST!

REF **See Box Label**

This package insert applies to any combination of the multi-drug tests. Therefore, some information may not be relevant to your test. You can identify which drugs and associated cutoffs are included in your test from the box labels and prints on the test device.

INTENDED USE

Dochek® Multi-Drug Urine Test Cup Rx is an immunoassay for the qualitative determination of single or multiple drugs in human urine at the cutoff concentrations of following table.

Drug(Identifier)	***Cut-off level(ng/mL)***
Amphetamine(AMP)	*1000 or 500*
Secobarbital (BAR)	*300*
Buprenorphine (BUP)	*10*
Oxazepam (BZO)	*300*
Cocaine (COC)	*300 or 150*
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	*300*
Methylenedioxymethamphetamine (MDMA)	*500*
Methamphetamine (MET)	*1000 or 500*
Morphine (MOP300/OPI2000)	*2000 or 300*
Methadone (MTD)	*300*
Oxycodone (OXY)	*100*
Phencyclidine (PCP)	*25*
Propoxyphene(PPX)	*300*
Nortriptyline (TCA)	*1000*
Cannabinoids (THC)	*50*
6-Monoacetylmorphine(6-MAM)	*10*

Dochek® Multi-Drug Urine Test Cup Rx offers any combinations from 1 to 16 drugs but only one cutoff concentration under same drug condition will be included per device .
It is intended for* prescription use. *For in vitro diagnostic use only.

The test provides only preliminary results. Clinical consideration and professional judgment should be applied to any drug of abuse test result，particularly in evaluating a preliminary positive result. To obtain a confirmed analytical result，a more specific alternate chemical method is needed. GC/MS or LC/MS is the recommended confirmatory method.

SUMMARY

Amphetamine (AMP)

Amphetamine and the structurally related “designer” drugs are sympathomimetic amines whose biological effects include potent central nervous system (CNS) stimulation, anorectic, hyperthymic, and cardiovascular properties. They are usually taken orally, intravenously, or by smoking. Amphetamines are readily absorbed from the gastrointestinal tract and are then either deactivated by the liver or excreted unchanged in the urine. Methamphetamine is partially metabolized to amphetamine and its major active metabolite. Amphetamines increase the heart rate and blood pressure, and suppress the appetite. Some studies indicate that heavy abuse may result in permanent damage to certain essential nerve structural in the brain. The effects of Amphetamines generally last 2~4 hours following use and the drug has a half-life of 4~24 hours in the body. About 30% of amphetamines are excreted in the urine in unchanged form, with the remainder as hydroxylated and deaminated derivatives. It can be detected in the urine for 1 to 2 days after use.

Barbiturates (BAR)

Barbiturates are central nervous system depressants. They are usually administered orally but are sometimes injected intramuscularly and intravenously. Barbiturates range from short-acting (approximately 15 minutes, such as secobarbital) to long-acting (24 hours or longer, such as Phenobarbital). Short-acting barbiturates are extensively metabolized in the body, while the long-acting ones are secreted primarily unchanged. Barbiturates produce alertness, wakefulness, increased energy, reduced hunger, and an overall feeling of well being. Large doses of Barbiturate could develop tolerance and physiological dependency and lead to its abuse.

Buprenorphine (BUP)

Buprenorphine is a potent analgesic often used in the treatment of opioid addiction. The drug is sold under the trade names Subutex™, Buprenex™, Temgesic™ and Suboxone™, which contain Buprenorphine HCl alone or in combination with Naloxone HCl. Therapeutically, Buprenorphine is used as a substitution treatment for opioid addicts. Substitution treatment is a form of medical care offered to opiate addicts (primarily heroin addicts) based on a similar or identical substance to the drug normally used. In substitution therapy, Buprenorphine is as effective as Methadone but demonstrates a lower level of physical dependence. Concentrations of free Buprenorphine and Norbuprenorphine in urine may be less than 1 ng/ml after therapeutic administration, but can range up to 20 ng/ml in abuse situations. The plasma half-life of Buprenorphine is 2-4 hours. While complete elimination of a single dose of the drug can take as long as 6 days, the window of detection for the parent drug in urine is thought to be approximately 3 days. Substantial abuse of Buprenorphine has also been reported in many countries where various forms of the drug are available. The drug has been diverted from legitimate channels through theft, doctor shopping, and fraudulent prescriptions, and been abused via intravenous, sublingual, intranasal and inhalation routes.

Benzodiazepines (BZO)

Benzodiazepines are a class of drugs that are often therapeutically used as anxiolytics, anti-convulsants and sedative hypnotics. Benzodiazepines manifest their presence by analgesia, drowsiness, confusion, diminished reflexes, lowering of body temperature, respiratory depression, blockade of adrenocortical response, and a decrease in peripheral resistance without an impact on the cardiac index. The major pathways of elimination are the kidneys (urine) and the liver where it is conjugated to glucuronic acid. Large doses of Benzodiazepines could develop tolerances and physiological dependency and lead to its abuse. Only trace amounts (less than 1%) of Benzodiazepines are excreted unaltered in the urine, most of Benzodiazepines in urine is conjugated drug. Oxazepam, a common metabolite of many benzodiazepines, remains detectable in urine for up to one week, which makes Oxazepam a useful marker of Benzodiazepines abuse.

Cocaine (COC)

Cocaine derived from leaves of coca plant, is a potent central nervous system stimulant and a local anesthetic. Among the psychological effects induced by using cocaine are euphoria, confidence and a sense of increased energy, accompanied by increased heart rate, dilation of the pupils, fever, tremors and sweating. Cocaine is excreted in urine primarily as benzoylecgonine in a short period of time.

Methadone Metabolite (EDDP)

EDDP(2-Ethylidine-1,5-dimethyl-3,3-diphenylpyrrolidine) is the primary metabolite of methadone. Methadone is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. The detection of EDDP is more beneficial than traditional methadone screening since EDDP exists only in urine from individuals that ingested methadone. The tampering of specimens by spiking the urine with methadone can be prevented. Secondly, renal clearance of EDDP is not affected by urinary pH, therefore the EDDP test provides a more accurate result of methadone ingestion than the methadone parent screen.

Methylenedioxymethamphetamine - ecstasy (MDMA)

MDMA belongs to a family of man-made drugs. Its relatives include MDA (methylenedioxyamphetamine), and MDEA (methylenedioxyethylamphet amine). They all share the amphetamine-like effects. MDMA is a stimulant with hallucinogenic tendencies described as an empathogen as it releases mood-altering chemicals, such as cartooning and L-dopa, and may generate feelings of love and friendliness. The adverse effects of MDMA use include elevated blood pressure, hyperthermia, anxiety, paranoia and insomnia. MDMA is administered either by oral ingestion or intravenous injection. The effects of MDMA begin 30 minutes after intake, peak in an hour and last for 2~3 hours.

Methamphetamine (MET)

Methamphetamine is a potent sympathomimetic agent with therapeutic applications. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, and a sense of increased energy and power. More acute responses produce anxiety, paranoia, psychotic behavior, and cardiac dysrhythmias. The pattern of psychosis which may appear at half-life of about 15 hours is excreted in urine as amphetamine and oxidized as deaminated and hydroxylated derivatives. However, 40% of methamphetamine is excreted unchanged. Thus the presence of the parent compound in the urine indicates methamphetamine use.

Morphine (MOP)

Opiate refers to any drug that is derived from the opium poppy, including the natural products, morphine and codeine, and the semi-synthetic drugs such as heroin. Opioid is more general, referring to any drug that acts on the opioid receptor. Opioid analgesics comprise a large group of substances which control pain by depressing the central nervous system. Large doses of morphine can produce higher tolerance levels, physiological dependency in users, and may lead to substance abuse. Morphine is excreted unmetabolized, and is also the major metabolic product of codeine and heroin. Morphine is detectable in the urine for several days after an opiate dose.

Methadone (MTD)

Methadone is a narcotic analgesic prescribed for the management of moderate to severe pain and for the treatment of opiate dependence (Heroin, Vicodin, Percocet, Morphine). It is administered either orally, or by intravenous or intra-muscular injection. The duration of effect of methadone is 12~24 hours. Its major urinary excretion products are methadone, EDDP (2-ethylidene-1, 5-dimethyl-3, 3-diphenylprryolidine), and EMDP (2- ethyl-5-methy -3, 3-diphenylpyrrolidine).

Oxycodone (OXY)

Oxycodone is an analgesic, which works by depressing the central nervous system. Oxycodone is abused for its opiate-like effects. In addition to its equal potency to morphine in analgesic effects, it is also equipotent to morphine in relieving abstinence symptoms from chronic opiate (heroin, morphine) use. For this reason, it is often used to alleviate or prevent the onset of opiate withdrawal by street users of heroin and methadone. The drug is most often administered orally. Like other opiates, Oxycodone can also depress the respiratory system resulting in suffocation and death when overdosed. Oxycodone is very addictive, both physically and psychologically. Some physical indications of Oxycodone abuse include extreme loss of appetite and weight, cramps, nausea, vomiting, excessive scratching and complaint of itching, excessive sweating, constipation, pin-point pupils and watery eyes, reduced vision, drowsiness, euphoria, trance-like states, excessive thirst, tremors, twitching, irritability, hallucinations and lethargy.

Phencyclidine (PCP)

Phencyclidine, commonly known as PCP or “angel dust” is used primarily as recreational drug due to its hallucinogenic effects. It is generally self-administered by intravenous injection or by inhalation and concentrates fastest in fatty tissues and the brain. The effects of PCP are very much dose related. Small amounts of Phencyclidines (PCP) are central nervous system stimulants that produce alertness, wakefulness, increased energy, increased heat rate, and decreased sense of pain and touch, and an overall feeling of well being. Large doses of Phencyclidine (PCP) can result in death due to convulsions, heart and lung failure and coma. Large repeated doses of Phencyclidine (PCP) could develop tolerances and physiological dependency and lead to its abuse. PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days. Phencyclidine is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).

Propoxyphene (PPX)

Propoxyphene is a prescription drug for the relief of pain. Overdose of propoxyphene can have the symptoms including analgesia, stupor, respiratory depression and coma. The half-life of propoxyphene is 8 to 24 hours. Propoxyphene reaches its peak in 1 to 2 hours after oral administration.

Tricyclic Antidepressants (TCA)

Tricyclic Antidepressants are a group of antidepressant drugs that are commonly used for treatment of depressive disorders. TCAs can be taken orally or by intramuscularly injection (IM). The symptoms of TCAs overdoses include agitation, confusion, hallucinations, hypertonicity, seizures, and EKG changes. The half-life of TCA varies from a few hours to several days. The commonly used TCAs are excreted with a very low percentage of unchanged drugs in the urine. Therefore, detection of the metabolites of TCAs in human urine has been used for screening the abuse of TCAs.

Cannabinoids (THC)

Cannabinoids is a hallucinogenic agent derived from the flowering portion of the hemp plant. The active ingredients in Cannabinoids, THC & Cannabinol can be metabolized and excreted as 11-nor-Δ9-tetrahydro cannabinol-9-carboxylic acid with a half-life of 24 hours. It can be detected for 1 to 5 days after use. Smoking is the primary method of use of Cannabinoids/cannabis. Higher doses used by abusers produce central nervous system effects, altered mood and sensory perceptions, loss of coordination, impaired short-term memory, anxiety, paranoia, depression, confusion, hallucinations and increased heart rate. A tolerance to the cardiac and psychotropic effects can occur, and withdrawal syndrome produces restlessness, insomnia, anorexia and nausea.

6-Monoacetylmorphine (6-MAM)

6-Monoacetylmorphine (6-MAM) or 6-acetylmorphine (6-AM) is one of three active metabolites of heroin (diacetylmorphine), the others being morphine and the much less active 3-monoacetylmorphine (3-MAM). 6-MAM is rapidly created from heroin in the body, and then is either metabolized into morphine or excreted in the urine. 6-MAM remains in the urine for no more than 24 hours. So a urine specimen must be collected soon after the last heroin use, but the presence of 6-MAM guarantees that heroin was in fact used as recently as within the last day. 6-MAM is naturally found in the brain, but in such small quantities that detection of this compound in urine virtually guarantees that heroin has recently been consumed.

WHAT IS THE CUT-OFF VALUE AND APPROXIMATE DETECTION TIME?

Drug(Identifier)	Calibrator	Cut-off level	Minimum detection time	Maximum detection time
6-Monoacetylmorphine(6-MAM)	*6-Monoacetylmorphine*	10 ng/mL	2-8hours	1-3 days
Amphetamine (AMP 1000)	d-Amphetamine	1000 ng/mL	2-7 hours	1-2 days
Amphetamine (AMP 500)	d-Amphetamine	500 ng/mL	2-7 hours	1-2 days
Secobarbital(BAR)	Secobarbital	300 ng/mL	2-4 hours	1-4 days
Buprenorphine(BUP)	Buprenorphine	10 ng/mL	4 hours	1-3 days
Oxazepam (BZO)	Oxazepam	300 ng/mL	2-7 hours	1-2 days
Cocaine (COC 300)	Benzoylecgonine	300 ng/mL	1-4 hours	2-4 days
Cocaine (COC 150)	Benzoylecgonine	150 ng/mL	1-4 hours	2-4 days

2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	2-ethylidene-1,5-dimethyl-3,3-diphenyl-pyrrolidine	300 ng/mL	3-8 hours	1~3 days
Methylenedioxymethamphetamine (MDMA)	3,4-Methylenedioxymethamphetamine	500 ng/mL	2-7 hours	2-4 days
Methamphetamine (MET1000)	D(+)-Methamphetamine	1000 ng/mL	2-7 hours	2-4 days
Methamphetamine (MET 500)	D(+)-Methamphetamine	500 ng/mL	2-7 hours	2-4 days
Morphine (OPI2000)	Morphine	2000 ng/mL	2 hours	2-3 days
Morphine (MOP300)	Morphine	300 ng/mL	2 hours	2-3 days
Methadone (MTD)	Methadone	300 ng/mL	3-8 hours	1-3 days
Oxycodone(OXY)	Oxycodone	100 ng/mL	4 hours	1-3 days
Phencyclidine (PCP)	Phencyclidine	25 ng/mL	4-6 hours	7-14days
Propoxyphene (PPX)	d-Propoxyphene	300 ng/mL	2 hours	2-3days
Nortriptyline (TCA)	Nortriptyline	1000 ng/mL	8-12hours	2-7 days
Cannabinoids (THC)	11-nor-Δ9-THC-9-COOH	50 ng/mL	2 hours	Up to 5+ days

PRINCIPLE

Dochek® Multi-Drug Urine Test Cup Rx is a competitive immunoassay that is used to screen for the presence of various drugs and drug metabolites in urine. It is chromatographic absorbent device in which, drugs within a urine sample, competitively combined to a limited number of drug monoclonal antibody (mouse) conjugate binding sites.

When the test is activated, the urine is absorbed into each test strip by capillary action, mixes with the respective drug monoclonal antibody conjugate, and flows across a pre-coated membrane. When drug within the urine sample is below the detection level of the test, respective drug monoclonal antibody conjugate binds to the respective drug-protein conjugate immobilized in the Test Region (T) of the test strip. This produces a colored Test line in the Test Region (T) of the strip, which, regardless of its intensity, indicates a negative test result.

When sample drug levels are at or above the detection level of the test, the free drug in the sample binds to the respective drug monoclonal antibody conjugate, preventing the respective drug monoclonal antibody conjugate from binding to the respective drug-protein conjugate immobilized in the Test Region (T) of the device. This prevents the development of a distinct colored band in the test region, indicating a preliminary positive result.

To serve as a procedure control, a colored line will appear at the Control Region (C) of each strip, if the test has been performed properly.

WARNINGS AND PRECAUTIONS

- This kit is for *in vitro* diagnostic use.Do not swallow.
- Discard after first use. The test cannot be used more than once.
- Do not use the test device beyond expiry date.
- Do not use the test device if the pouch is punctured or not well sealed.
- Keep out of the reach of children.
- The used test cup should be discarded according to local regulations.
- Read the drug test result at 5 minutes. The result can be stable for 60 minutes. Do not read the result after 60 minutes.

CONTENTS OF THE TEST KIT

Material provided

- 25 x Test Cup
- 1 x Instructions for use

Materials needed but not provided

- Timer or stopwatch

STORAGE AND STABILITY

- Store at 35.6°F - 86°F (2 ºC ~ 30 ºC) in the sealed pouch up to the expiry date.
- DO NOT FREEZE.
- Keep away from direct sunlight, moisture and heat.
- Use the test within 1 hour of removing from the foil.

SPECIMEN COLLECTION AND STORAGE

WHEN TO COLLECT URINE FOR THE TEST?

Urine collected at any time of the day may be used. Urine samples may be collected in minimum detection time later after suspected drug use. Exactly when the urine sample is collected is very important in detecting any drug of abuse. This is because each drug is cleared by the body at different rates. Please refer to the section “WHAT IS THE CUT-OFF VALUE AND APPROXIMATE DETECTION TIME?” in this package insert for the minimum or maximum detection time of each drug.

HOW TO COLLECT URINE?

1. Remove the test cup from the foil pouch by tearing at the notch. Use it as soon as possible. Instruct the donor to remove the test cup lid and void directly into the test cup until reach the Minimum Urine Level mark. It is acceptable to collect extra volume of urine. If insufficient specimen has been collected, instruct the donor to provide urine specimen again with another new test cup. Wipe off any splashes or spills that may be on the outside of the cup. It is recommended to wear gloves when handling the test cup with urine specimen.
2. The technician tighten the lid until an audible click is heard.
3. Technician dates and signs the names of the donor and the operator on the cup label.

TEST PROCEDURE

Test should be performed at room temperature (59°F- 86°F / 15°C - 30°C).

1. After the urine has been collected, place the test cup on a flat surface.
2. Start the timer.Peel the label from right to left. Read the result at 5 minutes. The result can be stable for 60 minutes. Do not read the result after 60 minutes.

Note: *Results after more than 60 minutes may be not accurate and should not be read.*

INTERPRETATION OF TEST RESULTS

Preliminary positive (+)

A color band is visible in each control region (C). If no color band appears in the appropriate drug test region(T), a preliminary positive result is indicated for the corresponding drug of that specific test region.

Negative (-)

If a color band is visible in each control region (C) and the appropriate drug test region(T), it indicates that the concentration of the corresponding drug of that specific test region is absent or below the detection limit of the test.

Invalid

If a color band is not visible in the control region(C), the test is invalid. Another test should be run to re-evaluate the specimen. If test still fails, please contact the distributor or the store, where you bought the product, with the lot number.

NOTE: There is no meaning attributed to line color intensity or width. Any visible line is considered to be a line.

A preliminary positive test result does not always mean that a person took illegal drugs. A negative test result does not always mean that a person did not take illegal drugs. There could be a number of factors that affect the reliability of drug tests. Certain drugs of abuse tests are more accurate than others.

IMPORTANT: The result you obtained is called preliminary for a reason. The sample must be tested by laboratory in order to determine if a drug of abuse is actually present. Send any sample which does not give a negative result to a laboratory for further testing.

What Is A False Positive Test?

The definition of a false positive test would be an instance where a substance is identified incorrectly by Dochek® Multi-Drug Urine Test Cup Rx. The most common causes of a false positive test are cross reactants. Certain foods and medicines, diet plan drugs and nutritional supplements may cause a false positive test result with this product.

What Is A False Negative Test?

The definition of a false negative test is that the initial drug is present but isn't detected by Dochek® Multi-Drug Urine Test Cup Rx. If the sample is diluted or adulterated that may cause false negative result.
If you get a negative test result but you still suspect someone is taking drugs you should test again at another time ,or test for different drugs.

QUALITY CONTROL

Users should follow the appropriate federal state, and local guidelines concerning the frequency of assaying external quality control materials.Though there is an internal procedural control line in the test device of Control region, the use of external controls is strongly recommended as good laboratory testing practice to confirm the test procedure and to verify proper test performance. Positive and negative control should give the expected results. When testing the positive and negative control, the same assay procedure should be adopted.

TEST LIMITATIONS

1. This test has been developed for testing urine samples only. No other fluids have been evaluated. **DO NOT** use this device to test specimen other than urine.
2. There is a possibility that technical or procedural errors, as well as interfering substances in the urine specimen may cause incorrect results.
3. Contaminated or adulterated urine samples may produce incorrect results. Strong oxidizing agents such as bleach (hypochlorite) can oxidize drug analyte. If a sample is suspected of contamination or adulteration, repeat the test with another urine sample.
4. This test is a qualitative screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication.
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.

PERFORMANCE CHARACTERISTICS

A. Accuracy

1600 (eighty of each drug) clinical urine specimens were analyzed by LC-MS/MS and by each corresponding drug of abuse Test. Each test was read by three viewers. Samples were divided by concentration into five categories: drug-free, less than half the cutoff, near cutoff negative, near cutoff positive, and high positive. Results were as follows:

Drug test	Test Cup Result		Drug-Free	Low Negative by LC-MS/MS (less than -50%)	Near Cutoff Negative by LC-MS/MS (Between -50% and the Cutoff)	Near Cutoff Positive by LC-MS/MS (Between the cutoff and +50%)	High Positive by LC-MS/MS (greater than +50%)	%Agreement with GC/MS (95%CI)
AMP (AMP 1000)	Viewer A	+	0	0	0	6	31	92.5%(80.1%-97.4%)
		-	15	8	17	3	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	6	31	92.5%(80.1%-97.4%)
		-	15	8	17	3	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	7	31	95.0%(83.5%-98.6%)
		-	15	8	17	2	0	100%(91.2%-100%)
AMP (AMP 500)	Viewer A	+	0	0	0	8	30	95.0%(83.5%-98.6%)
		-	15	12	13	2	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	8	30	95.0%(83.5%-98.6%)
		-	15	12	13	2	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	8	30	95.0%(83.5%-98.6%)
		-	15	12	13	2	0	100%(91.2%-100%)
BAR	Viewer A	+	0	0	0	16	22	95.0%(83.5%-98.6%)
		-	15	18	7	2	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	15	22	92.5%(80.1%-97.4%)
		-	15	18	7	3	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	16	22	95.0%(83.5%-98.6%)
		-	15	18	7	2	0	100%(91.2%-100%)
BUP	Viewer A	+	0	0	2	29	10	97.5%(87.1%-99.6%)
		-	15	13	10	1	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	1	29	10	96.2%(89.5%-98.7%)
		-	15	13	11	1	0	96.2%(89.5%-98.7%)
	Viewer C	+	0	0	2	29	10	97.5%(87.1%-99.6%)
		-	15	13	10	1	0	95.0%(83.5%-98.6%)
BZO	Viewer A	+	0	0	2	7	31	95.0%(83.5%-98.6%)
		-	15	11	12	2	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	1	7	31	95.0%(83.5%-98.6%)
		-	15	11	13	2	0	97.5%(87.1%-99.6%)
	Viewer C	+	0	0	1	8	31	97.5%(87.1%-99.6%)
		-	15	11	13	1	0	97.5%(87.1%-99.6%)
COC(COC 300)	Viewer A	+	0	0	1	11	27	95.0%(83.5%-98.6%)
		-	15	13	11	2	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	2	11	27	95.0%(83.5%-98.6%)
		-	15	13	10	2	0	95.0%(83.5%-98.6%)
	Viewer C	+	0	0	2	11	27	95.0%(83.5%-98.6%)
		-	15	13	10	2	0	95.0%(83.5%-98.6%)
COC(COC 150)	Viewer A	+	0	0	1	13	25	95.0%(83.5%-98.6%)
		-	15	12	12	2	0	97.5%(87.1%-99.6%)
	Viewer B	+	0	0	1	13	25	95.0%(83.5%-98.6%)
		-	15	12	12	2	0	97.5%(87.1%-99.6%)
	Viewer C	+	0	0	1	13	25	95.0%(83.5%-98.6%)
		-	15	12	12	2	0	97.5%(87.1%-99.6%)
EDDP	Viewer A	+	0	0	0	11	29	100%(91.2%-100%)
		-	15	6	19	0	0	100%(91.2%-100%)
	Viewer B	+	0	0	1	11	29	100%(91.2%-100%)
		-	15	6	18	0	0	97.5%(87.1%-99.6%)
	Viewer C	+	0	0	1	11	29	100%(91.2%-100%)
		-	15	6	18	0	0	97.5%(87.1%-99.6%)
MDMA	Viewer A	+	0	0	0	9	30	97.5%(87.1%-99.6%)
		-	15	14	11	1	0	100%(91.2%-100%)
	Viewer B	+	0	0	1	9	30	97.5%(87.1%-99.6%)
		-	15	14	10	1	0	97.5%(87.1%-99.6%)

	Viewer C	+	0	0	1	9	30	97.5%(87.1%-99.6%)
		-	15	14	10	1	0	97.5%(87.1%-99.6%)
MET(MET 1000)	Viewer A	+	0	0	0	8	30	95.0%(83.5%-98.6%
		-	15	8	17	2	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	8	30	95.0%(83.5%-98.6%)
		-	15	8	17	2	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	8	30	95.0%(83.5%-98.6%)
		-	15	8	17	2	0	100%(91.2%-100%)
MET (MET 500)	Viewer A	+	0	0	0	9	30	97.5%(87.1%-99.6%)
		-	15	14	11	1	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	9	30	97.5%(87.1%-99.6%)
		-	15	14	11	1	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	10	30	100%(91.2%-100%)
		-	15	14	11	0	0	100%(91.2%-100%)
OPI (MOP 2000)	Viewer A	+	0	0	2	9	29	95.0%(83.5%-98.6%)
		-	15	9	14	2	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	2	9	29	95.0%(83.5%-98.6%)
		-	15	9	14	2	0	95.0%(83.5%-98.6%)
	Viewer C	+	0	0	2	9	29	95.0%(83.5%-98.6%)
		-	15	9	14	2	0	95.0%(83.5%-98.6%)
MOP(MOP 300)	Viewer A	+	0	0	2	19	21	100%(91.2%-100%)
		-	15	12	11	0	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	2	18	21	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
	Viewer C	+	0	0	2	18	21	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
MTD	Viewer A	+	0	0	2	8	30	95.0%(83.5%-98.6%)
		-	15	12	11	2	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	2	9	30	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
	Viewer C	+	0	0	2	9	30	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
OXY	Viewer A	+	0	0	2	9	29	95.0%(83.5%-98.6%)
		-	15	12	11	2	0	95.0%(83.5%-98.6%)
	Viewer B	+	0	0	2	10	29	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
	Viewer C	+	0	0	2	10	29	97.5%(87.1%-99.6%)
		-	15	12	11	1	0	95.0%(83.5%-98.6%)
PCP	Viewer A	+	0	0	0	28	12	100%(91.2%-100%)
		-	15	13	12	0	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	27	12	97.5%(87.1%-99.6%)
		-	15	13	12	1	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	27	12	97.5%(87.1%-99.6%)
		-	15	13	12	1	0	100%(91.2%-100%)
PPX	Viewer A	+	0	0	1	12	28	100%(91.2%-100%)
		-	15	13	11	0	0	97.5%(87.1%-99.6%)
	Viewer B	+	0	0	1	10	28	95.0%(83.5%-98.6%)
		-	15	13	11	2	0	97.5%(87.1%-99.6%)
	Viewer C	+	0	0	2	11	28	97.5%(87.1%-99.6%)
		-	15	13	10	1	0	95.0%(83.5%-98.6%)
TCA	Viewer A	+	0	0	0	6	32	95.0%(83.5%-98.6%)
		-	15	13	12	2	0	100%(91.2%-100%)
	Viewer B	+	0	0	0	6	32	95.0%(83.5%-98.6%)
		-	15	13	12	2	0	100%(91.2%-100%)
	Viewer C	+	0	0	0	6	32	95.0%(83.5%-98.6%)
		-	15	13	12	2	0	100%(91.2%-100%)
THC	Viewer A	+	0	0	1	9	30	97.5%(87.1%-99.6%)
		-	15	13	11	1	0	97.5%(87.1%-99.6%)
	Viewer	+	0	0	1	9	30	97.5%(87.1%-99.6%)
	B	-	15	13	11	1	0	97.5%(87.1%-99.6%)
	Viewer C	+	0	0	2	9	30	97.5%(87.1%-99.6%)
		-	15	13	10	1	0	95.0%(83.5%-98.6%)
6-MAM	Viewer A	+	0	0	3	28	10	95.0%(83.5%-98.6%)
		-	15	13	9	2	0	92.5%(80.1%-97.4%)
	Viewer B	+	0	0	3	28	10	95.0%(83.5%-98.6%)
		-	15	13	9	2	0	92.5%(80.1%-97.4%)
	Viewer C	+	0	0	3	28	10	95.0%(83.5%-98.6%)
		-	15	13	9	2	0	92.5%(80.1%-97.4%)

B. Precision and Sensitivity

To investigate the precision and sensitivity, each drug samples were analyzed at the following concentrations: +100% cutoff, +75% cutoff, +50% cutoff, +25% cutoff, cutoff, -25% cutoff, -50% cutoff,- 75% cut off and -100% cutoff. All concentrations were confirmed with LC-MS/MS. The study was performed 2 runs /day and lasted 25 days using three different lots of the corresponding drug of abuse test. Totally 3 operators participated in the study of the corresponding drug of abuse test. Each of the 3 operators tests 2 aliquots at each concentration for each lot per day (2 runs /day), for a total of 50 determinations per concentration per lot of the corresponding drug of abuse test.

Drug test	Approximate concentration of sample (ng/mL)	Number of determinations per lot	Results Negative/ Positive			Drug test	Approximate concentration of sample (ng/mL)	Number of determinations per lot	Results Negative/ Positive		
			Lot 1	Lot 2	Lot 3				Lot 1	Lot 2	Lot 3
AMP(AMP 1000)	+100% Cutoff	50	0/50	0/50	0/50	**MET (MET 500)**	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	14/36	13/37	13/37		Cutoff	50	13/37	13/37	12/38
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
AMP (AMP 500)	+100% Cutoff	50	0/50	0/50	0/50	**OPI (MOP 2000)**	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	12/38	12/38	12/38		Cutoff	50	9/41	10/40	10/40
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
BAR	+100% Cutoff	50	0/50	0/50	0/50	**MOP (MOP 300)**	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	12/38	14/36	14/36		Cutoff	50	15/35	14/36	14/36
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
BUP	+100% Cutoff	50	0/50	0/50	0/50	**MTD**	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	15/35	15/35	16/34		Cutoff	50	15/35	14/36	14/36
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0

	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
BZO	+100% Cutoff	50	0/50	0/50	0/50		+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	13/37	12/38	11/39	**OXY**	Cutoff	50	15/35	15/35	13/37
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
COC(COC300)	+100% Cutoff	50	0/50	0/50	0/50		+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	13/37	12/38	12/38	**PCP**	Cutoff	50	16/34	14/36	15/35
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
COC(COC150)	+100% Cutoff	50	0/50	0/50	0/50		+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	14/36	14/36	15/35	**PPX**	Cutoff	50	12/38	12/38	12/38
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
EDDP300	+100% Cutoff	50	0/50	0/50	0/50		+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	12/38	12/38	13/37	**TCA**	Cutoff	50	11/39	11/39	12/38
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
MDMA	+100% Cutoff	50	0/50	0/50	0/50		+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	10/40	11/39	10/40	**THC**	Cutoff	50	13/37	14/36	14/36
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0
MET(MET1000)	+100% Cutoff	50	0/50	0/50	0/50	**6-MAM**	+100% Cutoff	50	0/50	0/50	0/50
	+75% Cutoff	50	0/50	0/50	0/50		+75% Cutoff	50	0/50	0/50	0/50
	+50% Cutoff	50	0/50	0/50	0/50		+50% Cutoff	50	0/50	0/50	0/50
	+25% Cutoff	50	0/50	0/50	0/50		+25% Cutoff	50	0/50	0/50	0/50
	Cutoff	50	10/40	11/39	11/39		Cutoff	50	15/35	15/35	14/36
	-25% Cutoff	50	50/0	50/0	50/0		-25% Cutoff	50	50/0	50/0	50/0
	-50% Cutoff	50	50/0	50/0	50/0		-50% Cutoff	50	50/0	50/0	50/0
	-75% Cutoff	50	50/0	50/0	50/0		-75% Cutoff	50	50/0	50/0	50/0
	-100% Cutoff	50	50/0	50/0	50/0		-100% Cutoff	50	50/0	50/0	50/0

C. Specificity and cross reactivity

The following table lists the concentration of compounds (ng/mL) above which the Dochek® Multi-Drug Urine Test Cup Rx identified positive results.

Compound	Concentration (ng/mL)	Compound	Concentration (ng/mL)
Amphetamine (AMP 1000)		**Methamphetamine (MET 500)-continued**	
d-Amphetamine	1,000	(-)-Methamphetamine	12,500
d/l-Amphetamine	3,000	(+/-)3,4-methylenedioxumethamphetamine(MDMA)	2,000
l-Amphetamine	50,000	β-Phenylethylamine	25,000
(+/-) 3,4-methylenedioxyamphetamine (MDA)	5,000	Trimethobenzamide	5,000
Phentermine	3,000	l-Amphetamine	50,000
Hydroxyamphetamine	10,000	(+/-)3,4-Methylenedioxyethylamphetamine (MDEA)	15,000
d-Methamphetamine	>100,000	Mephentermine	25,000
l-Methamphetamine	>100,000	Methoxyphenamine	25,000
(+/-)3,4-Methylenedioxyethylamphetamine (MDEA)	>100,000	Fenfluramine	37,500
(+/-)3,4-Methylenedioxymethamphetamine(MDMA)	>100,000	Procaine	>100,000
(1R,2S)-(-)-Ephedrine	>100,000	d/l-Amphetamine	75,000
β-Phenylethylamine	100,000	p-Hydroxymethamphetamine	15,000
Tyramine	100,000	l-Phenylephrine	>100,000
p-Hydroxynorephedrine	100,000	d/l-Methamphetamine	500
Phenylpropanolamine	>100,000	(+/-) 3,4-Methylenedioxyamphetamine(MDA)	75,000
(±)Phenylpropanolamine	>100,000	**Morphine (MOP 2000)**	
p-Hydroxyamphetamine	100,000	Morphine	2,000
d/l-Norephedrine	100,000	Codeine	2,000
Benzphetamine	>100,000	Hydrocodone	12,500
l-Epinephrine	>100,000	Hydromorphone	5,000
d/l-Epinephrine	>100,000	6-Monoacetylmorphine	1,500
Amphetamine (AMP 500)		Morphine 3-β-D-glucuronide	2,000
d-Amphetamine	500	Ethylmorphine	1,500
d/l-Amphetamine	1,500	Diacetylmorphine (heroin)	2,000
l-Amphetamine	25,000	Levorphanol	75,000
(+/-) 3,4-methylenedioxyamphetamine (MDA)	2,500	Norcodeine	12,500
Phentermine	1,500	Oxycodone	>100,000
Hydroxyamphetamine	5,000	Thebaine	5,000
d-Methamphetamine	>100,000	Normorphine	50,000
l-Methamphetamine	>100,000	Oxymorphone	>100,000
(+/-)3,4-Methylenedioxyethylamphetamine (MDEA)	>100,000	Procaine	>100,000
(+/-)3,4-Methylenedioxymethamphetamine(MDMA)	>100,000	Codeine-6-β-D-glucuronide	3,000
(1R,2S)-(-)-Ephedrine	>100,000	d-Norpropoxyphene hydrochloride	5,000
β-Phenylethylamine	100,000	**Morphine (MOP 300)**	
Tyramine	100,000	Morphine	300
p-Hydroxynorephedrine	100,000	Codeine	300
Phenylpropanolamine	>100,000	Hydrocodone	5,000
(±)Phenylpropanolamine	>100,000	Hydromorphone	1,000
p-Hydroxyamphetamine	100,000	6-Monoacetylmorphine	150
d/l-Norephedrine	100,000	Morphine 3-β-D-glucuronide	1,000
Benzphetamine	>100,000	Ethylmorphine	100
l-Epinephrine	>100,000	Diacetylmorphine (heroin)	300
d/l-Epinephrine	>100,000	Levorphanol	10,000
Barbiturates (BAR 300)		Norcodeine	5,000
Secobarbital	300	Oxycodone	75,000
Amobarbital	1,000	Thebaine	3,000
Alphenal	75	Normorphine	3,000
Aprobarbital	250	Oxymorphone	25,000
Butabarbital	100	Procaine	>100,000

Butalbital	5,000	Codeine-6-β-D-glucuronide	500
Butethal	500	d-Norpropoxyphene hydrochloride	300
Cyclopentobarbital	500	**Methadone (MTD 300)**	
Pentobarbital	200	Methadone	300
Phenobarbital	300	EDDP	>100,000
Buprenorphine (BUP 10)		Doxylamine	50,000
Buprenorphine	10	Levacetylmethadol (LAAM)	>100,000
Norbuprenorphine	50	EMDP	>100,000
Buprenorphine 3-D-glucuronide	10	Alpha Methadol	>100,000
Norbuprenorphine 3-D-glucuronide	10	**Oxycodone (OXY)**	
Morphine	>100,000	Oxycodone	100
Oxymorphone	>100,000	Hydrocodone	5,000
Hydromorphone	>100,000	Hydromorphone	50,000
Benzodiazepines (BZO 300)		Oxymorphone	1,000
Oxazepam	300	Codeine	>100,000
Alprazolam	150	Ethylmorphine	>100,000
α-Hydroxyalprazolam	1,500	Dihydrocodeine	20,000
Bromazepam	100	Oxymorphone-3β-D- glucuronide	5,000
Chlordiazepoxide	500	Morphine	>100,000
Clobazam	750	6-Monoacetylmorphine	>100,000
Clonazepam	1,500	Buprenorphine	>100,000
Clorazepate dipotassium	100	Thebaine	>100,000
Diazepam	500	**Phencyclidine (PCP)**	
Estazolam	500	β-Phenylethylamine	25,000
Flunitrazepam	2,500	Trimethobenzamide	5,000
Midazolam	2,000	**Propoxyphene (PPX)**	
Nitrazepam	2,000	d-Propoxyphene	300
Nordiazepam	500	d-Norpropoxyphene	300
Temazepam	250	**Tricyclic Antidepressants (TCA)**	
Triazolam	1,000	Notriptyline	1,000
Desalkylflurazepam	500	Nordoxepin	1,000
Lorazepam	5,000	Trimipramine	3,000
Norchlordiazepoxide	500	Promazine	1,500
Nordazepam	1,000	Desipramine	200
Delorazepam	2,000	Imipramine	750
Demoxepam	5,000	Clomipramine	10,000
Flurazepam	500	Doxepin	1,250
Cocaine (COC 300)		Maprotiline	2,000
Benzoylecgonine	300	Amitriptyline	1,500
Cocaine HCl	750	Promethazine	25,000
Cocaethylene	12,500	Cyclobenzaprine	1,000
Ecgonine	30,000	Norclomipramine	12,500
Ecgonine methyl ester	>100,000	**Cannabinoids (THC 50)**	
Norcocaine	>100,000	11-nor-Δ9-THC-9-COOH	50
Cocaine (COC 150)		11-nor-Δ8-THC-9-COOH	30
Benzoylecgonine	150	(±)-11-Hydroxy-Δ9-THC	2,500
Cocaine HCl	500	Δ8- Tetrahydrocannabinol	2,000
Cocaethylene	5,000	Δ9- Tetrahydrocannabinol	5,000
Ecgonine	15,000	Cannabinol	10,000
Ecgonine methyl ester	>100,000	Cannabidiol(CBD)	100,000
Norcocaine	>100,000	(±)-11-nor-9-carboxy-Δ 9-THC	100
EDDP 300		11-nor-Δ9-THC-carboxy glucuronide	100
2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine	300	**6-Monoacetylmorphine (6-MAM)**	
Methadone	>100,000	6-Monoacetylmorphine	10
EMDP	>100,000	Codeine	＞100000
Doxylamine	>100,000	Ethylmorphine	＞100000
Levacetylmethadol (LAAM)	>100,000	Hydrocodone	50,000
Disopyramide	>100,000	Hydromorphone	10,000
Alpha Methadol	>100,000	Levorphanol	＞100,000
Methylenedioxymethamphetamine(MDMA 500)		Morphine 3-β-D-glucuronide	＞100,000
3,4-Methylenedioxymethamphetamine (MDMA)	500	Morphine	100,000
3,4-Methylenedioxyamphetamine HCl (MDA)	3,000	Norcodeine	＞100,000

3,4-Methylenedioxyethylamphetamine (MDEA)	300	Normorphine	＞100,000
d-Methamphetamine	>100,000	Oxycodone	＞100,000
d-Amphetamine	>100,000	Oxymorphone	10,000
l-Methamphetamine	>100,000	Procaine	50,000
l-Amphetamine	>100,000	Thebaine	10,000
Methamphetamine (MET 1000)		Diacetylmorphine (heroin)	25
d-Methamphetamine	1,000	Acetylcodeine	>10,000
d-Amphetamine	50,000	Buprenorphine	>10,000
Chloroquine	50,000	Dihydrocodeine	>10,000
(1R,2S)-(-)-Ephedrine	50,000	Nalorphine	5,000
(-)-Methamphetamine	25,000	Dextromethorphan	>100,000
(+/-)3,4-methylenedioxumethamphetamine(MDMA)	4,000	Imipramine	>100,000
β-Phenylethylamine	50,000	Levacetylmethadol (LAAM)	>100,000
Trimethobenzamide	10,000	Meperidine	>100,000
l-Amphetamine	75,000	Methadone	>100,000
(+/-)3,4-Methylenedioxyethylamphetamine (MDEA)	30,000	Mitragynine (kratom)	>20,000
Mephentermine	50,000	Morphine 6-D-glucuronide	>100,000
Methoxyphenamine	50,000	Naloxone	>100,000
Fenfluramine	75,000	Naltrexone	>100,000
Procaine	>100,000	Naproxen	>100,000
d/l-Amphetamine	>100,000	Norbuprenorphine	>10,000
p-Hydroxymethamphetamine	30,000	Norbuprenorphine glucuronide	>100,000
l-Phenylephrine	>100,000	Norhydrocodone	>100,000
d/l-Methamphetamine	1,000	Noroxycodone	>100,000
(+/-) 3,4-Methylenedioxyamphetamine(MDA)	>100,000	Noroxymorphone	>100,000
Methamphetamine (MET 500)		Norpropoxyphene	>100,000
d-Methamphetamine	500	Oxymorphone-3β-D- glucuronide	>100,000
d-Amphetamine	25,000	Tapentadol HCl	>100,000
Chloroquine	25,000	Tramadol	>100,000
(1R,2S)-(-)-Ephedrine	25,000		

D. Interfering substances

A study was conducted to determine the interference of the test with the following compounds. The following compounds showed no interference when tested with the Dochek® Multi-Drug Urine Test Cup Rx at a concentration up to 100 μg/mL.

3-Hydroxytyramine	Conjugated Estrogens	Levofloxacin Hydrochloride	Rifampicin
Acetaminophen	Cortisone	Levonorgestrel	Risperidone
Acetylsalicylic Acid	Cotinine	Levothyroxine Sodium	Salicylic Acid
Acyclovir	Creatinine	Lidocaine Hydrochloride	Serotonin
Albumin (100 mg/dL)	D,L- Isoproterenol	Lisinopril	Sertraline Hydrochloride
Albuterol sulfate(Proair HFA)	D,L-Octopamine	Loperamide	Sildenafil Citrate
Aminophylline	D,L-Propranolol	Loratadine	Simvastatin
Aminopyrine	D,L-Tryptophan	Magnesium	Sulfamethazine
Amoxicillin	D,L-Tyrosine	Meperidine	Sulindac
Ampicillin	Deoxycorticosterone	Meprobamate	Tetrahydrozoline
Apomorphine	Dextromethorphan	Metoprolol Tartrate	Theophylline
Aripiprazole	Diclofenac	Mifepristone	Thiamine
Aspartame	Diflunisal	N-Acetylprocainamide	Thioridazine
Atomoxetine	Digoxin	Nalidixic Acid	Tramadol Hydrochloride
Atorvastatin Calcium	Diphenhydramine	Naproxen	Trazodone Hydrochloride
Atropine	Dopamine HCl	Niacinamide	Triamterene
Azithromycin	D-Pseudoephedrine	Nicotine	Trifluoperazine
Benzilic acid	Duloxetine	Nifedipine	Trimethoprim
Benzocaine	Erythromycin	Nitroglycerin	Uric Acid
Benzoic acid	Esomeprazole Magnesium	Norethindrone	Venlafaxine HCl
Bilirubin	Ethanol (1%)	Noscapine	Verapamil
Bupropion	Fenoprofen	O-Hydroxyhippuric Acid	Vitamin B2
Captopril	Fluoxetine Hydrochloride	Omeprazole	Vitamin C (Ascorbic acid)

Carbamazepine	Furosemide	Oxalic Acid	Zomepirac
Cefradine	Gabapentin	Oxolinic Acid	β-Estradiol
Cephalexin	Gentisic Acid	Oxymetazoline	Chlorpromazine
Chloral Hydrate	Glucose	Paliperidone	Perphenazine
Chloramphenicol	Hemoglobin	Papaverine	Tetrahydrocortisone 3-(β-D-glucuronide)
Chlorothiazide	Hydralazine	Penicillin-G	Tetrahydrocortisone 3-acetate
chlorpheniramine	Hydrochlorothiazide	PenicillinV Potassium	Ecgonine methyl ester
Cholesterol	Hydrocortisone	Phenacetin (Acetophenetidin)	Methoxyphenamine (except MET test)
Ciprofloxacin Hydrochloride	Ibuprofen	Phenelzine	Naloxone
Citalopram	Isoxsuprine	Prednisone	Naltrexone
Clarithromycin	Ketamine	Pregablin	Tyramine (except AMP test)
Clonidine	Ketoprofen	Quinine	
Clozapine	Labetalol	Ranitidine	

E. Effect of Urinary Specific Gravity

The urine samples with different specific gravity ranging from 1.000~1.035 are spiked with the target drug at 25% below and 25% above cutoff level.Each sample was tested by the test device. The results demonstrate that varying ranges of urinary specific gravity do not affect the test result.

F. Effect of Urinary pH

The pH of an aliquot negative urine pool is adjusted to a pH range of 4 to 9 in 1 pH unit increments and spiked with each drug at 25% below and 25% above cutoff levels. Each sample was tested by the test device. The result demonstrates that varying range of PH do not interfere with the performance of the test.

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INDEX OF SYMBOL

	Consult instructions for use	REF	Catalogue number
30°C 2°C	Store at 35°F - 86°F (2°C - 30°C)		Do not reuse
	Use-by date		Keep away from sunlight
	Keep dry		Do not use if package is damaged
LOT	Batch code	Σ	Contains sufficient for n tests
	Manufacturer	IVD	*In vitro* diagnostic medical device
	Date of Manufacture		

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