

# Single Drug Urine Test Dipcard

## INSTRUCTIONS FOR USE

### PLEASE READ ALL INFORMATION IN THE INSTRUCTIONS FOR USE BEFORE USING THE TEST!

REF See Box Label

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It is a synthetic analog of codeine, but has a low binding affinity to the mu-opioid receptors. It has been for the treatment of diabetic neuropathy and restless leg syndrome. It also has analgesic and antitussive properties. Both A (active) forms of the isomer are combined substances. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 60% is excreted as metabolites. The major pathway appears to be N- and O-demethylation, glucuronidation or sulfation in the liver.

**Xylazine (XYL)**  
Xylazine is a controlled substance. It is marketed as a veterinary drug and used as a sedative, analgesic and muscle relaxant. In humans, it could cause central nervous system depression, respiratory depression, bradycardia, hypotension, and even death. Most of the non-fatal cases required medical intervention. Over recent years xylazine has emerged as an adulterant in recreational drugs, such as heroin or speedball (a cocaine and xylazine mixture). Its chronic use reported to cause significant physical deterioration and death. The literature shows some similar pharmacological effects between xylazine and heroin in humans. These similar pharmacological effects may create synergistic toxic effects in humans. Therefore, fatalities among drug users may increase due to the use of xylazine as an adulterant. Xylazine alone has proven harmful to humans and even more when it is combined with drug of abuse.

**6-Monoacetylmorphine (6-MAM)**  
6-Monoacetylmorphine (6-MAM) or 6-acetylmorphine (6-AM) is one of three active metabolites of diacetylmorphine. The others being morphine and the much less active 3-monacetylmorphine (3-MAM). 6-MAM is rapidly created from heroin in the body, and then is either metabolized or excreted in the urine. 6-MAM can be detected in the urine for up to 24 hours. So urine samples should be collected soon after the last heroin use, but the presence of 6-MAM guarantees that heroin was in fact used 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.

### PRINCIPLE OF THE PROCEDURE

Single Drug Urine Test Dipcard is a competitive immunoassay that is used to screen for the presence of a drug in urine. The device uses a competitive chromatographic detection principle. In which there is 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 the test strip by capillary action, mixes with the respective drug monoclonal antibody conjugate, and flows across a pre-coated membrane. When the drug in the urine sample is below the detection level of the test, the respective drug monoclonal antibody conjugate binds to the respective drug 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 the drug in the urine sample is at or above the detection level of the test, the free drug in the sample competes with the respective drug monoclonal antibody conjugate from binding to the respective drug monoclonal antibody 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.

### TEST PROCEDURE

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

### 2 WAYS TO TEST:

**Test as a dipstick:**

1. Remove the Single Drug Urine Test Dipcard from the pouch and use it within the first hour after opening.

2. Hold the one side of the device with one hand. Use the other hand to pull out the cap

3. Dip the absorbent end into the urine specimen for about 10 seconds. Make sure that the urine level does not touch the plastic device.

4. Re-cap and lay the device flat on a clean, dry, non-absorbent surface.

5. Read the result at 5 minutes. **Do not read after 60 minutes.**

6. The test dipcard should be discarded according to local regulations.

### STORAGE AND STABILITY

1. Store at 35°F - 86°F (2°C - 30°C) in the sealed pouch up to the expiration date.

**DO NOT FREEZE.**

3. Keep away from direct sunlight, moisture and heat.

4. Preferably open the pouch only shortly before the test.

### MATERIALS AND COMPONENTS

#### REAGENTS AND MATERIALS SUPPLIED

• Single Drug Urine Test Dipcard

• Instructions for use

#### MATERIALS REQUIRED BUT NOT PROVIDED

• Drop

• Urine collection cup

• Timer or stopwatch

### SPECIMEN COLLECTION AND STORAGE

1. Collect urine specimen with a urine collection cup. Urine collected at any time of the day may be used.

2. For best results, test the urine specimens immediately following collection.

3. Urine specimens may be refrigerated at 35°F - 46°F / 2°C - 8°C and stored up to forty-eight hours. For longer storage, freeze the samples at -4°F / -20°C or below. Bring frozen or refrigerated specimens to room temperature before testing.

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### INTERPRETATION OF TEST RESULTS

**Preliminary Positive (+)**

A color band is visible in the control region (C). No color band appears in the test region (T).

**A preliminary positive result is indicated that the drug concentration is equal to or higher than the detection limit.**

**Negative (-)**

A color band is visible in both the control region (C) and the test region (T). This negative result indicates that the drug concentration is absent below the detection limit.

**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.

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