



GIMA

Multitest Droghe Pannello Saliva

One Step Multi-Line Screen Test Device (Oral Fluid)

Test Multi-paramétrique de Dépistage des Drogues (Salive) en une étape sur Cassette

Einstufen Screeningtest mit mehreren Linien Testkassette (Speichel)

Prueba de Multidrogas en Un Solo Paso en Placa (Fluido Oral)

Dispositivo para Teste em Multi-Linhas em um Só Passo (Fluído Oral)

Σύστημα ανόαααδίουα(ΣοματικούαΥγρού)

فحص متعدد لكشف المخدرات عن طريق اللعاب

MANUA LE D'USO

OPERATOR'S MANUAL

MANUEL D 'UTILIZATION

BEDIENUNGSANLEITUNG

MANUAL DE USO

MANUAL DE USO

αγγειρίδιοα χρήσηα

دليل لارشادات

ATTENZIONE: Gli operatori devono leggere e capire completamente questo manuale prima di utilizzare il prodotto.

ATTENTION: The operators must carefully read and completely understand the present manual before using the product.

AVIS: Les opérateurs doivent lire et bien comprendre ce manuel avant d'utiliser le produit.

ACHTUNG: Die Bediener müssen vorher dieses Handbuch gelesen und verstanden haben, bevor sie das Produkt benutzen.

ATENCIÓN: Los operadores tienen que leer y entender completamente este manual antes de utilizar el producto.

ATENÇÃO: Os operadores devem ler e entender completamente este manual antes de usar o produto.

ΠΡΟΣΟΧΗ: Οι χειριστές αυτού του προϊόντος πρέπει να διαβάσουν και να καταλάβουν πλήρως τις οδηγίες του εγχειριδίου πριν από την χρήση του.

الحذر: على العمال قراءة وفهم هذا الدليل بكامله قبل البدء باستعمال المنتج.



GIMA Spa - Via Marconi, 1 - 20060 Gessate (MI) - Italia

ITALIA: Tel. 199 400 401 (8 linee r.a.) - Fax 199 400 403

E-mail: gima@gimaitaly.com - www.gimaitaly.com

INTERNATIONAL: Tel. ++39 02 953854209 - Fax ++39 02 95380056

E-mail: export@gimaitaly.com - www.gimaitaly.com



One Step Multi-Line Screen Test Device (Oral Fluid)

A rapid, screening test for the simultaneous, qualitative detection of multiple drugs and metabolites in human oral fluid. For medical and other professional in vitro diagnostic use only.

INTENDED USE & SUMMARY

The Multi-Drug One Step Multi-Line Screen Test Device (Oral Fluid) is a lateral flow chromatographic immunoassay for the qualitative detection of Amphetamine, Cocaine, Marijuana, Methamphetamine, Opiate, and Phencyclidine and their metabolites in oral fluid at the following cut-off concentrations. The detection window, when drugs can be detected in oral fluid specimens using this test, is also indicated.

Test	Calibrator	Cut-off (ng/mL)	Detection Time
Amphetamine (AMP)	D-Amphetamine	50	10 min - 72 hrs
Cocaine (COC)	Benzoyllecgonine	20	10 min - 24 hrs
Marijuana (THC)	11-nor- Δ^9 -THC-9 COOH	30	Up to 14 hrs
Methamphetamine (MET)	D-Methamphetamine	50	10 min - 72 hrs
Opiate (OPI)	Morphine	40	1 hr - several days*
Phencyclidine (PCP)	Phencyclidine	10	/

This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

AMP: Amphetamine is a sympathomimetic amine with therapeutic indications. The drug is often self-administered by nasal inhalation or oral ingestion.¹

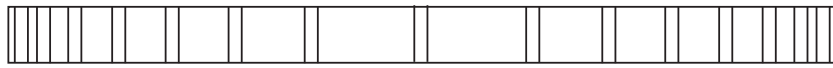
COC: Cocaine is a potent central nervous system (CNS) stimulant and a local anesthetic derived from the coca plant (*Erythroxylum coca*).¹

THC: Tetrahydrocannabinol, the active ingredient in the marijuana plant (*cannabis sativa*), is detectable in oral fluid shortly after use. The detection of the drug is thought to be primarily due to the direct exposure of the drug to the mouth (oral and smoking administrations) and the subsequent sequestering of the drug in the buccal cavity.²

MET: Methamphetamine is a potent stimulant chemically related to amphetamine but with greater CNS stimulation properties. The drug is often self-administered by nasal inhalation, smoking or oral ingestion.¹

OPI: The drug class opiates refers to any drug that is derived from the opium poppy, including naturally occurring compounds such as morphine and codeine and semi-synthetic drugs such as heroin. Opiates control pain by depressing the CNS, and demonstrate addictive properties when used for sustained periods of time. Opiates can be taken orally or by injection routes including intravenous, intramuscular and subcutaneous; illegal users may also take the intravenously or by nasal inhalation.³ *The window of detection varies for different opiates. Codeine can be detected within one hour and up to 7-21 hours after a single oral dose. Morphine is detectable for several days after a dose.

PCP: Phencyclidine is a hallucinogen and, can be detected in oral fluid as a result of the exchange of the drug between the circulatory system and the oral cavity.⁴ This assay provides 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) and gas chromatography/tandem mass spectrometry (GC/MS/MS) are the preferred confirmatory methods. Professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.



PRINCIPLE

The Multi-Drug One Step Multi-Line Screen Test Device (Oral Fluid) is an immunoassay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugate for binding sites on their specific antibody. During testing, a portion of the oral fluid specimen migrates upward by capillary action. A drug, if present in the oral fluid specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test line region of the specific drug strip. The presence of drug above the cut-off concentration in the oral fluid specimen will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region. A drug-positive oral fluid specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative oral fluid specimen will generate a line in the test line region because of the absence of drug competition. 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

Each test line in the test device contains mouse monoclonal antibody-coupled particles and corresponding drug-protein conjugates. A goat antibody is employed in each control line.

PRECAUTIONS

- For medical and other professional in vitro diagnostic use only. Do not use after the expiration date.
- All specimens should be considered potentially biohazardous and handled in the same manner as an infectious agent.
- The used collector and device should be discarded according to local regulations.

STORAGE AND STABILITY

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

SPECIMEN COLLECTION AND PREPARATION

The oral fluid specimen should be collected using the collector provided with the kit. Follow the detailed Directions for Use below. No other collection devices should be used with this test. Oral fluid collected at any time of the day may be used. If specimen cannot be tested immediately, it is recommended that specimen be stored at 2-8°C or -20°C for up to 72 hours. Specimen may also be stored at room temperature for up to 48 hours. For ideal shipment conditions, transport specimen using ice packs (2-8°C).

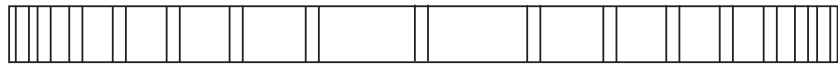
MATERIALS

Materials Provided

- Test devices
- Collectors
- Collection tubes
- Security seals
- Package insert

Materials Required But Not Provided

- Timer

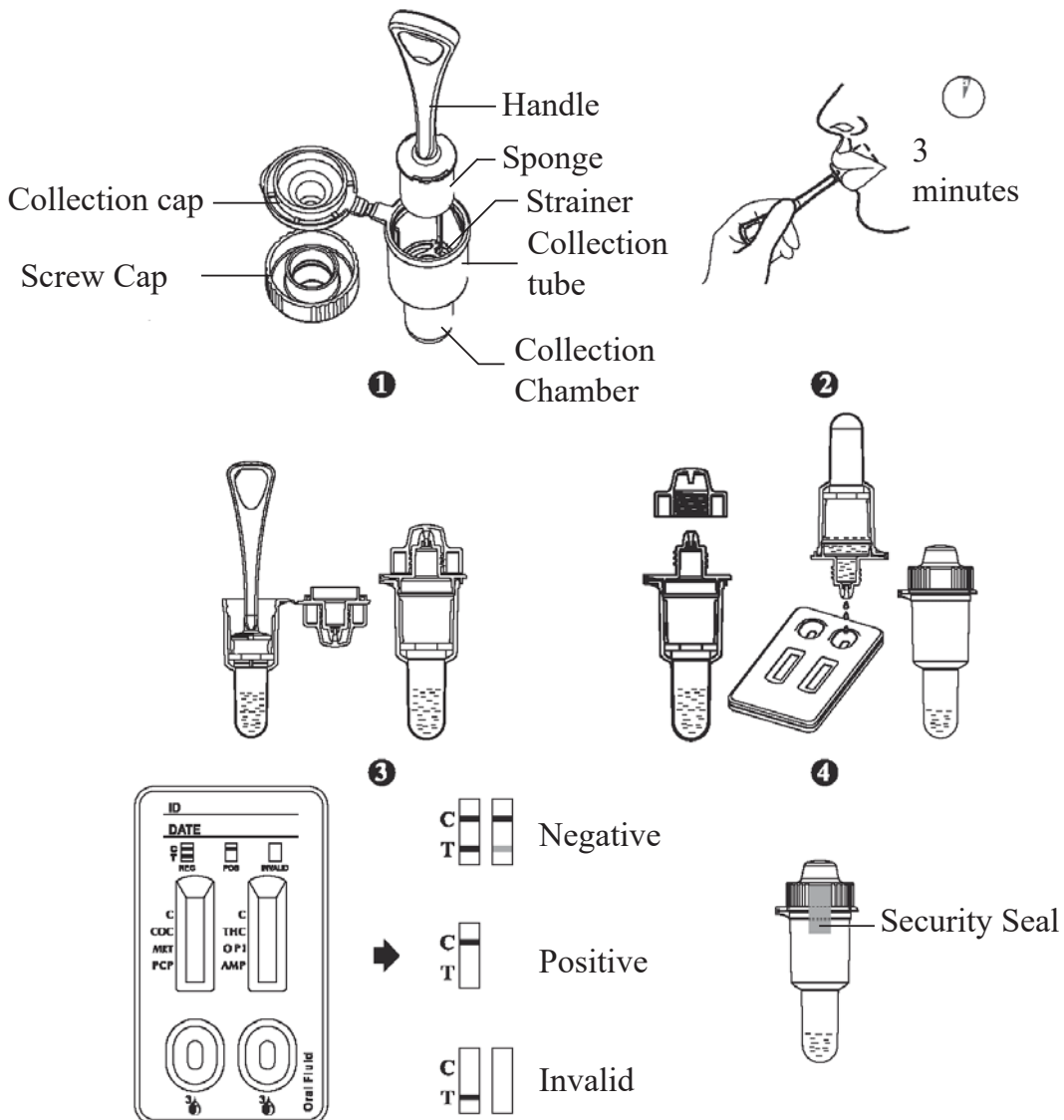


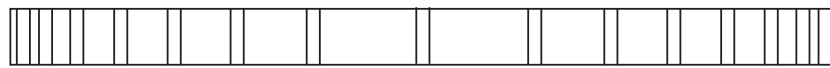
DIRECTIONS FOR USE

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

Instruct the donor to not place anything in the mouth including food, drink, gum, tobacco products for at least 10 minutes prior to collection.

1. Bring the pouch to room temperature before opening it. Remove the test device from the sealed pouch and use it as soon as possible.
 2. Remove the collector from the sealed pouch and insert the sponge end of the collector into the mouth. Actively swab the inside of the mouth and tongue to collect oral fluid for a total of 3 minutes until the sponge becomes fully saturated. Gentle pressing of the sponge between the tongue and teeth will assist saturation. No hard spots should be felt on the sponge when saturated. See illustration 1 and 2.
 3. Open the collection cap then remove the saturated oral fluid collector from the mouth and place into the collection chamber. Press sponge fully against the strainer to express as much oral fluid as possible into the collection chamber. Discard the collector. Snap the collection cap on the collection tube tightly. See illustration 3.
 4. Place the test device on a clean and level surface. Twist open the screw cap from the collection tube.* Invert the collection tube and transfer 3 drops of oral fluid (approximately 100 µL) into each specimen well of the test device, and start the timer. Replace screw cap on the collection tube. Avoid trapping air bubbles in the specimen well. See illustration 4.
- *Note: When opening the screw cap, do not open the collection cap attached to the collection chamber.
5. Wait for the colored line(s) to appear. Read results at 10 minutes. Do not interpret results after 20 minutes.
 6. Secure collection tube with security seal and send to laboratory for confirmation if necessary.





INTERPRETATION OF RESULTS

(Please refer to the previous illustration)

NEGATIVE:* A colored line in the control line region (C) and a colored line in the test line region (T) for a specific drug indicate a negative result. This indicates that the drug concentration in the oral fluid specimen is below the designated cut-off level for that specific drug.

*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: A colored line in the control line region (C) but no line in the test line region (T) for a specific drug indicates a positive result. This indicates that the drug concentration in the oral fluid specimen exceeds the designated cut-off for that specific drug.

INVALID: Control line (C) 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 using a new test device. If the problem persists, discontinue using the lot immediately and contact your local distributor.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control 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 a good laboratory practice to confirm the test procedure and to verify proper test performance. **LIMITATIONS**

1. The Multi-Drug One Step Multi-Line Screen Test Device (Oral Fluid) 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) or gas chromatography/tandem mass spectrometry (GC/MS/MS) is the preferred confirmatory method.
2. A positive test result does not indicate the concentration of drug in the specimen or the route of administration.
3. A negative result may not necessarily indicate a drug-free specimen. Drug may be present in the specimen below the cut-off level of the test.

PERFORMANCE CHARACTERISTICS

Analytical Sensitivity

A phosphate-buffered saline (PBS) pool was spiked with drugs to target concentrations of $\pm 50\%$ cut-off and $\pm 25\%$ cut-off and tested with the Multi-Drug One Step Multi-Line Screen Test Device (Oral Fluid). The results are summarized below.

Drug Conc. (Cut-off range)	n	AMP		COC		THC		MET		OPI		PCP	
		-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	30	26	4	30	0	24	6	28	2	26	4	30	0
Cut-off	30	19	11	20	10	15	15	23	7	20	10	22	8
+25% Cut-off	30	7	23	6	24	11	19	7	23	5	25	8	22
+50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	30

Analytical Specificity

The following table lists the concentration of compounds (ng/mL) above which the Multi-Drug One Step Multi-Line Screen Test Device (Oral Fluid) identified positive results at 10 minutes.



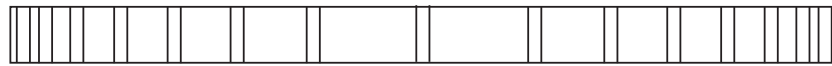
AMPHETAMINE (AMP)			
D-Amphetamine	50	L-Phenylephrine	4,000
DL-Amphetamine	125	Procaine	2,000
β-Phenylethylamine	4,000	(1R,2S) - (-) Ephedrine	400
Tryptamine	1,500	OPIATE (OPI)	
p-Hydroxyamphetamine	800	Morphine	40
(+)-3,4-Methylenedioxyamphetamine (MDA)	150	Codeine	10
L-Amphetamine	4,000	Ethylmorphine	24
COCAINE (COC)		Hydromorphine	100
Benzoylcegonine	20	Hydrocodone	100
Cocaine HCl	20	Levorphanol	400
Cocaethylene	25	Oxycodone	25,000
Ecgonine HCl	1,500	Morphine 3-β-D-Glucuronide	50
Ecgonine methylester	12,500	Norcodeine	1,500
MARIJUANA (THC)		Normorphine	12,500
11-nor-Δ ⁹ -THC-9 COOH	30	Nalorphine	10,000
Cannabinol	31,500	Oxymorphone	25,000
11-nor-Δ ⁸ -THC-9 COOH	2	Thebaine	1,500
Δ ⁸ -THC	6,000	Diacetylmorphine (Heroin)	50
METHAMPHETAMINE (MET)		6-Monoacetylmorphine	25
D-Methamphetamine	50	Bilirubin	3,500
Fenfluramine	60,000	PHENCYCLIDINE (PCP)	
p-Hydroxymethamphetamine	400	Phencyclidine	10
Methoxyphenamine	25,000	Tetrahydrozoline	50,000
3,4-Methylenedioxyamphetamine (MDMA)	50		

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds spiked into drug-free PBS stock. The following compounds demonstrated no false positive results on the Multi- Drug One Step Multi-Line Screen Test Device (Oral Fluid) when tested at concentrations up to 100 µg/mL.

Non Cross-Reacting Compounds

Acetaminophen	Diclofenac	MDE	Promazine
Acetophenetidine	Dicyclomine	Mehentermine	Promethazine
N-Acetylprocainamide	Diflunisal	Meperidine	D/L-Propranolol
Acetylsalicylic acid	Digoxin	Meprobamate	D-Propoxyphene
Aminopyrine	Diphenhydramine	Methadone	D-Pseudoephedrine
Amoxicillin	Doxylamine	Methylphenidate	Quinacrine
Ampicillin	L-ψ-Ephedrine	Nalidixic acid	Quinine
Amitriptyline	β-Estradiol	Naloxone	Quindine
Amobarbital	Estrone-3-sulfate	Naltrexone	Ranitidine
Ascorbic acid	Ethyl-p-aminobenzoate	Naproxen	Salicylic acid
Apomorphine	Cannabidiol	Niacinamide	Secobarbital
Aspartame	L-Epinephrine	Nifedipine	Sulfamethazine
Atropine	Erythromycin	Nimesulide	Sulindac
Benzilic acid	Fenoprofen	Norethindrone	Temazepam
Benzoic acid	Furosemide	D-Norpropoxyphene	Tetracycline
Benzphetamine	Gentisic acid	Noscapine	Tetrahydrocortisone
Buspiron	Hemoglobin	D/L-Octopamine	3-acetate
(±)-Brompheniramine	Hydralazine	Oxalic acid	Tetrahydrocortisone
Caffeine	Hydrochlorothiazide	Oxazepam	3 (β-D-glucuronide)
Chlordiazepoxide	Hydrocortisone	Oxolinic acid	Theophylline












Chloralhydrate	O-Hydroxyhippuric acid	Oxymetazoline	Thiamine
Chloramphenicol	β -Hydroxynorephedrine	Papaverine	Thioridazine
Chlorothiazide	5-Hydroxytyramine	Penicillin-G	D/L-Tyrosine
D/L-Chloropheniramine	(serotonin)	Pentazocine hydrochloride	Tolbutamide
Chlorpromazine	3-Hydroxytyramine	Pentobarbital	Trazodone
Chloroquine	Ibuprofen	Perphenazine	Triamterene
Cholesterol	Imipramine	Phenelzine	Trifluoperazine
Clonidine	Iproniazid	Trans-2-phenylcyclo-	Trimethoprim
Cortisone	(-)-Isoproterenol	propylamine	Trimipramine
L-Cotinine	Isoxsuprine	Phentermine	D/L-Tryptophan
Creatinine	Ketamine	Phenylpropanolamine	Tyramine
Clomipramine	Ketoprofen	Prednisolone	Uric acid
Deoxycorticosterone	Labetalol	Phenolbarbital	Verapamil
Dextromethorphan	Loperamide	Prednisone	Zomepirac
Diazepam	Maprotiline		

BIBLIOGRAPHY

1. Moolchan E, et al. Saliva and Plasma Testing for Drugs of Abuse: Comparison of the Disposition and Pharmacological Effects of Cocaine. Addiction Research Center, IRP, NIDA, NIH, Baltimore, MD. As presented at the SOFT-TIAFT meeting October 1998.
2. Schramm W., et al. Drugs of Abuse in Saliva: A Review. J Anal Tox, 16 (1): 1-9, 1992.
3. Kim I, et al. Plasma and oral fluid pharmacokinetics and pharmacodynamics after oral codeine administration. Clin Chem, 48 (9): 1486-96, 2002.
4. McCarron MM, et al. Detection of Phencyclidine Usage by Radioimmunoassay of Saliva. J Anal Tox. 8 (5): 197-201, 1984.

Index of symbols

	Attention, see instruction for use		Test per kit		Manufacturer
	For <i>in vitro</i> diagnostic use only		Use by		Do not reuse
	Store between 2-30° C		Lot Number		Catalog 24555



Please read instructions carefully



Keep away from sunlight



Keep dry

 Manufacturer
 GIMA Spa
 Via Marconi, 1 - 20060
 Gessate (MI) - Italia