



CLIA WAIVED Multi-Drug Urine Test Panel

Catalogue No. See Box label

CLIA CATEGORIZATION: WAIVED URINE SCREENING TEST RESULTS AT 5 MINUTES

The T-Dip® Multi-Drug Urine Test Panel is a competitive binding, lateral flow immunochromatographic assay for qualitative and simultaneous detection of Amphetamine (AMP), Secobarbital (BAR), Buprenorphine (BUP), Oxazepam (BZO), Cocaine (COC), Methylenedioxymethamphetamine (MDMA), Methamphetamine (MET/mAMP), Morphine (MOP/OPI300), Methadone (MTD), Opiate (OPI), Oxycodone (OXY), Phencyclidine (PCP), Nortriptyline (TCA) and Cannabinoids (THC) in human urine with below cutoff concentration and approximate detection time:

Drug (Identifier)	Calibrator	Cut-off Level	Minimum Detection Time	Maximum Detection Time
Amphetamine (AMP)	d-Amphetamine	1000 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)	Benzoylcegonine	300 ng/mL	1-4 hours	2-4 days
Methylenedioxymethamphetamine (MDMA)	3,4-Methylenedioxymethamphetamine (MDMA)	500 ng/mL	2-7 hours	2-4 days
Methamphetamine (MET/mAMP)	D(+)-Methamphetamine	1000 ng/mL	2-7 hours	2-4 days
Morphine (MOP/OPI300)	Morphine	300 ng/mL	2 hours	2-3 days
Methadone (MTD)	Methadone	300 ng/mL	3-8 hours	1-3 days
Opiate (OPI)	Morphine	2000 ng/mL	2 hours	2-3 days
Oxycodone (OXY)	Oxycodone	100 ng/mL	4 hours	1-3 days
Phencyclidine (PCP)	Phencyclidine	25 ng/mL	4-6 hours	7-14 days
Nortriptyline (TCA)	Nortriptyline	1000 ng/mL	8-12 hours	2-7 days
Cannabinoids (THC)	11-nor- Δ^9 -THC-9-COOH	50 ng/mL	2 hours	Up to 5+ days

It is intended for over-the-counter and for prescription use. For *in vitro* diagnostic use only.

The test is not intended to distinguish between prescription use or abuse of these drugs. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly in evaluating a preliminary positive result.

The test provides only preliminary test results. To obtain a confirmed analytical result, a more specific alternate chemical method must be used. Chromatography/Mass Spectrometry (GC/MS) or Liquid Chromatography/Tandem Mass Spectrometry (LC/MS-MS) is the recommended confirmatory method.

WARNINGS AND PRECAUTIONS

- The test kit is for external use only. Do not swallow.
- Discard after first use. The test kit cannot be used more than once.
- Do not use the test kit beyond expiration date.
- Do not use the test kit if the pouch is punctured or not sealed.
- Keep out of the reach of children.
- Do not read after 5 minutes.

CONTENT OF THE KIT

- Test devices, one test in one pouch. One pouch containing a test and a desiccant. The desiccant is for storage purposes only, and is not used in the test procedures.
- Package Insert
- Adulteration Color Comparison Chart (If equipped).

MATERIAL REQUIRED BUT NOT PROVIDED

- Urine collection cup
- Timer or clock

STORAGE AND STABILITY

Store at 4°C-30°C (39°F-86°F) in the sealed pouch up to the expiration date. Keep away from direct sunlight, moisture and heat. DO NOT FREEZE.

SPECIMEN COLLECTION

WHEN TO COLLECT URINE FOR THE TEST?

Collect urine specimen after minimum detection time following suspected drug use. Urine collection time is very important in detecting any drugs of abuse. Each drug is cleared by the body and is detected in the urine at different times and rates. Please refer to the minimum or maximum detection time of each drug in this instruction.

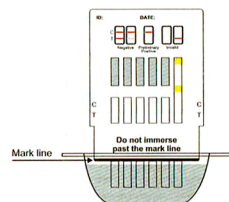
HOW TO COLLECT URINE?

Instruct the donor to void directly into the urine collection 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 urine collection cup with urine specimen.

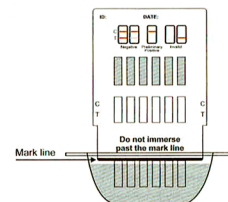
TEST PROCEDURE

Test should be performed at room temperature 18°C-30°C (65°F-86°F).

- Remove the test device from the foil pouch by tearing at the notch. Use it as soon as possible.
- Hold one side of the device with one hand. Use the other hand to pull out the cap and expose the absorbent end.
- Immerse the absorbent end into the urine specimen for approximately 10 seconds. **Make sure that the urine level is not above the marked line printed on the front of the device.**
- Re-cap the device and lay it flat on a clean, dry, non-absorbent surface.
- For the adulteration strip(s) if equipped, read results immediately, or at 30 seconds, or at 45 seconds and compare each adulterant pad to verify pad color is within acceptable range according to the Adulteration Color Comparison Chart. If the results indicate adulteration, do not read the drug test results. Instruct the donor to provide urine specimen again with new collection cup, and test again with new test device.
- For the drug tests, read the results for the drugs at 5 minutes. **Do not read after 5 minutes.**



Drug Test and Adulteration Control



Drug Test

Note: Results after more than 5 minutes may be not accurate and should not be read.

READING THE RESULTS

Negative (-)

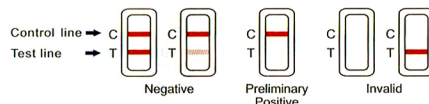
A colored band is visible in each Control Region (C) and the appropriate Test Region (T). It indicates that the concentration of the corresponding drug of that specific test zone is zero or below the detection limit of the test.

Preliminary Positive (+)

A colored band is visible in each Control Region (C). No colored band appears in the appropriate Test Region (T). It indicates a preliminary positive result for the corresponding drug of that specific test zone.

Invalid

If a colored band is not visible in each of the Control Region (C) or a colored band is only visible in each of the Test Region (T), the test is invalid. Another test should be run to re-evaluate the specimen. If test still fails, please contact the distributor with the lot number.



Note: There is no meaning attributed to line color intensity or width.

The preliminary positive test result does not always mean that a person took illegal drugs. The 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.

What Is the False Positive Test?

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

What Is the False Negative Test?

The definition of the false negative test is that the initial drug is present but isn't detected by the T-Dip® Multi-Drug Urine Test Panel. If the specimen is diluted, or the specimen is adulterated that may cause false negative result.

If suspect someone is taking drugs but get the negative test results, please test again at another time, or test for different drugs.

ADULTERATION CONTROL

Expected Results

Creatinine (CR): Creatinine reacts with a creatinine indicator in an alkaline medium to form a purplish-brown color complex if creatinine in the urine is present at the normal level. The color intensity is directly proportional to the concentration of creatinine. A urine sample with creatinine concentration of less than 20 mg/dl produces a very light, or no pad color change, which indicates adulteration in the form of specimen dilution.

Glutaraldehyde (GL): Glutaraldehyde is not a natural component of human urine and it should not be present in normal urine. The presence of glutaraldehyde in the urine sample indicates the possibility of adulteration. However, false positive may result when ketone bodies are present in urine. Ketone bodies may appear in urine when a person is in ketoacidosis, starvation or other metabolic abnormalities.

Nitrite (NI): Although nitrite is not a normal component of urine, nitrite levels of up to 3.6 mg/dL may be found in some urine specimens due to urinary tract infections, bacterial contamination or improper storage. In this adulteration control, nitrite level above 15 mg/dL is considered abnormal.

Oxidants/Bleach (OX): The presence of Bleach and other oxidizing reagents in the urine is indicative of adulteration since oxidizing reagents are not normal constituents of urine. Other oxidizing reagents include Hydrogen Peroxide, Ferricyanide, Persulfate, Pyridinium Chlorochromate etc.

pH (PH): Normal urine pH ranges from 4.5 to 8.0. Values below pH 4.0 or above pH 9.0 are indicative of adulteration.

Specific Gravity (S.G.): The specific gravity test is based on the pKa change of certain pretreated polyelectrolytes in relation to the ionic concentration. The pad colors will change from dark blue to blue-green in urine of low ionic concentration to green and yellow-green in urine of higher ionic concentration. A urine specific gravity below 1.003 or above 1.025 is considered abnormal.

TEST LIMITATIONS

- This test kit has been developed for testing urine samples only. No other fluids have been evaluated. DO NOT use it to test anything other than urine.
- Adulterated urine samples may produce false results. Strong oxidizing agents such as bleach (hypochlorite) can oxidize drug analytes. If a specimen is suspected of being adulterated, obtain a new specimen.
- It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause false results.
- This test is a qualitative screening assay. It is not designed to determine the quantitative concentration of drugs or the level of intoxication.

QUESTIONS AND ANSWERS

- What does the T-Dip® Multi-Drug Urine Test Panel do?**
These tests detect if one or more prescription or illegal drugs such as Amphetamine, Secobarbital, Buprenorphine, Oxazepam, Cocaine, Methylenedioxymethamphetamine, Methamphetamine, Morphine, Methadone, Opiate, Oxycodone, Phencyclidine, Nortriptyline and Cannabinoids are present in urine.

The testing is done in two steps. First, test urine with T-Dip® Multi-Drug Urine Test Panel. Second, if any drug test result is preliminary positive, please send the test with urine to the drug testing laboratory for confirmatory result.

- What is "cut-off level"?**
The cut-off level is the specified concentration of a drug in a urine sample. If the concentration of a drug in urine is above the cutoff concentration, this drug test result will be preliminary positive. If the concentration of a drug in urine is below the cutoff concentration, this drug test result will be negative.

- What are drugs of abuse?**
Drugs of abuse are illegal or prescription drugs (for example, Oxycodone or Valium) that are taken for a non-medical purpose, including taking the medication longer than doctor prescribed or for a purpose other than what the doctor prescribed.

Buy a Test Kit

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4. What are the Common Street Names for the Drugs to be detected?

Drug	Common Street Names
Amphetamine (AMP)	Speed, Jelly Beans or Super Jellies, Hearts, Uppers, Pick me ups or Wake me ups, Wake ups, Get ups, Boot ups, Sparkles
Secobarbital (BAR)	Amytal, Downers, Nembutal, Phenobarbital, Reds, Red Birds, Red devils, Seconal, Tuninal, Yellow jackets
Buprenorphine (BUP)	Bupe, Subbies, Tummies
Oxazepam (BZO)	Benzos, Downers, Nerve Pills, Tranks
Cocaine (COC)	Blow, C, candy, coke, do a line, freeze, girl, happy dust, Mama coca, mojo, monster, nose, pimp, shot, smoking gun, snow, sugar, sweet stuff, and white powder.
Methylenedioxymethamphetamine (MDMA)	Ecstasy, E, X, XTC, Adam, Clarity, Lover's Speed
Methamphetamine (MET/mAMP)	Speed, Ice, Chalk, Meth, Crystal, Crank, Fire, Glass
Morphine (MOP)	Aunt Hazel, Big H, Black Pearl, Brown Sugar, Capital H, Charley, China White, Dope, Good Horse, H, Hard Stuff, Hero, Heroin, Little Boy, Mud, Perfect High, Smack, Stuff and Tar.
Methadone (MTD)	Mixture, Meth, Linctus, Green
Morphine (OPI)	Aunt Hazel, Big H, Black Pearl, Brown Sugar, Capital H, Charley, China White, Dope, Good Horse, H, Hard stuff, hero, Heroin, Little Boy, Mud, Perfect High, Smack, Stuff and Tar.
Oxycodone (OXY)	OC, Ocy cotton, OX, and Kicker
Phencyclidine (PCP)	Angel Dust, Belladonna, Black Whack, C.J, Cliffhanger, Crystal Joint, Detroit Pink, Elephant Tranquilizer, Hog, Magic, Peter Pan, Sheets, Soma, TAC, Tank, White Horizon and Zoom.
Nortriptyline (TCA)	Blue angels, Blue birds, Vivactil, Anafranil, Janimine, Tofranil
Cannabinoids (THC)	420, Aunt Mary, Baby, Bobby, Boom, Chira, Chronic, Ditch, Ganja, Grass, Greens, Hash, Herb, Mary Jane, Nigra, Pot, Reefer, Rip, Root, Skunk, Stack, Torch, Weed and Zambi.

5. How accurate is the test?

The tests are sensitive to drugs and accurate. These tests, however, are not as accurate as lab tests. In some cases, certain foods and drugs may cause false positives as well as false negatives for those who use drug testing kits.

6. If the test results are negative, can the conclusion be that the person is free of drugs?

This means that if the sample was collected properly and if the test was performed according to direction, then none of the drug screened were present in the urine.

7. Does a preliminary positive screen test mean that drugs of abuse have been found?

This means that the test has reacted with something in the urine and the urine must be sent to the lab for a more accurate test.

8. What should I do, if the lab test confirms a positive result?

If you have received a confirmed positive result, please consult with counselor for a proper course of action. It is important that you remain calm and do not react in a negative way to the situation. If you do not believe the test result, please consult with your physician. They will have your background medical history and be able to provide you with detailed information on both the test and the meaning of the result.

SUMMARY

Amphetamine (AMP)

Amphetamine and the structurally related "designer" drugs are sympathomimetic amines whose biological effects include potent central nervous system (CNS) stimulation, anorectic, hyperthermic, 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 with a half-life of about 12 hours. It can be detected in the urine for 1 to 2 days after use. Amphetamine is metabolized to deaminated (hippuric and benzoic acids) and hydroxylated metabolites. 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.

Secobarbital (BAR)

Barbiturates are a class of central nervous system depressions. They have a wide range of half-life of 2 to 40 hours and can be detected in the urine for 1 to 4 days after use. Phenobarbital is a long acting barbiturate derivative that has been used as a daytime sedative and very extensively as an anticonvulsant. Pentobarbital and secobarbital are two examples of a short acting barbiturate sedative. Abuse of barbiturates can lead not only to impaired motor coordination and mental disorder, but also to respiratory collapse, coma and even death. Barbiturates are taken orally, rectally, or by intravenous and intramuscular injections. Short-acting barbiturates will generally be excreted in urine as metabolites, while the long-acting barbiturates will primarily

appear unchanged.

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™; all of which contain Buprenorphine HCl alone or in combination with Naloxone HCl. Therapeutically, Buprenorphine is used as a substitution treatment for opioid addicts. A 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. 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 detection window for the parent drug in urine is thought to be approximately 3 days.

Oxazepam (BZO)

Benzodiazepines are the most widely used anxiolytic drugs. They are used extensively as anti-anxiety agents, hypnotics, muscle relaxants and anti-convulsants. They are taken orally or sometimes by injection and have a wide range of half-life from 2 to 40 hours. They can generally be detected for 1 to 2 days after Benzodiazepines use. Benzodiazepines are metabolized in the liver. Some Benzodiazepines and their metabolites are excreted in the urine. Their use can result in drowsiness and/or confusion. Benzodiazepines potentiate alcohol and other CNS depressants. Psychological and physical dependence on benzodiazepines can develop if high doses of the drug are given over a prolonged period.

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.

Methylenedioxymethamphetamine (MDMA)

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity. Those who take the drug frequently report adverse effects, such as increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some users. Its mechanism of action is thought to be via release of the neurotransmitter serotonin. MDMA may also release dopamine, although the general opinion is that this is a secondary effect of the drug (Nichols and Oberlander, 1990). The most pervasive effect of MDMA, occurring in virtually all people who took a reasonable dose of the drug, was to produce a clenching of the jaws.

Methamphetamine (MET/mAMP)

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 and 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/OPI300)

The opiates such as heroin, morphine, and codeine are derived from the resin of opium poppy. The principal metabolites of opiates are morphine, morphine-3-glucuronide normorphine and codeine with a half-life of about 3 hours. Heroin is quickly metabolized to morphine. Thus, morphine and morphine glucuronide might both be found in the urine of a person who has taken only heroin. The body also changes codeine to morphine. Thus, the presence of morphine (or the metabolite, morphine glucuronide) in the urine indicates heroin, morphine and/or codeine use.

The test for Morphine (MOP/OPI300) of the T-Dip® Multi-Drug Urine Test Panel yields a positive result when the morphine in urine exceeds 300ng/mL.

Methadone (MTD)

Methadone is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. Among the psychological effects induced by using methadone are analgesia, sedation and respiratory depression. Overdose of methadone may cause coma or even death. It is administered orally or intravenously and is metabolized in the liver and excreted in urine as methadone, EDDP, EMDP and methadol. The kidneys are a major route of methadone excretion. Methadone has a biological half-life of 15 to 60 hours.

Opiate (OPI)

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.

The test for Morphine 2000 (OPI) of the T-Dip® Multi-Drug Urine Test Panel yields a positive result when the morphine in urine exceeds 2000 ng/mL.

Oxycodone (OXY)

Oxycodone is known as Oxycontin and Roxicodone. It is an ingredient of Percodan, Percocet, Roxicet and Tylox. Oxycodone is a semi-synthetic opiates derived from opium. Like other opiates, Oxycodone is

characterized by its analgesic properties, and the tendency for users to form a physical dependency and develop tolerance with extended use. Oxycodone is usually administered in combination with non-opiate analgesics such as acetaminophen and salicylates for the relief of moderate to severe pain. Oxycodone is a central nervous system depressant that may cause drowsiness, dizziness, lethargy, weakness and confusion. Toxicity in an overdose of Oxycodone can lead to stupor, coma, muscle flaccidity, severe respiratory depression, hypotension, and cardiac arrest.

Oxycodone is metabolized by N- and O-demethylation. One of the metabolites, oxymorphone, is a potent narcotic analgesic, while the other, noroxycodone, is relatively inactive. Between 33 to 61% of a single dose of Oxycodone is excreted in a 24 hour urine collection and consists of 13-19% free Oxycodone, 7-29% glucuronide conjugated Oxycodone, 13-14% glucuronide conjugated oxymorphone and an unknown amount of noroxycodone. The detection time window of Oxycodone is 1-3 days following use.

Phencyclidine (PCP)

Phencyclidine is an arylcyclohexylamine that was originally used as an anesthetic agent and a veterinary tranquilizer. Phencyclidine can produce hallucinations, lethargy, disorientation, loss of coordination, trance-like ecstatic states, a sense of euphoria and visual distortions. It has many street names, such as "angel dust" and "crystal cyclone," etc. phencyclidine can be administered orally, by nasal ingestion, smoking, or by intravenous injection. It is metabolized in the liver and excreted through the kidneys in urine in unchanged form and oxidized metabolites with a half-life of about 12 hours. Suction and urinary acidification in the treatment of overdose typically reduces its half-life from three days to one day.

Nortriptyline (TCA)

TCA (Tricyclic Antidepressants) are commonly used for the treatment of depressive disorders. TCA overdoses can result in profound central nervous system depression, cardiotoxicity and anticholinergic effects. TCA overdose is the most common cause of death from prescription drugs. TCAs are taken orally or sometimes by injection. TCAs are metabolized in the liver. Both TCAs and their metabolites are excreted in urine mostly in the form of metabolites for up to ten days.

Cannabinoids (THC)

Cannabinoids are hallucinogenic agents 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-tetrahydrocannabinol-9-carboxylic acid with a half-life of 24 hours. They 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.

PRINCIPLE

The T-Dip® Multi-Drug Urine Test Panel is a competitive immunoassay that is used to screen for the presence of drugs in urine. It is chromatographic absorbent device in which drugs in a specimen competitively combined to a limited number of drug monoclonal antibody conjugate binding sites.

When the absorbent end is immersed into urine specimen, the urine is absorbed into the device by capillary action, mixes with the respective drug monoclonal antibody conjugate, and flows across the pre-coated membrane. When specimen drug levels are zero or below the target cutoff (the detection sensitivity of the test), respective drug monoclonal antibody conjugate binds to the respective drug-protein conjugate immobilized in the Test Region (T) of the device. This produces a colored Test line that, regardless of its intensity, indicates a negative result.

When specimen drug levels are at or above the target cutoff, the free drug in the specimen 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 (T), indicating a potentially positive result.

To serve as a procedure control, a colored line will appear at the Control Region (C), where the Goat anti mouse IgG polyclonal antibody immobilized in, if the test has been performed properly.

QUALITY CONTROL

Users should follow the appropriate federal, state, and local guidelines concerning the frequency of assaying external quality control materials. Even though there is an internal procedural control line in the test device in the Control Region (C), 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 controls should give the expected results. When testing the positive and negative controls, the same assay procedure should be adopted. External Control (positive and negative) should be run with each new lot of test received, each new shipment, each new operator and monthly to determine that tests are working properly.

PERFORMANCE CHARACTERISTICS

Accuracy

1120 (eighty of each drug) clinical urine specimens were analyzed by GC-MS and by each corresponding drug test. Each test was read by three viewers. Specimens 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 followed:



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