

# One Step Fentanyl Drug of Abuse Test

(Strip, Dipcard, Cassette)

For Forensic Use Only

## INTENDED USE

The **One Step Fentanyl Drug of Abuse Test** is a lateral flow chromatographic immunoassay for the qualitative detection of Fentanyl in urine at the following cut-off concentration:

Test	Calibrator	Cut-off
Fentanyl (FEN)	Fentanyl	10 ng/mL

This assay provides only a preliminary qualitative test result. Use a more specific alternate quantitative analytical method to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method<sup>1</sup>. Apply clinical and professional judgment to Fentanyl test result, particularly when preliminary positive result is obtained.

## SUMMARY AND EXPLANATION OF THE TEST

The **One Step Fentanyl Drug of Abuse Test** is a competitive immunoassay utilizing highly specific reactions between antibodies and antigens for the detection of Fentanyl in human urine without the use of an instrument.

### FENTANYL (FEN)

Fentanyl is a potent, synthetic opioid analgesic with a rapid onset and short duration of action.<sup>7</sup> It is a strong agonist at the  $\mu$ -opioid receptors. Historically, it has been used to treat breakthrough pain and is commonly used in pre-procedures as a pain reliever as well as an anesthetic in combination with a benzodiazepine. Fentanyl is approximately 80 to 100 times more potent than morphine and roughly 15 to 20 times more potent than heroin.<sup>8,9</sup> Fentanyl and its derivatives are used recreationally. Deaths have resulted from both recreational and improper medical use.<sup>10</sup>

The FEN assay contained within the **One Step Fentanyl Drug of Abuse Test** yields a positive result when the concentration of Fentanyl in urine exceeds 10 ng/mL.

## PRINCIPLE

The **One Step Fentanyl Drug of Abuse Test** is an immunoassay based on the principle of competitive binding. Drug which may be present in the urine specimen compete against its respective drug conjugate for binding sites on its specific antibody. During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine 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 will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region. A drug-positive urine specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative urine 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

The test contains a membrane strip coated with drug-protein conjugates (purified bovine albumin) on the test line, a goat polyclonal antibody against gold-protein conjugate at the control line, and a dye pad which contains colloidal gold particles coated with mouse monoclonal antibody specific to Fentanyl.

## PRECAUTIONS

- For Forensic Use Only.
- Do not use after the expiration date.
- The test device should remain in the sealed pouch until use.
- The test is for single use.
- While urine is not classified by OSHA or the CDC as a biological hazard unless visibly contaminated with blood<sup>5,6</sup>, the use of gloves is recommended to avoid unnecessary contact with the specimen.
- The used test device and urine specimen should be discarded according to federal, state and local regulations.

## STORAGE AND STABILITY

Store as packaged in the sealed pouch at 4-30°C (39-86°F). The test 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

### Urine Assay

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

## MATERIALS

### Materials Provided

- Test device • Desiccants • Package insert
- Disposable specimen droppers (for test cassette use only)

### Materials Required But Not Provided

- Specimen collection container • Timer • Disposable gloves

## DIRECTIONS FOR USE

Allow the test device, and urine specimen to come to room temperature [15-30°C (59-86°F)] prior to testing.

### [For Strip]

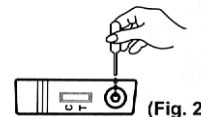
- 1) Remove the strip from its foil pouch or the desiccated container (bring the container to the room temperature before opening to avoid condensation of moisture in container). Label the strip with patient or control identifications.
- 2) Immerse the strip into the urine with the arrow end pointing toward the urine. Do not cover the strip with urine over the MAX (maximum) line. You may leave the strip in the urine or you may take the strip out after a minimum of 15 seconds in the urine and lay the strip flatly on a non-absorptive clean surface.
- 3) Read result at 5 minutes. **DO NOT READ RESULT AFTER 5 MINUTES.** (Fig. 1)



(Fig. 1)

### [For Cassette]

- 1) Remove the test device from its foil pouch (bring the container to the room temperature before opening to avoid condensation of moisture in container). Label the device with patient or control identifications.
- 2) Using the specimen dropper, withdraw the urine sample from the specimen container and slowly dispense 3 drops (approximately 120  $\mu$ L) into the circular sample well, being careful not to overflow the absorbent pad.
- 3) Read result at 5 minutes. **DO NOT READ RESULT AFTER 5 MINUTES.** (Fig. 2)



(Fig. 2)

### [For Dipcard]

- 1) Remove the test device from its foil pouch.
- 2) Remove the cap from the test device. Label the device with patient or control identifications.
- 3) Immerse the absorbent tip into the urine sample for 5 seconds. Urine sample should not touch the plastic device.
- 4) Replace the cap over the absorbent tip and lay the device flatly on a non-absorptive clean surface.
- 5) Read result at 5 minutes. **DO NOT READ RESULT AFTER 5 MINUTES.** (Fig. 3)



(Fig. 3)

## INTERPRETATION OF RESULTS

(Please refer to the previous illustration)

**NEGATIVE:** Two lines appear. \* One color line should be in the control region (C), and another apparent color line adjacent should be in the test region (T). This negative result indicates that the drug concentration is below the detectable level.

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

**POSITIVE:** One color line appears in the control region (C). No line appears in the test region (T). This positive result indicates that the drug concentration is above the detectable level.

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

## QUALITY CONTROL

A procedural control is included in the test. A color 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.

## LIMITATIONS

1. The **One Step Fentanyl Drug of Abuse Test** provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.
2. There is a possibility that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
3. A positive result does not indicate intoxication of the donor, the concentration of drug in the urine or the route of drug administration.
4. 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.
5. Test does not distinguish between drugs of abuse and certain medications.
6. A positive test result may be obtained from certain foods or food supplements.

## PERFORMANCE CHARACTERISTICS

### Reproducibility

Reproducibility studies were carried out using commercially available stock solutions of the drug analytes listed. The results are listed in the following table.

Fentanyl conc. (ng/mL)	Total number of Determinations	Result	Precision
No drug present	60	60 negative	>99%
5	60	60 negative	>99%
15	60	60 positive	>99%

### Analytical Sensitivity

A drug-free urine pool was spiked with drug at concentrations listed. The results are summarized below.

Drug concentration Cut-off Range	n	FEN	
		-	+
0% Cut-off	30	30	0
-50% Cut-off	30	30	0
-25% Cut-off	30	30	0
Cut-off	30	4	26
+25% Cut-off	30	0	30
+50% Cut-off	30	0	30

### Analytical Specificity

The following table lists the concentration of compounds (ng/mL) that were detected positive in urine by the **One Step Fentanyl Drug of Abuse Test** at a read time of 5 minutes.

Drug	Concentration (ng/mL)
Fentanyl	10
Valeryl fentanyl HCl	5,000
Butyryl fentanyl	50
Furanyl fentanyl HCl	250
Norfentanyl oxalate	25
Ocfentanil	5,000
Para-Fluorofentanyl	25
(±)-cis-3-Methylfentanyl HCL	250
Acetyl fentanyl	1000

## EFFECT OF URINARY SPECIFIC GRAVITY

Urine samples of normal, high, and low specific gravity ranges from 1.000 – 1.025 were spiked with drug at 50% below and 50% above cut-off levels respectively and tested using **One Step Fentanyl Drug of Abuse Test**. The results demonstrate that varying ranges of specimen specific gravity do not interfere with the performance of the test.

## EFFECT OF URINARY PH

The pH of an aliquoted negative urine pool was adjusted to pH ranges of 4.0, 4.5, 5.0, 6.0 and 9.0, and spiked with drug at 50% below and 50% above cut-off levels. The spiked, pH-adjusted urine was tested with the **One Step Fentanyl Drug of Abuse Test**. The results demonstrate that varying ranges of pH do not interfere with the performance of the test.

## INTERFERENCE

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or drug positive urine containing Fentanyl. The following compounds show no cross-reactivity when tested with the **One Step Fentanyl Drug of Abuse Test** at concentrations of 100µg/mL.

### Fentanyl Non Cross-Reacting Compounds:

\*Parent compound only:

Acebutolol	Buprenorphine-3β-D-glucuronide
Acetopromazine-d6	Butyrophenone
Acetyl-L-cysteine	Butethal
Acetylsalicylic Acid ( Aspirin )	Caffeine
Acetaminophen	Carbamazepine
O6-Acetylmorphine	Carisoprodol
Acetazolamide	Cefaclor
N-Acetylprocainamide	Ceftriaxone
Acetone	Cefotaxime
Acetophenetidin	Cefoxitin
Alprenolol hydrochloride	Cefuroxime Axetil (Zinnat)
Alprazolam	Cefadroxil
Allopurinol	Cephadrine
Alphenal	Chloroquine
Amiloride	Chlorpheniramine
Aminophenazon	Chlorpromazine
Amiodarone Hydrochloride Tablets	Chlorpropamide
Ampicinine(Ampicillin)	Chlorprothixene
Amitriptyline	Chlorthalidone
Aminophylline	Chlorzoxazone
Amantadine Hydrochloride	Chloral Hydrate
Amphotericin B	Cimetidine
Ammonium Chloride	Cinchonidine
Amphetamine Sulfate	Cinoxacin
Amikacin	Cicosporin
Amikacin sulfate	Citric acid
p-Aminobenzoic Acid	Clenbuterol Hydrochloride
DL-Aminoglutethimide	Clindamycin
Anamycin sulfate	Clobetasone Butyrate
Aniline	Clomipramine
Antipyrine	Clorazepate Dipotassium
Apomorphine	Clonazepam
Aprobarbital	Clobazam
Aspartame	Cloxacillin
L-Ascorbic Acid	Cholesterol
L-Aspartic Acid	(-)-Cotinine
D-Aspartic Acid	Cocaethylene
DL-Aspartic Acid	Cocaine Hydrochloride
Atropine	Codeine
Baclofen	Creatinine
Benzphetamine	Cyclobenzaprine Hydrochloride
Barbituric Acid	L-Cystine
Berberine	Cyproheptadine Hydrochloride
Benzocaine	Cyclopentobarbital
Benzyl alcohol	Dantrolene sodium
Benzoylecgonine	Dextromethorphan hydrobromide
Bendroflumethiazide	Dexamethasone
Benzylamine Hydrochloride	Deoxyepinephrine
Bisacodyl	Deferoxamine Mesylate