



Package insert for the AMP/mAMP/COC/OPI/THC/BZO/OXY/MTD/BAR/BUP/COT/MDMA test for oral fluids. A rapid, screening test for the simultaneous, qualitative detection of Amphetamine, Methamphetamine, Cocaine, Opiate, Marijuana, Benzodiazepines, Oxycodone, Methadone, Barbiturates, Buprenorphine, Cotinine, Methylenedioxymethamphetamine and their metabolites in human oral fluid.

For Forensic Use, Employment Use and Insurance Testing Use Only

INTENDED USE

The **STAT SWAB® Oral Fluid Drug Screen Device** for AMP/mAMP/COC/OPI/THC/BZO/OXY/MTD/BAR/BUP/COT/MDMA is a lateral flow chromatographic immunoassay for the qualitative detection of Amphetamine, Methamphetamine, Cocaine, Opiate, Marijuana, Benzodiazepines, Oxycodone, Methadone, Barbiturates, Buprenorphine, Cotinine, Methylenedioxymethamphetamine and their metabolites in oral fluids at the following cut-off concentrations:

Test	Calibrator	Cut-off
Amphetamine (AMP)	D-Amphetamine	50 ng/mL
Methamphetamine (mAMP)	D-Methamphetamine	50 ng/mL
Cocaine (COC)	Benzoylgonine	20 ng/mL
	Benzoylgonine	50 ng/mL
Opiate (OPI)	Morphine	40 ng/mL
	Morphine	50 ng/mL
Marijuana (THC)	11-nor-Δ ⁹ -THC-9-COOH	12 ng/mL
	Δ ⁹ -THC	25 ng/mL
	Δ ⁹ -THC	50 ng/mL
	Δ ⁹ -THC	75 ng/mL
Benzodiazepines (BZO)	Oxazepam	50 ng/mL
	Oxazepam	30 ng/mL
Oxycodone (OXY)	Oxycodone	50 ng/mL
Methadone (MTD)	Methadone	75 ng/mL
Barbiturates (BAR)	Secobarbital	300 ng/mL
Buprenorphine (BUP)	Buprenorphine	10 ng/mL
Cotinine (COT)	Cotinine	30 ng/mL
Methylenedioxymethamphetamine (MDMA)	(±)-3,4-Methylenedioxymethamphetamine	50 ng/mL

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.

This test is limited for forensic use, employment use and insurance testing. This test system shall not be used for Federal drug testing programs.

SUMMARY AND EXPLANATION OF THE TEST

The **STAT SWAB® Oral Fluid Drug Screen Device** for AMP/mAMP/COC/OPI/THC/BZO/OXY/MTD/BAR/BUP/COT/MDMA and their metabolites is a rapid, oral fluid screening test that can be performed without the use of an instrument. The test utilizes monoclonal antibodies to selectively detect elevated levels of specific drugs in human oral fluid.

AMPHETAMINE (AMP)

Amphetamine is a sympathomimetic amine with therapeutic indications. The drug is often self-administered by nasal inhalation or oral ingestion. Depending on the route of administration, Amphetamine can be detected in oral fluid as early as 5-10 minutes and up to 72 hours after use¹.

The Amphetamine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Amphetamine concentration in oral fluid exceeds 50 ng/mL.

METHAMPHETAMINE (mAMP)

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. Depending on the route of administration, methamphetamine can be detected in oral fluid as early as 5-10 minutes and up to 72 hours after use¹.

The Methamphetamine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Methamphetamine concentration in oral fluid exceeds 50 ng/mL.

COCAINE (COC)

Cocaine is a potent central nervous system (CNS) stimulant and a local anesthetic derived from the coca plant (erythroxylum coca). The drug is often self-administered by nasal inhalation, intravenous injection and free-base smoking. Depending on the route of administration, cocaine and metabolites benzoylecgonine and ecgonine methyl ester can be detected in oral fluid as early as 5-10 minutes following use¹. Cocaine and benzoylecgonine can be detected in oral fluids for up to 24 hours after use¹.

The Cocaine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Benzoylecgonine concentration in oral fluid exceeds 20 ng/mL.

The Cocaine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Benzoylecgonine concentration in oral fluid exceeds 50 ng/mL.

OPIATE (OPI)

The drug class opiates refer 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. Opiate act to control pain by depressing the central nervous system. The drugs demonstrate addictive properties when used for sustained periods of time; symptoms of withdrawal may include sweating, shaking, nausea and irritability. 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. Using an immunoassay cut-off level of 40 ng/mL, codeine can be detected in the oral fluid within 1 hour following a single oral dose and can remain detectable for 7-21 hours after the dose². 6-monoacetylmorphine (6-MAM) is found more prevalently in oral fluid, and is a metabolic product of heroin. Morphine is the major metabolic product of codeine and heroin, and is detectable for 24-48 hours after an opiate dose.

The Opiate assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Morphine concentration in oral fluid exceeds 40 ng/mL.

The Opiate assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Morphine concentration in oral fluid exceeds 50 ng/mL.

MARIJUANA (THC)

Tetrahydrocannabinol, the active ingredient in the marijuana plant (cannabis sativa), is detectable in saliva 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 cavity³. Historical studies have shown a window of detection for THC in saliva of up to 14 hours after drug use³.

The Marijuana assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the 11-nor-Δ⁹-THC-9-COOH concentration in oral fluid exceeds 12 ng/mL.

The Marijuana assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Δ⁹-THC concentration in oral fluid exceeds 25 ng/mL.

The Marijuana assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Δ⁹-THC concentration in oral fluid exceeds 50 ng/mL.

The Marijuana assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Δ⁹-THC concentration in oral fluid exceeds 75 ng/mL.

BENZODIAZEPINES (BZO)

Benzodiazepines are frequently prescribed sedative and hypnotic drug for the symptomatic treatment of anxiety, insomnia, sleep and seizure disorders. Most Benzodiazepines are extensively metabolized in the liver and excreted in the urine and saliva as metabolites. Chronic abuse may increase the risk of physical dependence and may result in intoxication, drowsiness and muscle relaxation. Oxazepam is the major metabolic product of Benzodiazepines.

The Benzodiazepines assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Oxazepam concentration in oral fluids exceeds 50 ng/mL.

The Benzodiazepines assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Oxazepam concentration in oral fluids exceeds 30 ng/mL.

OXYCODONE (OXY)

Oxycodone is a semi-synthetic opioid with a structural similarity to codeine. The drug is manufactured by modifying thebaine, an alkaloid found in the opium poppy. Oxycodone, like all opiate agonists, provides pain relief by acting on opioid receptors in the spinal cord, brain, and possibly directly in the affected tissues. Oxycodone is prescribed for the relief of moderate to high pain under the well-known pharmaceutical trade names of OxyContin®, Tylox®, Percodan® and Percocet®. While Tylox, Percodan and Percocet contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin, OxyContin consists solely of oxycodone hydrochloride in a time-release form.

The Oxycodone assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Oxycodone concentration in oral fluid exceeds 50 ng/mL.

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). The pharmacology of oral methadone is very different from IV methadone. Oral methadone is partially stored in the liver for later use. IV methadone acts more like heroin. In most states you must go to a pain clinic or a methadone maintenance clinic to be prescribed methadone. Methadone is a long acting pain reliever producing effects that last from twelve to forty-eight hours. Ideally, methadone frees the client from the pressures of obtaining illegal heroin, from the dangers of injection, and from the emotional roller coaster that most opiates produce. Methadone, if taken for long periods and at large doses, can lead to a very long withdrawal period. The withdrawals from methadone are more prolonged and troublesome than those provoked by heroin cessation, yet the substitution and phased removal of methadone is an acceptable method of detoxification for patients and therapists⁵.

The Methadone assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Methadone concentration in oral fluids exceeds 75 ng/mL.

BARBITURATES (BAR)

Barbiturates are CNS depressants. They are used therapeutically as sedatives, hypnotics, and anticonvulsants. Barbiturates are almost always taken orally as capsules or tablets. The effects resemble those of intoxication with alcohol. Chronic use of barbiturates leads to tolerance and physical dependence. Short-acting barbiturates taken at 400 mg/day for 2-3 months can produce a clinically significant degree of physical dependence. Withdrawal symptoms experienced during periods of drug abstinence can be severe enough to cause death. The approximate detection time limits for barbiturates are:

Short acting (e.g. Secobarbital) 100 mg PO (oral) 4.5 days
Long acting (e.g. Phenobarbital) 400 mg PO (oral) 7 days⁵

The Barbiturates assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Secobarbital concentration in oral fluid exceeds 300 ng/mL.

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. 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.

The Buprenorphine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Buprenorphine concentration in oral fluid exceeds 10 ng/mL.

COTININE (COT)

Cotinine ((5S)-1-methyl-5-(3-pyridyl)pyrrolidin-2-one) is a first-stage metabolite of nicotine, an alkaloid that stimulates the autonomic ganglia and central nervous system in humans. Nicotine is a drug to which virtually every member of a tobacco-smoking society is exposed whether through direct contact or second-hand inhalation. Aside from tobacco, nicotine is also commercially available as the active ingredient in smoking replacement therapies such as nicotine gum, transdermal patches and nasal sprays. Once converted from Nicotine, Cotinine has an in vivo half-life in human body for approximately 20 hours and is typically detectable for several days and up to one week after the use of tobacco. The level of cotinine in the blood, urine or saliva is proportionate to the amount of exposure to tobacco smoke. Cotinine, therefore, is a valuable indicator of tobacco smoke exposure, including secondary or passive smoke. People who smoke menthol cigarettes may retain cotinine in the blood for a longer period because menthol can compete with enzymatic metabolism of cotinine⁶. Genetic encoding of liver enzymes may also play a role, as people of African descent routinely register higher blood cotinine levels than Caucasians⁷. Cotinine levels <10 ng/mL are considered to be consistent with no active smoking. Values of 10 ng/mL to 100 ng/mL are associated with light smoking or moderate passive exposure, and levels above 300 ng/mL are seen in heavy smokers who smoke more than 20 cigarettes a day. Values between 11 ng/mL and 30 ng/mL may be associated with light smoking or passive exposure, and levels in active smokers typically reach 500 ng/mL or more. Cotinine assays provide an objective quantitative measure that is more reliable than smoking histories or counting the number of Cotinine also permits the measurement of exposure to second-hand smoke or passive smoking. Various types of drug tests can detect cotinine in the blood, urine, or saliva. Cotinine level in saliva has been found to be the best marker for smoking status compared with saliva nicotine measurements, breath carbon monoxide testing and plasma thiocyanate testing⁸.

The Cotinine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Cotinine concentration in oral fluid exceeds 30 ng/mL.

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.

The Methylenedioxymethamphetamine assay contained within the **STAT SWAB® Oral Fluid Drug Screen Device** yields a positive result when the Methylenedioxymethamphetamine concentration in oral fluid exceeds 50 ng/mL.

PRINCIPLE

The **STAT SWAB® Oral Fluid Drug Screen Device** for AMP/mAMP/COC/OPI/THC/BZO/OXY/MTD/BAR/BUP/COC/MDMA 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.

REAGENT

The test contains membrane strips 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 Amphetamine, Methamphetamine, Benzoylcegonine, Morphine, Marijuana, Oxazepam, Oxycodone, Methadone, Secobarbital, Buprenorphine, Cotinine and Methylenedioxymethamphetamine.

PRECAUTIONS

- For forensic use, employment use and insurance testing use only.
- Do not use after the expiration date.
- The oral fluid drug screen device should remain in the sealed pouch until use.
- Saliva is not classified as biological hazard unless derived from a dental procedure.
- The test device is for single use.
- The used collector and device should be discarded according to federal, state and local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch at 2-30°C. The test is stable through the expiration date printed on the sealed pouch. The test devices 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 assay. Oral fluid collected at any time of the day may be used.

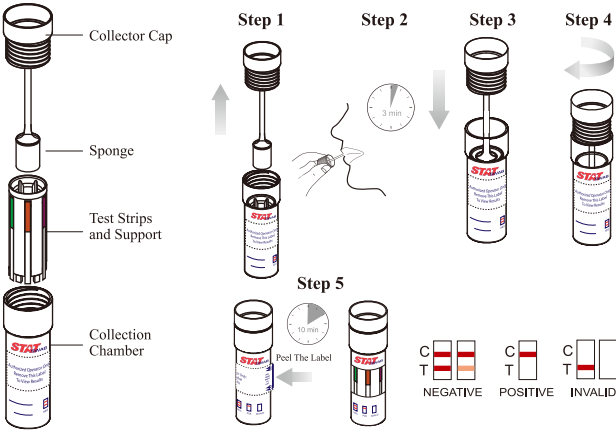
MATERIALS

- Materials Provided
- Test devices
 - Package insert
 - Procedure card
- Materials Required But Not Provided
- Timer

DIRECTIONS FOR USE

Allow the test device to reach room temperature [15-30°C (59-86°F)] prior to testing. Do not place anything in the mouth including food, drink, gum, or tobacco products for at least 10 minutes prior to collection of oral fluid specimen.

- Remove the collection stick and test tube from the sealed pouch.
- Tear off the package of the collection stick. (Step 1)
- Insert the sponge end of the collection stick into mouth and soak sponge into saliva for 3 minutes. (Note: Time should be longer for people of little saliva. If the amount of saliva pressed into the test tube is not adequate for testing, collect more with another new collection stick and express the saliva into tube again.) (Step 2)
- Hold the test tube vertically and place the collection stick with saturated sponge into the test tube. Make sure to fit the groove of collection stick onto the guide rail of test tube and press the collection stick to full extent. (Step 3)
- Press down the lid to close the test tube. Keep the test tube vertically until you begin to read the test results. (Step 4)
- Read results of drug tests at 10 minutes. (If there is a label over reading window, peel off the label to read test results.) **Do not read drug tests results after 1 hour.** (Step 5)
- Send the collector with collected oral fluid to the laboratory for GC/MS confirmation if necessary.



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

- The **STAT SWAB® Oral Fluid Drug Screen Device** 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 preferred confirmatory methods.
- A positive test result does not indicate the concentration of drug in the specimen or the route of administration.
- 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 assay.
- The test has been developed for testing saliva samples only. No other fluids have been evaluated. Do NOT use this device to test anything but saliva.

PERFORMANCE CHARACTERISTICS

Analytical Sensitivity

A phosphate-buffered saline (PBS) pool was spiked with drugs to target concentrations of ± 50% cut-off and ± 25% cut-off and tested with the **STAT SWAB® Oral Fluid Drug Screen Device**. The results are summarized below.

Drug Concentration Cut-off Range	n	AMP		mAMP		COC		OPI		THC		BZO		OXY		MTD		BAR		BUP		COT		MDMA	
		+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
0% Cut-off	30	30	0	30	0	30	0	30	0	30	0	30	0	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	30	0	30	0	30	0	30	0	30	0	30	0
-25% Cut-off	30	28	2	29	1	30	0	27	3	27	3	28	2	29	1	29	1	27	3	29	1	29	1	29	1
Cut-off	30	13	17	16	14	19	11	18	12	16	13	17	12	18	10	20	12	18	16	14	20	10	6	29	
+25% Cut-off	30	4	30	7	23	5	25	3	37	1	29	4	26	3	27	2	28	3	27	7	23	7	23	0	30
+50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	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 **STAT SWAB® Oral Fluid Drug Screen Device** for AMP/mAMP/COC/OPI/THC/BZO/OXY/MTD/BAR/BUP/COT/MDMA identified positive results at a read time of 10 minutes.

Drug	Concentration (ng/mL)
AMPHETAMINE (AMP)	
D-Amphetamine	50
DL-Amphetamine	125
β-Phenylethylamine	4,000
(+)-3,4-Methylenedioxymphetamine (MDA)	150
L-Amphetamine	4,000
p-Hydroxyamphetamine	800
Tryptamine	1,500
Tyramine	1,000
METHAMPHETAMINE (mAMP)	
D-Methamphetamine	50
(1R,2S)-(-)-Ephedrine	400
Fenfluramine	60,000
Methoxyphenamine	25,000
3,4-Methylenedioxymethamphetamine	50
p-Hydroxymethamphetamine	400
L-Phenylephrine	4,000
Procaine	2,000
COCAINE (COC 20)	
Benzoylcegonine	20
Cocaine HCl	20
Cocaethylene	25
Ecgonine HCl	1,500
Ecgonine Methyl Ester	12,500

COCAINE (COC 50)	
Benzoylcegonine	50
Cocaine HCl	20
Cocaethylene	25
Ecgonine HCl	1,500
Ecgonine Methyl Ester	12,500
OPIATE (OPI 40)	
Morphine	40
Bilirubin	3,500
Codeine	10
Diacetylmorphine (Heroin)	50
Ethylmorphine	24
Hydrocodone	100
Hydromorphone	100
Levorphanol	400
6-Monoacetylmorphine	25
Morphine 3-β-D-Glucuronide	50
Nalorphine	10,000
Normorphine	12,500
Norcodeine	1,500
Oxycodone	25,000
Oxymorphone	25,000
Thebaine	1,500
OPIATE (OPI 50)	
Morphine	50
Bilirubin	3,500
Codeine	10
Diacetylmorphine (Heroin)	50
Ethylmorphine	24
Hydrocodone	100
Hydromorphone	100
Levorphanol	400
6-Monoacetylmorphine	25
Morphine 3-β-D-Glucuronide	50
Nalorphine	10,000
Normorphine	12,500
Norcodeine	1,500
Oxycodone	25,000
Oxymorphone	25,000
Thebaine	1,500
BENZODIAZEPINES (BZO 50)	
α-Hydroxyalprazolam	1,260
Alprazolam	40
Bromazepam	400
Chlordiazepoxide	780
Chlordiazepoxide HCl	390
Clobazam	100
Clonazepam	785
Clorazepate Dipotassium	195
Delorazepam	1,560
Desalkylflurazepam	390
Diazepam	195
Estazolam	2,500
Flunitrazepam	385
(±) Lorazepam	1,560
RS-Lorazepam Glucuronide	160
Midazolam	12,500
Nitrazepam	95
Norchlordiazepoxide	200
Nordiazepam	390
Oxazepam	50
Temazepam	20
Triazolam	2,500
BENZODIAZEPINES (BZO 30)	
α-Hydroxyalprazolam	756
Alprazolam	24
Bromazepam	240
Chlordiazepoxide	468
Chlordiazepoxide HCl	234
Clobazam	60
Clonazepam	471
Clorazepate Dipotassium	117

Delorazepam	936
Desalkylflurazepam	234
Diazepam	117
Estazolam	1,500
Flunitrazepam	231
(±) Lorazepam	936
RS-Lorazepam Glucuronide	96
Midazolam	7,500
Nitrazepam	57
Norchlordiazepoxide	120
Nordiazepam	234
Oxazepam	30
Temazepam	12
Triazolam	1,500
OXYCODONE (OXY)	
Oxycodone	50
Codeine	25,000
Dihydrocodeine	6,250
Ethylmorphine	12,500
Hydrocodone	1,000
Hydromorphone	6,250
Oxymorphone	1,000
Thebaine	25,000
MARIJUANA (THC 25)	
11-nor-Δ ⁹ -THC-9-COOH	12
Cannabinol	2,000
Δ ⁸ -THC	25
Δ ⁹ -THC	25
MARIJUANA (THC 50)	
11-nor-Δ ⁹ -THC-9-COOH	12
Cannabinol	2,000
Δ ⁸ -THC	50
Δ ⁹ -THC	50
MARIJUANA (THC 75)	
11-nor-Δ ⁹ -THC-9-COOH	12
Cannabinol	3,000
Δ ⁸ -THC	75
Δ ⁹ -THC	75
METHADONE (MTD)	
Methadone	75
Doxylamine	12,500
BARBITURATES (BAR)	
Alphenal	150
Amobarbital	300
Aprobarbital	200
Butabarbital	75
Butalbital	2,500
Butethal	100
Cyclopentobarbital	600
Pentobarbital	300
Phenobarbital	100
Secobarbital	300
BUPRENORPHINE (BUP)	
Buprenorphine	10
Norbuprenorphine	20
Buprenorphine 3-D-Glucuronide	15
Norbuprenorphine 3-D-Glucuronide	200
COTININE (COT)	
(-)Cotinine	30
S-(-)Nicotine	6,250
L-Glutathione Reduced	40,000
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	
(±) 3,4-Methylenedioxyamphetamine	50
Dobutamine Hydrochloride	60,000
p-Hydroxymethamphetamine	15,000
(+)3,4-Methylenedioxyamphetamine (MDA)	1,500

INTERFERENCE	
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 STAT SWAB® Oral Fluid Drug Screen Device when tested with concentrations up to 100 µg/mL.	
Amphetamine, Methamphetamine, Cocaine, Opiate, Marijuana, Benzodiazepines, Oxycodone, Methadone, Barbiturates and Buprenorphine Non-Cross-Reacting Compounds Are:	
*Parent compound only:	
Chlorothiazide	Tetrahydrocortisone 3 (β-D-Glucuronide)
DL-Chlorpheniramine	Thiamine
Chlorpromazine	Thioridazine
Chloroquine	DL-Tyrosine
Chlorothiazide	Tolbutamide
Norethindrone	Triamterene
D-Norpropoxyphene	Trifluoperazine
Noscapine	Trimethoprim
DL-Octopamine	DL-Tryptophan
Creatinine	Uric Acid
Deoxycorticosterone	Verapamil
Dextromethorphan	Zomepirac
Diclofenac	
Diflunisal	Cotinine Non-Cross-Reacting Compounds are:
Digoxin	*Parent compound only:
Diphenhydramine	
L-Ψ-Ephedrine	Acetaminophen
β-Estradiol	Acetophenetidin
Estrone-3-Sulfate	N-Acetylprocainamide
Ethyl-p-Aminobenzoate	Acetylsalicylic Acid
L-(-)-Epinephrine	Amoxicillin
Erythromycin	Amphetamine Sulfate
Fenoprofen	Ampicillin
Furosemide	L-Ascorbic Acid
Gentisic Acid	Apomorphine
Hemoglobin	Aspartame
Hydralazine	Atropine
Hydrochlorothiazide	Cholesterol
Hydrocortisone	Clonidine
o-Hydroxyhippuric Acid	Codeine
p-Hydroxytyramine	Cortisone
Ibuprofen	Benzoylcegonine
Iproniazid	Benzoic Acid
DL-Isoproterenol	Benzphetamine
Isoxsuprine	Caffeine
Ketamine	Chloramphenicol
Ketoprofen	Chlorothiazide
Labetalol	Chlorpromazine
Loperamide	Chloroquine
Meperidine	Cocaine Hydrochloride
Methylphenidate	Norethindrone
Nalidixic Acid	D-Norpropoxyphene
Naloxone	Noscapine
Naltrexone	DL-Octopamine
Naproxen	Creatinine
Niacinamide	Dextromethorphan
Nifedipine	Diflunisal
Oxalic Acid	Digoxin
Oxolinic Acid	L-Ψ-Ephedrine
Oxymetazoline	β-Estradiol
Papaverine	Estrone-3-Sulfate
Penicillin-G	Ethyl-p-Aminobenzoate
Pentazocine Hydrochloride	L-(-)-Epinephrine
Perphenazine	Erythromycin
Phenelzine	Trans-2-Phenylcyclopropylamine Hydrochloride
Phenylpropanolamine	Phenylpropanolamine
Prednisolone	Gentisic Acid
Prednisone	Hemoglobin
DL-Propranolol	Heroin
D-Propoxyphene	Hydralazine
D-Pseudoephedrine	Hydrochlorothiazide
Quinacrine	Hydrocortisone
Quinine	Ibuprofen
Quinidine	Isoxsuprine
Ranitidine	Ketamine
Salicylic Acid	Labetalol
Serotonin	Loperamide
Sulfamethazine	Methadone
Sulindac	Methamphetamine
Tetracycline	Meperidine
Tetrahydrocortisone 3-Acetate	Meprobamate

Methylphenidate	L-Ascorbic Acid
Morphine	L-Aspartic Acid
Nalidixic Acid	D-Aspartic Acid
Naloxone	DL-Aspartic Acid
Naltrexone	Atropine Sulfate
Naproxen	Baclofen
Niacinamide	Benzphetamine
Oxymetazoline	Barbituric Acid
Papaverine	Betamethasone
Penicillin-G	Berberine Hydrochloride
Perphenazine	Beclomethasone Dipropionate Aerosol
Phencyclidine	Benzilic Acid
Phenelzine	Benzocaine
Hydrochloride	Benzyl Alcohol
Phenylpropanolamine	Benzoylcegonine
Prednisolone	Bendroflumethiazide
Prednisone	Benzylamine Hydrochloride
DL-Propranolol	Benzoic Acid
D-Propoxyphene	Bisacodyl
D-Pseudoephedrine	Bromazepam
Quinacrine	Bromocriptine Mesylate
Quinine	Bupivacaine Hydrochloride
Oxycodone	Buprenorphine
Ranitidine	Buspiron Hydrochloride
Secobarbital	Butacaine
Salicylic Acid	Butalbital
Serotonin	Butabarbital
Sulfamethazine	Buprenorphine-3-β-D-Glucuronide
Sulindac	Butyrophenone
Tetracycline	Butethal
Thiamine	Cannabidiol
Thioridazine	Caffeine
DL-Tyrosine	Carbamazepine
Tolbutamide	Carisoprodol
Trifluoperazine	Cefaclor
Trimethoprim	Cefradine
DL-Tryptophan	Ceftriaxone Sodium
Tyramine	Cefotaxime Sodium
Uric Acid	Cefoxitin
Verapamil	Cefuroxime Axetil (Zinnat)
Zomepirac	Cefadroxil
	Cephradine
Methylenedioxyamphetamine Non-Cross-Reacting Compounds are:	Chlordiazepoxide HCL
*Parent compound only:	Chloroquine Phosphate
	Chlorpheniramine Maleate
	Chlorpromazine Hydrochloride
	Chlorpropamide
	Chlorprothixene Hydrochloride
	Chlorthalidone
	Chlorzoxazone
	Chloral Hydrate (Trichloroacetaldehyde Hydrate)
	Cimetidine
	(-)Cinchonidine
	Cinoxacin
	N-Acetylprocainamide
	Acetone
	Acetophenetidin
	Alprenolol Hydrochloride
	Alprazolam
	Allopurinol
	Alphenal
	Amiloride Hydrochloride
	Aminophenazone (4-Dimethylaminoantipyrine)
	Amiodarone Hydrochloride
	Amoxicillin
	Ampicillin (Ampicinine)
	Amitriptyline Hydrochloride
	Aminophylline
	Amantadine Hydrochloride
	Amphotericin B
	Ammonium
	Amobarbital
	Amikacin Hydrate
	Amikacin Sulfate
	4-Aminobenzoic Acid
	DL-Aminoglutethimide
	Kanamycin Sulfate
	Aniline Hydrochloride
	Antipyrine
	R-(-)-Apomorphine Hydrochloride Hemihydrate
	Aprobarbital
	Aspartame
	Deferoxamine Mesylate

Desipramine Hydrochloride	Famotidine
Dimethyl Isosorbide	Fenfluramine
(Isosorbide Dimethyl Ether)	Ferrous(II) Sulfate Heptahydrate
Diazepam	Fenopropfen Calcium Salt Hydrate
Diflorasone Diacetate	Flufenamic Acid
Digoxin	Flunitrazepam
Diazoxide	Flunisolide
Dieldrin	Flurandrenolide
Dipyrrone	Flurazepam Dihydrochloride
Dimethyl Sulfoxide	Furosemide
5,5-Diphenylhydantoin	Gemfibrozil
DL-3,4-Dihydroxymandelic Acid	Gentamicin Sulfate Granules
Dihydralazine	Gentisic Acid
Hemoglobin	Glutathione Reduced
Disopyramide	Glybenclamide
Dopamine Hydrochloride	Glucose
Doxepin Hydrochloride	Griseofulvin
Doxycycline Hyclate	Halcinonide
Doxylamine Succinate Salt	Heroin Hydrochloride
Droperidol	Hexachlorophene
Ecgonine Methyl Ester	Hypnovel (Cyclobarbital)
(±)-Ephedrine Hydrochloride	Hippuric Acid
Erythromycin Enteric	Histamine
Eserine	Hydralazine Hydrochloride
Estazolam	(1R,9S)-(-)-β-Hydrastine
β-Estradiol	Hydroflumethiazide
Estriol	Hydromorphone
Estrone	Hydrocodone
Estrone-3-Sulfate Potassium Salt	Hydroxocobalamin Hydrochloride
Etoposide	α-Hydroxyhippuric Acid
Ethacrynic Acid	Hydroxyzine Dihydrochloride
Ethambutol Hydrochloride	α-Hydroxyalprazolam
Ethyl-p-Aminobenzoate	17α-Hydroxyprogesterone
Ethylenediaminetetraacetic Acid	Hydrocortisone
Etodolac	Hydrochlorothiazide
Ethyl Morphine	Hypoxanthine

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