Narcontrol

DROGA TEST

Methamphetamine - Marijuana/THC
Amphetamine - MDMA/Ecstasy
Cocaine - Morphine - Ketamine

to perform on surface and dusts

Risults in 5 minutes

Instructions for the use of any test combination to test any combination of the following drugs of abuse:
Cocaine, Marijuana/THC, Methamphetamine, Amphetamine, Ketamine, MDMA/Ecstasy, Morphine.

PRECAUTIONS

- Not for medical or diagnostic use.
- Do not use after expiration date.
- Test device should remain sealed until ready for use.
- All specimens must be considered potentially dangerous and, therefore, should be handled using precautions for potentially infective products.
- Used testing materials should be discarded in accordance with local regulations.

Keep the sealed pouch at a temperature between 2° and 30°C. The test is stable until expiration date printed on the pouch label. The test must be kept in the sealed pouch until use. Do not freeze. Do not use after the expiration date.

INTENDED USE AND SUMMARY

The **Narcontrol Drug** rapid test is a rapid immunochromatographic test for the qualitative detection of multiple drugs and metabolites on surfaces
and solids at the following cut-off concentrations:

Test	Calibratore	Soglia-limite (ng/mL)
Amphetamine (AMP)	d-Amphetamine	1,000
Cocaine (COC)	Benzoylecgonine	300
Marijuana (THC)	11-nor-Δ9-THC-9 COOH	50
Methamphetamine (MET)	d-Methamphetamine	1,000
Methylenedioxymethamphetamine (MDMA)	d, l - Methylenedioxymethamphetamine	500
Morphine (MOP)	Morphine	300
Ketamine (KET)	Ketamine	1,000

This test is not intended for medical diagnostic use. This assay provides only a qualitative, preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

SUMMARY

The **Narcontrol Drug** test is a rapid test of surfaces or solids that can be performed without the use of an instrument. The test utilizes monoclonal antibodies to selectively detect elevated levels of specific drugs on surfaces and solids.

Amphetamine (AMP)
Amphetamine is a Schedule II controlled substance available by prescription (Dexedrine®) and is also available on the illicit market. Amphetamines are a class of potent sympathomimetic agents with therapeutic applications. They are chemically related to the human body's natural catecholamines: epinephrine and norepinephrine. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to amphetamines include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior.

Cocaine (COC)
Cocaine is a potent central nervous system stimulant and a local anesthetic. Initially, it brings about extreme energy and restlessness while gradually resulting in tremors, over-sensitivity and spasms. In large amounts, cocaine causes fever, unresponsiveness, difficulty in breathing and unconsciousness. Cocaine is often self-administered by nasal inhalation, intravenous injection and free-base smoking.

Marijuana (THC)
THC (Δ9-tetrahydrocannabinol) is the primary active ingredient in cannabis (marijuana). When smoked or orally administered, THC produces euphoric effects. Users have impaired short-term memory and slowed learning. They may also experience transient episodes of confusion and anxiety. Long-term, relatively heavy use may be associated with behavioral disorders. The peak effect of marijuana administered by smoking occurs in 20-30 minutes and the duration is 90-120 minutes after one cigarette.

Methamphetamine (MET)
Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to Amphetamine, but the central nervous system effects of Methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. The drug can be taken orally, injected, or inhaled. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to Methamphetamine include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, psychotic behavior, and eventually, depression and exhaustion.

Ecstasy (MDMA)
Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity.5 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 Oberlender, 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.

Morphine (MOP)
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.

Ketamine (KET)
Ketamine is a dissociative anesthetic developed in 1963 to replace PCP (Phencyclidine). While Ketamine is still used in human anesthesia and veterinary medicine, it is becoming increasingly abused as a street drug. Ketamine is molecularly similar to PCP and thus creates similar effects including numbness, loss of coordination, sense of invulnerability, muscle rigidity, aggressive / violent behavior, slurred or blocked speech, exaggerated sense of strength, and a blank stare. There is depression of respiratory function but not of the central nervous system, and cardiovascular function is maintained.

PRINCIPLE

During testing, specimen migrates upward by capillary action. A drug, if present in the 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 region of the specific drug dipstick. 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 region.
A drug-positive specimen will not generate a colored line in the specific test region of the dipstick because of drug competition, while a drug-negative specimen will generate a line in the test region because of the absence of drug competition.
To serve as a procedural control, a colored line will always appear at the control region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

REAGENTS

Each test line contains anti-drug mouse monoclonal antibody and corresponding drug-protein conjugates. The control line contains goat anti-rabbit IgG polyclonal antibodies and rabbit IgG.

PRECAUTIONS

- Single use.
- Do not touch the free edges of the strips to avoid contamination.
- Do not immerge the support beyond the maximum level indicated.
- Immerge the test in the buffer until one or two red lines appear in the reaction area (~15 seconds).
- Do not spill the samples on the reaction area.
- Samples can be potentially infectious and should be handled and discarded appropriately.
- Do not use Multi Drug test beyond expiration date.
- Do not use the test if the package is damaged.
- Use the test immediately after opening.
- Please take into account specificity and cross-reaction when evaluating the test.
- Store and transport the test always at 2-30°C.

STORAGE AND STABILITY

Store as packaged in the closed canister either at 2-30°C. Keep out of direct sunlight. The test is stable through the expiration date printed on the canister label. Test must remain in its sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

MATERIALS

Materials Provided

· Test device	**· Package insert**	**· Buffer**

Materials Required But Not Provided

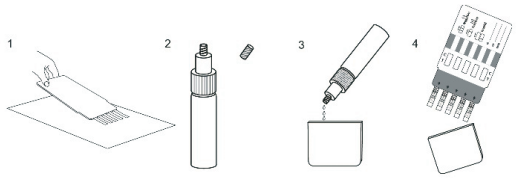
· Specimen collection container	**· Timer**

DIRECTIONS FOR USE

Test device (in its sealed pouch), samples and controls must be brought at room temperature (15-30°C) before testing. Do not open the package until ready to perform the test.

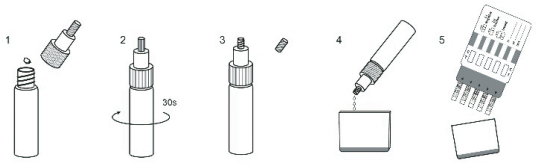
ON SURFACES

1. Rub the strips on the surface to be analysed.
2. Remove the cap from the provided bottle.
3. Fill all the buffers with the provided bottle in the protection cap.
4. Insert the Multi Test slowly and carefully in the cap with the buffer.
5. Wait for the line(s) to appear on the membrane and read the results after 5 minutes. Do not interpret results after 10 minutes.



ON SOLIDS

1. Open the bottle and insert the solid in the buffer.
2. Close the bottle with dropper and cap. Shake it briefly. Wait 30 sec.
3. Remove the bottle cap
4. Fill all the buffers with the substances dissolved in the protective cap.
5. Insert the Multi Test slowly and carefully in the cap with the buffer.
6. Wait for the line(s) to appear on the membrane and read the results after 5 minutes. Do not interpret results after 10 minutes.



INTERPRETATION OF RESULTS

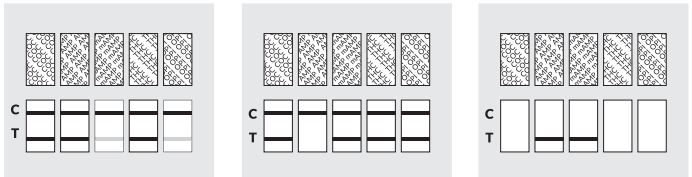
(Please refer to the illustration below)

NEGATIVE:* A colored line appears in the Control region (C) and colored lines appear in the Test region (T). This negative result means that the concentrations in the urine sample are below the designated cut-off levels for a particular drug tested.

***NOTE:** The shade of the colored lines(s) in the Test region (T) may vary. The result should be considered negative whenever there is even a faint line.

POSITIVE: A colored line appears in the Control region (C) and NO line appears in the Test region (T). The positive result means that the drug concentration in the urine sample is greater than the designated cut-off for a specific drug.

INVALID: No line appears in the Control region (C). Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for Control line failure. Read the directions again and repeat the test with a new test card. If the result is still invalid, contact your manufacturer.



NEGATIVE TEST

Absence of drugs on surfaces and dusts

POSITIVE TEST

Presence of Amphetamine on surfaces and dusts

INVALID TEST

QUALITY CONTROL

A procedural control is included in the test. A 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 good laboratory practice to confirm the test procedure and to verify proper test performance

LIMITATIONS

1. The Screen Drug Rapid 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.1,10
2. A negative result may not necessarily indicate drug-free specimen. Negative results can be obtained when drug is present but below the cut-off level of the test.
3. This test does not distinguish between drugs of abuse and certain medications.

EXPECTED VALUES

The negative result indicates that the drug concentration is below the detectable level. Positive result means the concentration of drug is above the detectable level.

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