## Table 4. Non Cross-Reacting Compounds

Acetaminophen
Acetylsalicylate
Aminopyrine
Amitryptyline
Amobarbital
Amoxapine
Amoxicillin
L-Amphetamine
Apomorphine
Ascorbic acid
Aspartame
Atropine
Benzocaine
Benzoylecgonine
Benzphetamine
Butabarbital
Cannabidiol
Chloralhydrate
Chloramphenicol
Chlordiazepoxide
Chlorothiazide
Chlorpromazine
Chloroquine
Cholesterol
Clomipramine
Clonidine
Cocaine
Codeine
Cortisone
(–) Cotinine
Creatinine
Deoxycortico-sterone
Dextromethorphan
Diazepam
Diclofenac
Diethylpropion
Diflunisal
Digoxin
Diphenhydramine
Domperidone
Doxylamine
Ecgonine
Ecgonine methyl-ester
(+) Ephedrine
(±) Ephedrine
(–) Ephedrine
(–) Ψ Ephedrine
Erythromycin
ß-Estradiol
Estrone-3-sulfate
Ethyl-p-amino-benzoate
Fenoprofen
Furoxmide
Gentisic acid
Glucuronide
Glutethimide
Guaifenesin
Hippuric acid
Hydralazine
Hydrochloro-thiazide
Hydrocodone
Hydrocortisone
Hydromorphone
O-Hydroxyhippuric acid
Ibuprofen
Imipramine
Iproniazid
(–) Isoproterenol
Isoxsuprine
Ketamine
Ketoprofen
Labetalol
Levorphanol
Lidocaine
Loperamide
Loxapine succinate
Maprotiline
Meperidine
Mephentermine
Meprobamate
Methadone
p-Hydroxymetham-phetamine
Methaqualone
Methoxyphenamine
(±) 3,4-Methylene-dioxymetham-phetamine
Methylphenidate
Methyprylon
Morphine-3-ß-D-glucuronide
Nalidixic acid
Nalorphine
Naloxone
Naltrexone
Naproxen
Niacinamide
Nifedipine
Norcodein
Norethindrone
Noroxymorphone
D-Norpropoxy-phene
(–) Norpseudo-ephedrine
Noscapine
Nylidrin
D,L-Octopamine
Oxalic acid
Oxazepam
Oxolinic acid
Oxycodone
Oxymetazoline
Oxymorphone
Papaverine
Penicillin-G
Pentazocaine
Pentobarbital
Perphenazine
Phencyclidine
Phenelzine
Phenmetrazine
Phenobarbital
Phentoin
L-Phenylephrine
L-Phenylpropanol-amine
Prednisolone
Prednisone
Procaine
Promazine
Promethazine
D,L-Propanolol
Propiomazine
D-Propoxyphene
D-Pseudoephedrine
Quinidine
Quinine
Rantidine
Salicylic acid
Secobarbital
Serotonin
Sulfamethazine
Sulindac
Temazepam
Tetracycline
Tetrahydrocortisone
Tetrahydrozoline
$\Delta^9$-THC
11-nor-$\Delta^9$-carboxy-THC
Thebaine
Thiamine
Thioridazine
D,L-Thyroxine
Tolbutamide
Tranylcypromine
Triamterene
Trifluoperazine
Trimethoprim
Trimipramine
D,L-Tryptophan
D,L-Tyrosine
Uric acid
Verapamil
Zomepirac

## References


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2. Baselt RC. *Disposition of Toxic Drugs and Chemicals in Man.* 2nd Ed., Davis, CA: Biomedical Publ.; 1982.
3. Blum K. *Handbook of Abusable Drugs.* 1st Ed., New York, NY: Gardner Press, Inc.; 1984.


## Symbols Key

| | |
|---|---|
| | Manufactured by |
| CE | CE Mark |
| EC REP | Authorized Representative |
| IVD | *In Vitro* Diagnostic Medical Device |
| REF | Catalog Number |
| | Consult Instructions for Use |
| LOT | Batch Code |
| EXP YYYY-MM-DD | "Use By" date in year-month-day format |
| 2°C (35°F) Min – 30°C (86°F) Max | Temperature Limitation |
| Σ n | Contains sufficient for <n> tests |
| | Do not reuse |
| CONT | Contents |
| DEV | Test Device |
| PIP | Transfer Pipette |
| IFU | Instructions for Use |
| TEST DRUG | One-step immunochromatographic Assay for the Detection of Drugs of Abuse in Urine |
| TEST AMP | Amphetamine Test |




EC REP
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Manufactured by
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# AccuSign® AMP

## One-Step Amphetamine Test

For *In Vitro* Use Only

### Simple One-Step Immunoassay for the Qualitative Detection of Amphetamine in Urine

***PBM***

Catalog No. DOA-204-35 35 Test Kit
DOA-204-10 10 Test Kit

## Intended Use

The **AccuSign® AMP** test is a simple, one-step, immunochromatographic assay for the rapid, qualitative detection of amphetamine in urine.

***The* AccuSign® AMP *test provides only a preliminary analytical result. A more specific alternative chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography, mass spectrometry (GC/MS) is the preferred confirmatory method. Other chemical confirmatory methods are available. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.***[1]

## Summary and Principle of Procedure

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.[2] Cardiovascular responses to amphetamine include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior. The effects of amphetamines generally last 2–4 hours following use, and the drug has a half-life of 4–24 hours in the body. About 30% of amphetamines are excreted in the urine in unchanged form, with the remainder as hydroxylated and deaminated derivatives.[3]

## Principle

The **AccuSign® AMP** test uses solid-phase chromatographic membrane immunoassay technology for the qualitative detection of amphetamine. The test is based on the principle of the highly specific immunochemical reactions between antigens and antibodies which are used for the analysis of specific substances in biological fluids. The test relies on the competition between the drug conjugates and the drugs which may be present in the urine sample, for binding to antibodies. In the test procedure, a sample of urine is placed in the Sample well of the device and is allowed to migrate upward. If the drug is present in the urine sample, it competes with the drug conjugate bound to the dye, for the limited antibodies immobilized on the membrane. If the level of drug or drug metabolite is above the cutoff level, the drug will saturate the antibodies, thus inhibiting the binding of the dye coated with drug conjugates to the antibodies on the membrane. This prevents the formation of a line on the membrane. Therefore, a drug-positive urine sample will not generate a line at Test (T) position in the Result window, indicating a positive result from positive drug competition. A negative urine sample will generate a line at Test position in the Result window, indicating a negative result from an absence of competition with free drugs.

In addition to the Test line that may appear in the Result window, a Control line is present to confirm the viability of the test. This Control line (validation line) should always appear if the test is conducted properly. Polyclonal sheep anti-mouse IgG antibody is immobilized on the control line. The monoclonal antibody-dye conjugates that pass the line will be captured and produce a colored line at the Control position (C). This works as a procedural control, confirming that proper sample volume was used and the reagent system at the Control line and the conjugate-color indicator worked properly. If insufficient sample volume is used, there may not be a Control line, indicating the test is invalid.

## Materials Provided

The **AccuSign® AMP** test kit contains all the reagents necessary to perform the assay.

- **AccuSign® AMP** device. The test device contains a membrane strip coated with mouse monoclonal anti-amphetamine antibody and a pad containing drug-dye conjugate in a protein matrix.
- Disposable sample dispenser.
- Instructions for use.

## Precautions

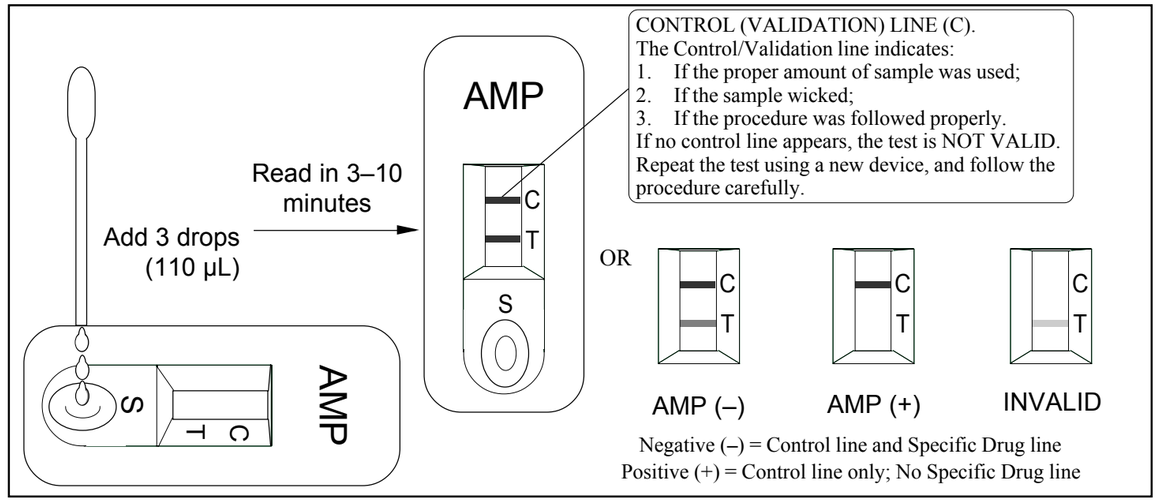
- For *in vitro* diagnostic use only.
- Avoid cross contamination of urine samples by using a new urine specimen container and dropper for each urine sample.
- Urine specimens are potentially infectious. Proper handling and disposal methods should be established according to good laboratory practices.
- The **AccuSign®** device should remain in its original sealed pouch until ready for use. Do not use the test if the pouch is damaged or the seal is broken.
- Do not use the test kit after the expiration date.

## Storage and Stability

The **AccuSign® AMP** test kit should be stored at 2–30°C (35–86°F) in the original sealed pouch. The expiration date was established under these storage conditions.

## Specimen Collection and Preparation

Approximately 110 µL of urine sample is required for each test.




Fresh urine specimens do not require any special handling or pretreatment. Specimens should be collected in a clean glass or plastic container. If testing will not be performed immediately, specimens should be refrigerated (2–8°C) or frozen. Specimens should be brought to room temperature before testing.

Specimens containing a large amount of particulate matter may give inconsistent test results. Such specimens should be clarified by centrifuging or allowing to settle before testing.

## Test Procedure

The test procedure consists of adding the urine sample to the Sample well of the device and watching for the appearance of colored lines in the result window.

### Test Protocol

1. For each test, open one **AccuSign® AMP** pouch and label the **AccuSign®** device with the patient ID.
2. Holding the dropper vertically, dispense 3 full drops (110 µL) of the urine sample into the Sample well (**S**).
3. Read the result after 3 minutes, but within 10 minutes.

## Interpretation of Results

**Negative:** The appearance of a reddish-purple Control line (**C**) and a line next to T indicates a negative test result; i.e., no drug above the cutoff level has been detected. The color intensities of the Control line and the Test line may not be equal. *Any faint Test line in the Result window, visible in 10 minutes, should be interpreted as negative. A negative test result does not indicate the absence of drug in the sample; it only indicates the sample does not contain drug above the cutoff level in qualitative terms.*

**Positive:** The appearance of only a reddish-purple Control line and no distinct line next to T indicates the test result is positive for AMP (i.e., the specimen contains AMP at a concentration above the cutoff level). *A positive test result does not provide any indication of the level of intoxication or urinary concentration of the drug in the sample; it only indicates the sample contains drug above the cutoff level in qualitative terms.*

**Invalid:** A distinct Control line (**C**) should always appear. The test is invalid if no Control line forms at the **C** position. Such tests should be repeated with a new **AccuSign® AMP** test device.

## Limitations

- The test is designed for use with human urine only.
- There is a possibility that factors such as technical or procedural errors, as well as other substances in the urine sample which are not listed in Table 3 below, may interfere with the test and cause erroneous results.
- Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results. If adulteration is suspected, the test should be repeated with a new sample.
- The test result read after 10 minutes may not be consistent with the original reading obtained within the 10 minute reading period. The test must be read within 10 minutes of sample application.
- Certain medications containing amphetamines may produce a positive result in any chemical or immunological assay.

## User Quality Control

**Internal Control**: Each **AccuSign®** test device has built-in controls. The Control line is an internal positive procedural control. A distinct reddish-purple Control line should always appear at the C position, if the test procedure is performed properly, an adequate sample volume is used, the sample and reagent are wicking on the membrane, and the test reagents at the control line and the conjugate-color indicator are reactive. In addition, if the test has been performed correctly and the device is working properly, the background in the result window will become clear and provide a distinct result. This may be considered an internal negative procedural control.



The positive and negative procedural controls contained in each **AccuSign®** test device satisfy the requirements of testing a positive control and a negative control on a daily basis. If the Control line does not appear at the Control position, the test is invalid and a new test should be performed. If the problem persists, contact PBM for technical assistance.

**External Control**: External controls may also be used to assure that the reagents are working properly and that the assay procedure is followed correctly. It is recommended that a control be tested at regular intervals as good laboratory testing process. For information on how to obtain controls, contact PBM's Technical Services.

## Expected Values

**AccuSign® AMP** is a qualitative assay. The amount of amphetamines or amphetamine metabolites present in the urine cannot be estimated by the assay. The assay results distinguish positive from negative samples. Positive results indicate the samples contain amphetamines above the cutoff concentration.

## Performance Characteristics

Substance Abuse and Mental Health Services Administration has suggested that the screening cutoff for positive samples be 1000 ng/mL for amphetamine. The **AccuSign® AMP** test has been shown to detect D-amphetamine in urine at an average cutoff of 1000 ng/mL.

The accuracy of **AccuSign® AMP** was evaluated in comparison to a commercially available immunoassay (Syva® EMIT® II). A total of 480 samples was tested by both procedures. Complete agreement was observed in 99% of the samples as shown below (Table 1).

**Table 1. Accuracy: Comparison of AccuSign® AMP with Syva® EMIT® II**

| | | Syva® EMIT® II (AMP/MET) | | |
|---|---|---|---|---|
| | | Positive | Negative | TOTAL |
| **AccuSign®** AMP | Positive | 185 | 0 | 185 |
| | Negative | 4 | 291 | 295 |
| TOTAL | | 189 | 291 | 480 |
| | | Relative Sensitivity | Relative Specificity | |
| Amphetamine | | 97.8% (185/189) | > 99% (291/291) | |

In a separate study, **AccuSign® AMP** was evaluated against specimens confirmed as positive by GC/MS. Of 56 samples confirmed as positive, 55 samples were positive when tested with **AccuSign®** (98% agreement, Table 2).

**Table 2. Accuracy: Comparison of AccuSign® AMP with GC/MS Assay**

| | | **AccuSign®** | GC/MS |
|---|---|---|---|
| AMP | Positive | 55 | 56 |
| | Negative | 1 | 0 |

## Precision and Accuracy

The precision of the **AccuSign® AMP** assay was determined by carrying out the test with serially diluted standard drug solutions. Ninety-five percent (95%) of the samples containing drug concentrations 25% over the cutoff level consistently showed positive results.

The study also included over 40 samples ± 25% cutoff level. These results were found to be consistently in agreement with predicate test results.

### Distribution of Random Error:

Twenty (20) blind samples prepared by spiking various concentrations of amphetamine were separately tested by two operators. The test results from the two operators showed complete agreement.

## Reproducibility

The reproducibility of the test results of the **AccuSign® AMP** assay was examined at three different sites using a total of 15 blind controls, consisting of 5 negative samples, 5 moderately positive samples (a concentration 1.5 times the cutoff level), and 5 strongly positive samples (i.e., a concentration 3 times the cutoff level). The results obtained at these three sites with these controls demonstrated 100% agreement with each other.

## Specificity

The **AccuSign® AMP** test detects D-amphetamine and amphetamine metabolites in urine.

The following table lists compounds that are detected by the **AccuSign® AMP** test. The specificity of the **AccuSign® AMP** test was determined by adding the drugs and drug metabolites listed to drug-negative urine specimens and testing with the **AccuSign® AMP** test kit. The results are expressed in terms of the concentration required to produce a positive result (Table 3).

**Table 3. Specificity**

| Compound | Concentration (ng/mL) |
|---|---|
| D-Amphetamine | 1,000 |
| D,L-Amphetamine | 1,800 |
| L-Amphetamine | 37,500 |
| Benzphetamine | >100,000 |
| D-Methamphetamine | >100,000 |
| p-OH-Methamphetamine | >100,000 |
| Methylenedioxyamphetamine | 2,000 |
| Methlyenedioxymethamphetamine | >100,000 |
| ß-Phenylethylamine | 40,000 |
| l-Phenylpropanolamine | >100,000 |
| Phentermine | >100,000 |
| Tryptamine | 50,000 |
| Tyramine | 70,000 |
| 3-OH-Tyramine | 50,000 |

The following compounds show no cross-reactivity when tested with **AccuSign® AMP** at a concentration of 100 µg/mL (Table 4).