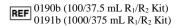
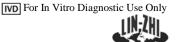
LZI Methadone Metabolite (EDDP) Enzyme Immunoassay







Lin-Zhi International, Inc.

Intended Use

The Lin-Zhi International, Inc. (LZI) Methadone Metabolite (EDDP) Enzyme Immunoassay is an *in vitro* diagnostic test intended for the qualitative and semi-quantitative determination of methadone metabolite in human urine. The cutoff for both the qualitative and semi-quantitative modes of the assay are 100 ng/mL and 300 ng/mL for methadone metabolite. The assay is designed for prescription use on automated clinical chemistry analyzers.

The semi-quantitative mode is for purposes of (1) enabling laboratories to determine an appropriate dilution of the specimen for confirmation by a confirmatory method such as gas or liquid chromatography/mass spectrometry (GC/MS or LC/MS) or (2) permitting laboratories to establish quality control procedures.

The assay provides only a preliminary analytical result. A more specific alternative analytical chemistry method must be used in order to obtain a confirmed analytical result. Gas or liquid chromatography/mass spectrometry (GC/MS or LC/MS) is the preferred confirmatory method (1, 2). Clinical consideration and professional judgment should be exercised with any drug of abuse test result, particularly when the preliminary test result is positive.

Summary and Explanation of Test

Methadone is a synthetic diphenylheptanonylamine opioid that has similar analgesic activity and potency as morphine when administered parenterally. However, unlike morphine, it reliably retains its effectiveness when given orally, and tolerance and physical dependency develop slowly (3, 4). Although methadone is prescribed to relieve chronic pain, its primary, medical application, however, is the detoxification and/or maintenance treatment of narcotic or heroin addiction (3, 5, 6). The abuse potential of methadone is comparable to that of morphine due to its similar pharmacological activity (3, 5, 7).

Methadone is readily absorbed from the gastrointestinal tract when ingested, and metabolized extensively in the liver. Initial N-demethylation results in normethadone metabolite, which rapidly undergoes cyclization followed by dehydration to form its major metabolite, 2-ethylidene-1, 5-dimethyl-3, 3-diphenylpyrrolidine, commonly known as EDDP. Further N-demethylation yields a secondary metabolite, 2-ethyl-5-methyl-3, 3-diphenyl-1-pyrroline (EMDP). The metabolites are secreted in urine or bile

Assay Principle

along with unchanged drug (8).

The LZI Methadone Metabolite Enzyme Immunoassay is a homogeneous enzyme immunoassay ready-to-use liquid reagent. The assay is based on competition between EDDP in the sample and EDDP labeled with the enzyme glucose-6-phosphate dehydrogenase (G6PDH) for a fixed amount of antibody in the reagent (9). Enzyme activity decreases upon binding to the antibody, and the drug concentration in the sample is measured in terms of enzyme activity. In the absence of EDDP in the sample, EDDP-labeled G6PDH conjugate is bound to antibody, and the enzyme activity is inhibited. On the other hand, when EDDP is present in the sample, antibody binds to the free EDDP; the unbound G6PDH labeled with EDDP then exhibits its maximal enzyme activity. Active enzyme converts nicotinamide adenine dinucleotide (NAD) to NADH, resulting in an absorbance change that can be measured spectrophotometrically at a 340 nm primary wavelength.

Reagents Provided

Antibody/Substrate Reagent (R_1): Contains mouse monoclonal anti-EDDP antibody, glucose-6-phosphate (G6P), nicotinamide adenine dinucleotide (NAD), stabilizers, and sodium azide (0.09 %) as a preservative. Enzyme-drug Conjugate Reagent (R_2): Contains glucose-6-phosphate dehydrogenase (G6PDH) labeled with EDDP in buffer with sodium azide (0.09 %) as a preservative.

Calibrators and Controls*

*Calibrators and Controls are sold separately and contain negative human urine with sodium azide as a preservative.

METHADONE METABOLITE (EDDP) 100 ng/mL Calibrators	REF
Negative Calibrator	0001
Low Calibrator: Contains 50 ng/mL methadone metabolite	0202b
Cutoff Calibrator: Contains 100 ng/mL methadone metabolite	0203b
Intermediate Calibrator: Contains 250 ng/mL methadone metabolite	0204b
High Calibrator: Contains 500 ng/mL methadone metabolite	0205b
METHADONE METABOLITE (EDDP) 100 ng/mL Controls	REF
Level 1 Control: Contains 75 ng/mL methadone metabolite	0207b
Level 2 Control: Contains 125 ng/mL methadone metabolite	0208b
METHADONE METABOLITE (EDDP) 300 ng/mL Calibrators	REF
Negative Calibrator	0001
Low Calibrator: Contains 150 ng/mL methadone metabolite	0192b
Cutoff Calibrator: Contains 300 ng/mL methadone metabolite	0193b
Cutoff Cultofficor Commission in inclination inclination	
Intermediate Calibrator: Contains 600 ng/mL methadone metabolite	0194b
	0194b 0195b
Intermediate Calibrator: Contains 600 ng/mL methadone metabolite	
Intermediate Calibrator: Contains 600 ng/mL methadone metabolite High Calibrator: Contains 1000 ng/mL methadone metabolite	0195b

Precautions and Warning

- · This test is for in vitro diagnostic use only. Harmful if swallowed.
- Reagent contains sodium azide as a preservative, which may form
 explosive compounds in metal drain lines. When disposing such reagents or
 wastes, always flush with a large volume of water to prevent azide buildup. See National Institute for Occupational Safety and Health Bulletin:
 Explosive Azide Hazards (10).
- <u>Do not use the reagents beyond their expiration dates.</u>
- For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

Reagent Preparation and Storage

The reagents are ready-to-use. No reagent preparation is required. All assay components should be refrigerated at 2-8°C when not in use.

Specimen Collection and Handling

Urine samples may be collected in plastic or glass containers. Some plastics may absorb drugs. Use of plastics such as polyethylene is recommended (11). Use fresh urine specimens for the test. If the sample cannot be analyzed immediately, it may be refrigerated at 2-8°C for up to seven days. For longer storage, keep sample frozen at -20°C and then thaw before use. Studies have shown EDDP analytes in urine are stable at -20°C up to six months (12). Samples should be at room temperature (18-25°C) for testing. Samples with high turbidity should be centrifuged before analysis.

Adulteration may cause erroneous results. If sample adulteration is suspected, obtain a new sample and forward both samples to the laboratory for testing. *Handle all urine specimens as if they are potentially infectious.*

Instrument

Clinical chemistry analyzers capable of maintaining a constant temperature, pipetting sample, mixing reagents, measuring enzyme rates at 340 nm and timing the reaction accurately can be used to perform this homogeneous immunoassay.

Performance characteristics presented in this package insert have been validated on the Beckman Coulter® AU480.

Assay Procedure

For 100 ng/mL Cutoff: Typical assay parameters used for the Beckman Coulter AU480 analyzer include a 8 μ L sample, 120 μ L of antibody reagent (R₁), 45 μ L of enzyme conjugate reagent (R₂), 10 μ L dilution following addition of R₂ at 37°C incubation temperature, 12-16 reading frame, FIXED method, and 340 nm primary wavelength.

For qualitative analysis use the 100 ng/mL as the cutoff calibrator. For semi-quantitative analysis, use all five calibrators. Recalibration should be performed after reagent bottle change or a change in calibrators or reagent lot. Two levels of controls are also available for monitoring the cutoff level: 75 ng/mL and 125 ng/mL.

Assay Procedure, continued

For 300 ng/mL Cutoff: Typical assay parameters used for the Beckman Coulter AU480 analyzer include a 4 μ L sample, 120 μ L of antibody reagent (R₁), 45 μ L of enzyme conjugate reagent (R₂), 10 μ L dilution following addition of R₂ at 37°C incubation temperature, 12-16 reading frame, FIXED method, and 340 nm primary wavelength.

For qualitative analysis use the 300 ng/mL as the cutoff calibrator. For semi-quantitative analysis, use all five calibrators. Recalibration should be performed after reagent bottle change or a change in calibrators or reagent lot. Two levels of controls are also available for monitoring the cutoff level: 225 ng/mL and 375 ng/mL.

Calibration and Quality Control

Good laboratory practices recommend the use of at least two levels of control specimens (one positive and one negative control near the cutoff) to ensure proper assay performance. Controls should be run with each new calibration and after specific maintenance or troubleshooting procedures as detailed in the instrument system manual. Each laboratory should establish its own control frequency. If any trends or sudden change in control value are observed, review all operating parameters, or contact LZI technical support for further assistance. Laboratories should comply with all federal, state, and local laws, as well as all guidelines and regulations.

Results

Note: A preliminary positive test result does not necessarily mean a person took illegal drugs, and a negative test result does not necessarily mean a person did not take illegal drugs. There are a number of factors that influence the reliability of drug tests.

Qualitative: The cutoff calibrator, which contains either 100 ng/mL or 300 ng/mL of methadone metabolite (EDDP), is used as a reference for distinguishing a preliminary positive from negative samples. A sample with a change in absorbance (Δ mAU) equal to or greater than that obtained with the cutoff calibrator is considered a preliminary positive. A sample with a change in absorbance (Δ mAU) lower than that obtained with the cutoff calibrator is considered negative.

Semi-Quantitative: The semi-quantitative mode is for purposes of (1) enabling laboratories to determine an appropriate dilution of the specimen for confirmation by a confirmatory method such as GC/MS or LC/MS or (2) permitting laboratories to establish quality control procedures. When an approximation of concentration is required, a calibration curve can be established with five calibrators. The concentration of methadone metabolite in the sample may then be estimated from the calibration curve.

Limitations

- A preliminary positive result from the assay indicates only the presence of methodone metabolite. The test is not intended for quantifying this single analyte in samples.
- 2. A preliminary positive result does not necessarily indicate drug abuse.
- A negative result does not necessarily mean a person did not take illegal drugs.
- Care should be taken when reporting results as numerous factors (e.g., fluid intake, endogenous or exogenous interferents) may influence the urine test result
- 5. Preliminary positive results should be confirmed by other affirmative, analytical chemistry methods (e.g., chromatography), preferably GC/MS or LC/MS
- 6. The test is designed for use with human urine only.
- 7. The test is not for therapeutic drug monitoring.

Typical Performance Characteristics

The results shown below were performed with a single Beckman Coulter AU480 automated chemistry analyzer.

Precision for 100 ng/mL Cutoff:

<u>Semi-quantitative analysis</u>: The following concentrations were determined with reference curves from five calibrators. Typical results (ng/mL) are as follows:

100 ng/mL Cutoff Result:		Within R	un (N=22)	Total Precision (N=88)	
Concentration	% of Cutoff	# Samples	EIA Result	# Samples	EIA Result
0 ng/mL	0 %	22	22 Neg	88	88 Neg
25 ng/mL	25 %	22	22 Neg	88	88 Neg
50 ng/mL	50 %	22	22 Neg	88	88 Neg
75 ng/mL	75 %	22	22 Neg	88	88 Neg
100 ng/mL	100 %	22	11 Neg/ 11 Pos	88	48 Neg/ 40 Pos
125 ng/mL	125 %	22	22 Pos	88	88 Pos
150 ng/mL	150 %	22	22 Pos	88	88 Pos
175 ng/mL	175 %	22	22 Pos	88	88 Pos
200 ng/mL	200 %	22	22 Pos	88	88 Pos

<u>Qualitative analysis</u>: The following concentrations were evaluated. Typical qualitative results (measured by ΔOD , mAU) are as follows:

100 ng/mL Cu	100 ng/mL Cutoff Result:		Within Run (N=22)		Total Precision (N=88)	
Concentration	% of Cutoff	# Samples	EIA Result	# Samples	EIA Result	
0 ng/mL	0 %	22	22 Neg	88	88 Neg	
25 ng/mL	25 %	22	22 Neg	88	88 Neg	
50 ng/mL	50 %	22	22 Neg	88	88 Neg	
75 ng/mL	75 %	22	22 Neg	88	88 Neg	
100 ng/mL	100 %	22	13 Neg/ 9 Pos	88	54 Neg/ 34 Pos	
125 ng/mL	125 %	22	22 Pos	88	88 Pos	
150 ng/mL	150 %	22	22 Pos	88	88 Pos	
175 ng/mL	175 %	22	22 Pos	88	88 Pos	
200 ng/mL	200 %	22	22 Pos	88	88 Pos	

Precision for 300 ng/mL Cutoff:

<u>Semi-quantitative analysis</u>: The following concentrations were determined with reference curves from five calibrators. Typical results (ng/mL) are as follows:

300 ng/mL Cu	300 ng/mL Cutoff Result:		un (N=22)	Total Precision (N=88)	
Concentration	% of Cutoff	# Samples	EIA Result	# Samples	EIA Result
0 ng/mL	0 %	22	22 Neg	88	88 Neg
75 ng/mL	25 %	22	22 Neg	88	88 Neg
150 ng/mL	50 %	22	22 Neg	88	88 Neg
225 ng/mL	75 %	22	22 Neg	88	88 Neg
300 ng/mL	100 %	22	6 Neg/ 16 Pos	88	36 Neg/ 52 Pos
375 ng/mL	125 %	22	22 Pos	88	88 Pos
450 ng/mL	150 %	22	22 Pos	88	88 Pos
525 ng/mL	175 %	22	22 Pos	88	88 Pos
600 ng/mL	200 %	22	22 Pos	88	88 Pos

<u>Qualitative analysis</u>: The following concentrations were evaluated. Typical qualitative results (measured by ΔOD , mAU) are as follows:

300 ng/mL Cutoff Result:		Within Run (N=22)		Total Precision (N=88)	
Concentration	% of Cutoff	# Samples	EIA Result	# Samples	EIA Result
0 ng/mL	0 %	22	22 Neg	88	88 Neg
75 ng/mL	25 %	22	22 Neg	88	88 Neg
150 ng/mL	50 %	22	22 Neg	88	88 Neg
225 ng/mL	75 %	22	22 Neg	88	88 Neg
300 ng/mL	100 %	22	7 Neg/ 15 Pos	88	33 Neg/ 55 Pos
375 ng/mL	125 %	22	22 Pos	88	88 Pos
450 ng/mL	150 %	22	22 Pos	88	88 Pos
525 ng/mL	175 %	22	22 Pos	88	88 Pos
600 ng/mL	200 %	22	22 Pos	88	88 Pos

Accuracy for 100 ng/mL Cutoff: Eighty-seven (87) unaltered clinical urine specimens were tested with LZI Methadone Metabolite (EDDP) Enzyme Immunoassay and confirmed with LC/MS. Specimens having a methadone metabolite concentration greater than 100 ng/mL by LC/MS are defined as positive, and specimens with concentrations lower than 100 ng/mL by LC/MS are defined as negative in the table below. The correlation results are summarized as follows (near cutoff samples are defined as ± 50 % of the cutoff value):

Qualitative Accuracy Study:

100 ng/mL Cutoff	Neg	< 50 % below the cutoff	Near Cutoff Neg	Near Cutoff Pos	> 50 % above the cutoff
Positive	0	0	0	2	40
Negative	23	11	9	2*	0

The following table summarizes the result for the two discordant samples:

ı	100 ng/mL	Assay Result:		LC/MS (ng/mL)
	Cutoff	LC/MS	LZI EIA	LC/MS (lig/IIIL)
	Sample #45*	+	-	103.1
	Sample #46*	+	-	126.0

Semi-Quantitative Accuracy Study:

	100 ng/mL Cutoff	Neg	< 50 % below the cutoff	Near Cutoff Neg	Near Cutoff Pos	> 50 % above the cutoff
Γ	Positive	0	0	0	2	40
Γ	Negative	23	11	9	2*	0

The following table summarizes the result for the two discordant samples:

100 ng/mL	Assay Result:		I CIME (I)
Cutoff	LC/MS	LZI EIA	LC/MS (ng/mL)
Sample #45*	+	-	103.1
Sample #46*	+	-	126.0

Accuracy for 300 ng/mL Cutoff: Eighty-four (84) unaltered clinical urine specimens were tested with LZI Methadone Metabolite (EDDP) Enzyme Immunoassay and confirmed with LC/MS. Specimens having a methadone metabolite concentration greater than 300 ng/mL by LC/MS are defined as positive, and specimens with concentrations lower than 300 ng/mL by LC/MS are defined as negative in the table below. The correlation results are summarized as follows (near cutoff samples are defined as ± 50 % of the cutoff value):

Qualitative Accuracy Study:

300 ng/mL Cutoff	Neg	<50 % below the cutoff	Near Cutoff Neg	Near Cutoff Pos	>50 % above the cutoff
Positive	0	0	0	4	38
Negative	21	15	6	0	0

Semi-Quantitative Accuracy Study:

300 ng/mL Cutoff	Neg	<50 % below the cutoff	Near Cutoff Neg	Near Cutoff Pos	>50 % above the cutoff
Positive	0	0	0	4	38
Negative	21	15	6	0	0

Analytical Recovery for 100 ng/mL Cutoff: To demonstrate linearity for purposes of sample dilution and quality control, a drug-free pool of urine was spiked with methadone metabolite to 500 ng/mL and was subsequently diluted. Each sample was run in ten replicates and the average was used determine percent recovery compared to the expected target value. Results are listed in the table below:

% Dilution	Expected Value (ng/mL)	Observed Value (ng/mL)	% Recovery
100 %	0	-3.1	N/A
98 %	10	5.2	51.7 %
90 %	50	49.0	97.9 %
80 %	100	95.8	95.8 %
75 %	150	153.7	102.5 %
60 %	200	203.0	101.5 %
50 %	250	245.8	98.3 %
40 %	300	312.7	104.2 %
30 %	350	369.1	105.5 %
20 %	400	412.9	103.2 %
10 %	450	443.0	98.4 %
0 %	500	478.2	95.6 %

Analytical Recovery for 300 ng/mL Cutoff: To demonstrate linearity for purposes of sample dilution and quality control, a drug-free pool of urine was spiked with methadone metabolite to 1000 ng/mL and was subsequently diluted. Each sample was run in ten replicates and the average was used determine percent recovery compared to the expected target value. Results are listed in the table below:

% Dilution	Expected Value (ng/mL)	Observed Value (ng/mL)	% Recovery
100 %	0	-6.4	N/A
98 %	20	5.8	29.0 %
90 %	100	83.1	83.1 %
80 %	200	196.2	98.1 %
75 %	300	295.9	98.6 %
60 %	400	422.5	105.6 %
50 %	500	519.0	103.8 %
40 %	600	595.3	99.2 %
30 %	700	709.4	101.3 %
20 %	800	807.1	100.9 %
10 %	900	878.4	97.6 %
0 %	1000	940.9	94.1 %

Specificity: Various potentially interfering substances were tested for cross-reactivity with the assay. Test compounds were spiked into the drug-free urine calibrator matrix individually to various concentrations and evaluated against the cutoff calibrator.

The table listed below shows the concentration of each test compound that gave a response approximately equivalent to that of the cutoff calibrator or the maximal concentration of the compound tested that did not exhibit interference.

Methadone Metabolite and Structurally Related Compounds for 100 ng/mL Cutoff:

Compound	Spiked [] (ng/mL)	EIA [] (ng/mL)	% Cross- Reactivity
EDDP	100	Pos	100 %
EMDP	100,000	Neg	<0.1 %
Methadone	300,000	Neg	<0.1 %
LAAM HCl	500,000	Neg	<0.1 %
(±)-α-Methadol	300,000	Neg	<0.1 %
(-)-Isomethadone HCl	60,000	Neg	< 0.2 %
(-)-α-Noracetylmethadol (Nor-LAAM) HCl	300,000	Neg	<0.1 %

Structurally Unrelated Pharmacological Compounds for 100 ng/mL Cutoff:

The table below lists the maximal concentration of the compound tested without interference.

Interfering Substances	without interference.	
Acetaminophen	Interfering Substances	[]
G-Acetylanorphine	Acetaminophan	
Acetylsalicylic Acid		
Amitriptyline		
Amlodipine		
Amoxicillin	1 7	
d-Amphetamine 100,000 Atorvastatin 20,000 Benzoylegonine 100,000 Bupropion 15,000 Bupropion 100,000 Caffeine 100,000 Carbamazepine 100,000 Chlorpheniramine 100,000 Chlorpromazine 50,000 Clomipramine 100,000 Codeine 100,000 Cyamemazine 12,000 Despramine 100,000 Diphenhydramine 100,000 Doxylamine 100,000 Diphenhydramine 100,000 Duloxetine 20,000 Fentanyl 10,000 Fluxetine 100,000 Fluxetine 100,000 Fluphenazine 100,000 Hydrocodone 100,000 Hydromorphone 100,000 Hydromorphone 100,000 Impramine 100,000 Levomepromazine 40,000 Losartan 10,000 Lorastaine 100,000		
Atorvastatin 20,000		
Benzoylecgonine	*	
Bupropion		
Caffeine 100,000 Cabamazepine 100,000 Cetirizine 100,000 Chlorpheniramine 50,000 Chlorpromazine 50,000 Clomipramine 100,000 Codeine 100,000 Cyamemazine 12,000 Desipramine 100,000 Diphenhydramine 100,000 Doxylamine 100,000 Duloxetine 20,000 Fentanyl 100,000 Fluoxetine 100,000 Fluoxetine 100,000 Gabapentin 100,000 Hydrocodone 100,000 Hydromorphone 100,000 Hydromorphone 100,000 Ibuprofen 100,000 Levomepromazine 40,000 Lisinopril 100,000 Losartan 10,000 Losartan 100,000 MDA (3,4-Methylene-Dioxyamphetamine) 100,000 Metormin 100,000 Metormin 100,000 Metormin 100,000		15,000
Carbamazepine 100,000 Cetirizine 100,000 Chlorpheniramine 100,000 Chlorpromazine 50,000 Codeine 100,000 Codeine 100,000 Desipramine 100,000 Diphenhydramine 100,000 Diphenhydramine 100,000 Doxylamine 100,000 Duloxetine 20,000 Fentanyl 10,000 Fluoxetine 100,000 Fluoxetine 100,000 Fluoxetine 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydromorphone 100,000 Ibuprofen 100,000 Impramine 100,000 Levomepromazine 40,000 Leisinopril 100,000 Losartan 10,000 Loratadine 100,000 MDA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Methormin 100,000 Methylphenidate <		/
Cetirizine 100,000 Chlorpheniramine 100,000 Chlorpromazine 50,000 Clomipramine 100,000 Codeine 100,000 Cyamemazine 12,000 Desipramine 100,000 Diphenhydramine 100,000 Doxylamine 100,000 Dulosetine 20,000 Fentanyl 100,000 Fluoxetine 100,000 Fluoyetine 100,000 Fluoyetine 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydrocodone 100,000 Hydromorphone 100,000 Ibuprofen 100,000 Impramine 100,000 Levomepromazine 40,000 Levomepromazine 40,000 Levomepromazine 40,000 Loratadine 100,000 MDA (3,4-Methylene-Dioxymethylamphetamine)		
Chlorpheniramine		
So,000		
Clomipramine		
Codeine 100,000 Cyamemazine 12,000 Desipramine 100,000 Diphenhydramine 100,000 Doxylamine 100,000 Duloxetine 20,000 Fentanyl 10,000 Fluphenazine 100,000 Gabapentin 100,000 Hydrocodone 100,000 Hydromorphone 100,000 Ibuprofen 100,000 Imipramine 40,000 Levomepromazine 40,000 Losartan 10,000 Losartan 100,000 MDA (3,4-Methylene-Dioxyamphetamine) 100,000 MDEA 100,000 Meperidine 100,000 Mertomin 100,000 Mettoprolol 100,000 Mettoprolol 100,000 Methaqualone 100,000 Metronidazole 100,000 Metronidazole 100,000 Morphine 100,000 Nortriptyline 100,000 Oxezpam 100,000		
Desipramine		
Diphenhydramine		
Doxylamine	*	
Duloxetine		
Fentanyl		
Fluoxetine		
Fluphenazine		
Hydrocodone	Fluphenazine	
Hydromorphone	Gabapentin	100,000
Ibuprofen		· · · · · · · · · · · · · · · · · · ·
Imipramine		
Levomepromazine 40,000 Lisinopril 100,000 Losartan 10,000 Loratadine 100,000 MDA (3,4-Methylene-Dioxyamphetamine) 100,000 MDMA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 Methamphetamine 100,000 Methapyrilene 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Phenobarbital 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100,000 Triproxine <td< td=""><td></td><td></td></td<>		
Lisinopril 100,000 Losartan 10,000 Loratadine 100,000 MDA (3,4-Methylene-Dioxyamphetamine) 100,000 MDMA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Methaqualone 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Pheneyclidine 100,000 Phenbarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Rantidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid)		
Losartan		·
MDA (3,4-Methylene-Dioxyamphetamine) 100,000 MDEA 100,000 MDMA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Metrodazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Phencyclidine 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100,000 Triproxine 100,000 Tramadol		
MDEA 100,000 MDMA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thiroridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 <td></td> <td>100,000</td>		100,000
MDMA (3,4-Methylene-Dioxymethylamphetamine) 100,000 Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Methaqualone 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Rantitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000		
Meperidine 100,000 Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Methaqualone 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thiryroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Metformin 100,000 Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrlene 100,000 Methaqualone 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxymorphone 100,000 Phencyclidite 100,000 Phenobarbital 100,000 Promethazine 5000 (IS,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Methylphenidate 100,000 Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 100,000 Methaqualone 100,000 Morphine 100,000 Nicotine 100,000 Notriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000	•	
Metoprolol 100,000 d-Methamphetamine 100,000 Methapyrilene 10,000 Methaqualone 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Methapyrilene 10,000 Methaqualone 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Methaqualone 100,000 Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Metronidazole 100,000 Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 100,000 Tramadol 100,000 Verapamil 100,000		
Morphine 100,000 Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 100 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000	•	
Nicotine 100,000 Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 100,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Nortriptyline 100,000 Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 10,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Omeprazole 100,000 Oxazepam 100,000 Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 10,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		· · · · · · · · · · · · · · · · · · ·
Oxycodone 100,000 Oxymorphone 100,000 Phencyclidine 10,000 Phenobarbital 100,000 Promethazine 5000 (1S.2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		100,000
Oxymorphone 100,000 Phencyclidine 10,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 100,000 Tramadol 100,000 Verapamil 100,000		
Phencyclidine 10,000 Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000	•	
Phenobarbital 100,000 Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Promethazine 5000 (1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 I-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000	·	
(1S,2S)-(+) Pseudoephedrine 100,000 Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Quetiapine 100,000 Ranitidine 100,000 Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Salbutamol (Albuterol) 100,000 Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Sertraline 5000 THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000	Ranitidine	
THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid) 1000 Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Thioridazine 20,000 1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
1-Thyroxine 10,000 Tramadol 100,000 Verapamil 100,000		
Tramadol 100,000 Verapamil 100,000		
Verapamil 100,000		

It is possible that other substances and/or factors not listed above may interfere with the test and cause false positive results.

Methadone Metabolite and Structurally Related Compounds for 300 ng/mL Cutoff:

Compound	Spiked [] (ng/mL)	EIA [] (ng/mL)	% Cross- Reactivity
EDDP	300	Pos	100 %
EMDP	100,000	Neg	<0.1 %
Methadone	500,000	Neg	<0.1 %
LAAM HCI	500,000	Neg	<0.1 %
(±)-α-Methadol	300,000	Neg	<0.1 %
(-)-Isomethadone HCl	200,000	Neg	<0.1 %
(-)-α-Noracetylmethadol (Nor-LAAM) HCl	300,000	Neg	<0.1 %

Structurally Unrelated Pharmacological Compounds for 300 ng/mL Cutoff:

The table listed below shows the maximal concentration of the compound tested without interference.

	Spiked
Interfering Substances	[]
Acetaminophen	(ng/mL) 100,000
6-Acetylmorphine	10,000
Acetylsalicylic Acid	100,000
Alimemazine	4000
Amitriptyline	100,000
Amlodipine	100,000
Amoxicillin	100,000
d-Amphetamine	100,000
Atorvastatin	20,000
Benzoylecgonine Buprenorphine	100,000 15,000
Bupropion	100,000
Caffeine	100,000
Carbamazepine	100,000
Cetirizine	100,000
Chlorpheniramine	100,000
Chlorpromazine	100,000
Clomipramine	100,000
Codeine	100,000
Cyamemazine	25,000
Desipramine Diphenhydramine	100,000 100,000
Doxylamine	100,000
Duloxetine	60,000
Fentanyl	10,000
Fluoxetine	100,000
Fluphenazine	100,000
Gabapentin	100,000
Hydrocodone	100,000
Hydromorphone	100,000
Ibuprofen	100,000
Imipramine Levomepromazine	100,000 100,000
Lisinopril	100,000
Losartan	10,000
Loratadine	100,000
MDA (3,4-Methylene-Dioxyamphetamine)	100,000
MDEA	100,000
MDMA (3,4-Methylene-Dioxymethylamphetamine)	100,000
Meperidine	100,000
Metformin	100,000
Methylphenidate	100,000
Metoprolol d-Methamphetamine	100,000 100,000
Methapyrilene	40,000
Methaqualone	100,000
Metronidazole	100,000
Morphine	100,000
Nicotine	100,000
Nortriptyline	100,000
Omeprazole	100,000
Oxazepam	100,000
Oxycodone	100,000
Oxymorphone Phencyclidine	100,000
Phencyclidine Phenobarbitol	20,000 100,000
Promethazine	15,000
(1S,2S)-(+)Pseudoephedrine	100,000
Quetiapine	100,000
Ranitidine	100,000
Salbutamol (Albuterol)	100,000
Sertraline	15,000

Structurally Unrelated Pharmacological Compounds for 300 ng/mL Cutoff, continued:

	Interfering Substances	Spiked [] (ng/mL)
	THC-COOH (11-Nor-Delta-9-THC-9-Carboxylic Acid)	1000
	Thioridazine	90,000
Ш	1-Thyroxine	10,000
	Tramadol	100,000
	Verapamil	100,000
	Zolpidem	10,000

It is possible that other substances and/or factors not listed above may interfere with the test and cause false positive results.

Interference: Endogenous Substances for 100 ng/mL Cutoff

The following potentially interfering compounds were spiked into a pool of processed drug-free urine to the desired concentrations and then EDDP was spiked to a final concentration of 0 ng/mL or the negative control concentration of 75 ng/mL, or the positive control concentration of 125 ng/mL. The spiked solution is evaluated against the assay's calibration curve. Results indicate there is no major interference with these compounds at physiological relevant concentrations as all spiked samples gave correct responding preliminary positive/negative results against the cutoff value of 100 ng/mL. The table listed below shows the maximal concentration of the compound tested without interference.

	Spiked
Interfering Substances	[]
	(mg/dL)
Acetone	1000
Ascorbic Acid	1500
Creatinine	500
Ethanol	1000
Galactose	10
γ-Globulin	500
Glucose	3000
Hemoglobin	300
Human Serum Albumin	500
Oxalic Acid	100
Riboflavin	7.5
Urea	6000
Sodium Chloride	4000
pH 3	N/A
pH 4	N/A
pH 5	N/A
pH 6	N/A
pH 7	N/A
pH 8	N/A
pH 9	N/A
pH 10	N/A
pH 11	N/A

Interference: Endogenous Substances for 300 ng/mL Cutoff

The following potentially interfering compounds were spiked into a pool of processed drug-free urine to the desired concentrations and then EDDP was spiked to a final concentration of 0 ng/mL or the negative control concentration of 225 ng/mL, or the positive control concentration of 375 ng/mL. The spiked solution is evaluated against the assay's calibration curve. Results indicate there is no major interference with these compounds at physiological relevant concentrations as all spiked samples gave correct responding preliminary positive/negative results against the cutoff value of 300 ng/mL. The table listed below shows the maximal concentration of the compound tested without interference.

Interfering Substances	Spiked []
Acetone	(mg/dL) 1000
Ascorbic Acid	1500
Creatinine	500
Ethanol	1000
Galactose	10
γ-Globulin	500
Glucose	3000
Hemoglobin	300
Human Serum Albumin	500
Oxalic Acid	100
Riboflavin	7.5
Urea	6000
Sodium Chloride	6000
pH 3	N/A
pH 4	N/A
pH 5	N/A
pH 6	N/A

Interference: Endogenous Substances for 300 ng/mL Cutoff, continued:

Interfering Substances	Spiked [] (mg/dL)
pH 7	N/A
pH 8	N/A
pH 9	N/A
pH 10	N/A
pH 11	N/A

Specific Gravity for 100 ng/mL Cutoff: Samples ranging in specific gravity from 1.004 to 1.025 were spiked with methadone metabolite to a final concentration of 0 ng/mL, the negative control concentration of 75 ng/mL, or the positive control concentration of 125 ng/mL. No interference was observed.

Specific Gravity for 300 ng/mL Cutoff: Samples ranging in specific gravity from 1.004 to 1.025 were spiked with methadone metabolite to a final concentration of 0 ng/mL, the negative control concentration of 225 ng/mL, or the positive control concentration of 375 ng/mL. No interference was observed.

Bibliography:

- Urine Testing for Drug of Abuse, National Institute on Drug Abuse (NIDA) Research Monograph 73, (1986).
- Mandatory Guidelines for Federal Workplace Drug Testing Program, National Institute on Drug Abuse, Federal Register, 53(69): 11970 (1988).
- Goodman, L.S., and Gilman, A., The Pharmacological Basis of Therapeutics, 4th edition, 380, The MacMillan Co., (1970).
- Ropero, J.D., Garside, D., and Goldberger, B.A., "Opiates", in Contemporary Practice in Clinical Toxicology, 2nd edition, Leslie M. Shaw, editor-in-chief, AACC, (2000).
- Lacy, C., Armstrong, L.L., Lipsy, R.J., and Lance, L.L., Drug Information Handbook. Hudson, OH: Lexi-Comp, (1993).
- Katzung, B.G., Basic and Clinical Pharmacology, 6th edition, Appleton & Lange, Norwalk, CT. (1995).
- Physician's Desk Reference, 54th edition, 2711-2713, Medical Economics Company, Montvale, NJ. (2000).
- Baselt, R.C., and Carvey, R.H., Disposition of Toxic Drugs and Chemicals in Man, 9th edition, Biomedical Publication (2011).
- Rubenstein, K.E., Schneider, R.S., and Ullman, E.F., Homogeneous Enzyme Immunoassay: A New Immunochemical Technique, *Biochem Biophys Res Co0000mmun*, 47: 846 (1972).
- Sodium Azide. National Institute for Occupational Safety (NIOSH). Pocket Guide to Chemical Hazards. Third Printing, September 2007. Available online at: https://www.cdc.gov/niosh/npg/default.html
- 11. Yahya, A.M., McElnay, J.C., and D'Arcy, P.F., Drug absorption to glass and plastics, *Drug Metabol Drug Interact*, **6**(1):1-45 (1988).
- Gonzales, E., et al., Stability of pain-related medications, metabolites, and illicit substances in urine, Clinica Chimica Acta, 416:80-85 (2013)

Additions, deletions, or changes are indicated by a change bar in the margin. For technical assistance please call: (408) 970-8811

Manufacturer:
Lin-Zhi International, Inc.

2945 Oakmead Village Court Santa Clara, CA 95051 USA Tel: (408) 970-8811

Tel: (408) 970-8811 Fax: (408) 970-9030 www.lin-zhi.com

© August 2020 Rev. 5

EC REP Authoriz

<u>Authorized European</u> <u>Rep. within the EU:</u>

CEpartner4U Esdoornlaan 13 3951 DB Maarn The Netherlands www.cepartner4u.eu

 ϵ

Printed in USA