# **MDMA Rapid Test Cassette** (Whole Blood /Serum/Plasma) Package Insert

A rapid test for the qualitative detection of MDMA in human whole blood or serum or plasma. For medical and other professional in vitro diagnostic use only.

## [INTENDED USE]

The MDMA Rapid Test Cassette (whole blood/serum/plasma) is a lateral flow chromatographic immunoassay for the detection of Methylenedioxymethamphetamine in whole blood or serum or plasma at a cut-off concentration of 50ng/ml. This test will detect other related compounds, please refer to the analytical Specificity table in this package insert.

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. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

### [SUMMARY]

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity1. 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

## [PRINCIPLE]

The MDMA Rapid Test Cassette (whole blood/serum/plasma) is an immunoassay based on the principle of competitive binding. Drugs that may be present in the whole blood/serum/plasma specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a whole blood/serum/plasma specimen migrates upward by capillary action. MDMA, if present in the whole blood/serum/plasma specimen below the cut-off level, will not saturate the binding sites of the antibody in the test. The antibody coated particles will then be captured by immobilized MDMA-protein conjugate and a visible colored line will show up in the test line region. The colored line will not form in the test line region if the MDMA level exceeds the cut-off level because it will saturate all the binding sites of anti-MDMA antibodies.

A drug-positive whole blood/serum/plasma specimen will not generate a colored line in the test line region because of drug competition, while a drug-negative whole blood/serum/plasma specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

# [REAGENTS]

The test contains mouse monoclonal anti-MDMA antibody coupled particles and MDMA-protein conjugate. A goat antibody is employed in the control line system.

# [PRECAUTIONS]

- · For professional in vitro diagnostic use only. Do not use after the expiration date.
- Do not eat, drink or smoke in the area where the specimens or kits are handled.
- · Do not use test if pouch is damaged
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout testing and follow the standard procedures for proper disposal of
- · Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are being tested.
- · The used test should be discarded according to local regulations.
- · Humidity and temperature can adversely affect results.

# STORAGE AND STABILITY

Store as packaged in the sealed pouch at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

# **SPECIMEN COLLECTION AND PREPARATION**

- . The MDMA Rapid Test Cassette can be performed using whole blood (from venipuncture or fingerstick)/serum/plasma
- To collect Fingerstick Whole Blood specimens:
- . Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow to dry.
- . Massage the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger
- · Puncture the skin with a sterile lancet. Wipe away the first sign of blood.
- . Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture
- Add the Fingerstick Whole Blood specimen to the test by using <u>a capillary tube</u>:
   Touch the end of the capillary tube to the blood until filled to approximately 40 μl. Avoid air
- hubbles · Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood to the specimen area of the test cassette.
- Testing should be performed immediately after the specimens have been collected. Do not leave the specimens at room temperature for prolonged periods. For long term storage, specimens should be kept below -20°C. whole blood/serum/plasma collected by venipuncture should be stored at 2-8°C if the test is to be run within 2 days of collection. Do not freeze whole blood/serum/plasma specimens. whole blood/serum/plasma collected by fingerstick should be tested immediately.
- · Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Specimens should not be frozen and thawed repeatedly.
- · If specimens are to be shipped, they should be packed in compliance with local regulations covering the transportation of etiologic agents.

# [MATERIALS]

· Specimen collection containers

## **Materials Provided**

· Test cassettes Buffer Materials Required But Not Provided

· Package insert Centrifuge

Timer

·lancets (for fingerstick whole blood only)

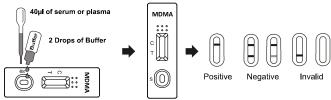
# Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)

#### [DIRECTIONS FOR USE]

Allow the test, specimen, buffer and/or controls to reach room temperature (15-30°C) prior to

### For serum or plasma specimen:

- 1. Bring the pouch to room temperature (15-30℃) before opening it. Remove the cassette from the sealed pouch and use it within one hour.
- 2. Place the cassette on a clean and level surface. Hold the dropper vertically and transfer 1 full drop of serum or plasma (approximately 40ul), then add 2 drops of buffer (approximately 80 µl) to the specimen well of the cassette, and then start the timer. Avoid trapping air bubbles in the specimen well. See illustration below.
- 3. Wait for the colored line(s) to appear. Read the result at 5 minutes. Do not interpret the result after

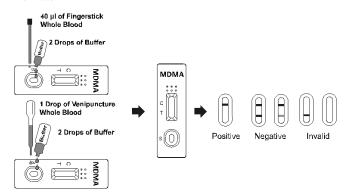


#### For whole blood specimen:

- 4. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it as soon as possible
- 5. Place the cassette on a clean and level surface.
- For Venipuncture Whole Blood specimen:
- Hold the dropper vertically and transfer 1 drop of whole blood (approximately 40μl) to the specimen well, then add 2 drops of buffer (approximately 80  $\mu$ l), and start the timer. See

### For Fingerstick Whole Blood specimen:

- To use a capillary tube: Fill the capillary tube and transfer approximately 40µl of fingerstick whole blood specimen to the specimen area of test cassette, then add2 drops of buffer(approximately 80 µl) and start the timer. See illustration below.
- 6. Wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after



## [INTERPRETATION OF RESULTS]

(Please refer to the illustration above)

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

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

POSITIVE: One colored line appears in the control line region (C). No line appears in the test line region (T). This positive result indicates that the MDMA concentration exceeds the detectable cut-off 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 with a new test. If the problem persists, discontinue using the test kit immediately and contact your local distributor

A procedural control is included in the test. A colored line appearing in the control region (C) is the internal procedural control. It confirms sufficient specimen volume and correct procedural technique. Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test

- 1. The MDMA Rapid Test Cassette (wholeblood/serum/plasma) provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/ mass spectrometry (GC/MS) is the preferred confirmatory method.
- 2. It is possible that technical or procedural errors, as well as other interfering substances in the whole blood or serum or plasma specimen may cause erroneous results.
- 3. A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration inwhole blood or serum or plasma. 4. A negative result may not necessarily indicate drug-free whole blood/serum/plasma. Negative
- results can be obtained when drug is present but below the cut-off level of the test. Test does not distinguish between drugs of abuse and certain medications.

#### [EXPECTED VALUES]

This negative result indicates that the MDMA concentration is below the detectable level of 50ng/ml. Positive result means the concentration of MDMA is above the level of 50ng/ml. The MDMA Rapid Test Cassette has a sensitivity of 50ng/ml

# [PERFORMANCE CHARACTERISTICS]

#### Accuracy

A side-by-side comparison was conducted using The MDMA Rapid Test Cassette and GC/MSat the cut-off of 50ng/ml. Testing was performed on 90 clinical specimens previously collected from subjects present for Drug Screen Testing. The following results were tabulated:

Clinic Result of Whole Blood

Method		GC	/MS	Total Results	
MDMA Rapid Test	Results	Positive	Negative	Total Results	
Cassette	Positive	20	2	22	
Cassette	Negative	2	66	68	
Total Results		22	68	90	
% Agreement		90.9%	97.1%	95.6%	
Clinic Posult of Sorum or Plasma					

Clinic Result of Seruni of Flashia					
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Total Results		22	68	90	
% Agreement		90.9%	97 1%	95.6%	

Analytical Sensitivity

A drug-free whole blood/serum/plasma pool was spiked with MDMA at the following concentrations of +50%cutoff and 3x cutoff The data are summarized below:

Caffeine

Cannabidiol

	For whole blood.							
ſ	MDMA Concentration	Percent of Cut-off	n	Visual Result				
	(ng/ml)			Negative	Positive			
	0	0	30	30	0			
	25	-50%	30	30	0			
	50	Cut-off	30	15	15			
	75	+50%	30	0	30			
	150	3X	30	0	30	Τ		

	-	0,1	00	v	00				
	For serum or plasma:								
MDMA Concentration		Percent of Cut-off	n	Visual Result					
	(ng/ml)	reiceill of Cut-off	l "	Negative	Positive				
	0	0	30	30	0				
	25	-50%	30	30	0				
	50	Cut-off	30	15	15				
	75	+50%	30	0	30				
		***							

Analytical Specificity

The following table lists compounds that are positively detected in whole blood/serum/plasma by The MDMA Rapid Test Cassette (whole blood/serum/plasma) at 5 minutes.

Compound	Concentration (ng/ml)
(±)3,4-Methylenedioxymetha-mphetamine HCl	50
(±) 3,4-Methylenedioxyamphetamine HCl	300
3,4-Methylenedioxyethyl-amphetamine	40

Precision A study was conducted at three hospitals by untrained operators using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens, containing no MDMA and 50% MDMA above and below the 50ng/ml cut-off was provided to each site. The following results were tabulated:

ſ	MDMA Concentration	n	Site	e A	Site	е В	Site	e C
١	(ng/ml)	per Site	-	+	-	+	-	+
ſ	0	10	10	0	10	0	10	0
ſ	25	10	8	2	9	1	9	1
	75	10	1	9	1	9	2	8

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free whole blood/serum/plasma or determine positive whole blood/serum/plasma. The following compounds show no cross-reactivity when tested with The MDMA Rapid Test Cassette (whole blood/serum/plasma) at a concentration of 100 µg/ml

Non Cross-Reacting Compounds						
4-Acetamidophenol	Dextromethorphan	Meprobamate	Procaine			
Acetophenetidin	Diclofenac	Methamphetamine	Promazine			
N-Acetylprocainamide	Diazepam	Methadone	Promethazine			
Acetylsalicylic acid	Diflunisal	Methoxyphenamine	D,I-Propranolol			
Aminopyrine	Digoxin	Methylphenidate	D-Propoxyphene			
Amitryptyline	Dicylomine	Morphine-	D-Pseudoephedrine			
Amobarbital	Diphenhydramine	3-β-D-glucuronide	Quinacrine			
Amoxicillin	5,5 - Diphenylhydantoin	Morphine sulfate	Quinidine			
Ampicillin	Doxylamine	Nalidixic acid	Quinine			
I-Ascorbic acid	Ecgonine hydrochloride	Naloxone	Ranitidine			
D-Amphetamine	Ecgoninemethylester	Naltrexone	Salicylic acid			
D,I-Amphetamine sulfate	(-) -ψ-Ephedrine	Naproxen	Secobarbital			
I-Amphetamine	[1R,2S](-) Ephedrine	Niacinamide	Serotonin			
Apomorphine	I – Epinephrine	Nifedipine	(5-Hydroxytyramine)			
Aspartame	Erythromycin	Nimesulidate	Sulfamethazine			
Atropine	β-Estradiol	Norcodein	Sulindac			
Benzilic acid	Estrone-3-sulfate	Norethindrone	Sustiva			
Benzoic acid	Ethyl-p-aminobenzoate	D-Norpropoxyphene	Temazepam			
Benzoylecgonine	Fenoprofen	Noscapine	Tetracycline			
Benzphetamine	Furosemide	D,I-Octopamine	Tetrahydrocortisone,			
Bilirubin	Gentisic acid	Oxalic acid	3- Acetate			
(±) - Brompheniramine	Hemoglobin	Oxazepam	Tetrahydrocortisone			
Buspiron	Hydralazine	Oxolinic acid	3-(β-D glucuronide)			

Oxycodone

Oxymetazoline

Tetrahydrozoline

Thebaine

Hydrochlorothiazide

Hydrocodone

Cannabinol Hydrocortisone Papaverine Theophynine Thiamine Chloralhydrate O-Hydroxyhippuric acid Penicillin-G Chloramphenicol Chlordiazepoxide p-Hydroxyamphetamine Pentazocine Trans-2p-Hydroxy-methamphetamine phenylcyclopropylamine Thioridazine hydrochloride Chlorothiazide Pentobarbital (±) - Chlorpheniramine
(blorpromazine
Chlorpromazine
Chlorquine
Cholesterol

(±) - Isoproterenol Perphenazine Tolbutamide Tolbutamide
Trazodone
D,I-Tyrosine
Triamterene
Trifluoperazine
Trimethoprim
Trimipramine Phencyclidine Phenelzine (±) - Isoproterenol Phenobarbital Isoxsuprine Ketamine Clomipramine Phentermine Clomipramine Isoxsuprine Retamine Trans-2-phenyl Trimethoprim Cocaethylene Ketamine Trans-2-phenyl Trimethoprim Cocaethylene Ketoprofen Interfering Substances

The MDMA Rapid Test Cassette (whole blood/serum/plasma) has been tested for possible interferencefrom visibly hemolyzed and lipemic specimens. In addition, no interference was observed in specimens containing up to 100 mg/dl hemoglobin;up to 100 mg/dl bilirubin; and up to 200 mg/dl human serum albumin.

[BIBLIOGRAPHY]

1. Tietz NW. Textbook of Clinical Chemistry. W.B. Saunders Company. 1986; 1735

2. Baselt RC. Disposition of Toxic Drugs and Chemicals in Man,2nd Ed. Biomedical Publ., Davis, CA. 1982; 488

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