

PCP Rapid Test Cassette (Whole blood/Serum/Plasma)

Package Insert

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

INTENDED USE

The PCP Rapid Test Cassette (whole blood/serum/plasma) is a lateral flow chromatographic immunoassay for the detection of Phencyclidine in whole blood or serum or plasma at a cut-off concentration of 20ng/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

Phencyclidine, also known as PCP, is a hallucinogen that was first marketed as a surgical anesthetic in the 1950's. It was removed from the market because patients receiving it became delirious and experienced hallucinations.

Phencyclidine is used in powder, capsule, and tablet form. The powder is either snorted or smoked after mixing it with marijuana or vegetable matter. PCP is most commonly administered by inhalation but can be used intravenously, intra-nasally, and orally. After low doses, the user thinks and acts swiftly and experiences mood swings from euphoria to depression. Self-injurious behavior is one of the devastating effects of PCP.

PRINCIPLE

The PCP 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. Phencyclidine, 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 Phencyclidine-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 Phencyclidine level exceeds the cut-off level because it will saturate all the binding sites of anti-Phencyclidine 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-Phencyclidine antibody coupled particles and Phencyclidine-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 specimens.
- 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 PCP Rapid Test Cassette can be performed using whole blood/serum/plasma (from venipuncture or fingerstick).

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 site.
- Add the Fingerstick Whole Blood specimen to the test by using a capillary tube:
 - Touch the end of the capillary tube to the blood until filled to approximately 40 µl. Avoid air bubbles.
 - 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 or serum or 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

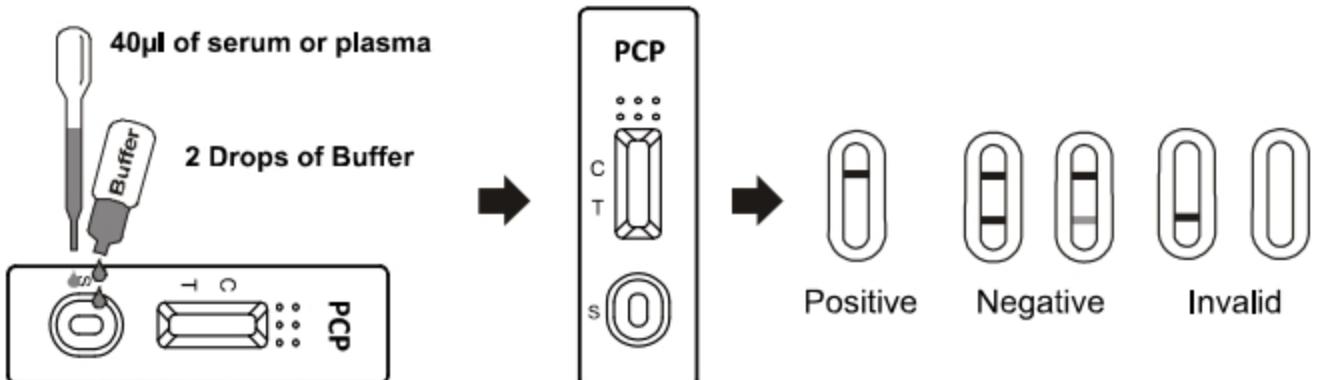
Materials Provided		
• Test cassettes	• Droppers	• Buffer
Materials Required But Not Provided		
• Specimen collection containers	• Package insert	
• Lancets (for fingerstick whole blood only)	• Centrifuge	
• Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)	• Timer	

DIRECTIONS FOR USE

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

For serum or plasma specimen:

- Bring the pouch to room temperature (15-30°C) before opening it. Remove the cassette from the sealed pouch and use it within one hour.
- Place the cassette on a clean and level surface. Hold the dropper vertically and transfer 1 full drop of serum or plasma (approximately 40µl), 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.
- Wait for the colored line(s) to appear. Read the result at 5 minutes. Do not interpret the result after 10 minutes.



For whole blood specimen:

- Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it as soon as possible.
- Place the cassette on a clean and level surface.

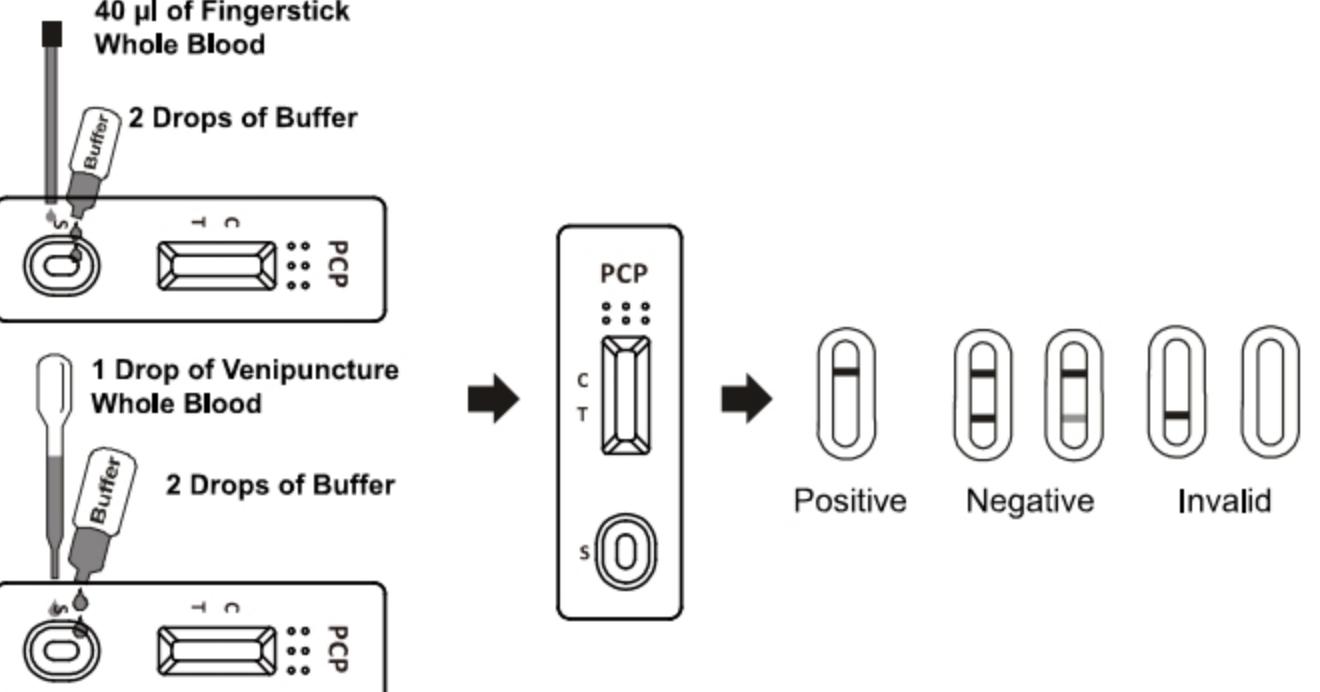
For Venipuncture Whole Blood specimen:

- 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 µl), and start the timer. See illustration below.

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 add 2 drops of buffer (approximately 80 µl) and start the timer. See illustration below.

- Wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes.



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 Phencyclidine 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 Phencyclidine 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.

QUALITY CONTROL

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 performance.

LIMITATIONS

- The PCP Rapid Test Cassette (whole blood/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.^{1,2}
- 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.
- A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in whole blood or serum or plasma.
- A negative result may not necessarily indicate drug-free whole blood. 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 Phencyclidine concentration is below the detectable level of 20ng/ml. Positive result means the concentration of Phencyclidine is above the level of 20ng/ml. The Phencyclidine Rapid Test Cassette has a sensitivity of 20ng/ml.

PERFORMANCE CHARACTERISTICS

Accuracy

A side-by-side comparison was conducted using The PCP Rapid Test Cassette and GC/MS at the cut-off of 20ng/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
PCP Rapid Test Cassette	Positive	21	22
	Negative	1	68
Total Results		22	90
% Agreement	95.5%	98.5%	97.8%

Clinic Result of Serum or Plasma			
Method	GC/MS		Total Results
PCP Rapid Test Cassette	Positive	21	22
	Negative	1	68
Total Results		22	90

% Agreement	95.5%	98.5%	97.8%
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A drug-free whole blood/serum/plasma pool was spiked with Phencyclidine at the following concentrations of $\pm 50\%$ cutoff and 3x cutoff, the data are summarized below.

For whole blood:

PCP Concentration (ng/ml)	Percent of Cut-off	n	Visual Result	
			Negative	Positive
0	0	30	30	0
10	-50%	30	30	0
20	Cut-off	30	15	15
30	+50%	30	0	30
60	3X	30	0	30

For serum or plasma:

PCP Concentration (ng/ml)	Percent of Cut-off	n	Visual Result	
			Negative	Positive
0	0	30	30	0
10	-50%	30	30	0
20	Cut-off	30	15	15
30	+50%	30	0	30
60	3X	30	0	30

Analytical Specificity

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

Compound	Concentration (ng/mL)
4-Hydroxyphencyclidine	5,000
Phencyclidine	20

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 PCP and 50% PCP above and below the 20ng/ml cut-off was provided to each site. The following results were tabulated:

PCP Concentration (ng/ml)	n per Site	Site A		Site B		Site C	
-	+	-	+	-	+		

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