

## SERATEC® Drug Screen TCA

### REF DSC-TCA

**A visual one-step immunoassay for the qualitative detection of Tricyclic Antidepressants in human urine. For professional *In Vitro* diagnostic use only.**

### INTENDED USE

The SERATEC® Drug Screen TCA is a lateral flow, one-step immunoassay for the qualitative detection of Tricyclic Antidepressants (TCA) in human urine at a cut-off of 1000 ng/ml (Nortriptyline). This product is used to obtain a visual, qualitative result and is intended for professional use. The assay should not be used without proper supervision and is not intended for over the counter sale to lay persons.

This assay provides only a preliminary analytical test result. A more specific alternative chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/ MS) has been established as the preferred confirmatory method by the National Institute of Drug Abuse (NIDA). Clinical considerations and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

### BACKGROUND

Tricyclic Antidepressants (TCA) are commonly used for the treatment of depressive disorders. It is believed that depressions are caused by an imbalance of neurotransmitters in the nerve cells. TCA function as non-selective monoamine-reuptake inhibitors. Their influence on the patient can be quite different because some TCA predominantly inhibit serotonin uptake while other predominantly inhibit the uptake of noradrenaline. According to their mode of action three different types of TCA can be described: 1) TCA of the Imipramine type cause a strong elevation of mood. 2) TCA of the Desipramine type show a moderate elevation of mood that is accompanied by an increased feeling of energy. Since the increase of energy generally occurs before the mood elevation they can enhance suicidal intentions at the beginning of the treatment. 3) TCA of the Amitriptyline type only result in a minor elevation of the mood. They predominantly act as anxiolytic, slightly sedative agents.

TCA are administered orally and sometimes by injection. They are metabolized in the liver to sometimes pharmacologically active products and are excreted with the urine. The half-lives of TCA are quite variable ranging between 2 and 90 hours.

TCA show some disagreeable side effects. Patients can react with orthostatic cardiovascular disorders, tachycardia, tremor, weight increase and other symptoms caused by the anticholinergic actions of the TCA. Intoxication can be followed by cardiac dysrhythmias, convulsions, and coma. The continuous use of TCA generally leads to a psychological dependence. An abrupt stop of intake can cause a mild form of withdrawal symptoms like restlessness, irritability, insomnia, gastro-intestinal problems etc.. They can be avoided if the doses are gradually decreased.

Urine based screening tests for drugs of abuse range from simple immunoassay tests to complex analytical procedures. The speed and sensitivity of immunoassays have made them the most widely accepted method for screening urine for drugs of abuse. The SERATEC® Drug Screen TCA is based on the principle of the highly specific immunochemical reactions of antigens and antibodies which are used for the analysis of specific compounds in biological fluids. This test is a rapid, visual, competitive immunoassay that can be used for the qualitative detection of Tricyclic Antidepressants in human urine at a cut-off concentration of 1000 ng/ml nortriptyline. To review the amounts of the other structurally related compounds that are detected by the test, please see SPECIFICITY (back page).

### PRINCIPLE

The SERATEC® Drug Screen TCA is a one-step immunoassay in which a chemically labelled drug (drug conjugate) competes with the drug that may be present in urine for limited antibody binding sites. The test device contains a membrane strip, which was pre-coated with drug conjugate on the test band. A colored anti-TCA monoclonal antibody-colloidal gold conjugate pad is placed at the right end of the membrane. In the absence of drug in the urine, the solution of the colored antibody-colloidal gold conjugate and urine moves upward, chromatographically by capillary action, across the membrane. This solution migrates to the immobilized drug conjugate zone on the test band region. The colored antibody-colloidal gold conjugate attaches to the drug conjugate to form a visible line as the antibody complexes with the drug conjugate. Therefore, the formation of a visible precipitant in the test zone occurs, when the test urine is **negative** for the drug. When the drug is present in the urine, the drug/metabolite anti-

gen competes with the drug conjugate on the test band region for limited antibody sites on the anti-TCA monoclonal antibody-colloidal gold conjugate. When a sufficient concentration of drug is present, it will fill the limited antibody binding sites. This will prevent attachment of the colored antibody-colloidal gold conjugate to the drug conjugate zone on the test band region. Therefore, absence of the colored band on the test region indicates a **positive** result.

A control band with a different antigen/antibody reaction is also added to the immunochromatographic membrane strip at the control region (**C**) to indicate that the test has performed properly. This control line should always appear, regardless of the presence of drug and metabolite. This means that **negative** urine will produce **two** colored bands, and **positive** urine will produce only **one** band. The presence of this colored band in the control region also serves as 1) verification that sufficient volume has been added, and 2) that proper flow was obtained.

### STORAGE AND STABILITY

The test kit is to be stored refrigerated or at room temperature +4-+30 °C (38-86 °F) in the sealed pouch for the duration of the shelf life.

### PRECAUTIONS

- For single *in-vitro* diagnostic use.
- For professional use only
- Urine specimens may be potentially infectious. Proper handling and disposal methods should be established.
- Avoid cross-contamination of urine samples by using a new specimen collection container and specimen pipette for each urine sample.
- Do not use test device if the pouch is damaged
- The components of the test of animal origin (e.g. antibodies) do not cause any danger if the test is used according to the instructions.

### MATERIALS SUPPLIED IN THE KIT

- Test devices with disposable pipettes
- One instruction sheet

### MATERIALS REQUIRED

- Specimen collection container
- Timer

### SPECIMEN COLLECTION AND HANDLING

The SERATEC® Drug Screen TCA is formulated for use with urine specimens. Fresh urine does not require any special handling or pre-treatment. Urine samples should be collected such that testing can be performed as soon as possible after the specimen collection, preferably during the same day. The specimen may be refrigerated at 2-8°C for 2 days, or frozen at -20°C for a longer period of time. Specimens that have been refrigerated must be equilibrated to room temperature prior to testing. Specimens previously frozen must be thawed, equilibrated to room temperature, and mixed thoroughly prior to testing. Note: Urine specimens and all materials coming in contact with them should be handled and disposed of as if capable of transmitting infection. Avoid contact with skin by wearing gloves and proper laboratory attire.

### TEST PROCEDURE

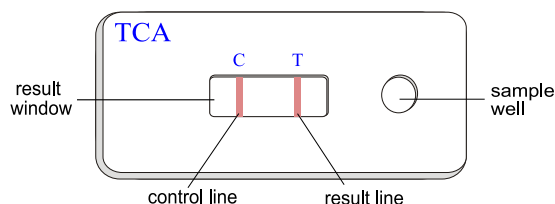
Review "Specimen Collection" instructions. Test device, patient's samples, and controls should be brought to room temperature (20-30°C) prior to testing. Do not open pouches until ready to perform the assay.

1. Remove the test device from its protective pouch (bring the device to room temperature before opening the pouch to avoid condensation of moisture on the membrane). Label the device with patient or control identification.

2. Draw the urine sample to the line marked on the pipette (approximately 0.2 ml). Dispense the entire contents into the sample well. Use a separate pipette and device for each sample or control.

3. Read result between **3 to 8 minutes** after the addition of sample. Do not read result after 8 minutes.

### INTERPRETATION OF RESULTS



#### Negative result:

**Two** colored lines appear in the viewing window. The line in the test region (T) is the drug probe line; the line in the control region (C) is the control line, which indicates proper performance of the device. The color intensity of the test line may be weaker or stronger than that of the control line.

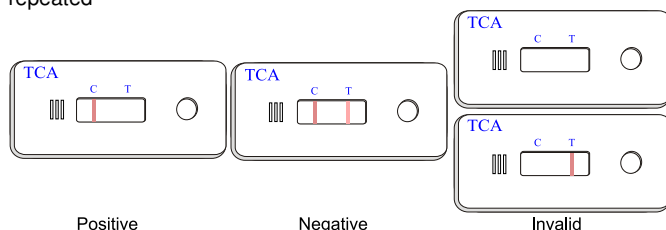
**Note:** A weak test line indicates that the benzodiazepine concentration is close to the cut-off level. In this case the test should be repeated or the urine sample should be tested with a more specific method.

#### Positive result

Only **one** colored line appears in the control region (C). The **absence** of a test line indicates a positive result.

#### Invalid:

If no line appears in the control region the test is invalid and should be repeated



### LIMITATIONS OF PROCEDURE

- The assay is designed for use with human urine only.
- A positive result with the test indicates the presence of a drug/metabolite only and does not indicate or measure intoxication.
- There is a possibility that technical or procedural errors as well as other substances and factors not listed (see SPECIFICITY) may interfere with the test and cause false results.
- If it is suspected that the samples have been mislabelled or tampered with, a new specimen should be collected.

### QUALITY CONTROL

Good laboratory practice recommends the use of control materials to ensure proper kit performance. Quality control specimens are available from commercial sources. When testing the positive and negative controls, use the same assay procedure as with a urine specimen.

### PERFORMANCE CHARACTERISTICS\*

\*to adjust the concentration of nortriptyline in the non-clinical samples the Sigma Drug Standard N3895 was diluted into drug-free human urine.

#### A. Accuracy/Comparison Study

The accuracy of the SERATEC® Drug Screen TCA was evaluated in comparison to a commercially available immunoassay. 162 samples obtained from a clinical laboratory were screened with both assays. 69 of these samples showed positive results when tested by HPLC. 68 of these samples were determined as positive by both immunoassays. One sample showed a negative result with the SERATEC® test and a positive result with the other assay. 92 samples containing no TCA according to the HPLC were determined as negative by both tests with 100% agreement.

With the data obtained from the comparison study the relative performance characteristics of the test were calculated:

Diagnostic sensitivity:	98.5 %
Diagnostic specificity:	100 %
Positive predictive value:	100 %
Negative predictive value:	98.9 %
Reproducibility:	99.3 %

#### B. Reproducibility

The reproducibility of the SERATEC® Drug Screen TCA test was evaluated at four different sites using blind controls. All samples containing 500 ng/ml nortriptyline showed negative results. All samples with nortriptyline concentrations of 1,500 ng/ml were determined as positive. Of the samples containing nortriptyline at the cut-off level

of 1,000 ng/ml 33% tested positive and 67% were determined as (+/-), showing a very faint test line.

#### C. Precision

The precision of the test was determined with blind controls of the following nortriptyline concentrations: 500; 750; 1250; 1500 ng/ml, respectively.

Conc. (ng/mL)	samples	correct results	in %
500	96	96 (-)	100
750	96	96 (-) <sup>1</sup>	100
1,250	96	76 (+) <sup>2</sup>	82
1,500	96	96 (+)	100

1: including 6 (+/-) results 2: the remaining 20 tests showed (+/-) results

#### D. Specificity

The specificity for the SERATEC® Drug Screen TCA was tested by adding various drugs, drug metabolites, and other compounds that are likely to be present in urine. All compounds were prepared in drug-free normal human urine.

The following structurally related compounds produced positive results when tested at levels equal to or greater than the concentrations listed below.

compound	concentration (ng/mL)
D-Amitriptyline	1,000
Desipramine	600
Imipramine	600
Nortriptyline	1,000*
Nordoxepine	1,000
Cyclobenzaprine	1,500
Clomipramine	5,000
Doxepine	3,000
Protriptyline	2,000
Perphenazine	75,000
Promazine	15,000
Trimipramine	2,000

\* „cut-off“

The following compounds were found not to cross-react when tested at concentrations up to 100 µg/ml.

Acetaminophen, Acetone, Albumin, Ampicillin, Amoxapine, Aspartame, Aspirin, Atropine, Benzocaine, Benzoylcegonine, Bilirubin, Caffeine, (+)-Chlorpheniramine, (+/-)-Chlorpheniramine, Chlorpromazine, Chlorprothixene, Creatine, Cyproheptadine, Deoxyephedrine, Dexbrompheniramine, Dextromethorphan, 4-Dimethylaminoantipyrine, Dopamine, Doxylamine, (-)-Ephedrine, (+)-Epinephrine, Erythromycin, Ethanol, Furosemide, Glucose, Guaiacol-Glycerol-Ether, Hemoglobin, Hydromorphone, Hydrocodone, Hydroxytyramine, (+/-)-Isoproterenol, Lidocaine, Maprotiline, Methamphetamine, Methaqualone, Methadone, Methylphenidate, Methylendioxyamphetamine, Meperidine, Morphine sulfate, Morphin-3-P-D-glucuronide, (1R,2S)-(-)-N-Methyl-Ephedrine, Naloxone, Naltrexone, Naphthalene acetic acid, (+)-Naproxen, (+/-)-Norephedrine, 11-Nor- $\Delta^8$ -THC-9-carboxylic acid, Orphenadrine citrate, Oxalic acid, Oxycodone, Penicillin G, Pentamine, Pentobarbital, Pheniramine, Phenobarbital, Phenothiazine, l-Phenylephrine, d-Propoxyphene, Quinidin, Riboflavin, Secobarbital, Sodium chloride, Sulindac, Tenocyclidine, Thioridazine, Trifluoperazine, Trimethobenzamid, Tyramine, Vitamin C

### SUGGESTED READING

1. Baselt, R.C. Disposition of Toxic Drugs and Chemicals in Man, Biomedical Publications, 1982
2. Urine Testing for Drugs of Abuse. National Institute on Drug Abuse (NIDA), Research Monograph 73, 1986
3. Fed. Register, Department of Health and Human Services, Mandatory Guidelines for Federal Workplace Drug Testing Programs, 53, 69, 11970, 1988
4. McBay, A.J. Clin. Chem. 33, 33B-40B, 1987
5. Gilman, A.G., & Goodman, L.S. The Pharmacological Basis of Therapeutics, eds. MacMillan Publishing, New York, NY, 1980.

### Symbols



For single use only



Expiry date



Store at room temperature



For in-vitro diagnostic use only



Lot number



June 2009