

## TML Rapid Test Cassette (Urine) Package Insert

REF DTM-102 English

A rapid test for the qualitative detection of Tramadol in human urine. For medical and other professional in vitro diagnostic use only.

## [INTENDED USE]

The TML Rapid Test Cassette (Urine) is a rapid immunochromatographic assay for the qualitative detection of Tramadol in human urine at a cut-off concentration of 100 ng/mL.

This assay provides only a 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)**

Tramadol(TML) is a quasi-narcotic analgesic used in the treatment of moderate to severe pain. It is a synthetic analog of codeine, but has a low binding affinity to the mu-opioid receptors. Large doses of tramadol can develop tolerance and physiological dependency and lead to its abuse. Tramadol is extensively metabolized after oral administration. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 60% is excreted as metabolites. The major pathways appear to be N- and O- demethylation, glucoronidation or sulfation in the liver.

The TML Rapid Test Cassette (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of Tramadol in urine. The TML Rapid Test Cassette (Urine) yields a positive result when Tramadol in urine exceed 100

### [PRINCIPLE]

The TML Rapid Test Cassette (Urine) is a a rapid chromatographic immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a urine specimen migrates upward by capillary action. Tramadol, if present in the urine specimen below 100 ng/mL, will not saturate the binding sites of antibody-coated particles in the test device. The antibody-coated particles will then be captured by immobilized Tramadol 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 Tramadol level exceeds 100 ng/mL because it will saturate all the binding sites of anti-Tramadol

A drug-positive urine specimen will not generate a colored line in the test line region because of drug competition, while a drug-negative urine 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-Tramadol antibody-coupled particles and Tramadol-protein conjugate. A goat antibody is employed in the control line system.

## [PRECAUTIONS]

- For medical and other professional in vitro diagnostic use only. Do not use after the expiration date.
- · The test should remain in the sealed pouch until use.
- · All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used test should be discarded according to local regulations.

## **[STORAGE AND STABILITY]**

Store as packaged in the sealed pouch either 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]** Urine Assay

The urine specimen must be collected in a clean and dry container. Urine collected at any time of the day may be used. Urine specimens exhibiting visible particles should be centrifuged, filtered, or allowed to settle to obtain a clear specimen for testing

## Specimen Storage

Urine specimens may be stored at 2-8°C for up to 48 hours prior to assay. For long-term storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed before

## [MĂTERIALS]

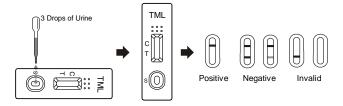
## Materials Provided

- Test Cassettes Droppers Package insert
- Materials Required But Not Provided Specimen collection container

## Timer

# [DIRECTIONS FOR USE]

- Allow the test, urine specimen, and/or controls to reach room temperature (15-30°C) prior to testing. 1. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it within one hour.
- 2. Place the test cassette on a clean and level surface. Hold the dropper vertically and transfer 3 full drops of urine (approx. 120 µL) to the specimen well (S) of the test cassette, and then start the timer. Avoid trapping air bubbles in the specimen well (S). See the illustration below.
- 3. Wait for the colored line(s) to appear. Read results at 5 minutes. It is important that the background is clear before the result is read. 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 Tramadol concentration is below the detectable level (100 ng/mL)

\* 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 Tramadol concentration exceeds the detectable level (100

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 using a new test. If the problem persists, discontinue using the lot immediately and contact your local distributor.

## [QUALITY CONTROL]

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal positive procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit; however it is recommended that positive and negative controls be tested as good laboratory practice to confirm the test procedure and to verify proper test

## [LIMITATIONS]

- The TML Rapid Test Cassette (Urine) 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
- It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen
- A positive result indicates presence of the drug or its metabolites but does not indicate level or intoxication, administration route or concentration in urine.
- A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the test 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 Tramadol concentration is below the detectable level of 100ng/mL. Positive result means the concentration of Tramadol is above the level of 100ng/mL. The TML Rapid Test Cassette has a sensitivity of 100ng/mL

# [PERFORMANCE CHARACTERISTICS]

## Accuracy

A comparison was conducted using the TML Rapid Test Cassette (Urine) and GC/MS at 100ng/mL cutoff.

Method		GC	Total	
	Results	Positive	Negative	Results
TML Rapid Test Cassette	Positive	82	12	94
	Negative	11	145	156
Total Results % Agreement with GC/MS		93	157	250
		88.2%	92.4%	90.8%

Analytical Sensitivity

A drug-free urine pool was spiked with Tramadol at the following concentrations: 0 ng/mL, 50 ng/mL, 75 ng/mL, 100 ng/mL, 125 ng/mL, 50ng/mL and 300 ng/mL. The result demonstrates >99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below:

Tramadol Concentration	Percent of		Visual Result		
(ng/mL)	ng/mL) Cutoff n		Negative	Positive	
0	0%	30	30	0	
50	-50%	30	30	0	
75	-25%	30	27	3	
100	Cutoff	30	15	15	
125	+25%	30	4	26	
150	+50%	30	0	30	
300	3X	30	0	30	

## Analytical Specificity

The following table lists compounds that are positively detected in urine by the TML Rapid Test Strip (Urine) at 5 minutes

Compound	Concentration (ng/mL)	Compound	Concentration (ng/mL)
n-Desmethyl-cis-tramadol	200	o-Desmethyl-cis-tramadol	10,000
Cis-tramadol	100	Phencyclidine	100,000
Procyclidine	100,000	d,I-O-Desmethyl venlafaxine	50,000
-	Pro	ecision	

A study was conducted at 3 hospitals by laypersons using 3 different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens containing, according to GC/MS, no Tramadol, 25% Tramadol above and below the cut-off and 50% Tramadol above

Tramadol	n	Site A		Site B		Site C	
Concentration (ng/mL)	per Site		+		+		+
0	10	10	0	10	0	10	0
50	10	10	0	10	0	10	0
75	10	9	1	9	1	8	2
125	10	1	9	1	9	2	8
150	10	0	10	0	10	0	10

**Effect of Urinary Specific Gravity** 

Fifteen (15) urine specimens of normal, high, and low specific gravity ranges were spiked with 50ng/mL, and 150 ng/mL of Tramadol respectively. The TML Rapid Test Cassette (Urine) was tested in duplicate using the fifteen neat and spiked urine specimens. The results demonstrate that varying ranges of urinary specific gravity does not affect the test results.

## Effect of the Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 4 to 9 in 1 pH unit increments and spiked with Tramadol to 50ng/mL and 150 ng/mL. The spiked, pH-adjusted urine was tested with the TML Rapid Test Cassette (Urine) in duplicate. The results demonstrate that varying ranges of pH do not interfere with the performance of the test.

#### Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Tramadol positive urine. The following compounds show no cross-reactivity when tested with the TMI Rapid Test Cassette (Urine) at a concentration of 100 µg/mL

Non Cross-Reacting Compounds						
4-Acetaminophenol	Acetone	Acetophenetidin	N-Acetylprocainamide			
Acetylsalicylic acid	Albumin	Amitriptyline	Amobarbital			
Amoxapine	Amoxicillin	Ampicillin	Ascorbic acid			
Aminopyrine	Apomorphine	Aspartame	Atropine			
Benzilic acid	Benzoic acid	Benzphetamine	Bilirubin			
Brompheniramine	Buspirone	Caffeine	Cannabidiol			
Cannabinol	Cimetidine	Chloralhydrate	Chloramphenicol			
Chlordiazepoxide	Chloroquine	Chlorothiazide	(+) -Chlorpheniramine			
(+/-)-Chlorpheniramine	Chlorpromazine	Chlorprothixene	Cholesterol			
Clomipramine	Clonidine	Codeine	Cortisone			
(-) Cotinine	Creatinine	Cyclobarbital	Cyclobenzaprine			
Deoxycorticosterone	(-) Deoxyephedrine	R (-)Deprenyl	Dextromethorphan			
Diazepam	Diclofenac	Diflunisal	Digoxin			
4-Dimethylaminoantipyrine	Diphenhydramine	Dicyclomine	5,5-Diphenylhydantoin			
Disopyramide	Doxylamine	Ecgonine	Ecgonine Methylester			
EDDP	EMDP	Ephedrine	I-Ephedrine			
(-) -Ψ-Ephedrine	[1R,2S] (-) Ephedrine	I-Epinephrine	(+/-)-Epinephrine			
Erythromycin	β-Estradiol	Estrone-3-sulfate	Ethanol (Ethyl alcohol)			
Ethyl-p-aminobenzoate	Etodolac	Famprofazone	Fenfluramine			
Fenoprofen	Fentanyl	Fluoxetine	Furosemide			
Gentisic acid	d-Glucose	Guaiacol Glyceryl Ether				
Hemoglobin	Hydralazine	Hydromorphone	Hydrocodone			
Hydrocortisone	3-Hydroxytyramine (Dopamine)		p-Hydroxymethamphetamine			
Imipramine	Hydroxyzine	Ibuprofen	Isoxsuprine			
Iproniazide	(-) Isoproterenol	Ketoprofen	Kanamycin			
Ketamine	Lidocaine	Labetalol	Levorphanol			
Loperamide	Lithium Carbonate	Meperidine	Methamphetamine			
Meprobamate	Lindane (Hexachlorocyclohexane)	Methylphenidate	Mephentermine			
I-Methamphetamine	Maprotiline	Morphine sulfate	Naloxone			
Methoxyphenamine	Methadone	Naproxen	Naltrexone			
Methyprylon	Metoprolol	Niacinamide	Nifedipine			
Nalidixic acid	(+)-3,4-Methylendioxymethamphetami ne	Nimesulide	d/I-Octopamine			
α-Naphthaleneacetic acid	Morphine-3-β-D Glucuronide	Oxazepam	Orphenadrine			
Norethindrone	Nalorphine	Oxolinic acid	Oxycodone			
d-Norpropoxyphene	Norcodeine	Pemoline	Pentobarbital			
Oxalic acid	Normorphine	Phenelzine	Perphenazine			
Oxymorphone	Noscapine	Pheniramine	Phenobarbital			
Penicillin-G	Oxymetazoline	I-Phenylephrine	Promazine			

#### Uric acid Trans-2-phenylcyclopropylamine [BIBLIOGRAPHY]

Prednisolone

I-Propoxyphene

Prednisone

Riboflavin

Sulindac

Tetracycline

Tolbutámide

Trimipramine

d/I-Tyrosine

Zomepirac

Trimethobenzamide

1. Dayer P, Collart L, Desmeules J. The pharmacology of tramadol. Division of Clinical Pharmacology and Pain Clinic, University Hospital, Geneva, Switzerland, Drugs [1994, 47

d/I-Propranolol

Ranitidine

Thebaine

I-Thyroxine

Veranamil

Thioridazine

Tryptamine

d/l-Tryptophan

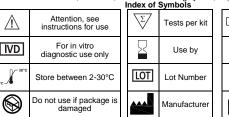
Secobarbital

d-Pseudoephedrine

Sustiva (Efavirenz)

Tetrahydrocortexolone

2. Lee CR, McTavish D, Sorkin EM. Tramadol. A preliminary review of its pharmacodynamic and pharmacokinetic properties, and therapeutic potential in acute and chronic pain states. Adis International Limited, Auckland, New Zealand. Drugs [1993, 46(2):313-40]



Papaverine

Pentazocine

Phentermine

Procaine

Quinidine

Quinine

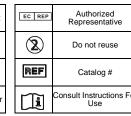
Phenothiazine

Sulfamethazine

Tetrahydrozoline

Serotonin (5-Hydroxytyramine)

Tetrahydrocortisone 3-acetate



Promethazine

Salicylic acid

Temazepam

Theophylline

Trazodone

Tyramine

Triamterene

Trifluoperazine

Trimethoprim

Thiamine

Sodium Chloride

Quinacrine



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