

# PCP One Step Phencyclidine Test Device (Urine) Package Insert

Cat: PCP-102 Version: Z Format: Device
Effective Date: 2020-07

For professional in vitro diagnostic use only.

## **INTENDED USE**

The PCP One Step Phencyclidine Test Device (Urine) is a lateral flow chromatographic immunoassay for the detection of Phencyclidine in urine at a cut-off concentration of 25 ng/mL. This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

# INTRODUCTION

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.

PCP can be found in urine within 4 to 6 hours after use and will remain in urine for 7 to 14 days, depending on factors such as metabolic rate, user's age, weight, activity, and diet. PCP is excreted in the urine as unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).<sup>1</sup>

## **PRINCIPLE**

The PCP One Step Phencyclidine Test Device (Urine) is an immunoassay based on the principle of competitive binding. Drugs that 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. Phencyclidine, if present in the urine specimen below 25 ng/mL, will not saturate the binding sites of the antibody in the test. The antibody coated particles will then be captured by immobilized Phencyclidine 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 25 ng/mL because it will saturate all the binding sites of anti-Phencyclidine antibodies.

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 drug-bovine protein antigen conjugate on the membrane and the conjugate pad of each test contains monoclonal antidrug antibody.

#### KIT COMPONENTS

Individually packed test Each device contains a strip with

Devices colored conjugates and reactive

colored conjugates and reactive reagents pre-spreaded at the

corresponding regions.

Package insert For operation instruction.

## MATERIALS REQUIRED BUT NOT PROVIDED

Specimen collection container

For specimens collection use.

**Timer** For timing use.

#### **PRECAUTIONS**

- For professional in vitro diagnostic use only.
- Do not use after expiration date indicated on the package. Do not use the test if its foil pouch is damaged. Do not reuse tests.
- This kit contains products of animal origin. Certified knowledge of the origin and/or sanitary state of the animals does not totally guarantee the absence of transmissible pathogenic agents. It is therefore, recommended that these products be treated as potentially infectious, and handled observing the usual safety precautions (do not ingest or inhale).
- Avoid cross-contamination of specimens by using a new specimen collection container for each specimen obtained.
- Read the entire procedure carefully prior to performing any tests.
- Do not eat, drink or smoke in the area where the specimens and kits are handled. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure 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 assayed.
- · Humidity and temperature can adversely affect results.
- The used testing materials should be discarded in accordance with local, state and/or federal regulations.

# STORAGE AND STABILITY

- The kit should be stored at 2-30°C until the expiry date printed on the sealed pouch.
- The test must remain in the sealed pouch until use.
- Do not freeze.
- Cares should be taken to protect components in this kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipments, containers or reagents can lead to false results.

# SPECIMEN COLLECTION AND STORAGE

- The PCP One Step Phencyclidine Test Device (Urine) is intended only for use with human urine specimens.
- Collected urine specimens must be put in clear and dry containers.
   Ensure that a sufficient quantity of the specimen is collected to allow submerging the dipping area of the strip.
- Perform the testing immediately after the specimen collection. Do not leave the specimens at room temperature for prolonged periods.
   Specimens may be stored at 2-8°C for up to 48 hours. For long term storage, specimens should be kept below -20°C.
- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Avoid repeated freezing and thawing of specimens.
- Pack the specimens in compliance with applicable regulations for transportation of etiological agents, in case they need to be shipped.

#### PROCEDURE

Bring tests, specimens and/or controls to room temperature (15- $30^{\circ}$ C) before use.

- 1. Bring the pouch to room temperature before opening it. Remove the test device from the sealed pouch and use it as soon as possible.
- 2. Place the test device on a clean and level surface. Hold the dropper vertically and **transfer 3 full drops of urine** (approx. 100 μL) to the specimen well (S) of the test device, and then start the timer. Avoid trapping air bubbles in the specimen well (S).
- Wait for the colored line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes.

#### INTERPRETATION OF RESULTS

## POSITIVE RESULT:



Only one colored band appears in the control region (C). No apparent colored band appears in the test region (T).

#### NEGATIVE RESULT:



Two colored bands appear on the membrane. One band appears in the control region (C) and another band appears in the test region (T).

## INVALID RESULT:



Control band fails to appear. Results from any test which has not produced a control band at the specified reading time must be discarded. Please review the procedure and repeat with a new test. If the problem persists, discontinue using the kit immediately and contact your local distributor.

#### NOTE:

- The intensity of the color in test region (T) may vary depending on the concentration of aimed substances present in the specimen. Therefore, any shade of color in the test region should be considered negative. Besides, the concentration level can not be determined by this qualitative test.
- Insufficient specimen volume, incorrect operation procedure, or performing expired tests are the most likely reasons for control band failure.

## QUALITY CONTROL

- Internal procedural controls are included in the test. A colored band appearing in the control region (C) is considered an internal positive procedural control. It confirms sufficient specimen volume and correct procedural technique.
- External controls are not supplied with this kit. 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 OF THE TEST

- The PCP One Step Phencyclidine Test Device (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.<sup>2,3</sup>
- 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.
- 4. A positive result indicates presence of the drug or its metabolites but

does not indicate level of intoxication, administration route or concentration in urine.

- 5. A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
- 6. Test does not distinguish between drugs of abuse and certain medications.

## PERFORMANCE CHARACTERISTICS

### A. Accuracy

119 clinical urine specimens were analyzed by GC-MS and by the PCP One Step Phencyclidine Test Device (Urine). Each test was performed by three operators. Samples were divided by concentration into five categories: negative, less than half the cutoff, near cutoff negative, near cutoff positive, and high positive. Results were as follows:

Method		GC/MS					
The PCP One Step Phencyclidine Test Device		Ne g.	Neg. (< – 50% cutoff )	Near cutoff neg. (-50% cutoff to cutoff)	Near cutoff pos. (cutoff to +50% cutoff)	Pos. (> +50 % cutoff )	% agree ment with GC/MS
PCP 25	Positive	0	0	1	13	44	98.28 %
	Negative	39	14	7	1	0	98.36 %

#### **B.** Precision

A study was conducted at three physician offices for Phencyclidine (25ng/mL)by professional 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 drugs at the concentration of ± 50% and ± 25% cut-off level, was labeled as a blind and tested at each site. The results are given below:

Drug Conc.	n	Site A		Site B		Site C	
Di ug Conc.	per site	N	P	N	P	N	P
Negative	10	10	0	10	0	10	0
-50% Cut-off	10	10	0	10	0	10	0
-25% Cut-off	10	9	1	9	1	10	0
+25% Cut-off	10	1	9	0	10	1	9
+50% Cut-off	10	0	10	0	10	0	10

#### C. Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.000-1.037) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The PCP One Step Phencyclidine Test Device (Urine) was tested in duplicate using fifteen drug free urine and spiked urine samples. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

#### D. Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with drugs at 50% below and 50% above cut-off levels. The spiked, pH adjusted urine was tested with the PCP One Step Phencyclidine Test Device (Urine). The results demonstrate that varying ranges of pH do not interfere with the performance of the test.

# E. Cross-Reactivity

The following tables list the concentrations of compounds (ng/mL) above which the PCP One Step Phencyclidine Test Device (Urine) identified positive results at 5 minutes.

#### Compound

Furosemide

4-Hydroxyphencyclidine

# Concentration (ng/mL) 12,500

Vitamin B1

## F. Non Cross-Reacting Compounds

The following compounds yielded negative results up to a concentration

of 100 µg/mL:	nds yielded negative resul	ts up to a concentration	
4-Acetamidophenol	Gatifloxacin	Penfluridol	
Acetaminophen	Gemfibrozil	Penicillin G potassium salt Penicillin G sodium salt Perphenazine Phenacetin Phenelzine Sulfate Phenothiazine 2-Phenylethylamine Pioglitazone Piracetam Pravastatin sodium	
Acetylsalicylic Acid Albumin Amoxicillin Ampicillin Ampicillin trihydrate Aspartame Atropine Baclofen Benzoic Acid	Gentisic Acid Gliclazide Glipizide Glyburide Guaiacol Guaifenesin Hemoglobin Hydralazine HCl Hydrochlorothiazide		
Berberine Chloride Hydrate	Hydrocortisone	Prednisone	
Bilirubin Caffeine	Ibuprofen Isoprenaline	Procaine Promethazine hydrochlorine	
Cephalexin Cephradine Chloral hydrate Chloramphenicol	Ketoconazole Ketoprofen Lamotrigine L-Ascorbic acid	6-Propyl-2-thiouracil Pyridoxine Pyrilamine Maleate Pyrogallic	
Chlorpheniramine Maleate	Levofloxacin	Quetiapine Fumarate	
Chlorpromazine Cholesterol Ciprofloxacin hydrate Clarithromycin Clonidine solution Creatinine D(-)-Norgestrel d,l-Propranolol Deoxycorticosterone Dextromethorphan	Lidocaine Lidocaine Monohydrate Lisinopril Dihydrate Lithium carbonate Loperamide Loratadine L-Thyroxine sodium Maprotiline Meprobamate	Quinine Quinolinic acid R,R(-)-Pseudoephedrine Ranitidine base Ranitidine Riboflavin Rifampicin Risperidone Salicylic acid	
solution Diciofenac	Minocycline Mosapride Citrate	Sertraline HCl Simvastatin	
Diflunisal	Nalidixic acid	Sodium 2-	
Digoxin	Naloxone HCl	Propylvalerate Sulfamethazine	
4-Dimethyl- aminoantipyrine Diphenhydramine 5,5-Diphenylhydantoin D-Lactose monohydrate	Naltrexone HCl Naproxen Nicotinamide Nicotinic acid	Sulindac Tetracycline Tetrahydrozoline Theophylline	
D-Leucyl-L-tyrosine Hydrate	Nifedipine	Thiamine	
Dopamine Droperidol Enalapril Maleate	Nimodipine Norethisterone Acetate Norfloxacin Nicotinic	Thioridazine solution Tolbutamide Topiramate 2,4,7-Triamino-6-	
Erythromycin	Noscapine	Phenylpteridine	
Estradiol	(±)-Octopamine	Trimethoprim	
Estrone Ethyl 4-aminobenzoate Fluoxetine	Ofloxacin Olanzapine Oxalic acid, anhydrous	Tryptamine Tyramine Uric acid	
Fotemustine	Oxolinic acid	(±)-Verapamil	

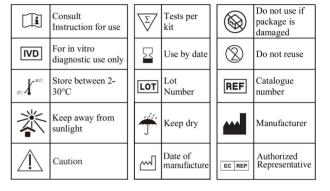
Paliperidone

Gabapentin Pantoprazole sodium Zomenirac

#### LITERATURE REFERENCES

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- 2. Baselt RC. Disposition of Toxic Drugs and Chemicals in Man. 2nd Ed. Biomedical Publ., Davis, CA. 1982; 488
- 3. Hawks RL, CN Chiang, Urine Testing for Drugs of Abuse, National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986

## Index of Symbols





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