6-MAM

One Step 6-MAM Test Dip card (Urine)

Package Insert

This Instruction Sheet is for testing of 6-Monoacetylmorphine.
A rapid, one step test for the qualitative detection of single drug and its metabolites in human urine.
For forensic use only.

INTENDED USE

The One Step 6-MAM Test Dip card (Urine) is a lateral flow chromatographic immunoassay for the detection of *single drug and its metabolites* in human urine.

Test	Calibrator	Cut-off
6-Monoacetylmorphine(6-MAM)	6-Monoacetylmorphine	**10 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

6-Monoacetylmorphine （6-MAM）is one of three active metabolites of heroin (diacetylmorphine), the others being morphine and the much less active 3-acetylmorphine (3-ACM). 6-MAM is rapidly created from heroin in the body, and then is either metabolized into morphine or excreted in the urine. Since 6-ACM is a unique metabolite to heroin, its presence in the urine confirms that heroin was the opioid used. This is significant because on a urine immunoassay drug screen, the test typically tests for morphine, which is a metabolite of a number of legal and illegal opiates/opioids such as codeine, morphine sulphate, and heroin. 6-MAM remains in the urine for no more than 24 hours so a urine specimen must be collected soon after the last heroin use, but the presence of 6-MAM guarantees that heroin was in fact used as recently as within the last day.
The One Step 6-MAM Test Dip card yields a positive result when 6-MAM synthetic cannabinoid in urine exceed 10ng/mL.

PRINCIPLE

The One Step 6-MAM Drug of Abuse Test is an immunoassay based on the principle of competitive binding. Drug which may be present in the urine specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test line region of the specific drug strip. The presence of drug above the cut-off concentration will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region.

A drug-positive urine specimen will not generate a colored line in the specific test line region of the Dip card because of drug competition, while a drug-negative urine specimen will generate a line in the test line region because of the absence of drug competition.

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 a membrane strip coated with drug-protein conjugate (purified bovine albumin) on the test line, a goat polyclonal antibody against gold-protein conjugate at the control line, and a dye pad which contains colloidal gold particles coated with mouse monoclonal 6-MAM antibody.

PRECAUTIONS

- For Forensic Use Only. Do not use after the expiration date.
- The test Dip card 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 Dip card should be discarded according to federal, state and local regulations.

STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated (2-30°C). The test Dip card is stable through the expiration date printed on the sealed pouch. The test Dip card 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 clear specimen for testing.

Specimen Storage

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

MATERIALS

Materials Provided

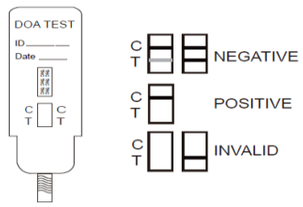
• Test device • Desiccants • Package insert • Urine cups

Materials Required But Not Provided

- Specimen collection container
- Timer

DIRECTIONS FOR USE

Allow the test device, and urine specimen to come to room temperature [15-30°C (59-86°F)] prior to testing.
1) Remove the test device from the foil pouch.
2) Remove the cap from the test device. Label the device with patient or control identifications.
3) Immerse the absorbent tip into the urine sample for 10-15 seconds. Urine sample should not touch the plastic device.
4) Replace the cap over the absorbent tip and lay the device flatly on a non-absorptive clean surface.
5) Read results at 5 minutes.
DO NOT INTERPRET RESULT AFTER 10 MINUTES.



Test Results

INTERPRETATION OF RESULTS

(Please refer to the illustration above)
NEGATIVE: Two lines appear. * One color line should be in the control region (C), and another apparent color line adjacent should be in the test region (T).
This negative result indicates that the drug concentration is below the detectable level.
*NOTE: The shade of color in the test line region (T) will vary, but it should be considered negative whenever there is even a faint distinguishable
color line.

POSITIVE: One color line appears in the control region (C). No line appears in the test region (T). This positive result indicates that the drug concentration is
above the detectable 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 using a new test device. If the problem persists, discontinue using the lot immediately and contact your supplier.

QUALITY CONTROL

A procedural control is included in the test. A red line appearing in the control region (C) is considered an internal 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 testing practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

1. The One Step 6-MAM Test Dip card (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.
2. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
3. 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

Accuracy

A side-by-side comparison was conducted by laboratory personnel using the One Step 6-MAM Test Dip card and a commercially available rapid test. Testing was performed on specimens previously collected from subjects presenting for Drug Screen Testing. Presumptive positive results were confirmed by GC/MS. The following results were tabulated:

Method		GC/MS		Total Results
	Results	Positive	Negative	
6-MAM Rapid Test Dip card	Positive	99	1	100
	Negative	1	150	151
Total Results		100	151	251
% Agreement		99.0%	99.3%	99.2%

Analytical Sensitivity

A drug-free urine pool was spiked with 6-MAM at the following concentrations: 0 ng/mL, -50%cutoff, -25%cutoff, cutoff, +25%cutoff and +50%cutoff. The result demonstrates >99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below:

6-Monoacetylmorphine(6-MAM) Concentration (ng/mL)	Percent of Cutoff	n	Visual Result	
			Negative	Positive
0	0	30	30	0
5	-50%	30	30	0
7.5	-25%	30	28	2
10	Cutoff	30	15	15
12.5	+25%	30	3	27
15	+50%	30	0	30

Analytical Specificity

The following table lists the concentration of compounds (ng/mL) that were detected positive in urine by The One Step 6-MAM Test Dip card (Urine) at a read time of 5 minutes.

Compound	Concentration (ng/mL)
6-Monoacetylmorphine （6-MAM）	
6-Moonacetylmorphine	10
Morphine	40
Bilirubin	3,500
Codeine	10
Heroin	50
Ethylmorphine	24
Hydrocodone	100
Hydromorphine	100
Levorphanol	400
Nalorphine	10,000
Normorphine	12,500
Norcodeine	1,500
Oxycodone	25,000
Oxymorphone	25,000
Thebaine	1,500

Reproducibility

Reproducibility studies were carried out using commercially available stork solutions of the drug analytes listed. Dilutions were made from the stork solution of each drug to the concentrations specified in the following tables. The results are listed in the following tables.

6-Monoacetylmorphine (6-MAM) conc.(ng/mL)	Total number of Determinations	Result	Precision
No drug present	40	40 negative	>99%
5	40	40 negative	>99%
15	40	40 positive	>99%
20	40	40 positive	>99%

Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges (1.005, 1.015, 1.030) were spiked with drugs at 50% below and 50% above cut-off levels respectively. The One Step 6-MAM Test Dip card was tested in duplicate using ten drug-free urine and spiked urine samples. The results demonstrate that varying ranges of urinary specific gravity do not affect the test results.

Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to pH ranges of 4.0, 4.5, 5.0, 6.0 and 9.0, and spiked with drugs at 50% below and 50% above cut-off levels. The spiked, pH-adjusted urine was tested with The One Step 6-MAM Test Dip card. 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 6-MAM positive urine. The following compounds show no cross-reactivity when tested with The One Step 6-MAM Test Dip card (Urine) at a concentration of 100 μg/mL.

Non Cross Reacting Compounds

Acetophenetidin	l-Cotinine	Cortisone	d-Pseudoephedrine
N-Acetylprocainamide	Creatinine	Ketoprofen	Quinidine
Acetylsalicylic acid	Deoxycorticosterone	Labetalol	Quinine
Aminopyrine	Dextromethorphan	Loperamide	Salicylic acid
Amoxicillin	Diclofenac	Meprobamate	Serotonin
Ampicillin	Diflunisal	Methoxyphenamine	Sulfamethazine
l-Ascorbic acid	Digoxin	Methylphenidate	Sulindac
Apomorphine	Diphenhydramine	Nalidixic acid	Tetracycline
Aspartame	Ethyl-p-aminobenzoate	Naproxen	Tetrahydrocortisone,
Atropine	β-Estradiol	Niacinamide	3-Acetate
Benzilic acid	Estrone-3-sulfate	Nifedipine	Tetrahydrocortisone
Benzoic acid	Erythromycin	Norethindrone	Tetrahydrozoline
Bilirubin	Fenoprofen	Noscapine	Thiamine
d,l-Brompheniramine	Furosemide	d,l-Octopamine	Thioridazine
Caffeine	Gentisic acid	Oxalic acid	d,l-Tyrosine
Cannabidiol	Hemoglobin	Oxolinic acid	Tolbutamide
Chloralhydrate	Hydralazine	Oxymetazoline	Triamterene
Chloramphenicol	Hydrochlorothiazide	Papaverine	Trifluoperazine
Chlorothiazide	Hydrocortisone	Penicillin-G	Trimethoprim
d,l-Chlorpheniramine	o-Hydroxyhippuric acid	Perphenazine	d,l-Tryptophan
Chlorpromazine	3-Hydroxytyramine	Phenelzine	Uric acid
Cholesterol	d,l-Isoproterenol	Prednisone	Verapamil
Clonidine	Isoxsuprine	d,l-Propanolol	Zomepirac

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