Instant Alcohol Saliva Test Strip

For forensic use. Not for self testing.

INTENDED USE

The DrugCheck® Saliva Alcohol Test is a rapid, highly sensitive method to detect the presence of alcohol in saliva and provide an approximation of relative blood alcohol concentration.

This test provides a preliminary screen only. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Clinical consideration and professional judgment should be applied to any test screen result, particularly when preliminary positive screens are indicated.

SUMMARY

Two-thirds of all adults drink alcohol.[1] The blood alcohol concentration at which a person becomes impaired is variable dependent upon the individual. Each individual has specific parameters that affect the level of impairment such as size, weight, eating habits and alcohol tolerance. Inappropriate consumption of alcohol can be a contributing factor to many accidents, injuries, and medical conditions.

PRINCIPLE

It is well established that the concentration of alcohol in saliva is comparable to that of blood.[2,3] The DrugCheck® Saliva Alcohol Test consists of a plastic strip with a reaction pad attached at the tip. On contact with solutions of alcohol, the reaction pad will rapidly turn colors depending on the concentration of alcohol present. The pad employs a solid-phase chemistry which uses a highly specific enzyme reaction.

REAGENTS

Tetramethylbenzidine
Alcohol Oxidase (EC 1.1.3.13)
Peroxidase (EC 1.11.1.7)
Other additives

PRECAUTIONS

- The DrugCheck® Saliva Alcohol Test is a visually interpreted test where color matching is used to provide an approximation of relative blood alcohol concentration. Test materials that have been exposed to saliva should be treated as potentially infectious. Do not use the DrugCheck® Saliva Alcohol Test after the expiration date marked on the foil package.

STORAGE AND STABILITY

The DrugCheck® Saliva Alcohol Test is to be stored at 2-27°C (36-80°F) in its sealed foil package. If storage temperatures exceed 27°C, the test performance may degrade. If the product is refrigerated, the DrugCheck® Saliva Alcohol Test must be brought to room temperature prior to opening the pouch.

MATERIALS PROVIDED

- Test strip contained within SalivaScan™ Oral Fluid Drug Test
- Package insert

MATERIALS REQUIRED BUT NOT PROVIDED

- Timer

DIRECTIONS FOR USE

Allow the pouched strip to equilibrate to room temperature (15-27°C) prior to testing.

1. Abstain from placing anything in the mouth for fifteen (15) minutes prior to beginning the test. This includes non-alcoholic drinks, tobacco products, coffee, breath mints and food, etc.
2. Open the foil package and remove the test strip or device. Observe the reactive pad on the end of the test strip. If the reaction pad has a blue color before applying saliva sample, do not use.
3. Saturate the reactive pad with saliva from collection cup or by applying saliva directly to the pad. (It usually takes 6-8 seconds to be saturated.) Start timer immediately after saliva application.

Read result at two (2) minutes. Compare the color of the reaction pad with the chart on foil or card to determine the relative blood alcohol level.

INTERPRETATION OF RESULTS

Positive: The DrugCheck® Saliva Alcohol Test will produce a color change in the presence of saliva alcohol. The color will range from light blue color at 0.02% relative blood alcohol concentration to a dark blue color near 0.30% relative blood alcohol concentration. Color pads are provided within this range to allow an approximation of relative blood alcohol concentration. The test may produce colors that appear to be between adjacent color pads.

NOTE: The DrugCheck® Saliva Alcohol Test is very sensitive to the presence of alcohol. A blue color that is lighter than the 0.02% color pad should be interpreted as being positive to the presence of alcohol in saliva but less than 0.02% relative blood alcohol.

Negative: When the DrugCheck® Saliva Alcohol Test shows no color change this should be interpreted as a negative result indicating that alcohol has not been detected.

Invalid: If the color pad has a blue color before applying saliva sample, do not use the test.

NOTE: A result where the outer edges of the color pad produces a slight color but the majority of the pad remains colorless the test should be repeated to ensure complete saturation of the pad with saliva. The test is not reusable.

LIMITATIONS

1. Failure to wait 15 minutes after placing food, drink, or other materials (including smoking) in the mouth before running the test can produce erroneous results due to possible contamination of the saliva by interfering substances.
2. The DrugCheck® Saliva Alcohol Test is highly sensitive to the presence of alcohol. Alcohol vapors in the air are sometimes detected by the DrugCheck® Saliva Alcohol Test. Alcohol vapors are present in many institutions and homes. Alcohol is a component in many household products such as disinfectant, deodorizers, perfumes, and glass cleaners. If the presence of alcohol vapors is suspected, the test should be performed in an area known to be free of vapors.
3. Ingestion or general use of over-the-counter medications and products containing alcohol can produce positive results.

PERFORMANCE CHARACTERISTICS

The detection limit on the DrugCheck® Saliva Alcohol Test is from 0.02% to 0.30% for approximate relative blood alcohol level. The cutoff level of the DrugCheck® Saliva Alcohol Test can vary based on local regulations and laws. Test results can be compared to reference levels with color chart on the foil package.

Assay Specificity

The DrugCheck® Saliva Alcohol Test will react with methyl, ethyl and allyl alcohols.

INTERFERING SUBSTANCES

The following substances may interfere with the DrugCheck® Saliva Alcohol Test when using samples other than saliva. The named substances do not normally appear in sufficient quantity in saliva to interfere with the test.

A. Agents which enhance color development
- Peroxidases
- Strong oxidizers

B. Agents which inhibit color development
- Reducing agents: Ascorbic acid, Tannic acid, Pyrogallol, Mercaptans and tosylates, Oxalic acid, Uric Acid.
- Bilirubin
- L-dopa
- L-methyldopa
- Methampyrone

CONTROLS

The DrugCheck® Saliva Alcohol Test may be qualitatively verified by using a test solution prepared by adding 5 drops of 80 proof distilled spirits to 8 oz. (1 cup) of water. This solution should produce a color reaction on the pad. The color reaction with alcohol in saliva is somewhat slower and less intense than with alcohol in an aqueous solution.

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3. MaCall, L.E.L., Whiting, B., Moore, M.R. and Goldberg, A.: Correlation of ethanol concentrations in blood and saliva., Clin.Sci., 56, 283-286, 1979.

Manufactured by:
Express Diagnostics Int'l, Inc.
1550 Industrial Drive
Blue Earth, MN 56013 USA

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DRUGCHECK® SalivaScan™ Oral Fluid Device

FOR FORENSIC USE

Drugs combination of any following drugs below: AMPHETAMINE (AMP)/ COCAINE (COC)/ MARIJUANA (THC)/ METHAMPHETAMINE (MET)/ OPIATES (OPI)/ METHADONE (MTD)/ PHENCYCLIDINE (PCP)/ EDDP (EDDP)/ OXAZEPAM (BZO)/ BUPRENORPHINE (BUP) / OXYCODONE (OXY)

Not for self testing.
The DrugCheck® SalivaScan™ is a rapid visual immunoassay for the qualitative, presumptive detection of drugs of abuse in human oral fluid specimens. The test system consists of up to 10 membrane strips mounted in a plastic device. This test detects combinations of the following drugs at the concentrations listed below. Specific combinations will vary according to the test in question:

Test	Calibrator	Cut-off (ng/mL)
Amphetamine (AMP)	D-Amphetamine	50
Cocaine (COC)	Benzoylecgonine	20
Marijuana (THC)	Δ-9-tetrahydrocannabinol	50 (parent)
Methadone (MTD)	Methadone	30
Methamphetamine (MET)	D-Methamphetamine	50
Opiates (OPI)	Morphine	40
Phencyclidine (PCP)	Phencyclidine	10
EDDP (EDDP)	2-Ethyliden-1,5-Dimethyl-3,3-Diphenylpyrrolidine	20
Benzodiazepine (BZO)	Oxazepam	10
Buprenorphine (BUP)	Buprenorphine	5
Oxycodone (OXY)	Oxycodone	20

The length of time following drug use for which a positive result may occur is dependent upon several factors including the frequency and amount of drug, metabolic rate, excretion rate, drug half-life and each drug is detected and cleared by the body at different rates. Please refer to the table below:

Drug	Detection Time
Amphetamine	10 min - 3 days
Benzoylecgonine/Cocaine	10 min - 1 day
THC, cannabinoids	Up to 14 hours
Methadone	1-2 days
Methamphetamine	10 min - 3 days
Opiates, Morphine	1 hour - 3 days
Phencyclidine (PCP)	No data available
EDDP	1 hour - 3 days
Oxazepam	10 min - 3 days
Buprenorphine	10 min - 3 days
Oxycodone	1 hour - 3 days

Amphetamine
Amphetamines (amphetamine, methamphetamine, and the structurally related "designer" drugs, e.g., "Ecstasy") are sympathomimetic amines whose biological effects include potent central nervous system (CNS) stimulation, anorectic, hyperthermic, and cardiovascular properties. They are usually taken orally, intravenously, or by smoking. Amphetamines are readily absorbed from the gastrointestinal tract and are then either deactivated by the liver. Amphetamines increase the heart rate and blood pressure and suppress the appetite. Some studies indicate that heavy abuse may result in permanent damage to certain essential nerve structures in the brain.
Benzoylecgonine/Cocaine
Derived from leaves of the coca plant, cocaine is a potent central nervous system stimulant and a local anesthetic. Among the psychological effects induced by using cocaine are euphoria, confidence and a sense of increased energy, accompanied by increased heart rate, dilation of the pupils, fever, tremors and sweating. Cocaine is excreted in saliva primarily as benzoylecgonine in a short period of time.
Marijuana/THC
Marijuana is a hallucinogenic agent derived from the flowering portion of the hemp plant. Tetrahydrocannabinol (THC) is the primary psychoactive component of the plant. Medically, it appears to ease moderate pain (analgetic) and to be neuroprotective. THC has approximately equal affinity for the CB1 and CB2 receptors. Delta-9-tetrahydrocannabinol (Δ9-THC, THC) and delta-8-tetrahydrocannabinol (Δ8-THC), mimic the action of anandamide, a neurotransmitter produced naturally in the body. The THCs produce the high associated with cannabis by binding to the CB1 cannabinoid receptors in the brain. Smoking is the primary method of use of marijuana/cannabis. Higher doses used by abusers produce central nervous system effects, altered mood and sensory perceptions, loss of coordination, impaired short-term memory, anxiety, paranoia, depression, confusion, hallucinations and increased heart rate. A tolerance to the cardiac and psychotropic effects can occur, and withdrawal syndrome produces restlessness, insomnia, anorexia and nausea.
Methadone
Methadone is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. Among the psychological effects induced by using methadone are analgesia, sedation and respiratory depression. Overdose of methadone may cause coma or even death. It is administered orally or intravenously and is metabolized in the liver. The kidneys are a major route of methadone excretion.
Methamphetamine
Methamphetamine and its metabolites are potent sympathomimetic agents. Acute higher doses lead to enhanced stimulation of the central nervous system and symptoms include euphoria, alertness, and a sense of increased energy and power. More acute responses produce anxiety, paranoia, psychotic behavior, and cardiac dysrhythmias. The pattern of psychosis which may appear at high doses may be indistinguishable from schizophrenia.
Opiates/Morphine
Opiates such as heroin, morphine, and codeine are derived from the resin of opium poppy. Heroin is quickly metabolized to morphine. Thus, morphine and morphine glucuronide might both be found in the saliva of a person who has taken only heroin. The body also changes codeine to morphine. Thus the presence of morphine (or the metabolite, morphine glucuronide) in the saliva often indicates heroin, morphine and/or codeine use.
Phencyclidine (PCP)
Phencyclidine is an arylcyclohexylamine that was originally used as an anesthetic agent and a veterinary tranquilizer. Phencyclidine can produce hallucinations, lethargy, disorientation, loss of coordination, trance-like ecstatic states, a sense of euphoria and visual distortions. It has many street names, such as "angel dust" and "crystal cyclone", etc. Phencyclidine can be administered orally, by nasal ingestion, smoking, or intravenous injection. It is metabolized in the liver and excreted through the kidneys.
EDDP (EDDP)
Methadone (MTD) is a synthetic analgesic drug that is originally used in the treatment of narcotic addicts. Among the psychological effects induced by using methadone are analgesia, sedation and respiratory depression. Overdose of methadone may cause coma or even death. It is administered orally or intravenously and is metabolized in the liver. The kidneys are a major route of methadone excretion. Methadone has a biological half-life of 16-50 hours. EDDP (2-Ethyliden-1,5-Dimethyl-3,3-Diphenylpyrrolidine) is the most important metabolite of methadone. It is excreted into the bile and urine together with the other metabolite EMDP (2-Ethyl-5-Methyl-3,3-Diphenylpyrrolidine). EDDP is formed by N-demethylation and cyclization of methadone in the liver. The part of the unchanged excreted methadone is variable and depends on the urine's pH value, dose, and the patient's metabolism.Therefore, the detection of the metabolite EDDP instead of methadone itself is useful, because interferences of the patient's metabolism are avoided.
Benzodiazepine (BZO)
Benzodiazepines are medications that are frequently prescribed for the symptomatic treatment of anxiety and sleep disorders. They produce their effects via specific receptors involving a neurochemical called gamma aminobutyric acid (GABA). Because they are safer and more effective, Benzodiazepines have replaced Barbiturates in the treatment of both anxiety and insomnia. Benzodiazepines are also used as sedatives before some surgical and medical procedures, and for the treatment of seizure disorders and alcohol withdrawal.
Buprenorphine (BUP)
Buprenorphine is a potent analgesic often used in the treatment of opioid addiction. The drug is sold under the trade names Subutex™, Buprenex™,Temgesic™ and Suboxone™, which contain Buprenorphine HCl alone or in combination whith Naloxone HCl. Therapeutically, Buprenorphine is used as a substitution treatment for opioid addicts.Substitution treatment is a form of medical care offered to opiate addicts (primarily heroin addicts) based on a similar or identical substance to the drug normally used. In substitution therapy, Buprenorphine is as effective as Methadone but demonstrates a lower level of physical dependence.Concentrations of free Buprenorphine and Norbuprenorphine in saliva may be less than 1 ng/ml after therapeutic administration, but can range up to 20 ng/ml in abuse situations. The plasma half-life of Buprenorphine is 2-4 hours.While complete elimination of a singledose of the drug can take as long as 6 days, the detection window for the parent drug in urine is thought to be approximately 3 days.
Oxycodone (OXY)
Oxycodone is a semi-synthetic opioid with a structural similarity to codeine. The drug is manufactured by modifying thebaine, an alkaloid found in the opium poppy. Oxycodone, like all opiate agonists, provides pain relief by acting on opioid receptors in the spinal cord, brain, and possibly directly in the affected tissues. Oxycodone is prescribed for the relief of moderate to high pain under the well-known pharmaceutical trade names of OxyContin®, Tylox®, Percodan® and Percocet®. While Tylox®, Percodan® and Percocet® contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin, OxyContin consists solely of oxycodone hydrochloride in a time-release form. Oxycodone is known to metabolize by demethylation into oxymorphone and noroxycodone.

Principle
DrugCheck® SalivaScan™ is an immunoassay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a portion of the oral fluid specimen migrates upward by capillary action. A drug, if present in the oral fluid 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 in the oral fluid specimen will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region.

A drug-positive oral fluid specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative oral fluid 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.

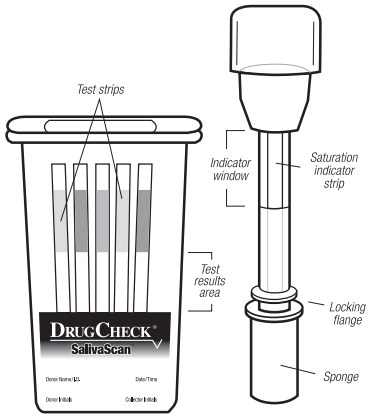
Precautions
- For forensic use.
- Do not use after the expiration date indicated on the package. Do not use the test if the foil pouch is damaged. Do not reuse tests.
- Read the entire procedure carefully prior to testing.
- Do not eat, drink or smoke in the area where specimens and kits are handled. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow standard procedures for the 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.
- Used testing materials should be discarded in accordance with local 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.
- Care should be taken to protect the components of the kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipment, containers or reagents can lead to false results.

Specimen Collection and Storage
DrugCheck® SalivaScan™ is intended for use with human oral fluid specimens only.
- Oral fluid specimens must be collected according to the directions in the Procedure section of this package insert.
- Perform testing immediately after specimen collection.
- If specimens are to be shipped, pack them in compliance with all applicable regulations for transportation of etiological agents.

Kit Components
Individually packed screening devices and oral fluid collection swabs
Combined Test Procedure/Results Record sheet
Package insert

Screening Device (A) **Collection Swab (B)**



PROCEDURE
Bring tests, precollected specimens, and/or controls to room temperature (15-30°C) before use. Donors should avoid placing anything (including food, drink, gum and tobacco products) in their mouth for at least 10 minutes prior to specimen collection. IMPORTANT: DO NOT BITE, SUCK, OR CHEW ON THE SPONGE. Refer to Test Procedure/Results Record sheet for further instructions.

Specimen Collection
1. Using the provided collection swab (B), have donor sweep inside of mouth (cheek, gums, tongue) several times, then hold swab in mouth until color on the saturation indicator strip appears in the indicator window of collection swab. Donor must leave swab in mouth until instructed to remove it.

NOTE: If after 4 minutes, color on the saturation indicator has not appeared in the indicator window, proceed with the test – #2 below.

2. Remove collection swab (B) from mouth and insert it sponge first into the screening device (A), pushing until the locking flange locks in place in the bottom of the device.

3. Set device upright on flat surface and keep upright while test is running. Wait for the colored bands to appear in test results area. Read results at 10 minutes.

NOTE: Once the collection swab locks in place, the device is airtight, tamper evident, and ready to be disposed or sent to lab for confirmation (on presumptive positive result).

Interpretation of Results
POSITIVE: Only one colored band appears, in the control region (C). No colored band appears in the test region (T) for the drug in question. A positive result indicates that the drug concentration exceeds the detectable level.

NEGATIVE: Two colored bands appear on the membrane. One band appears in the control region (C) and another band appears in the test region (T) for the drug in question. A negative result indicates that the drug concentration is below the detectable level.

NOTE: Any indication of a line in the test region (T) should be considered a line, and therefore a negative result.

INVALID RESULT: Control band fails to appear. Results from any test which has not produced a control band at the specified read 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.

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, confirming 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
1. DrugCheck® SalivaScan™ is for forensic and professional use and should be only used for the qualitative detection of drugs of abuse in oral fluid.

2. This assay provides a preliminary analytical test result only. 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 on Drug Abuse (NIDA). Clinical consideration and professional judgment should be applied to any test result, particularly when preliminary positive results are indicated.

3. There is a possibility that technical or procedural errors as well as other substances and factors may interfere with the test and cause false results.

4. A positive result indicates the presence of a drug/metabolite only, and does not indicate or measure intoxication.

5. A negative result does not at any time rule out the presence of drugs/metabolites in urine, as they may be present below the minimum detection level of the test.

6. This test does not distinguish between drugs of abuse and certain medications.

Performance Characteristics
A. Sensitivity
A phosphate-buffered saline (PBS) pool was spiked with drugs to target concentrations of ±50% cut-off and ±25% cut-off and tested with the DrugCheck® SalivaScan™ device. The results are summarized below.

Drug Conc. (Cut-off range)	n	AMP		COC		THC	
		-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0
-25% Cut-off	30	30	0	29	1	27	3
Cut-off	30	18	12	13	17	12	18
+25% Cut-off	30	2	28	5	25	7	23
+50% Cut-off	30	0	30	0	30	0	30

Drug Conc. (Cut-off range)	n	MTD		MET		MOR		PCP	
		-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0
-25% Cut-off	30	28	2	30	0	28	2	28	2
Cut-off	30	10	20	13	17	10	20	11	19
+25% Cut-off	30	3	27	3	27	9	21	5	25
+50% Cut-off	30	0	30	0	30	0	30	0	30

Drug Conc. (Cut-off range)	n	EDDP		BZO		BUP		OXY	
		-	+	-	+	-	+	-	+
0% Cut-off	30	30	0	30	0	30	0	30	0
-50% Cut-off	30	30	0	30	0	30	0	30	0
-25% Cut-off	30	30	0	28	2	29	1	28	2
Cut-off	30	12	18	11	19	13	17	12	18
+25% Cut-off	30	5	25	4	26	7	23	8	22
+50% Cut-off	30	0	30	0	30	0	30	0	30

B. Specificity
The following table lists the concentrations of compounds (ng/mL) above which the DrugCheck® SalivaScan™ identified positive results at 10 minutes.

Substance	Cut-off (ng/mL)
Amphetamine (AMP)	
D-Amphetamine	50
DL-Amphetamine	125
ß-Phenylethylamine	4,000
Tryptamine	1,500
p-Hydroxyamphetamine	800
(+)3,4-Methylenedioxyamphetamine (MDA)	150
L-Amphetamine	4,000
Cocaine (COC)	
Benzoylecgonine	20
Cocaine HC1	20
Cocaethylene	25
Ecgonine HC1	1,500
Ecgonine methylester	12,500
Opiate (OPI)	
Morphine	40
Codeine	10
Ethylmorphine	24
Hydromorphine	100
Hydrocodone	100
Levorphanol	400
Oxycodone	25,000
Morphine-3-β-d-glucuronide	50
Norcodeine	1,500
Normorphine	12,500
Nalorphine	10,000
Oxymorphone	25,000
Thebaine	1,500
Diacetylmorphine (Heroin)	50
6-Monoacetylmorphine	25
Bilirubin	3,500
Marijuana (THC)	
11-nor-Δ9 -THC-9 COOH	12
Cannabinol	12,500
Δ8-THC	2,000
Δ9-THC	50
Methamphetamine (MET)	
D-Methamphetamine	50
Fenfluramine	60,000
p-Hydroxymethamphetamine	400
Methoxyphenamine	25,000
3,4-Methylenedioxymethamphetamine (MDMA)	50
L-Phenylephrine	4,000
Procaine	2,000
(1R,2S) - (-) Ephedrine	400
Phencyclidine (PCP)	
Phencyclidine	10
Tetrahydrozoline	50,000
Methadone (MTD)	
Methadone	30
Alpha-Methadol	125
Biperiden	80,000
Doxylamine	12,500
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrolidine (EDDP)	10,000
Phencyclidine	12,500
Pheniramine	25,000
EDDP (EDDP)	
EDDP	20
Meperidine	20,000
Methadone	20,000
Norfentanyl	20,000
Phencyclidine	20,000
Promazine	10,000
Promethazine	5,000
Prozine	2,500
Prothipendyl	10,000
Benzodiazepine (BZO)	
Oxacepam	10
Alprazolam	15
Bromazepam	8
Chlordiazepoxide	10
Clonazepam	40
Clorazepate	20
Clbazam	6
Diazepam	15
Estazolam	10
Desalkyflurazepam	8
Flunitrazepam	10
Flurazepam	10
Lorazepam	20
Medazepam	10
Nitrazepam	10
Nordiazepam	6
Prazepam	20
Temazepam	8
Triazola	15
Buprenorphine (BUP)	
Buprenorphine	5
Buprenorphine Glucuronide	10
Buprenorphine–3–β–D–Glucuronide	5
Norbuprenorphine	10
Norbuprenorphine–3–β–D–Glucuronide	200
Oxycodone (OXY)	
Oxycodone	20
Hydrocodone	1,000
Hydromorphone	6,250
Naloxone	6,250
Oxymorphone	1,000

A study was conducted to determine the cross-reactivity of the test with compounds spiked into drug-free PBS stock. The following compounds demonstrated no false positive results on the DrugCheck® SalivaScan™ device when tested at concentrations up to 100 μg/mL.

Acetaminophen
Acetone
Acetophenetidine
Acetylcodeine
N-Acetylprocainamide
Acetylsalicylic acid
Aspirin
Albumine
Allobarbital
Alphenal
Alprazolam
Amantadine
Amikacin
Aminopyrine
Amoxicillin
Ampicillin
Amitryptyline
Amobarbital
Ascorbic acid
Apomorphine
Aspartame
Atenolol
Atropine
Baclofen
Barbital
Benzocaine
Bilirubin
Butabarbital
Butalbital
Butethal
Caffeine
Cannabidiol
Cannabinol
Carbamazepine
Cephalexin
Chlordiazepoxide
Chloralhydrate
Chloramphenicol
Chlorothiazide
D/L-Chloropheniramine
Chlorpromazine
Chloroquine
Cholesterol
Clonidine
Cortisone
Chorptothixene
Cimetidine
Ciprofloxacin
Clozapine
Citalopram
Clindamycin
Clobazam
Clomipramine
Creatine
Deoxycorticosterone
Dextromethorphan
Diazepam
Diclofenac
Dicumarol
Dicyclomine
DL-Propanolol
Diflunisal
Digoxin
Dihydrocodeine
(+)-cis-Diltiazem
Dimenhydrinate
4-Dimethylaminoantipyrine
DL-Tryptophan
DL-Tyrosine
D-Norpropoxyphene
Diphenhydramine
Doxylamine
Dopamine
Doxepin
D-Propoxyphene
L-*-Ephedrine
β-Estradiol
Estrone-3-sulfate
Ethyl-p-aminobenzoate
Cannabidiol
L-Epinephrine
Ethanol
Erythromycin
Etodolac
Fentanyl
Flupentixol
Fluoxetine
Furosemide
Gentisic acid
Gastrozepin
Gentamicin
Guaiacol Glyceryl Ether
Hemoglobin
Haloperidol
Hexobarbital
Hydralazine
Hydrochlorothiazide
Hydrocortisone
Ibuprofen
Imipramine
Indomethacin
Insulin
(-)Isoproterenol
Kanamycin
Ketamine
Ketoprofen
L-Thyroxine
Lincomycin
Lidocaine
Lindane
Loperamide
Lormetazepam
Metoprolol
Metronidazole
Midazolam
Mirtazapin
Maprotiline
Meperidine
N-Methylephedrine
Metoclopramide
Nalidixic acid
Naloxone
Naltrexone
Naproxen
Niacinamide
Nifedipine
Nimesulide
Norethindrone
D-Norpropoxyphene
Noscapine
D/L-Octopamine
Olanzapine
Opipramol
Oxalic acid
Oxazepam
Oxymetazoline
Promazine
Paroxetine
Promethazine
Pemoline
D/L-Propranolol
D-Propoxyphene
Pentobarbital
Perphenazine
Phenytoin
Prednisolone
Prednisone
Prothipendyl
D-Pseudoephedrine
Protriptyline
β-Phenylethylamine
(+-)-Phenylpropanolamine
Papaverine
Penicillin-G
Pentazocine hydrochloride
Phenelzine
Trans-2-phenylcyclopropylamine
Phentermine
Quinacrine
Quetiapine
Quinine
Quindine
Ranitidine
Rifampicine
Risperidone
Salicylic acid
Secobarbital
Sulfamethazine
Salbutamol
Sulindac
Sertraline
Temazepam
Tetracycline
Tetrahydrocortisone
3-acetate
Tetrahydrocortisone
3 (β-D-glucuronide)
Theophylline
Thiamine
Thioridazine
D/L-Tyrosine
Tolbutamide
Trazodone
Triamterene
Trifluoperazine
Trimethoprim
Trimipramine
D/L-Tryptophan
Tyramine
Uric acid
Valproic Acid
Vancomycin
Venlafaxine
Verapamil
Zomepirac
Zolpidem

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