

Confidence in testing.

Reditest[®] Panel-Dip

substance abuse screening device

Product Training
Presentation





The information in this presentation is a general overview on using the Reditest® Panel-Dip substance abuse screening device.

Product Training Contents:

- Panel-Dip overview
- Collection procedure
- Testing procedure
- Reading results
- Sending presumptive positives for confirmation

Panel-Dip technical information

It is important to read the package insert before using the Panel-Dip screening device.

Screening Results:

The Panel-Dip is used for **Screening Only**. Positive results obtained with this device are presumptive.

Additional testing is necessary to **confirm** the presumptive positive results. Positive results should be “confirmed” by an **alternate method such as GC/MS** (Gas Chromatography/Mass Spectrometry).

Professional judgment should be applied to any drug of abuse test result, particularly with preliminary positive results.

Panel-Dip Intended Use: The Panel-Dip screening device is a lateral flow chromatographic immunoassay for the qualitative detection of multiple drugs and drug metabolites in urine. For professional in vitro diagnostic use only.



Product overview

Panel-Dip product overview

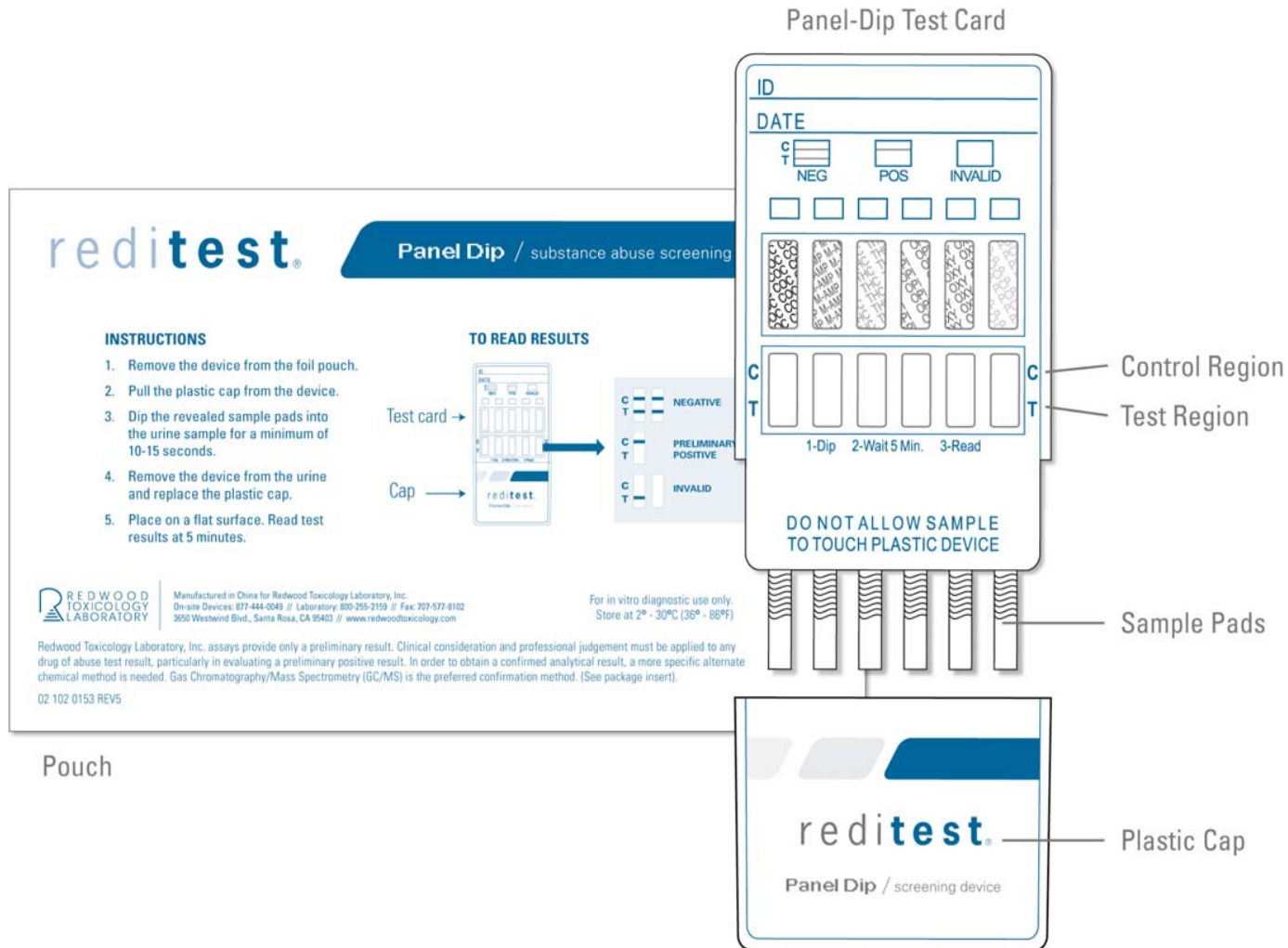


FEATURES & BENEFITS

- Available tests include: *AMP, M-AMP, BAR, BUP, BZO, COC, MDMA, MTD, OPI, OXY, PCP, PPX, TCA and THC.
- Built in procedural control
- Results in 5 minutes
- Flexible 1-12 drug test combinations
- FDA – 510(k) cleared to market
- NIDA 5 cut-off levels meet SAMHSA guidelines

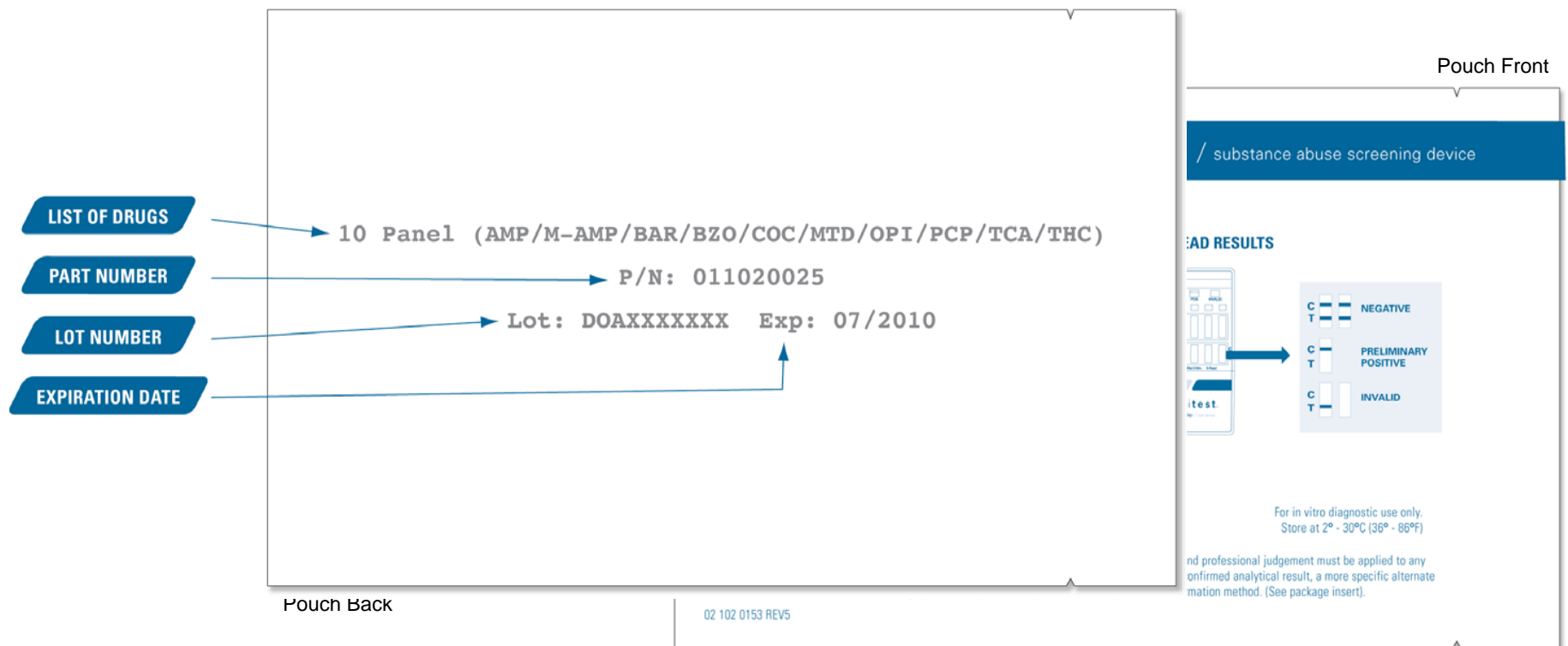
* See page 8 for abbreviations and cut-off levels

Panel-Dip components



Panel-Dip foil pouch

Lot number, expiration date, part number and a list of abbreviated drugs screened on that specific Panel-Dip device are located on the back of the foil pouch.



Panel-Dip cut-off levels

DRUG	TARGET DRUG	CUT-OFF
Amphetamine (AMP)	D-Amphetamine	1,000 ng/mL ¹
Amphetamine (AMP 300)	D-Amphetamine	300 ng/mL ²
Barbiturates (BAR)	Secobarbital	300 ng/mL
Benzodiazepines (BZO)	Oxazepam	300 ng/mL
Buprenorphine (BUP)	Buprenorphine	10 ng/mL
Cocaine (COC)	Benzoyllecgonine	*300 ng/mL ¹
Cocaine (COC 150)	Benzoyllecgonine	150 ng/mL ²
Marijuana (THC)	11-nor- Δ^9 -THC-9-COOH	*50 ng/mL ¹
Methadone (MTD)	Methadone	300 ng/mL
Methylenedioxymethamphetamine (MDMA)	D,L Methylenedioxy-methamphetamine	500 ng/mL
Methamphetamine (M-AMP)	D-Methamphetamine	1,000 ng/mL
Methamphetamine (M-AMP 500)	D-Methamphetamine	500 ng/mL ²
Opiates (OPI 300)	Morphine	300 ng/mL
Opiates (OPI 2,000)	Morphine	2,000 ng/mL
Oxycodone (OXY)	Oxycodone	100 ng/mL
Phencyclidine (PCP)	Phencyclidine	*25 ng/mL ¹
Propoxyphene (PPX)	Propoxyphene	300 ng/mL
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000 ng/mL

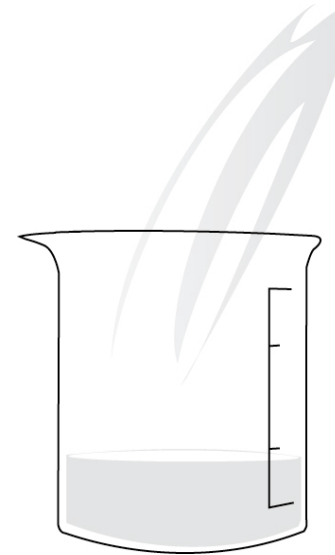
1. Meets SAMHSA cut-off levels.
2. Available as generic brand



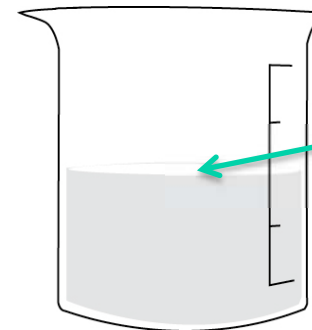
Collection procedure

Collecting Specimen

Collect urine specimen in a collection container.



Fill the cup to at least **1/3 full**. This helps ensure proper specimen volume for initial test and possible confirmation tests.



Fill at least 1/3 full

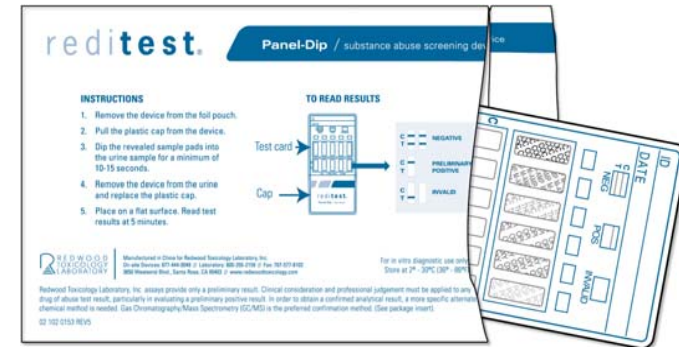


Testing procedure

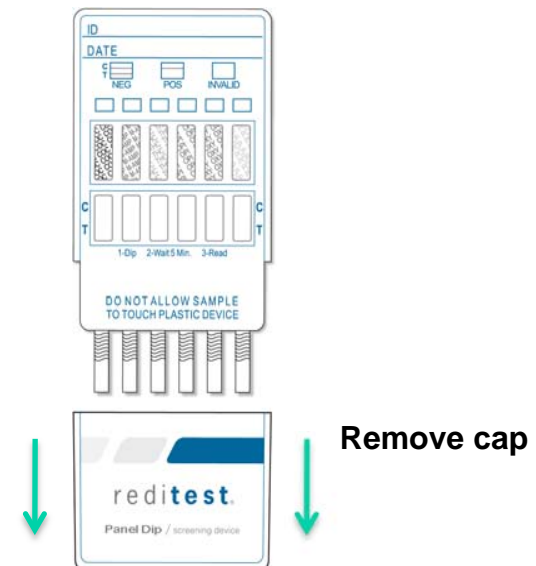
Testing procedure

Open the foil pouch and remove the Panel-Dip device.

NOTE: The desiccant pouches are part of the packaging, they are not a part of the screening device.

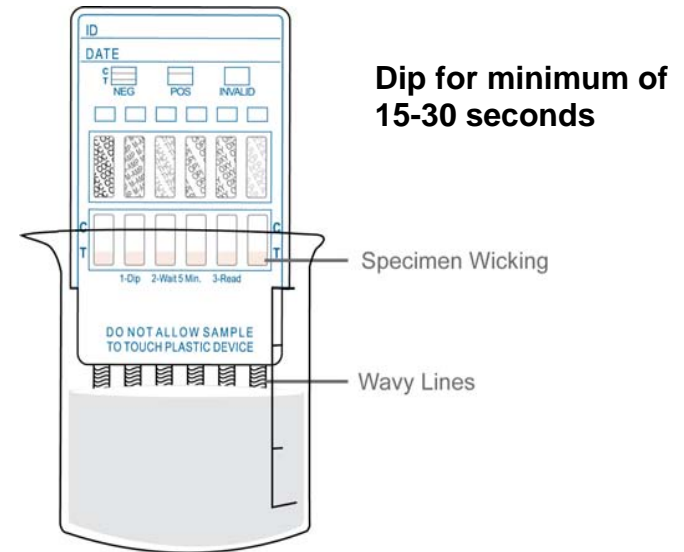


Remove the plastic cap from the device.
Do not discard the plastic cap.



Test procedure *Continued*

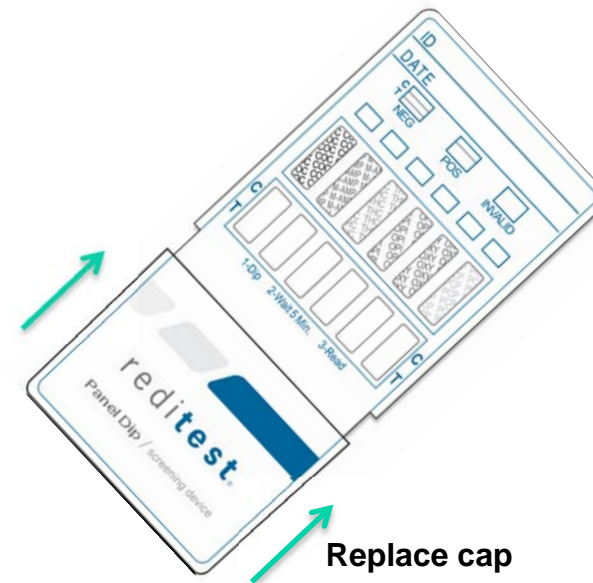
Dip revealed sample pads into urine sample for a minimum of **15-30 seconds** until urine is seen wicking into the reading zone. Make sure each pad is **dipped into the specimen to the level of the wavy lines** without touching the plastic card to the urine.



Remove the Panel-Dip device from the urine and replace the plastic cap.

Place the device on a flat surface.

If urine is not seen wicking at 1 minute – repeat the process until wicking is seen.

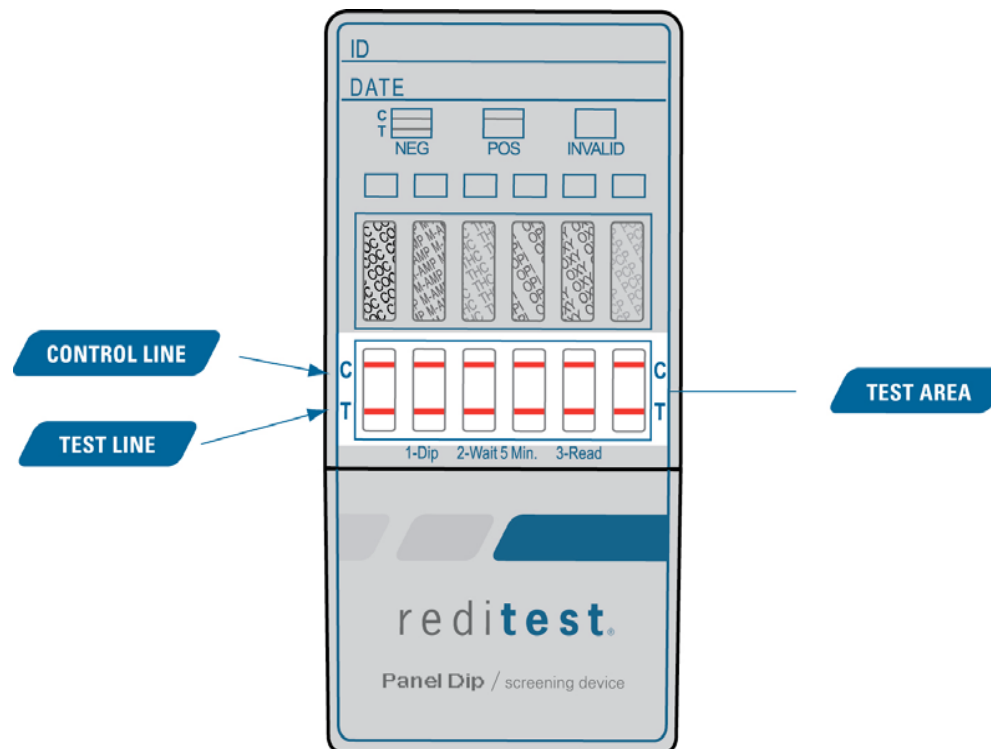




Reading results

Reading results

Read test results at **5 minutes**. Do not interpret results after 4 hours as false results may occur. **NOTE:** Any line at all in the test zone is to be interpreted as negative.



Result interpretation

NEGATIVE

The control line must be red to indicate the test is valid. Any visible line, even a faint line, indicates a negative result.

NEGATIVE RESULT

CTL 

DRUG 

POSITIVE

The control line must be red to indicate the test is valid. The test area must be snow white to be considered positive.

POSITIVE RESULT

CTL 

DRUG 

INVALID

When there is no line in the control line area, the result is invalid. If an invalid result is obtained repeat the test using a new test device.

INVALID RESULT

CTL 

DRUG 

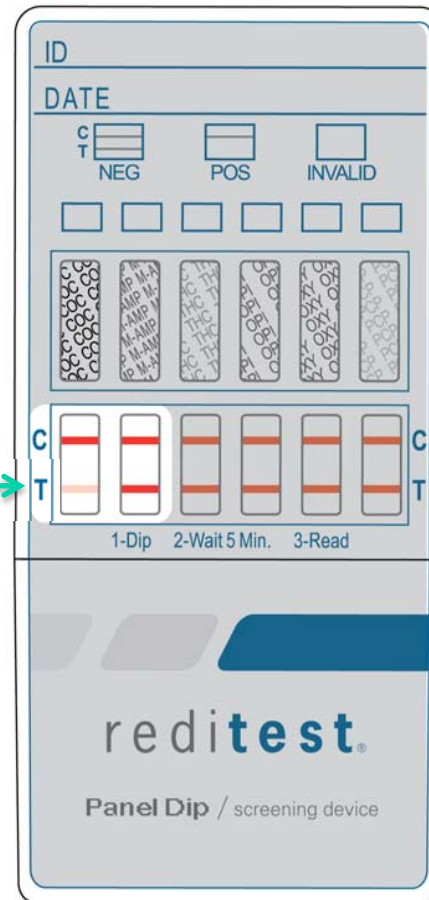
If the problem persists, contact RTL Client Services at:
(800) 255-2159, ext. 4399

Reading results

Negative Example

NEGATIVE = line is present

Any visible line, even a faint line, indicates a negative result.

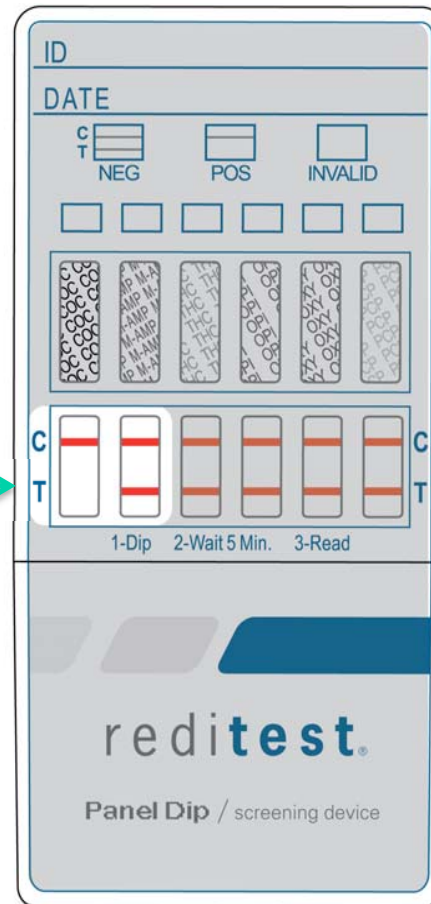


Reading results

Presumptive Positive Example

POSITIVE = line is not present

Presumptive positive
for cocaine (no line
is present).



Logging on-site test results

Use a **Preliminary Result Form** to log on-site drug test results. Printed forms are available by request. A PDF form can also be downloaded from our website at: www.redwoodtoxicology.com/documents/products/urine-prelim_result_form.pdf

Forms are for your internal use. These forms are not lab test request forms (for further confirmation testing). Please use the Lab Test Requisition Forms provided by your laboratory for confirmation testing.

Redwood Toxicology Laboratory provides confirmation testing for many Reditest® on-site screening devices. For more information about this service, call (800) 255-2159.

PRELIMINARY RESULTS FORM

Urine Drug Screen / on-site device preliminary test results

To be used for collector verification, donor certification and on-site screening device results. Preliminary result should not be interpreted as a confirmed laboratory result.*

DONOR INFORMATION — STEP 1: Collector completes donor information.

Requesting agency: _____ Account #: _____
 Donor's last name: _____ Donor's first name: _____
 Donor's ID number: _____ Specimen ID: _____

COLLECTOR VERIFICATION — STEP 2: Collector completes and validates that the specimen was collected properly.
I certify that I collected the specimen provided by the Donor named above and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were within acceptable range.

Collector name: _____ Collector signature: _____
 Date of collection: _____ Time of collection: _____ Date shipped: _____
 Comments: _____

DONOR CERTIFICATION — STEP 3: Donor completes and validates that the specimen was collected properly.
I certify that the specimen provided is my own and was not substituted or adulterated. I freely consent to the testing of my urine specimen for drugs/toxicities.

Donor name: _____ Donor signature: _____
 Date of collection: _____ Time of collection: _____


PRELIMINARY TEST RESULTS — STEP 4: Perform test and log results. Use separate chain of custody label/form to submit presumptive positive specimens to a lab.

Name of test device: _____ Number of drugs tested by device: _____

RESULTS KEY — For reference only. Refer to the device product insert for complete instructions.	SCREENING RESULTS LOG — not to be interpreted as laboratory result.	Negative	Invalid	Presumptive Positive*	GC/MS Confirmation
NEGATIVE EXAMPLE Control ID or IDU: <input type="checkbox"/> <input type="checkbox"/> Drug name (Not Drug): <input type="checkbox"/>	Drug Name Drug Code				
POSITIVE EXAMPLE Control ID or IDU: <input type="checkbox"/> <input type="checkbox"/> Drug name (Not Drug): <input type="checkbox"/>	Amphetamine AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVALID EXAMPLE Control ID or IDU: <input type="checkbox"/> <input type="checkbox"/> Drug name (Not Drug): <input type="checkbox"/>	Barbiturate BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Benzodiazepine BZD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Buprenorphine BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cocaine CSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Etoxypropyl MOPMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Marijuana THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Methadone MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Methamphetamine M-AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Opiate OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxycodone OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phencyclidine PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Propoxyphene PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tri-Cyclic Antidepressants TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test performed by: _____ Date: _____
 Positive specimen sent to lab for GC/MS confirmation: Yes No Date: _____

*For professional in vitro diagnostic use only.
 *Any positive result obtained with this urine screening test is presumptive and should be confirmed by an alternate method such as GC/MS.



Shipping specimens to the laboratory

Shipping specimens



For instruction on how to send presumptive positive specimens to the lab, please view the next document in the training series: **“Specimen Labeling & Shipping”**.

View online here:

www.redwoodtoxicology.com/resources/documents/labeling_shipping.pdf



*If you have additional questions about your device please
contact
a Sales or Client Services representative:*

Redwood Toxicology Laboratory, Inc.

***Reditest*[®] Screening Devices**

3650 Westwind Blvd.

Santa Rosa, CA 95403

www.redwoodtoxicology.com

Sales Inquiries **(800) 255-2159** or 877-444-0049

Client Services **(800) 255-2159, ext. 4399** or 707-577-7959, ext. 4339

Confidence in testing.

Thank you for your time.



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