

Confidence in testing.

# iScreen™ OFD (Oral Fluid Device)

substance abuse screening device

Product Training  
Presentation





The information in this presentation is a general overview on using the iScreen™ OFD substance abuse screening device.

### **Product Training Contents:**

- iScreen OFD overview
- Collection procedure
- Testing procedure
- Reading results
- Sending presumptive positives for confirmation

# OFD technical information

*It is important to read the package insert before using the OFD screening device.*

## **Screening Results:**

The OFD 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.

*The OFD screening device is a lateral flow chromatographic immunoassay for the qualitative detection of amphetamine, methamphetamine, cocaine, opiates, marijuana, phencyclidine and their metabolites in oral fluids. **For forensic use only.***



## Product overview

# OFD product overview

*The iScreen™ OFD (Oral Fluid Device) offers you a reliable and affordable saliva drug test solution. Screening devices are now widely available, but few manufacturers offer RTL's quality, flexibility, and superior support.*

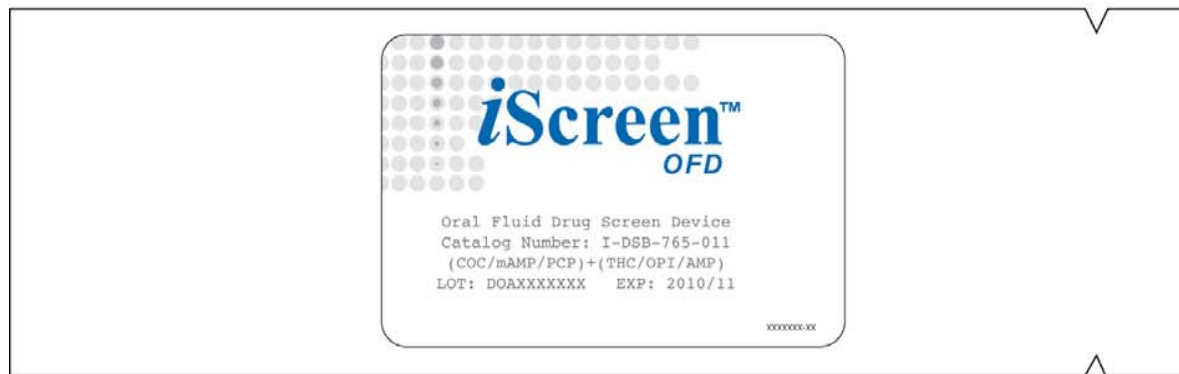
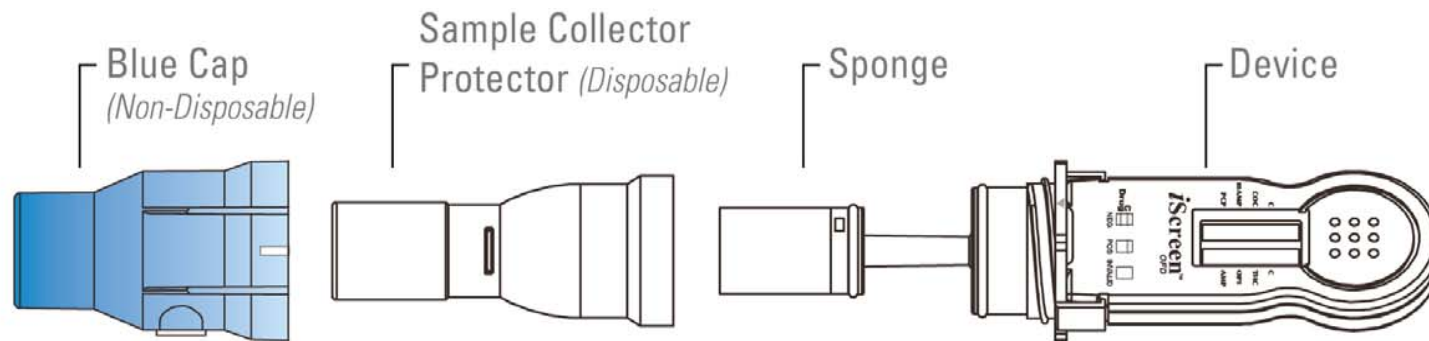


## FEATURES & BENEFITS

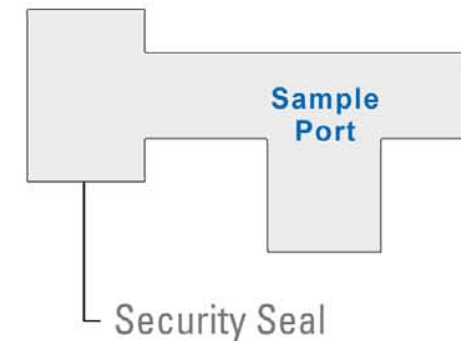
- Tests include: AMP, COC, M-AMP, OPI, PCP and THC
- Eliminates the need for a controlled urine collection site
- Use anywhere, anytime—eliminating privacy concerns and same sex administrators
- Results in under 10 minutes

\* See page 8 for abbreviations and cut-off levels

# OFD components

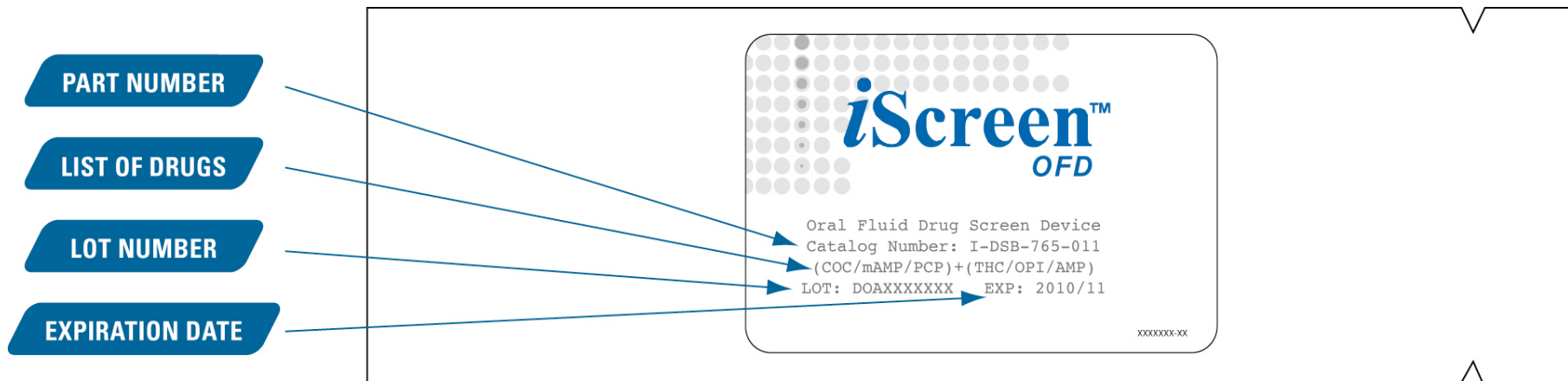


Pouch



# OFD Packaging

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



\* See page 8 for abbreviations and cut-off levels

# OFD cut-off levels

DRUG	TARGET DRUG	CUT-OFF
<b>Amphetamine (AMP)</b>	D-Amphetamine	50 ng/mL
<b>Cocaine (COC)</b>	Benzoylcegonine	20 ng/mL
<b>Marijuana (THC)</b>	11-nor- $\Delta^9$ -THC-9 COOH	12 ng/mL
<b>Methamphetamine (M-AMP)</b>	D-Methamphetamine	50 ng/mL
<b>Opiates (OPI)</b>	Morphine	40 ng/mL
<b>Phencyclidine (PCP)</b>	Phencyclidine	10 ng/mL



## Collection procedure

# Collecting specimen

Prior to testing, **DO NOT** place anything in the mouth for at least **10 minutes**.

This includes:

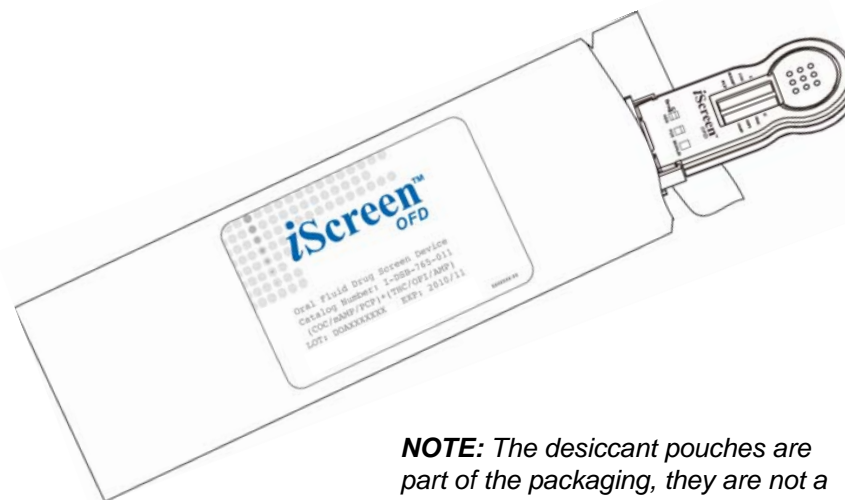
- Food
- Drink
- Gum
- Tobacco products
- Any other materials



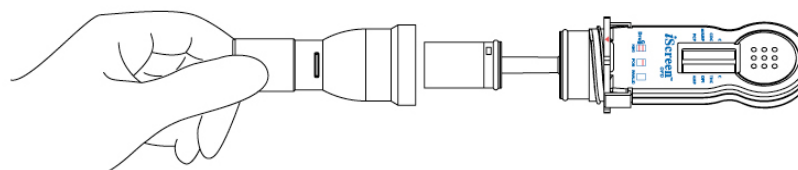
# Collecting specimen

Bring the pouch to room temperature before opening it. Remove the test and Cap from the sealed pouch and use the test as soon as possible.

Remove Sample Collector Protector from the collection Sponge\*.



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



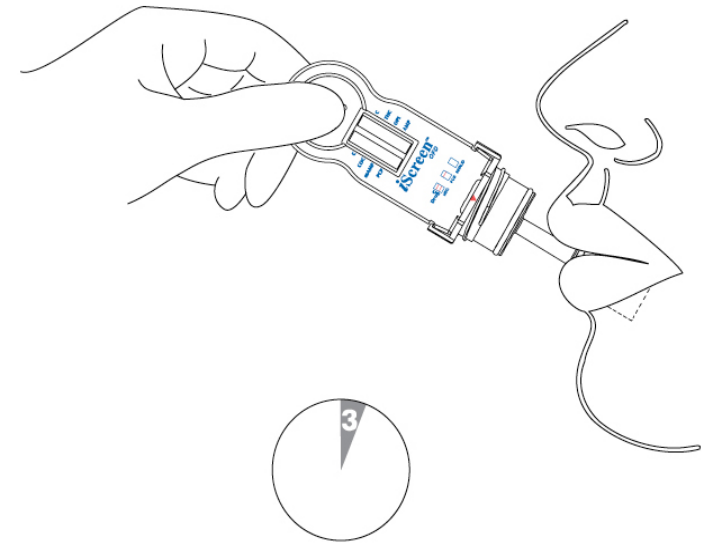
\*The Sample Collector Protector can be discarded.

# Collecting specimen

Insert Sponge end of collector into the donor's mouth.

Actively swab the inside of the mouth and tongue with Sponge. As soon as the Sponge softens slightly, gently press the Sponge between the tongue and teeth to ensure **complete saturation**. The Sponge is saturated when no hard spots can be felt. Collect for at least three **(3) minutes** before removing Sponge.

Hand the saturated collector over to the tester.



At least  
3 minutes



# Testing procedure

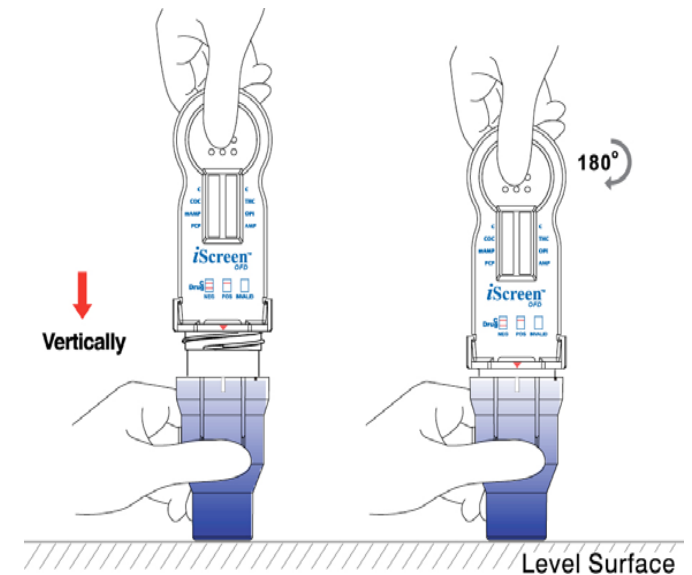
# Testing procedure

Gently **plunge** the OFD sponge into the blue cap **3 times**.

Align the Red Arrow on the device with either one of the **White Marks** on the Cap.

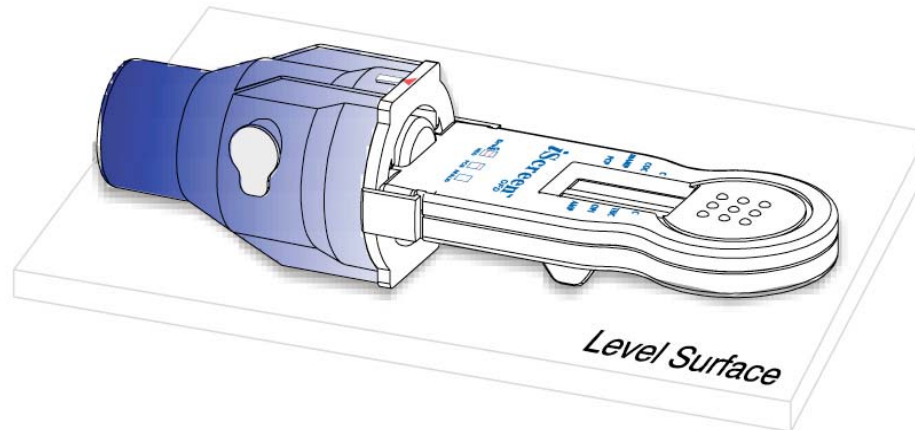
Insert the collector **vertically** into the Cap and **press down firmly until the Cap reaches the thread**.

Twist the Handle clockwise  $180^\circ$  to tighten the Cap until the **Red Arrow** lines up with the other **White Mark**.



# Testing procedure

Place the test device horizontally on a clean and level surface with result window facing up.



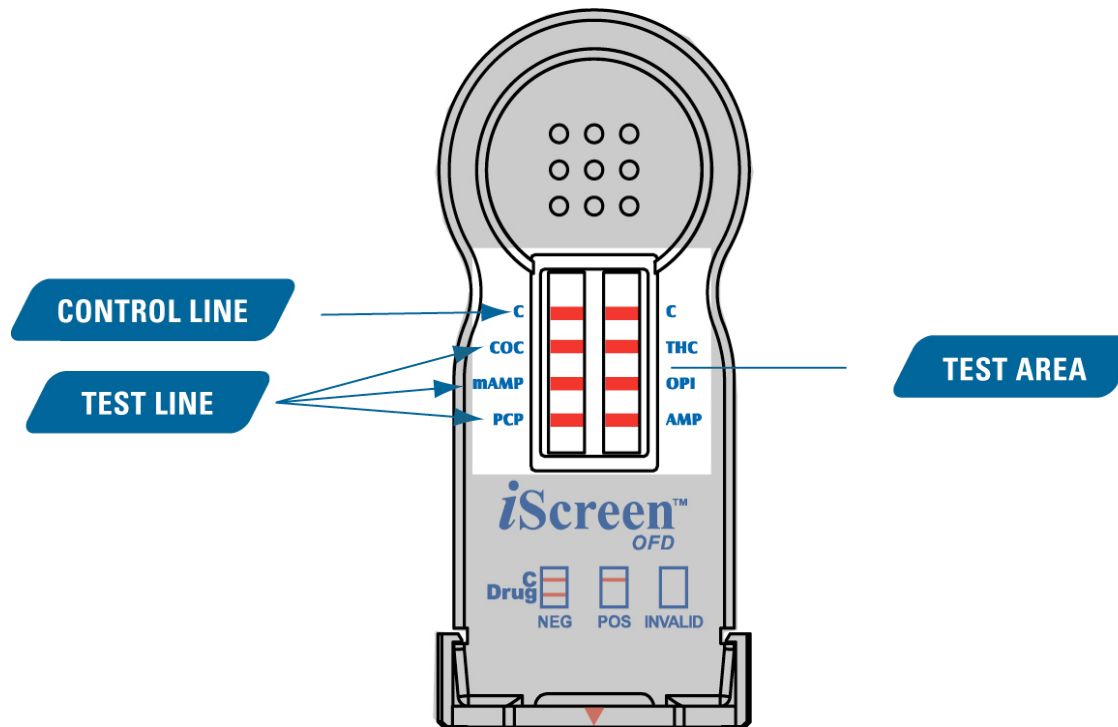
This process will cause the test to begin to run. Within seconds you will notice a pinkish migration or flow of sample as the test strips start running.



# Reading results

# Result Interpretation

Wait for colored lines to appear. Read test results at **10 minutes**. Do not interpret results after 1 hour as false results may occur. **NOTE:** Any line at all in the test area 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.

See example page 19.

## NEGATIVE RESULT

C 

DRUG 

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## PRESUMPTIVE POSITIVE\*

The control line must be red to indicate the test is valid. The test area must be snow white to be considered positive. See example page 20. \*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).

## POSITIVE RESULT

C 

DRUG 

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## 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

C 

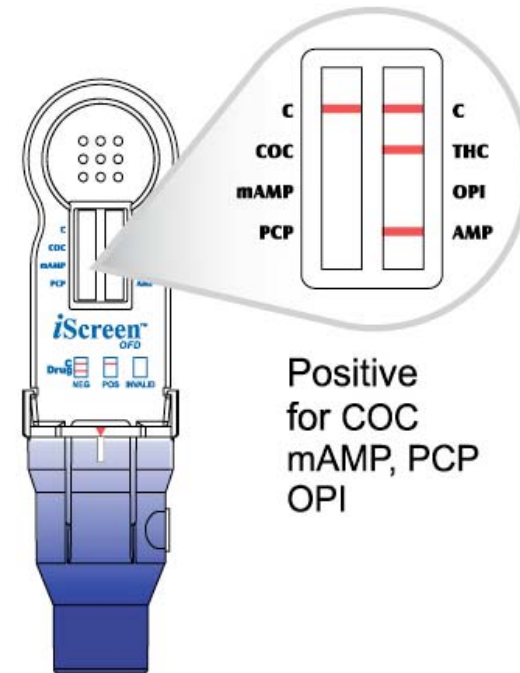
DRUG 

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

# Presumptive Positive Result

Notice the lines next to the letter **C** or **Control** area in both result windows. This indicates the test is valid and working properly.

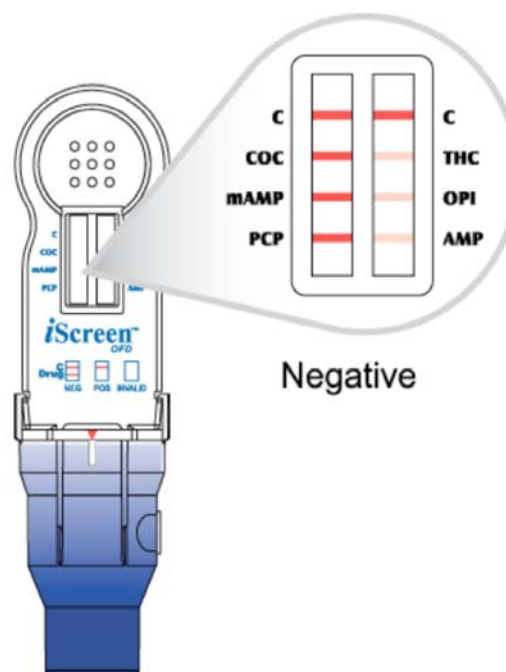
If no line shows next to that drug, the result has screened positive.



# Negative Result

Notice the lines next to the letter **C** or **Control** area in both result windows. This indicates the test is valid and working properly.

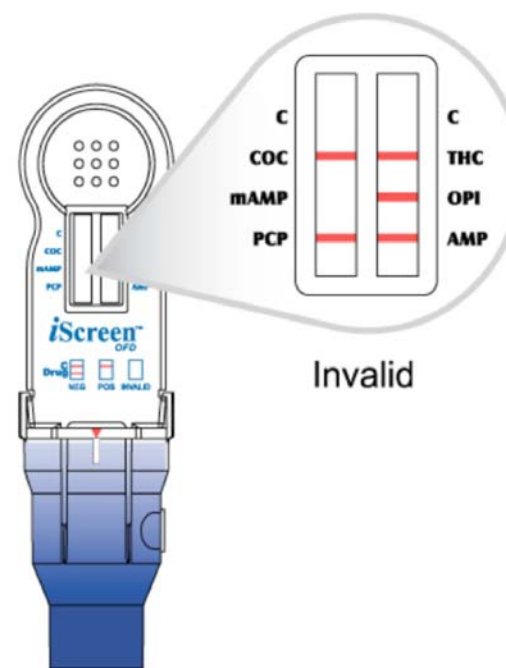
If any line appears, regardless of color intensity, the result is negative.



# Invalid Result

If there is no line next to the letter C or Control line after 10 minutes then the test is considered an **INVALID** test result.

If this happens, then the donor must be re-tested.



# 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/saliva-prelim\\_result\\_form.pdf](http://www.redwoodtoxicology.com/documents/products/saliva-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

### Oral Fluid 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 laboratory result.\*

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**DONOR INFORMATION — STEP 1: Collector completes donor information.**

Requesting agency: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Donor's last name: \_\_\_\_\_ Donor's first name: \_\_\_\_\_  
 Donor's social security: \_\_\_\_\_ Specimen ID: \_\_\_\_\_

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**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.*

Collector name: \_\_\_\_\_ Collector signature: \_\_\_\_\_  
 Time of collection: \_\_\_\_\_ Date of collection: \_\_\_\_\_ Date shipped: \_\_\_\_\_  
 Comments: \_\_\_\_\_

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**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 saliva specimen for drugs/herbals.*

Donor name (please print): \_\_\_\_\_ Donor signature: \_\_\_\_\_  
 Time of collection: \_\_\_\_\_ Date of collection: \_\_\_\_\_

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**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.**


**RESULTS KEY —** For reference only. Refer to the device packet insert for complete instructions.

Drug Name	Drug Code	Negative	Invalid	Presumptive Positive*	GC/MS Confirmation
Amphetamine	AMP				
Cocaine	COC				
Marijuana	THC				
Methamphetamine	M-AMP				
Opioids	OPI				
Phencyclidine	PCP				

Test performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Positive specimen sent to lab for GC/MS confirmation: ( ) Yes ( ) No Date: \_\_\_\_\_

\*Any positive result obtained with this saliva screening test is presumptive and should be confirmed by an alternate method such as GC/MS.

11/00/044 REV



# 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](http://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](http://www.redwoodtoxicology.com)

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

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

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Thank you for your time.



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