Data Sheet - UA:13A SVT

Panels:	13 panel
Alcohol:	No
SVT Strip:	Yes
Drug names:	Direct Read
Opiates:	2000 ng/mL
Product Use:	Employment Only
Package Insert	B22624-03

SECTION 01

Product Overview

The UA:13A rapid drug screen by Labb is a urine point-of-care drug screen that is designed to meet a majority of workplace drug testing scenarios.. This screen includes 13 commonly abused drugs. The UA:13A detects substances like Marijuana, Cocaine, Amphetamine, Methamphetamine, MDMA/MDA, Morphine, Codeine, Benzodiazepines, Barbiturates, Buprenorphine, Methadone, Oxycodone, Oxymorphone, Propoxyphene and PCP.

This Data Sheet is not a package insert. It is important to note that only the package insert can be used to determine precise product performance. The package insert is located in the box along with the 25 UA:13A urine drug screen cups. The information contained in this Data Sheet may be outdated.

IMPORTANT: Always refer to the product's official package insert located in box along with 25 rapid drug test cups.

SECTION 02

Drugs & Detection Levels

UA:13A drug test is designed to detect the following drugs and/or metabolites at the following concentration levels.

AMPHETAMINE (AMP) - Drug 1

Amphetamine is a Schedule II controlled substance available by prescription (Dexedrine®) and is also available on the illicit market. Amphetamines are a class of potent sympathomimetic agents with therapeutic applications. They are chemically related to the human body's natural catecholamines: epinephrine and norepinephrine. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to amphetamines include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, and psychotic behavior. The effects of Amphetamines generally last 2-4 hours following use, and the drug has a half-life of 4-24 hours in the body. About 30% of Amphetamines are excreted in the urine in unchanged form, with the remainder as hydroxylated and deaminated derivatives.

Amphetamine 500	
D-Amphetamine	**500**
D,L-Amphetamine	500
Methylenedioxy-amphetamine (MDA)	200
L-Amphetamine	25,000
4-Hydroxyamphetamine HCL	300
Diethylstihestrol	2,500
Phentermine	4,000

BARBITURATES (BAR) - Drug 2

Barbiturates are central nervous system depressants. They are used therapeutically as sedatives, hypnotics, and anticonvulsants. Barbiturates are almost always taken orally as capsules or tablets. The effects resemble those of intoxication with alcohol Chronic use of barbiturates leads to tolerance and physical dependence. Short acting Barbiturates taken at 400 mg/day for 2-3 months can produce a clinically significant degree of physical dependence. Withdrawal symptoms experienced during periods of drug abstinence can be severe enough to cause death. Only a small amount (less than 5%) of most Barbiturates are excreted unaltered in the urine. The approximate detection time limits for Barbiturates are:
Short acting (e.g. Secobarbital) 100 mg PO (oral) 4.5 days.
Long acting (e.g. Phenobarbital) 400 mg PO (oral) 7 days.

Barbiturates 300	
Secobarbital	**300**
Amobarbital	300
Alphenal	750
Aprobarbital	250
Butabarbital	100
Cyclopentobarbital	500
Phenobarnital	250

BENZODIAZEPINES (BZO) - Drug 3

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. Risk of physical dependence increases if Benzodiazepines are taken regularly (e.g., daily) for more than a few months, especially at higher than normal doses. Stopping abruptly can bring on such symptoms as trouble sleeping, gastrointestinal upset, feeling unwelL loss of appetite, sweating, trembling, weakness, anxiety and changes in perception. Only trace amounts (less than 1%) of most Benzodiazepines are excreted unaltered in the urine; most of the concentration in urine is conjugated drug. The detection period for the Benzodiazepines in the urine is 3-7 days.

BENZODIAZEPINES	
Alprazolam	**200**
Bromazepam	200
Chlordiazepoxide HCL	100
Clobazam	100
Clorazepate	2,500
Clorazepate Dipotassium	200
Delorazepam	10
Desalkylflurazepam	400
Diazepam	200
Estazolam	2,500
Flunitrazepam	400
a-Hydroxyalprazolam	1,260
(±) Lorazepam	1,560
Lorazepam D4	500
Nitrazepam	100
Norchlordiazepoxide	200
Nordiazepam	400
Oxazepam	300
Temazepam	100
Triazolam	2500

BUPRENORPHINE (BUP) - Drug 4

Buprenorphine is a semisynthetic opioid analgesic derived from thebain, a component of opium. It has a longer duration of action than morphine when indicated for the treatment of moderate to severe pain, peri-operative analgesia, and opioid dependence. Low doses buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms. Buprenorphine carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists because of the “ceiling effect”, which means no longer continue to increase with further increases in dose when reaching a plateau at moderate doses. However, it has also been shown that Buprenorphine has abuse potential and may itself cause dependency. Subutex®, and a Buprenorphine/Naloxone combination product, Suboxone®, are the only two forms of Buprenorphine that have been approved by FDA in 2002 for use in opioid addiction treatment. Buprenorphine was rescheduled from Schedule V to Schedule III drug just before FDA approval of Suboxone and Subutex.

BUPRENORPHINE	
Buprenorphine	**10**
Buprenorphine -3-D-Glucuronide 160	160
Cocaine HCl 80,000	80,000
Norbuprenorphine 10	10
Norbuprenorphine-3-D-Glucuronide 200	200

COCAINE (COC) - Drug 5

Cocaine is a potent central nervous system (CNS) stimulant and a local anesthetic. Initially, it brings about extreme energy and restlessness while gradually resulting in tremors, over-sensitivity and spasms. In large amounts, cocaine causes fever, unresponsiveness, difficulty in breathing and unconsciousness. Cocaine is often self-administered by nasal inhalation, intravenous injection and free-base smoking. It is excreted in the urine in a short time primarily as Benzoylecgonine. 1.2 Benzoylecgonine, a major metabolite of cocaine, has a longer biological half-life (5-8 hours) than cocaine (0.5-1.5 hours), and can generally be detected for 24-48 hours after cocaine exposure.

Cocaine 150	
Benzoylecgonine	**150**
Cocaethylene	150
CocaineHCL	150

MARIJUANA (THC) - Drug 6

THC (8.9-tetrahydrocannabinol) is the primary active ingredient in cannabinoids (marijuana). When smoked or orally administered, it produces euphoric effects. Users have impaired short term memory and slowed learning. They may also experience transient episodes l -nor-A9-tetrahydrocannabinol-9-carboxylic acid (A9-TRC-COOR). of confusion and anxiety. Long term relatively heavy use may be associated with behavioral disorders. The peak effect of smoking marijuana occurs in 20-30 minutes and the duration is 90-120 minutes after one cigarette. Elevated levels of urinary metabolites are found within hours of exposure and remain detectable for 3-10 days after smoking. The main metabolite excreted in the urine is ll -nor-A9-tetrahydrocannabinol-9-carboxylic acid (A9-TRC-COOR).

Marijuana 50	
11-nor-Δ9-THC-9-COOH	**50**
11-nor-Δ8-THC-9-COOH	**50**
Δ8- Tetrahydrocannabinol	15,000
Δ9- Tetrahydrocannabinol	50,000
Δ8- THC-COOH	50,000

METHAMPHETAMINE (MET) - Drug 7

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects ofMethamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. The drug

can be taken orally, injected, or inhaled. Acute higher doses lead to enhanced stimulation of the central nervous system and induce euphoria, alertness, reduced appetite, and a sense of increased energy and power. Cardiovascular responses to Methamphetamine include increased blood pressure and cardiac arrhythmias. More acute responses produce anxiety, paranoia, hallucinations, psychotic behavior, and eventually, depression and exhaustion. The effects ofMethamphetamine generally last 2-4 hours and the drug has a half-life of 9-24 hours in the body. Methamphetamine is excreted in the urine as amphetamine and oxidized and delaminated derivatives. However, 10-20% ofMethamphetamine is excreted unchanged. Thus, the presence of the parent compound in the urine indicates Methamphetamine use.

Methamphetamine 500	
d-Methamphetamine	**500**
Methamphetamine	500
3,4-methylenedioxymethamphetamine(MDMA)	1,250
3,4-Methylenedioxymethamphetamine(MDEA)	10,000
Fenfluramine	25,000
p-Hydroxymethamphetamine	5,000

ECSTASY (MDMA) - Drug 8

Methylenedioxymethamphetamine (ecstasy) is a designer drug first synthesized in 1914 by a German drug company for the treatment of obesity. Those who take the drug frequently report adverse effects, such as increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some users. Its mechanism of action is thought to be via release of the neurotransmitter serotonin. MDMA may also release dopamine, although the general opinion is that this is a secondary effect of the drug (Nichols and Oberlender, 1990). The most pervasive effect ofMDMA, occurring in virtually all people who took a reasonable dose of the drug, was to produce a clenching of the jaws.

Ecstasy 500	
3,4-Methylenedioxy-methamphetamine (MDMA)	**500**
D-Amphetamine	>100,000
3,4-methylenedioxy-amphetamine (MDA)	3,000
3,4-Methylenedioxy-ethylamphetamine (MDEA)	300
l-Methamphetamine	100,000

METHADONE (MTD) - Drug 9

Methadone is a narcotic analgesic prescribed for the management of moderate to severe pain and for the treatment of opiate dependence (heroin, Vicodin, Percocet, Morphine). The pharmacology of Oral Methadone is very different from IV Methadone. Oral Methadone is partially stored in the liver for later use. IV Methadone acts more like heroin. In most states you must go to a pain clinic or a Methadone maintenance clinic to be prescribed Methadone. Methadone is a long acting pain reliever producing effects that last from twelve to forty-eight hours. Ideally, Methadone frees the client from the pressures of obtaining illegal heroin, from the dangers of injection, and from the emotional roller coaster that most opiates produce. Methadone, if taken for long periods and at large doses, can lead to a very long withdrawal period. The withdrawals from Methadone are more prolonged and troublesome than those provoked by heroin cessation, yet the substitution and phased removal of methadone is an acceptable method of detoxification for patients and therapists..

METHADONE (MTD)	
Methadone	300

MORPHINE - High Level (OP2K) - Drug 10

Opiate refers to any drug that is derived from the opium poppy, including the natural products, morphine and codeine, and the semi-synthetic drugs such as heroin. Opioid is more general, referring to any drug that acts on the opioid receptor. Opioid analgesics comprise a large group of substances which control pain by depressing the central nervous system. Large doses of morphine can produce higher tolerance levels, physiological dependence in users, and may lead to substance abuse. Morphine is excreted unmetabolized, and is also the major metabolic product of codeine and heroin. Morphine is detectable in the urine for several days after an opiate dose.

Morphine 2000	
Morphine	**2,000**
Codeine	1,000
Ethylmorphine	250
Hydrocodone	50,000
Hydromorphone	2,500
Heroin	5,000
6-Acetylmorphine	2,500
Oxycodone	75,000

OXYCODONE (OXY) - Drug 11

Oxycodone, [4,5-epoxy-14-hydroxy-3-methoxy-17-methyl -morphinan-6-one, dihydrohydroxycodeinone] is a semi-synthetic opioid agonist derived from thebaine, a constituent of opium. Oxycodone is a Schedule II narcotic analgesic and is widely used in clinical medicine. The pharmacology of oxycodone is similar to that of morphine, in all respects, including its abuse and dependence liabilities. Pharmacological effects include analgesia, euphoria, feelings of relaxation, respiratory depression, constipation, papillary constriction, and cough suppression. Oxycodone is prescribed for the relief of moderate to high pain under pharmaceutical trade names as OxyContin® (controlled release), OxyIR® , OxyFast® (immediate release formulations), or Percodan® (aspirin) and Percocet® (acetaminophen) that are in combination with other nonnarcotic analgesics. Oxycodone's behavioral effects can last up to 5 hours. The controlled-release product, OxyContin® , has a longer duration of action (8-12 hours).

Oxycodone 100	
Oxycodone	**100**

Hydrocodone	5,000
Hydromorphone	5,000
Oxymorphone	200

PHENCYCLIDINE (PCP) - Drug 12

Phencyclidine, also known as PCP or Angel Dust, is a hallucinogen that was first marketed as a surgical anesthetic in the 19501s. 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. Phencyclidine 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 Phencyclidine. 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, user1s age, weight, activity, and diet. 5 Phencyclidine is excreted in the urine as an unchanged drug (4% to 19%) and conjugated metabolites (25% to 30%).

Phencyclidine 25	
Phencyclidine	**25**
4-Hydroxy Phencyclidine	90

PROPOXYPHENE (PPX) - Drug 13

Propoxyphene (PPX) is a mild narcotic analgesic found in various pharmaceutical preparations, usually as the hydrochloride or napsylate salt. These preparations typically also contain large amounts of acetaminophen, aspirin, or caffeine. Peak plasma concentrations of propoxyphene are achieved from. 1 to 2 hours post dose. In the case of overdose, propoxyphene blood concentrations can reach significantly higher levels. In human, propoxyphene is metabolized by N-demethylation to yield norpropoxyphene. Norpropoxyphene has a longer half-life (30 to 36 hours) than parent propoxyphene (6 to 12 hours). The accumulation of norpropoxyphene seen with repeated doses may be largely responsible for resultant toxicity.

PROPOXYPHENE (PPX)	
Norpropoxyphene	**300**
Propoxyphene,d-	300

SECTION 04

Adulteration SVT

The Adulterant Test Strip contains chemically treated reagent pads. Observation of the color change on the strip compared to the color chart provides a semi-quantitative screen for Oxidants, Specific Gravity, pH, Creatinine, Nitrite and Glutaraldehyde in human urine which can help to assess the integrity of the urine specimen.

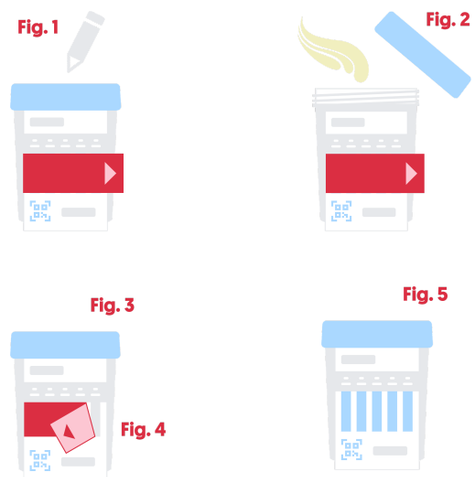
Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants in the urine specimen can cause false negative results by either interfering with the test and/or destroying the drugs present in the urine. Dilution may also be used to produce false negative drug test results. To determine certain urinary characteristics such as specific gravity and pH, and to detect the presence of oxidants, Nitrite, Glutaraldehyde and Creatinine in urine are considered to be the best ways to test for adulteration or dilution.

Oxidants (OX): Tests for the presence of oxidizing agents such as bleach and peroxide in the urine.
Specific Gravity (S.G): Tests for sample dilution. Normal levels for specific gravity will range from 1.003 to 1.030. Specific gravity levels of less than 1.003 or higher than 1.030 may be an indication of adulteration or specimen dilution.
pH: tests for the presence of acidic or alkaline adulterants in urine. Normal pH levels should be in the range of 4.0 to 9.0. Values below pH 4.0 or above pH 9.0 may indicate the sample has been altered.

SECTION 05

Collecting a Specimen

Allow the test cup to come to room temperature [15-30° C (59-86° F)] prior to test.
1) Tear the foil bag open, remove the test cup and disposable gloves provided for the donor. Label the device with donor information. (Fig. 1)



2) Open the test cup lid. Urinate directly into the test cup. Be sure to fill up the test cup with the urine specimen between minimum 30ml to maximum 110ml. (Fig. 2)
3) Close the lid securely and place the cup on a flat surface. Start the timer. (Fig. 3)
4) Put on the glove provided. Peel off label to reveal test result.(Fig. 4)
5) Read the adulteration strip at 2 minutes. Compare the colors on the adulteration strip to the enclosed color chart. If the result indicates adulteration, do not interpret or scan the drug test results. Either retest the urine or collect another specimen from the donor.

6) Read the drug strip results after 5 minutes. DO NOT INTERPRET RESULT OR SCAN AFTER 10 MINUTES. (Fig. 5)

NEGATIVE:* Two lines appear. One red line should be in the control region (C), and another apparent red or pink line adjacent should be in the test region (Drug/T). This negative result indicates that the drug concentration is below the detectable level
*NOTE: The shade of red in the test line region (Drug(f) will vary, but it should be considered negative whenever there is even a faint pink line.

POSITIVE: One red line appears in the control region (C). No line appears in the test region (Drugtr). 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 panel. If the problem persists, discontinue using the lot immediately and contact your manufacturer.
Note: There is no meaning attributed to line color intensity or width.
A preliminary positive test result does not always mean a person took illegal drugs and a negative test result does not always mean a person did not take illegal drugs. There are a number of factors that influence the reliability of drug tests. Certain drugs of abuse tests are more accurate than others. IMPORTANT: The result you obtained is called preliminary for a reason. The sample must be tested by laboratory in order to determine if a drug of abuse is actually present. Send any sample which does not give a negative result to a laboratory for further testing.

What Is A False Positive Test?
The definition of a false positive test would be an instance where a substance is identified incorrectly by One Step Multi-Drug Screen Urine Test. The most common causes of a false positive test are cross reactants. Certain foods and medicines, diet plan drugs and nutritional supplements may cause a false positive test result with this product.

What Is A False Negative Test?
The definition of a false negative test is that the initial substance is present but isn't detected by One Step Multi-Drug Screen Urine Test. If the sample is diluted, or the sample is adulterated that may cause false negative results.

SECTION 06

Download Labb Station

The Labb Station platform is a proprietary software technology developed by Labb to make rapid drug testing simple, accurate, & more reliable than traditional point of care tests. To open an account for Labb Station you must be a professional drug testing facility, clinic, occupational health facility, and/or manage an in-house workplace drug testing program with a minimum of 25 tests a month.

If you are already a Labb Station client, you may download and use the Labb Station mobile app found on the Apple iOS app store and the Android Google Play store.

To download on the Applie iOS app store:

Download on the App Store

Visit https://apps.apple.com/us/app/id1542054233

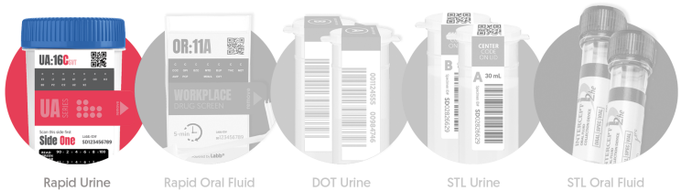
ANDROID APP ON Google play

Visit
https://play.google.com/store/apps/details?id=systems.smartscreens.smartReader.v3.production&hl=en_US&gl=US

SECTION 07

Labb.com

Labb offers a variety of drug testing products and services. The UA Series rapid drug screen is just on of many drug testing options available by Labb.



The Labb Station mobile app, tablet readers, and UA Series rapid drug screens are manufactured for Labb. Labb is a Virginia corporation located at:

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