

# RAPID EXAMS DRUG SCAN CUP TRAINING



# Features and Benefits



Temperature strip

- ✓ Results in 5 minutes
- ✓ Photocopy or scan results for permanent record (template included)
- ✓ Cup lies flat on copier or scanner for clear copying
- ✓ Simultaneous detection of up to 14 drugs, adulterants and/or alcohol

- ✓ Easy interpretation and better sensitivity
- ✓ Unbreakable cup surface
- ✓ Lab accuracy
- ✓ Tamper-proof strip insert
- ✓ Patented technology
- ✓ FDA cleared
- ✓ Made in the U.S.A.

## AVAILABLE URINE DRUG TESTS AND CUTOFFS

Test Strip	Drug	FDA Cleared	Forensic Use or Export Only
ALC C ALC ALC	Alcohol	–	0.04%
AMP IP AMP AMP	Amphetamine	1000	300, 500
BAR R BAR BAR	Barbiturate	300	–
BZO O BZO BZO	Benzodiazepine	300	200
BUP IP BUP BUP	Buprenorphine	10	5*
CLZ Z CLZ CLZ	Clonazepam	–	300*
COC COC COC COC	Cocaine	150, 300	100*
COT OT COT COT	Cotinine	–	200
EDDP DP EDDP EDDP	EDDP/Methadone	–	100
FYL L FYL FYL	Fentanyl	–	10
GHB HB GHB GHB GHB	GHB	–	10
K2/SPICE CE K2/SPICE K2/SPICE	K2/Spice	–	25,50
KET ET KET KET	Ketamine	–	1000
THC C THC THC	Marijuana	50	25*, 40*, 300*
MDMA MA MDMA MDI	MDMA/Ecstasy	500	–
MTD TD MTD MTD	Methadone	300	200
MET ET MET MET	Methamphetamine	500, 1000	300
OPI PI OPI OPI	Opiates	300, 2000	100*, 3500*
OXY XY OXY OXY	Oxycodone	100	–
PCP P PCP PCP	Phencyclidine	25	–
PPX PX PPX PPX	Propoxyphene	300	–
TML L TML TML	Tramadol	–	200*
TCA A TCA TCA	Tricyclic Antidepressants	1000	–

All cutoffs ng/mL except alcohol (BAC) and GHB (µg/mL). \* Available by special order only.

# Procedure: Specimen Collection



**NOTE:** Urine specimens can be transferred from a urine collection container into the Test Cup, if necessary.

1. Have available for use a Chain of Custody form (COC) or Test Results Record template.
2. Require the donor to present a photo identification.
3. Ask donor to remove any unnecessary outer clothing and empty all pockets.
4. Keep all backpacks and purses out of the restroom. Insure that all backpacks, wallets and purses are secured, preferably in a locked cabinet. If using a lockable cabinet or container, make sure that the donor is given the key.
5. Secure the collection site (restroom).
6. Visually inspect foil package containing the cup to ensure that the package has not been compromised. Tear open the foil pouch and remove the test cup.
7. Issue the device to the individual to be tested. Instruct the donor not to flush the toilet or turn the water on and to open the door when they are done.
8. Have the individual urinate directly into the Test Cup. Ensure that the specimen is above the minimum level (30 mL) line on the test label.

*Turn off water sources (sink faucets), ensure blue toilet water,*

*inspect site for and remove cleaners and other substances, secure toilet tank top or blue tank water.*



# Procedure: Specimen Collection



Peel the privacy label.



Read results at 5 minutes.

9. Check temperature (normal range from 90° to 100°F or 32° to 38°C) and observe specimen for foreign material and/or discoloration.



If the temperature is not within the normal range, the specimen is considered invalid and must be retested.

10. Pull privacy label and read drug test strip results at 5 minutes. Read adulterant strips at 1 minute and alcohol strips at 2 minutes.
11. Secure container by tightening lid as far as it will turn, apply security seal, and have donor and test administrator both sign and date seal, as well as initial and date the cup label.

# Procedure: Scanning or Copying Results



**Firmly tighten cup lid to avoid leakage. Copy or scan results for permanent record.**

## TEST RESULTS RECORD

### Company Information

Company Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Name of Collector \_\_\_\_\_ Phone \_\_\_\_\_

### Donor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

### Screen Results

Confirm results must be confirmed by laboratory  
 Test Ref #: \_\_\_\_\_ Date/Time Collected \_\_\_\_\_ Time Interpreted \_\_\_\_\_  
 Temperature: \_\_\_\_\_ Normal (90-100°) \_\_\_\_\_ Other \_\_\_\_\_ Note: Temperature must be read within four minutes of collection.

Drug Name	Symbol	Negative	Positive	Not Tested
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Adulterants

	Normal	Abnormal	N/A
1. Oxidants (OX)	_____	_____	_____
2. Specific gravity (SG)	_____	_____	_____
3. pH (PH)	_____	_____	_____
4. Nitrite (NI)	_____	_____	_____
5. Glutaraldehyde (GL)	_____	_____	_____
6. Creatinine (CR)	_____	_____	_____

### Alcohol

0%	0.04	0.08	0.20
1. Alcohol	_____	_____	_____

NOTE: This form is also available as a PDF download from [drugcheck.com](http://drugcheck.com)

### Certification

I hereby agree to submit to a urinalysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or adulterated.

Donor signature \_\_\_\_\_ Date / Time \_\_\_\_\_  
I hereby certify the specimen has been provided by the donor above.

Collector signature \_\_\_\_\_ Date / Time \_\_\_\_\_  
I hereby certify that a secure sample was received for confirmation.

Laboratory signature \_\_\_\_\_ Date / Time received \_\_\_\_\_






































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12. Ensure that lid is firmly tightened. With Test Results Record template on copier or scanner, place cup face down in the Results Window opening of the template (optional).
13. Copy or scan results using Test Results Record template (optional). Cups containing test strips on front and back will require turning over the template and cup to copy/scan opposite sides.
14. Fill out Test Results Record with complete donor and test information.

*NOTE: If confirmation is required, secure specimen in appropriate shipping container and send to a confirmation lab with signed Chain of Custody form.*

# Procedure: Interpretation of Results

**ADULTERANT** strips test for oxidants, specific gravity and pH. Specimens that have not been adulterated will display normal color range on the pad. Abnormal results (high or low) require collection of a new specimen and re-testing. Read adulterant results at 1 minute.

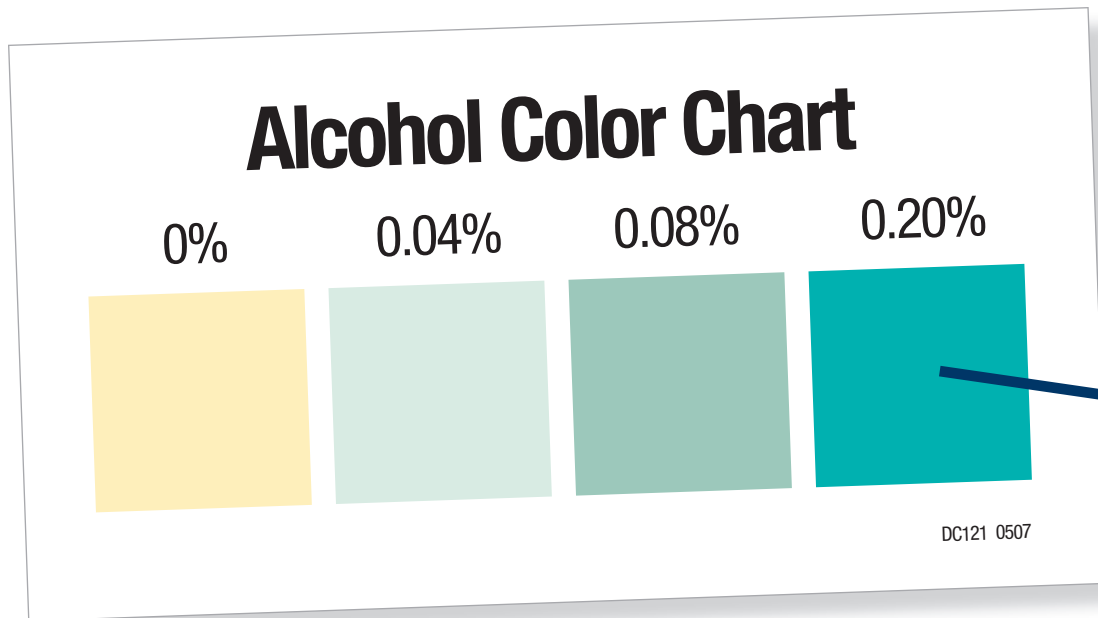
 <b>Adulterant Color Chart</b> <small>Adulterant (specimen validity) pads must be read at Test Read Time below as pad color may change.</small>				
Test Read Time	Pad Order & Pre-Test Color	Abnormal (low)	Normal	Abnormal (high)
<b>Creatinine</b> (CR) 45 seconds		 Negative  10	 20  50  100  200 mg/dl	 >15 mg/dl  Positive
<b>Nitrite</b> (NI) 45 seconds			 0  0.1-0.2  0.5-5.0	
<b>Glutaraldehyde</b> (GL) 45 seconds			 Negative	
<b>pH</b> (pH) Immediate		 2  3	 4  5  7  9	 $\geq 10$  $\geq 1.030$
<b>Specific Gravity</b> (SG) 45 seconds		 1.000	 1.005  1.015  1.025	 $\geq 1.030$  Positive 
<b>Oxidant/Bleach</b> (OX) 30 seconds			 Negative	 Positive 

*NOTE: Results must be read at 1 minute as pad color may change.*



# Procedure: Interpretation of Results

**ALCOHOL** strips test for the presence of alcohol at specific thresholds. Use the Alcohol Color Chart to compare with the color pad on the test strip. Read alcohol results at 2 minutes.



*NOTE: Results must be read at 2 minutes as pad color may change.*

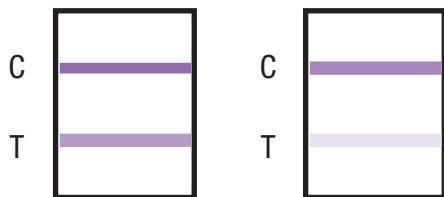


*Example: 0.20% alcohol*

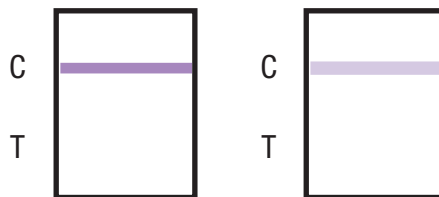
# Procedure: Interpretation of Results

**NEGATIVE** Two lines appear. One line visible in the control region (C), and another apparent line adjacent visible in the test region (T). This negative result indicates that the drug concentration is below the detectable level.

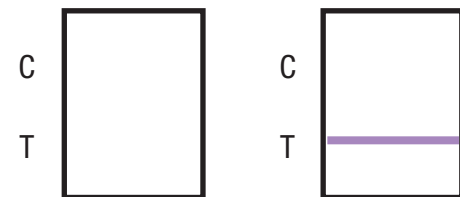
*NOTE: The shade of color in the test line region (T) will vary, but it should be considered negative if a line is visible. There is no meaning attributed to the line color intensity or width.*



**POSITIVE** One line appears in the control region (C). No line whatsoever appears in the test region (T). The lack of a line in the test region (T) indicates a preliminary positive result for the corresponding drug of that specific test region. Send this urine specimen to a certified laboratory for a more specific confirmation by GC/MS.



**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, contact your supplier for technical support.





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[rapidexams.com](https://rapidexams.com)