

Ethyl Glucuronide (ETG) Rapid Test Panel (Urine) Package Insert

A rapid test for the qualitative detection of Ethyl Glucuronide in human urine.
For medical and other professional *in vitro* diagnostic use only.

【INTENDED USE】

The Ethyl Glucuronide (ETG) Rapid Test Panel (Urine) is a rapid chromatographic immunoassay for the detection of Ethyl Glucuronide in human urine. The Ethyl Glucuronide detected by the test includes, but are not limited to, the metabolites of Ethanol.

This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any result, particularly when preliminary positive results are used.

【SUMMARY】

Ethyl Glucuronide (ETG) is a metabolite of ethyl alcohol which is formed in the body by glucuronidation following exposure to ethanol, such as by drinking alcoholic beverages. It is used as a biomarker to test for ethanol use and to monitor alcohol abstinence in situations where drinking is prohibited, such as in the military, in professional monitoring programs (health professionals, attorneys, airline pilots in recovery from addictions), in schools, in liver transplant clinics, or in recovering alcoholic patients. ETG can be measured in urine by Traditional laboratory methods (GC/MS or LC/MS) up to approximately 80 hours after ethanol is ingested (greatly dependent on the amount of alcoholic and non-alcoholic drinks). ETG is a more accurate indicator of the recent exposure to alcohol than measuring for the presence of ethanol itself.

The Ethyl Glucuronide Rapid Test Panel (Urine) is a rapid urine screening test that can be performed without the use of an instrument. The test utilizes a monoclonal antibody to selectively detect elevated levels of ethyl glucuronide in human urine. The Ethyl Glucuronide Rapid Test Strip (Urine) yields a positive result when the Ethyl Glucuronide in urine exceeds 500 ng/mL.

【PRINCIPLE】

The ETG Rapid Test Panel (Urine) is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a urine specimen migrates upward by capillary action. Ethyl Glucuronide, if present in the urine specimen below 500ng/mL, will not saturate the binding sites of antibody-coated particles in the test device. The antibody-coated particles will then be captured by immobilized Ethyl Glucuronide conjugate and a visible colored line will show up in the test line region. The colored line will not form in the test line region if the Ethyl Glucuronide level exceeds 500ng/mL because it will saturate all the binding sites of anti-Ethyl Glucuronide antibodies.

A drug-positive urine specimen will not generate a colored line in the test line region, while a drug-negative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. 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.

【REAGENTS】

The Test Panel contains mouse monoclonal anti-ethyl glucuronide antibody-coupled particles and ethyl glucuronide -protein conjugate. A goat antibody is employed in the control line system.

【PRECAUTIONS】

- For medical and other professional *in vitro* diagnostic use only. Do not use after the expiration date.
- The test should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used test should be discarded according to local regulations.

【STORAGE AND STABILITY】

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. **DO NOT FREEZE.** Do not use beyond the expiration date.

【SPECIMEN COLLECTION AND PREPARATION】

Urine Assay

The urine specimen must be collected in a clean and dry container. Urine collected at any time of the day may be used. Urine specimens exhibiting visible particles should be centrifuged, filtered, or allowed to settle to obtain clear specimen for testing.

Specimen Storage

ETG is not very stable in urine. After the urine is collected, the ETG will gradually degrade. The urine specimen containing ETG should be tested as soon as possible. In general, the specimen should be tested within 2 hours, and it must not be stored beyond 8 hours. For long-term storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed before testing.

If you intend to send specimens for quantitative follow-up testing into the lab you should stabilize the urine (e.g. boric acid) beforehand. Do not use the stabilized specimen for the rapid test.

【MATERIALS】

Materials Provided

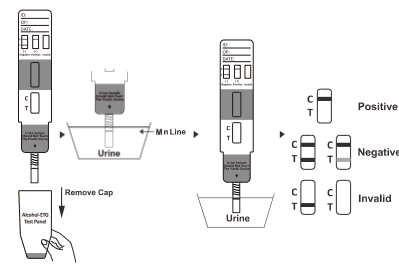
- Test Panels
- Package insert
- Specimen collection container
- Timer

Materials Required But Not Provided

【DIRECTIONS FOR USE】

Allow the test, urine specimen, and/or controls to reach room temperature (15-30°C) prior to testing.

- Remove the test panel from the sealed pouch and use it as soon as possible.
- Remove the cap.
- With the arrow pointing toward the urine specimen, immerse the test panel vertically in the urine specimen for at least 10 to 15 seconds. **Immerse the strip to at least the level of the wavy lines, but do not touch the plastic device.**
- Replace the cap and place the test panel on a non-absorbent flat surface.
- Start the timer and wait for the colored line(s) to appear.
- The result should be read at 5 minutes. Do not interpret the result after 10 minutes.



【INTERPRETATION OF RESULTS】

(Please refer to the illustration above)

NEGATIVE:* Two lines appear. One colored line should be in the control line region (C), and another apparent colored line should be in the test line region (T). A negative result indicates that the Ethyl Glucuronide concentration is below the detectable level (500ng/mL).

***NOTE:** The shade of color in the test line region (T) may vary, but it should be considered negative whenever there is even a faint colored line.

POSITIVE: One colored line appears in the control line region (C). No line appears in the test line region (T). A positive result indicates that the Ethyl Glucuronide concentration exceeds the detectable level (500ng/mL).

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. If the problem persists, discontinue using the lot immediately and contact your local distributor.

【QUALITY CONTROL】

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as good laboratory testing practice to confirm the test procedure and to verify proper test performance.

【LIMITATIONS】

- The ETG Rapid Test Panel (Urine) provides only a qualitative, preliminary analytical result. A secondary analytical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.^{1,2}
- It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
- Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
- A positive result indicates presence of ETG but does not indicate level of intoxication, administration route or concentration in urine.
- A negative result may not necessarily indicate ETG-free urine. Negative results can be obtained when ETG is present but below the cut-off level of the test.
- Test does not distinguish between legal or illicit use of alcohol.

【EXPECTED VALUES】

This negative result indicates that the Ethyl Glucuronide concentration is below the detectable level of 500ng/mL. Positive result means the concentration of Ethyl Glucuronide is above the level of 500ng/mL. The ETG Rapid Test Panel has a sensitivity of 500ng/mL.

【PERFORMANCE CHARACTERISTICS】

Accuracy

A side-by-side comparison was conducted using the ETG Rapid Test Panel (Urine) and GC/MS. The following results were tabulated:

Method	Results	GC/MS		Total Results
		Positive	Negative	
		83	1	
ETG Rapid Test Panel	Positive	83	1	84
	Negative	2	164	166
	Total Results	85	165	250
	% Agreement	97.6%	99.4%	98.8%

Analytical Sensitivity

A drug-free urine pool was spiked with ETG at the following concentrations: 0, 250, 375, 500, 625, 750 and 1500ng/mL. The results demonstrate >99% accuracy at 50% above and 50% below the cut-off concentration. The data are summarized below:

Ethyl Glucuronide Concentration (ng/mL)	Percent of Cut-off	n	Visual Result	
			Negative	Positive
0	0%	30	30	0
250	50%	30	30	0
375	<25%	30	26	4
500	Cut-off	30	15	15
625	+25%	30	3	27
750	+50%	30	0	30
1500	3X	30	0	30

Analytical Specificity

The following table lists compounds that are positively detected in urine by the ETG Rapid Test Panel (Urine) at 5 minutes.

Compound	Concentration (ng/mL)
Ethyl-β-D-Glucuronide	500
Propyl β-D-glucuronide	50,000
Glucuronic Acid	100,000
Ethanol	>100,000
Methanol	>100,000

Precision

A study was conducted at three hospitals by laypersons using three different lots of product to demonstrate the within run, between run and between operator precision. An identical panel of coded specimens containing, according to GC/MS, no Ethyl Glucuronide, 25% Ethyl Glucuronide above and below the cut-off, and 50% Ethyl Glucuronide above and below the 500ng/mL cut-off was provided to each site. The following results were tabulated:

Ethyl Glucuronide Concentration (ng/mL)	n per Site	Site A		Site B		Site C	
		-	+	-	+	-	+
0	10	10	0	10	0	10	0
250	10	10	0	10	0	10	0
375	10	8	2	8	2	9	1
625	10	1	9	2	8	2	8
750	10	0	10	0	10	0	10

Effect of Urinary Specific Gravity

Fifteen (15) urine samples of normal, high, and low specific gravity ranges were spiked with 250ng/mL and 750ng/mL of Ethyl Glucuronide. The ETG Rapid Test Panel (Urine) was tested in duplicate using the fifteen neat and spiked urine samples. The results demonstrate that varying ranges of urinary specific gravity (1.005-1.045) do not affect the test results.

Effect of Urinary pH

The pH of an aliquoted negative urine pool was adjusted to a pH range of 5 to 9 in 1 pH unit increments and spiked with Ethyl Glucuronide to 500ng/mL and 1500ng/mL. The spiked, pH-adjusted urine was tested with the ETG Rapid Test Panel (Urine) in duplicate. The results demonstrated that varying ranges of pH do not interfere with the performance of the test.

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Ethyl Glucuronide positive urine. The following compounds show no cross-reactivity when tested with the ETG Rapid Test Panel (Urine) at a concentration of 100 µg/mL.

Non Cross-Reacting Compounds

4-Acetaminophenol	4-Dimethylaminoantipyrine	Maprotiline	Procaine
Acetone	Diphenhydramine	Meperidine	Promazine
Acetophenetidin	5,5-Diphenylhydantoin	Meprobamate	Promethazine
N-Acetylpilocarpine	Disopyramide	d-Methamphetamine	l-Propoxyphene
Acetylsalicylic acid	Doxylamine	l-Methamphetamine	d,l-Propranolol
Albumin	Ecgogone	Methadone	d-Pseudoephedrine
Amitriptyline	Ecgogone methylester	Methoxyphenamine	Quinacrine
Amobarbital	EMDP	(+)-3,4-Methylenedioxy-	Quinidine
Amoxapine	Ephedrine	Methylphenidate	Quinine
Amoxicillin	l-Ephedrine	Mephentermine	Ranitidine
Ampicillin	l-Epinephrine	Meprobrolol	Rofloflavin
Ascorbic acid	(±)-Epinephrine	Meprobamate	Salicylic acid
Aminopyrine	Erythromycin	Morphine sulfate	Serotonin
Apomorphine	β-Estradiol	Methprylon	(5-Hydroxytryptamine)
Aspartame	Estrone-3-sulfate	Nalidixic acid	Sodium chloride
Atropine	5,5-Diphenylhydantoin	Nalorphine	Sulfamethazine
Benzilic acid	Ethyl-p-aminobenzoate	Naloxone	Sulindac
Benzoic acid	Etodolac	Naltrexone	Sustiva (Efavirenz)
Benzphetamine	Famprofazone	Famprofazone	Temazepam
Bilirubin	Fentanyl	Naproxen	Tetracycline
Brompheniramine	Fluoxetine	Niacinamide	Tetrahydrocortexolone
Bupropion	Furosemide	Nifedipine	Tetrahydrocortisone,
Cannabinol	Gentic acid	Nimesulide	3-acetate
Cimetidine	d-Glucose	Norcodeine	Tetrahydrozoline
Chloral hydrate	Guaiaicol glyceryl ether	Norethindrone	Thebaine
Chloramphenicol	Hemoglobin	d-Norpropoxyphene	Thiamine
Chloridiazepoxide	Hydralazine	Noscapine	Thiazidazine
Chloroquine	Hydrochlorothiazide	d,l-Octopamine	l-Thyroline
Chlorothiazide	Hydrocortisone	Hydrocortisone	Tolbutamide
(+)-Chlorpheniramine	o-Hydroxyhippuric acid	Oxalic acid	cis-Transadol
(±)-Chlorpheniramine	p-Hydroxymethamphetamine	Oxazepam	trans-2-
Chlorpromazine	3-Hydroxytyramine	Oxolinic acid	Phenylcyclopropylamine
Chlorprothixene	(Dopamine)	Oxycodone	Trazodone
Cholesterol	Hydroxyzine	Oxymetazoline	Trimethobenzamide
Clozapine	Ibuprofen	Oxymorphone	Triamterene
Codeine	Imipramine	Papaverine	Trifluoperazine
Cortisone	Iproniazide	Pemoline	Trimethoprim
(-)Cotinine	(-)Isoproterenol	Penicillin-G	Trimipramine
Creatinine	Isoxsuprine	Penicillin-G	Triptamine
Cyclobarbitol	Kanamycin	Perphenazine	d,l-Tryptophan
Cyclobenzaprine	Ketamine	Phenacyclidine	Tyramine
Deoxycorticosterone	Ketoprofen	Phenelzine	d,l-Tyrosine
R (-)Deprenyl	Labelalol	Pheniramine	Uric acid
Dextromethorphan	Levorphanol	Phenobarbital	Verapamil
Diazepam	Lidocaine	Phenothiazine	Digoxin
Diclofenac	Lindane	Phentermine	Lithium carbonate
Dicyclanil	(Hexachlorocyclohexane)	Prednisolone	l-Phenylephrine
Diffunisal	Loperamide	Prednisone	Procaine
4-Acetaminophenol	4-Dimethylaminoantipyrine	Maprotiline	Promazine
Acetone	Diphenhydramine	Meperidine	Promethazine

【BIBLIOGRAPHY】

- Baselt RC. *Disposition of Toxic Drugs and Chemicals in Man*. 2nd Ed. Biomedical Publ., Davis, CA, 1982: 488
- Hawks RL, CN Chiang. *Urine Testing for Drugs of Abuse*. National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986

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