Drugs of Abuse On-Site Screens
AS/NZ 4308:2008

Saliva Testing for Drugs & Alcohol

Breath Testing for Alcohol

Useful Information

For further information visit our website:
www.apc.co.nz/drug&alcoholtesting
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO-STEP 5 Panel (urine)</td>
<td>1</td>
</tr>
<tr>
<td>NO-STEP 6 Panel (urine)</td>
<td>1</td>
</tr>
<tr>
<td>NO-STEP 10 Panel (urine)</td>
<td>2</td>
</tr>
<tr>
<td>Key Cup 6 Panel (urine)</td>
<td>2</td>
</tr>
<tr>
<td>ProScreen 6 Panel (urine)</td>
<td>3</td>
</tr>
<tr>
<td>First Sign Single &amp; Two Panel</td>
<td>4</td>
</tr>
<tr>
<td>Collection Cups</td>
<td>4</td>
</tr>
<tr>
<td>Adulterant/Integrity Testing</td>
<td>5 &amp; 21</td>
</tr>
<tr>
<td>First Sign Oral DOA + Alcohol</td>
<td>6</td>
</tr>
<tr>
<td>Reading Test Results</td>
<td>7</td>
</tr>
<tr>
<td>Alco Sensor FST (breath)</td>
<td>8</td>
</tr>
<tr>
<td>QED (Saliva / Alcohol)</td>
<td>8</td>
</tr>
<tr>
<td>Useful Information</td>
<td>9-15</td>
</tr>
<tr>
<td>SAMSHA Cut-off levels (urine)</td>
<td>16</td>
</tr>
<tr>
<td>AS/NZ Standard 4308:2008</td>
<td>17</td>
</tr>
<tr>
<td>INTERPRETING TEST RESULTS</td>
<td>18</td>
</tr>
<tr>
<td>COST COMPARISONS</td>
<td>19-20</td>
</tr>
<tr>
<td>Integrity Testing 6 AT/Overview</td>
<td>21-22</td>
</tr>
</tbody>
</table>
Check out our website for datasheets and costs on drug screening products: www.apc.co.nz
**NO-STEP 5 Panel®**

**Five Panel Drug Screen™** with a specimen collection cup, ID label, temperature strip, solid lid & tamper evident seal for: Amphetamines, Cocaine, Marijuana, Methamphetamines & Opiates

- Incorporates collection and testing
- Temperature strip on collection cup
- Clear collection cup - allows for visual integrity check
- Tamper-proof - Closed specimen cup - test device is included
- Results ready in 5 minutes
- No timing required: control line indicator
- Each test has built-in procedural control
- Results stable for one hour
- >97.5% correlation to GC/MS at 95% confidence level
- Adulterant (AT) /Integrity Test included with every test: Specific Gravity/Creatinine, Oxidants, pH

**NO-STEP 6 Panel + 6 AT**

**Six Panel Drug Screen™** with a specimen collection cup, ID label, temperature strip, solid lid & tamper evident seal for: Amphetamines, Benzodiazepines, Cocaine, Methamphetamine, Marijuana (THC) Opiates & six adulterants/integrity test

- Incorporates collection and testing
- Temperature strip on collection cup
- Clear collection cup - allows for visual integrity check
- Tamper-proof - Closed specimen cup - test device is included
- Results ready in 5 minutes
- No timing required: control line indicator
- Each test has built-in procedural control
- Results stable for one hour
- >97.5% correlation to GC/MS at 95% confidence level
- Detects drugs at AS/NZ Standard 4308:2008 cut-offs
- Adulterant/Integrity Test (AT) included with every test: Nitrites, Oxidants, Glutaraldehyde, pH, Creatinine & Specific Gravity
Ten Panel Drug Screen™ with a specimen collection cup, ID label, temperature strip, solid lid & tamper evident seal for: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, MDMA (Ecstasy), Methadone, Methamphetamine, Marijuana (THC) Opiates, and Tri-cyclic Antidepressants.

- Incorporates collection and testing
- Temperature strip on collection cup
- Clear collection cup - allows for visual integrity check
- Tamper-proof - Closed specimen cup - test device is included
- Results ready in 5 minutes
- No timing required: control line indicator
- Each test has built-in procedural control
- Results stable for one hour
- >97.5% correlation to GC/MS at 95% confidence level
- Detects drugs at AS/NZ Standard 308:2008 cut-offs
- Adulterant/Integrity Test (AT) included with every test

Key Cup™ 6 Panel Drug Screen®

An integrated collection and testing device for up to 10 drugs of abuse.
Tests for Amphetamines, Benzodiazepines, Cocaine, Marijuana, Methamphetamine & Opiates

- Temperature strip on collection cup
- Clear collection cup—allows for visual integrity check
- Incorporates collection and testing
- Collect sample—read results in 5 minutes
- No timing required—control line indicator
- Closed cup specimen-tamper-proof
- Ship to lab in same container for confirmation
- Each test has built in procedural control
- Results stable for one hour
- >97.5% correlation to GC/MS at 95% confidence level
- Cut-offs set to AS/NZ Standards 4308:2008 for immunoassay testing
6 panel Drug Screen Performance Verified to Appendix B of the AS/NZ 4308:2008 Drug Testing Standard

Provides convenient, accurate and cost effective drug screening with results in minutes—no fuss, no mess.

Simply collect sample, cap and tilt, read results.

- Temperature strip on collection cup
- Tests for six drugs of abuse: AMP, BZO, COC, METH, OPI, THC
- 5 Integrity tests: Creatinine, Nitrites, Bleach/Oxidants, SG– Specific Gravity
- Incorporates collection and testing
- Collector activated cup-collector retains complete control
- Clear collection cup - allows for visual integrity check
- Results ready in 3-5 minutes
- Performance Verified to Appdx B AS/NZ 4308:2008
- Cut-offs to AS/NZ 4308:2008 Standard
- Each test has built-in procedural control
- Results stable for one hour
- >97.5% correlation to GC/MS at 95% confidence level

Comes in boxes of 25s only
First Sign® is available as either single panel or two panel drug test—for the detection of drugs of abuse in urine. Simply dip the First Sign into the urine sample for about 15 seconds and read test results once the control line forms, typically in 3—5 minutes.

Available for:

K2 (Synthetic Cannabinoids),
Marijuana,
Methamphetamines

& THC & METH (2 panel)
Also available: Amphetamines, Barbiturates, Opiates, Benzodiazepines, Cocaine, MDMA (Ecstasy), Methadone, Tricyclic Antidepressants

Collection cups for specimen collection are available in packs of 10 for testing where cup is not included in package:

- First Sign Single and Two Panel Drug Tests

- 100ml graduated cup
- Temperature strip for test validity
- Clear cup allows for visual integrity check

$1 each +GST (minimum of 10)
Adulterant / Integrity Tests (AT) ensure the “integrity” of your drug testing program.

Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants in a urine specimen can cause false negatives by either interfacing with the test or destroying the drugs present in urine. Dilution may also be used to produce false negatives results.

Adulterant Tests check urine for three specific common characteristics—
- Oxidants (OX) bleach, peroxide, nitrites, glutaraldehyde
- Specific Gravity (SG) sample dilution Creatinine
- pH tests for the presence of acidic or alkaline adulterants in urine specimens

Adulterant Tests are now included as standard with all our multi panel drug tests.

Refer Pg 21 for more information on 6AT.
OralCube / Saliva

The Oral Cube 6+ panel oral fluid screen has been specifically manufactured to meet the Australian Standard cut-offs for Saliva Testing AS 4706:2006. It is unique by incorporating the screening for both alcohol and the drugs of abuse simultaneously in oral fluid.

Screens for: AMP, BZO, COC, METH, OPI, THC and ALCOHOL
- Real time drug screening as a frontline indicator of impairment
- Easy to use
- All collections can be observed
- No restroom required
- Specimen collection takes 3 minutes
- Clear, rapid results
- Built in alcohol screen + the six drugs of abuse
- Cube ideal for photocopying of results
- Allows real-time (recent) testing, anybody, anytime...anywhere

First Sign™ORAL is a rapid saliva screening test for the simultaneous qualitative detection of amphetamine, methamphetamine, cocaine, opiates, marijuana and alcohol and their metabolites in human oral fluid.

- Allows real-time testing anybody....anytime...anywhere
- All collections can be observed
- No restroom facilities required
- Specimen collection takes 3 minutes
- No shy bladder issues
- No specimen tampering issues
- Results ready in 15 minutes
- Detects parent THC
- No instrumentation required
- Built in alcohol screen as well as the DOA
All our Drug Screens have built in procedural Control Lines (Quality Control) to verify that the test is indeed “working”. (NO-STEP, KEY CUP, FIRST SIGN & STAT Swab)

The control line should appear first on all test windows. If the control line does not appear then the test should be deemed invalid and another test used.

5 Panel
A second line should then appear for all tests—this indicates a NEGATIVE TEST—(two lines in each window) The intensity of either line is NOT important

6 Panel—10 Panel
Three lines should appear in each test window—indicating a NEGATIVE TEST. The intensity of any line is NOT important

These guidelines should be followed

1. A Single Line = POSITIVE or (NON NEGATIVE)

2. A Double Line = NEGATIVE (5 panel)

3. Three Lines = NEGATIVE (6 panel, 10 panel)

NO Control Line = NO RESULT**/Invalid

**No result/invalid cards should be returned to us with their batch #, Lot# and expiry date noted (from foil pouch). Our manufacturer automatically retains tests from each Batch and Lot # for integrity issues should they arise. We will replace any invalid test.

Tests should always be stored at room temperature and it should be ensured that tests are at room temperature prior to testing. Tests have a shelf life of 18+ months
A Quantitative Test for the Determination of Equivalent Blood Alcohol Content (BAC) using a Saliva Sample. Approved by the Federal Department of Transportation (DOT) for Commercial Alcohol Testing Programs. Simple as Reading a Thermometer.

- Non Invasive, Quantitative Results in 2-4 Minutes
- Interpretation like Reading a Thermometer
- Long Shelf Life of 1 Year Plus
- Individually Sealed in Foil Envelope with Cotton Swabs
- Built-in Quality Control and Calibration
- U.S. DOT Approved for Testing and Evidence
- High Correlation ($r=0.98$)

Alco-Sensor FST

is a pocket-sized, hand-held breath alcohol tester, providing a simple, accurate and economical method of determining a subject's breath alcohol level. The FST accepts breath samples directly or passively. Designed with safety in mind the FST has a backlit LCD display and illuminated mouthpiece guide for low light situations.

- Powered by two AA batteries (1500 tests)
- Responds within 5-10 seconds on both positive and negative samples
- Last Test recall

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- U.S. DOT Approved for Testing and Evidence
- High Correlation ($r=0.98$)
**DRUG LASTING POWER**

<table>
<thead>
<tr>
<th>DRUGS AND METABOLITES</th>
<th>URINE DETECTION PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL, BEER, WINE, LIQUOR</td>
<td>6-12 HOURS</td>
</tr>
<tr>
<td>AMPHETAMINE/METHAMPHETAMINE</td>
<td>2-4 DAYS</td>
</tr>
<tr>
<td>BARBITURATES</td>
<td>3 DAYS</td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>3-8 DAYS</td>
</tr>
<tr>
<td>COCAINE AND METABOLITES</td>
<td>2-3 DAYS</td>
</tr>
<tr>
<td>CODEINE, MORPHINE</td>
<td>2-3 DAYS</td>
</tr>
<tr>
<td>OPIATES</td>
<td>2-3 DAYS</td>
</tr>
<tr>
<td>MARIJUANA (THC)</td>
<td>10-30 DAYS AVERAGE **</td>
</tr>
<tr>
<td>PCP (PHENCYCLIDINE) / BENZODIAZEPINES</td>
<td>3-8 DAYS</td>
</tr>
</tbody>
</table>

** THC/MARIJUANA  This is known to remain in the system the longest of all drugs. In some cases if the user is deemed “chronic” (smoked regularly for years) then marijuana can be present in the system for up to 4+ months.

When a urine is tested for drugs of abuse, specific guidelines have been adopted from Federal Mandates on how the urine will be tested and at what cut-off levels must be exceeded before the sample can be reported as positive.

Positive samples undergo a two test criteria before a sample can be reported as “positive”. The first test is a screening procedure. (I will use marijuana as an example, the screening and confirmation rules apply to all of the compounds).

Marijuana has several similar compounds and to varying degrees react with the first screen procedure to produce a positive result; that is why the cut-off of 50ng/ml is used. The screen must exceed 50ng/ml of total cannabinoids before that specimen will be sent forward through the system to a more specific confirmation process. The confirmation procedure singles out one primary metabolite associated with marijuana use. The metabolite Delta-9-THC carboxyclic acid has a cut-off of 15ng/ml. For a specimen to be reported as positive, the screen must exceed 50ng/ml and the confirmation must exceed 15ng/ml.

These are the Federal Workplace guidelines (USA) and are also the International Standard and are used by all countries. Cut-off levels vary for each individual drug of abuse, but are all set to the International Standard.

A report of a negative does not mean absolute zero, it means that the sample (marijuana) was under the cut-off of 50ng/ml or 15ng/ml.
OVER THE COUNTER & PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST

**ALCOHOL**
All liquid medications containing ethyl alcohol (ethanol). Please read the label for the alcohol content. As an example, Vick’s Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (50 proof) and Listerine is 26.9% (54 proof).

**AMPHETAMINES**
Obetrol, Biphetamine, Desoxyn, Dextedrine, Dextostat, Didrex, Marinol, Psuedoephedrine, Psuedofed, Benzedrine, Biphetamine

**COCAINE**
Cocaine HCI topical solution (Roxanne)

**METHAQUALONE**
Not legal by prescription

**OPIATES**
Paregoric, Prepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Asprin with Codeine, Robituddin AC, Guiattuss AC, Novahistine DM, Novahistine Expectorant, Dilaudid (Hydromorphine), M-S Contin and Roxanol (morphine and sulphate), Oramprph, Hydrocodeine/Vocodin Percodan, Vicodin Linctus G, Pholacodeine etc.

**BARBITURATES**
Phemobarbital, Tuinal, Amytel, Nembutal, Seconal, Lotusate, Florinal, Floricet, Eagic, Butisol, Mebaral, Butubarital, Butabital, Phrenillin, Triad, Lumina Seconal, Neodorm, Immenoctal, Staddom etc.

**BENZODIAZEPINES**
Ativa, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax, Oxazepam, Vivol, Novopoxide, Remestan, Rohynpol, Restoril, Versed, Clonopin, Rivotril

**METHADONE**
Dolphine, Methadose, L-Polamidon, Physeptone

**PROPOPYPHENE (PPX)/PHENCYCLIDINE (PCP)**
Darvocet, Davron N, Dolene, etc/Not legal by prescription

**THC/Methamphetamine**
Not legal by prescription

**TRICYCLIC ANTIDEPRESSANTS (TCA)**
Amitriptyline, Elavil, Endep, Cyclobenzaprine, Flexeril, Clomipramine, Anafranil, Perhenazine, Triafon, Desipramine, Norpramin, Imipramine, Totranilm, Trimipramine, Sumontil, Promazine, Sparine, Nordoxepine, Doxepine, Sinequan
ALCOHOL—What is It?

The alcohol we consume is called ethyl alcohol. Most alcohols are highly poisonous to humans, but ethyl alcohol can be tolerated by the body in small amounts. It is classified as a sedative-hypnotic drug because it acts to slow down the activities of the central nervous system.

Alcohol is not digested like a food, but approximately 20% passes into the bloodstream through the walls of the small intestine. Only minutes after drinking, the circulation system begins distributing the alcohol to every part of the body. As the alcohol travels around the body via the bloodstream, it starts to slow down the operation of various sorts of cells. This causes the different stages of intoxication and drunkenness - relaxation, laughter, slurred speech, inability to walk straight and dangerous driving.

Alcohol interferes with your brain activity. It slows your reflexes, impairs co-ordination, reduces visual sharpness and cuts down on your normal caution. Alcohol makes it harder to concentrate. You can’t think as clearly or quickly, or act as fast as you normally do. Even more of a problem is that you are unaware this is happening to you. Alcohol short-circuits the warning light in your brain, so you don’t know you’re impaired. You develop a false sense of confidence and well-being. And this is extremely dangerous for anyone who’s driving, holding responsible positions in industry, involving high concentration or the operation of expensive machinery.

SOURCE: “Alcohol Facts and Effects” Booklet published by ALAC.
Breath Alcohol Testing - The Need

There are a number of reasons why monitoring for alcohol impairment needs to happen. Some of these include:

**Costs to Industry**

It is estimated that alcohol impairment in the workplace costs New Zealand $670,000,000 annually in lowered productivity. This *does not* include the cost of workplace accidents and absenteeism.

**Human Costs**

On average, 1 person per day is killed, and 12 people are injured in alcohol related motor vehicle accidents.

About 50% of road accident victims are impaired by alcohol at the time of the accident.

In total, there are about 800 deaths every year due to heavy drinking, and many times that number of injuries.

SOURCE: ALAC
ALCOHOL AND THE HUMAN BODY

Alcohol Content
We are all aware, its not **what we drink**— but rather the way we drink or how much alcohol we consume, - as you can see from the chart below

### Alcohol Content of some Typical Drinks

<table>
<thead>
<tr>
<th>DRINK</th>
<th>ALCOHOL CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>330ml can of beer @ 3% alcohol</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>100ml glass of table wine</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>30ml of straight spirits</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>330ml can of beer @ 4.2% alcohol</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>440ml can of beer @ 5% alcohol</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>330ml of lite beer @ 2.5% alcohol</td>
<td>10g pure alcohol</td>
</tr>
<tr>
<td>750ml bottle of beer @ 4% alcohol</td>
<td>approx. 10g pure alcohol</td>
</tr>
<tr>
<td>750ml bottle of sparkling wine @ 13% alcohol</td>
<td>approx. 10g pure alcohol</td>
</tr>
<tr>
<td>750ml bottle of wine @ 12% alcohol</td>
<td>approx. 10g pure alcohol</td>
</tr>
<tr>
<td>750ml bottle of wine @ 14% alcohol</td>
<td>approx. 10g pure alcohol</td>
</tr>
</tbody>
</table>
Alcohol Content of some Typical Drinks

- 3 litre cask of wine @ 12.5% alcohol
- 275ml bottle of RTD spirits @ 5% alcohol
- 335ml bottle of RTD spirits @ 8% alcohol
- 375ml bottle of spirits @ 37.5% alcohol
- 500ml bottle of spirits @ 37.5% alcohol
- 750ml bottle of spirits @ 40% alcohol
- 1 litre bottle of spirits @ 47% alcohol
- 1125ml bottle of spirits @ 45% alcohol
### Court Imposed Penalties

<table>
<thead>
<tr>
<th>Offence</th>
<th>Amount of Blood</th>
<th>Alcohol Breath</th>
<th>Prison</th>
<th>Penalty Fine</th>
<th>Loss of licence</th>
</tr>
</thead>
<tbody>
<tr>
<td>You kill or injure someone when driving after drinking or taking drugs</td>
<td>more than 80mg per 100ml</td>
<td>more than 400mg per litre</td>
<td>up to 5 years</td>
<td>and/or up to $20,000</td>
<td>1 year or more</td>
</tr>
<tr>
<td>You drive after drinking or taking drugs and you are aged 20 yrs or over</td>
<td>more than 80mg per 100ml</td>
<td>more than 400mg per litre</td>
<td>First/Second up to 3 months</td>
<td>Offence and/or up to $4500</td>
<td>6 months or more</td>
</tr>
<tr>
<td>You drive after drinking or taking drugs and you are aged under 20 yrs</td>
<td>more than 30mg per 100ml</td>
<td>more than 150mg per litre</td>
<td>Third or More 2 years</td>
<td>$5,000</td>
<td>1 year or more</td>
</tr>
<tr>
<td>You refuse to give blood when asked by a police officer, doctor or approved person</td>
<td>more than 80mg per 100ml</td>
<td>more than 400mg per litre</td>
<td>First/Second up to 3 months</td>
<td>Offence and/or up to 6 months or more</td>
<td></td>
</tr>
<tr>
<td>You refuse to go with a police officer for an evidential breath or blood test</td>
<td>more than 80mg per 100ml</td>
<td>more than 400mg per litre</td>
<td>Third or More 2 years</td>
<td>$6000</td>
<td>1 year</td>
</tr>
<tr>
<td>You are in charge of a vehicle after drinking or taking drugs and do not hand over the keys when requested by police</td>
<td>more than 80mg per 100ml</td>
<td>more than 400mg per litre</td>
<td>Third or More 2 years</td>
<td>$6000</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Useful Info**

**Court Imposed Penalties**

**ALCOHOL/DRUGS**

**What are the penalties?**
### SAMHSA Cut-offs

**SAMHSA CUT-OFF LEVELS**  
(Substance Abuse & Mental Health Services) FOR DRUGS OF ABUSE/urine/immunoassay screens

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cut-off ng/ml</th>
<th>Drug</th>
<th>Cut-off ng/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine</td>
<td>1000</td>
<td>propoxyphene</td>
<td>300</td>
</tr>
<tr>
<td>barbiturates</td>
<td>300</td>
<td>tri-cyclic antidepressants</td>
<td>1000</td>
</tr>
<tr>
<td>benzodiazepines</td>
<td>300</td>
<td>marijuana</td>
<td>50</td>
</tr>
<tr>
<td>cocaine</td>
<td>300</td>
<td>THC</td>
<td></td>
</tr>
<tr>
<td>ecstasy</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methamphetamine</td>
<td>1000</td>
<td>buprenorphine</td>
<td>12.5</td>
</tr>
<tr>
<td>methadone</td>
<td>300</td>
<td>glucuronide</td>
<td>10</td>
</tr>
<tr>
<td>opiates</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>oxycodone</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phencyclidine</td>
<td>25</td>
<td></td>
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</tr>
</tbody>
</table>
Australia/New Zealand Standard 4308:2008

In 2008 our own standard was jointly written with Australia for on-site immunoassay collection and testing for the drugs of abuse in urine. Below are the AS/NZ Standard 4308:2008 Cut-Off Levels.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>CUT-OFF ng/mL</th>
<th>GC/MS Confirmation Cut-off Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine type Substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMP/METH</td>
<td>300</td>
<td>Amphetamine 150ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Methylamphetamine 150ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Methylene-dioxyethylamphetamine 150ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Methylenedioxyamphetamine 150ng/mL</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>200</td>
<td>Diazepam 200ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nordiazepam 200ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oxazepam 200ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Temazepam 200ng/mL</td>
</tr>
<tr>
<td>Cannabis metabolites</td>
<td>50</td>
<td>A-hydroxyl-alprazolam 100ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-amino-clonazepam 100ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-amino-flunitrazepam 100ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-amino-nitrazepam 100ng/mL</td>
</tr>
<tr>
<td>Cocaine metabolites</td>
<td>300</td>
<td>11-nor-delta-9</td>
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<tr>
<td></td>
<td></td>
<td>Tetrahydrocannabinol-9-Carboxylic acid 15ng/mL</td>
</tr>
<tr>
<td>Opiates</td>
<td>300</td>
<td>Benzoylecgonine 150ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ecgonine methyl ester 150ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Codeine 300ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morphine 300ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-Acetylmorphine* 10ng/mL</td>
</tr>
</tbody>
</table>

*These drugs may be optionally tested within each class and the specified cut-off levels shall apply.
All our Drug Screens (NO-STEP, KEY CUP, PROC-SCREEN, FIRST SIGN & STAT Swab) have built in pro-
cedural Control Lines to verify that the test is indeed “working”.

The control line should appear first on all test windows. If the control
line does not appear then the test should be deemed invalid and
another test used.

5 Panel
A second line should then appear for all tests—this indicates
A NEGATIVE TEST (2 lines in each test window).
The intensity of either line is not important.

6 Panel—10 Panel
Three lines should appear in each test window—indicating a NEGA-
TIVE TEST. Intensity of any line colour is not important.

These guidelines should be followed

1. A Single Line = POSITIVE (NON-NEGATIVE)

2. A Double Line = NEGATIVE (5 panel)

3. Three Lines = NEGATIVE (6 & 10 Panel)

NO Control Line = NO RESULT**/Invalid

** No result/invalid cards should be returned to us with their batch #, Lot# and expiry date noted (from foil pouch). Our manufacturer retains tests from each Batch and Lot # for integrity issues should they arise. We will replace any invalid test.

READING DRUG SCREEN RESULTS

All positive results are presumptive & should be confirmed by lab
GC/MS (Gas Chromato-
graph/Mass Spectro-
mety)

All 6 & 10 PANEL TEST
Negative = 3 lines in each test window
## COST COMPARISONS

### COST COMPARISON BETWEEN APC GROUP MULTI PANEL DRUG SCREEN DEVICE - VERSUS OTHER COMPETITORS

<table>
<thead>
<tr>
<th>5 PANEL TEST cup &amp; Adulterant Test</th>
<th>COST</th>
<th>X QTY 25</th>
<th>Additional cost to customer (on 25 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO-STEP</td>
<td>6 Panel</td>
<td>$18.00</td>
<td>$450</td>
</tr>
<tr>
<td>PROSCREEN</td>
<td>6 Panel</td>
<td>$20.50</td>
<td>$512.50</td>
</tr>
<tr>
<td>SURE STEP</td>
<td>6 Panel</td>
<td>$25.00</td>
<td>$625</td>
</tr>
<tr>
<td>Others</td>
<td>6 Panel</td>
<td>$28.00</td>
<td>$700</td>
</tr>
</tbody>
</table>

$$ Cost Savings on 25 units BETWEEN $175-$250 per box

### COST COMPARISON BETWEEN APC GROUP DRUG SCREEN DEVICE VERSUS COMPLETE LABORATORY TESTING

<table>
<thead>
<tr>
<th>5 Panel Test</th>
<th>Total # of tests</th>
<th>Positive</th>
<th>Negative</th>
<th>Cost per positive</th>
<th>Cost per negative</th>
<th>Total cost NZ$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Laboratory testing &amp; NZDDDA</td>
<td>1000</td>
<td>30</td>
<td>970</td>
<td>Up to $150</td>
<td>Up to $70</td>
<td>$67,900</td>
</tr>
<tr>
<td>Using NO-STEP DRUG SCREEN</td>
<td>1000</td>
<td>30</td>
<td>970</td>
<td>$18</td>
<td>Up to $150</td>
<td>17,460</td>
</tr>
</tbody>
</table>

TOTAL COST SAVINGS/ON-SITE SCREENING/1000 TESTS $50,440
Quick Calculations!!

```
<table>
<thead>
<tr>
<th>Cost per Negative Test</th>
<th>Staff Screened</th>
<th>100 X $70</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70</td>
<td>X 100 per month</td>
<td>$7000.00 p.m.</td>
</tr>
</tbody>
</table>
```

“other professionals” conducting screening on your behalf

```
$7000.00 - $1800.00 = $5200.00 Saving p.m.
```

```
<table>
<thead>
<tr>
<th>Cost per Negative Test</th>
<th>Staff Screened</th>
<th>100 x $17</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18</td>
<td>X 100 per month</td>
<td>$1800.00 p.m.</td>
</tr>
</tbody>
</table>
```

Conducting your own drug screening (in-house)

Third Party Screening

For those that prefer “third” party screening the cost saving above can be applied minus the deduction for your nominated medical centre performing the “collection and reporting of results” to you.

Negotiable on quantities—but usually between $20 and $30 per test

```
Med. Ctre Collection @$25.00
```

```
Staff screened X 100 per month = $2500.00
```

```
$5300 - $2500 = Saving $2800.00
```

Which ever method is preferred (your own workplace testing regime or a nominated third party) your budgets bottom-line can remain intact with substantial cost savings.
Integrity Testing

Multi-Drug Screen Test Cup

- **OX**: oxidants, bleaches, peroxide
- **NIT**: nitrites, checks for commercial adulterants Klear & Whizzies. Normal urine should have no trace of nitrites.
- **SG**: specific gravity checks for sample dilution, water & flushing
- **GLUT**: tests for presence of aldehydes - which are not normally found in urine
- **pH**: tests for acidic or alkaline additives. Normal values in urine lie between 4.0 and 9.0. Values below 4.0 and above 9.0 indicate sample has been altered.
- **CRE**: creatinine checks for dilution and flushing.

**Color Chart**

**Adulterant Interpretation**

**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.

**Nitrite (NIT)**: Tests for commercial adulterants such as Klear and Whizzies. Normal urine specimens should contain no trace of nitrite. Positive results for nitrite usually indicate the presence of an adulterant.

**Glutaraldehyde (GLUT)**: Tests for the presence of an aldehyde. Glutaraldehyde is not normally found in a urine specimen. Detection of glutaraldehyde in a specimen is generally an indicator of adulteration.

**Creatinine (CRE)**: Tests for the specimen for dilution and flushing. Normal creatinine levels are between 10 mg/dl and 300 mg/dl. Low creatinine (less than 5 mg/dl) may indicate a diluted urine specimen.
We are happy to offer our customers and their staff / team members an Overview to On-Site Drug Screening:

as applicable to the

AS/NZ Standard 4308:2008
and in the use of our products
(free of charge)
(duration approx 1 hour)

We can also organise Unit Standards Training for

25458 Perform Urine Specimen Collection in the Workplace for drug testing (Level 3, 2 credits)
25511 Perform urine drug screening in the workplace (Level 4, 4 credits)

Accredited facilitator runs Courses in most main centres up and down the company on a regular basis with training taking a full day 8.30am to 4.30pm

Cost per person is $550 + GST but if interested in training a number of staff (8+) – not necessarily all at once, then price can be negotiated to $450 per person + GST

The above courses are not essential for staff completing pre-employment screening, (unless you are intending to have non-negatives confirmed but we do still highly recommend it -
but it is absolutely essential for any staff completing post accident, just cause or random testing for those already in the workplace –
We have found those completing the course (regardless of how long they have been completing drug screening) feel far more empowered and confident in their roles….with further education and insight into the whole process and of course at the end of the day they are “certified” collectors to the AS/NZ 4308:2008 Standard with NZQA Credits (6) which goes down very well with clients/prospective clients.

It is also advisable for those that have been accredited prior to the new standard in 2008 to complete a “refresher” course as previously there was not a standard for “workplace” collection and screening, so several new things have come into the mix such as Specimen Temperature, Integrity Testing and the COC (Chain of Custody) process.
For further information or pricing on any of the products in this catalogue or assistance with any aspect of drug and alcohol detection please contact us by any of the above methods - or to contact a particular staff member see below:

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