Saliva Alcohol Test

**Intended Use**
The Saliva Alcohol Test is a rapid, sensitive method to detect the presence of alcohol in saliva and provide an approximation of relative blood alcohol concentration. This test provides a preliminary screen only. A more specific analytical chemical method must be used in order to obtain a quantified analytical result. Clinical consideration and professional judgment should be applied to any test result, screening strips (e.g., pregnancy tests) or other preliminary positivity indicators are not sufficient.

**Summary**
Three- to six-hour alcohols in saliva. The alcohol blood concentration at which a person becomes impaired is variable dependent upon the individual. Each individual has specific parameters that affect the level of impairment such as size, weight, eating habits and alcohol tolerance. Repeated or prolonged consumption of alcohol will contribute to a patient’s condition by affecting the liver, kidneys, and medical conditions.

**Precautions**
It is well established that the concentration of alcohol in saliva is comparable to that of blood. The Saliva Alcohol Test consists of a pouch that contains a testing strip and a foil pouch. The solutions of alcohol, the reaction pad will rapidly turn colors depending on the concentration of alcohol in saliva to interfere with the test.

**Assay Specificity**
The Saliva Alcohol Test will react with methyl, ethyl and allyl alcohols.

**Interfering Substances**

- Drugs: The test strip may interfere with the Saliva Alcohol Test when using samples other than saliva. The named substances do not normally appear in the concentration of alcohol in saliva to interfere with the test.
- Reagents: 
  - Tetramethylbenzidine: Alcohol Oxidase (EC 1.1.3.13)
  - Other reagents
- **Precautions**
  - Do not reuse
  - Do not use if package is damaged
  - Do not use if package content is damaged
  - Authorized representative in the European Community

**NOTE:** The following instructions pertain only to devices that contain an alcohol test strip.

**FOR FORENSIC USE**
The DrugCheck® SalivaScan Oral Fluid Drug Test is a rapid visual immunosay for the qualitative, presumptive detection of drugs of abuse in human oral fluid specimens. The test system consists of one or two membrane strips mounted in a plastic cassette.

This test detects combinations of the following drugs at the concentrations listed below. Specific combinations vary according to the test in question.

**PRINCIPLE**
The DrugCheck SalivaScan is an immunosay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugate for binding sites on the membrane strip. The presence of drug will vary according to the specific drug strip.

**INTERPRETATION OF RESULTS**

**Negative: When the Saliva Alcohol Test shows no color change this should be interpreted as an invalid test indicating that alcohol has not been detected.**

- Invalid: If the color pad has a blue color before applying saliva sample, do not test the test.

**Limitations**
- 1. Failure to wait 15 minutes after placing food, drink, or other materials (including smoking) in the mouth before running the test can produce erroneous results due to possible contamination of the saliva by interfering substances.
- 2. The Saliva Alcohol Test is highly sensitive to the presence of alcohol. Alcohol vapers in the area are sometimes detected by the Saliva Alcohol Test. Alcohol vapers are present in many institutions and homes. Alcohol is a component in many household products such as disinfectants, deodorizers, perfumes, and glass cleaners. If the presence of alcohol is suspected, the test should be performed in an area known to be free of vapors.
- 3. Inspection or general use of over-the-counter medications and products containing alcohol can produce positive results.

**Performance Characteristics**
The detection limit on the Saliva Alcohol Test is from 0.02% to 0.30% for appropriate relative alcohol blood level. The cutoff level of the Saliva Alcohol Test can vary based on local regulations and laws. Test results can be compared to reference levels with color chart on the foil pack.

**Bibliography**

**Materials Required But Not Provided**
- Timer
- Positive and negative controls

**Package Insert**

**Materials Required But Not Provided**

**INTRODUCTION**
The DrugCheck SalivaScan for AMP/BAR/BUP/BZO/COCAINE/DPR/MDMA/PCP/PPI/THC parent/THC and metabolites is a rapid, oral fluid testing strip that utilizes monoclonal antibodies to selectively detect elevated levels of specific drugs in human oral fluid.

**Amphetamine (AMP):** Amphetamine (amphetamine, methamphetamine, and the structurally related “designer” drugs, e.g., Ecstasy) are sympathomimetic amines whose biological effects include potent central nervous system (CNS) stimulation, anorectic, hyperthermic, and cardiovascular properties. They are usually taken orally, intranasally, or intravenously and are absorbed from the gastrointestinal tract and are then either deactivated by the liver. Amphetamines increase the heart rate and blood pressure and may cause a mixed appetite. Some studies indicate that heavy abuse may result in permanent changes in certain neural structures in the brain.

**Benzodiazepines (BZD):** Benzodiazepines are medications that are frequently prescribed for the symptomatic treatment of anxiety and sleep disorders. They work by using their specific receptors involving a neurochemical called gamma-aminobutyric acid (GABA). Because this receptor is a key receptor for GABA, benzodiazepines have replaced Barbiturates in the treatment of both anxiety and insomnia. Buprenorphine (BUP): Buprenorphine is a partial agonist used in the treatment of opioid addiction. The drug is sold under the registered names subutex™, Buprenex™, and suboxone™, which are used in the treatment of opioid addiction and opioid withdrawal. Methadone (MTD): Methadone is an analgesic drug that is used in the treatment of narcotic addicts. Among the psychological effects induced by using methadone are analgesia, sedation, and respiratory depression. Opioids (e.g., heroin, cocaine) cause delirium, amnesia, impaired motor function, high blood pressure, sweating. Cocaine is excreted in saliva primarily as benzoylecgonine in a short period of time.

**Cotinine (COT):** Cotinine is the first-stage metabolite of nicotine, a toxic alkaloid that produces stimulation of the autonomic ganglia and central nervous system. Cotinine is a metabolite formed in the liver from nicotine. The plasma half-life of Buprenorphine is 2-4 hours. While complete elimination from the body may take as long as 8-10 days, the detection window for the parent drug in urine is thought to be approximately 7-14 days.
Propoxyphene (PPX): amounts of propoxyphene, and codeine are derived from the resin of opium poppy. Heroin is quickly metabolized to morphine. They are used therapeutically as sedatives, hypnotics, and analgesics such as acetaminophen or aspirin, oxycontin consists solely of small doses of oxycodone hydrochloride combined with other agents such as aspirin or acetaminophen. It is indicated for the management of moderate to severe pain, and it is available in tablet, chewable, and extended-release forms. Physiological effects of propoxyphene include physiological effects include sedation, drowsiness, and dizziness.

Barbiturates are almost always taken orally as capsules or tablets. They are used therapeutically as sedatives, hypnotics, and analgesics such as acetaminophen or aspirin. Oxycontin consists solely of small doses of oxycodone hydrochloride combined with other agents such as aspirin or acetaminophen. It is indicated for the management of moderate to severe pain, and it is available in tablet, chewable, and extended-release forms. Physiological effects of propoxyphene include sedation, drowsiness, and dizziness.

Phencyclidine (PCP): Phencyclidine is an amphetamine that was originally used as an anesthetic agent and a veterinary tranquilizer. Phencyclidine can produce hallucinations, disorientation, loss of coordination, trancelike, ecstatic states, a sense of euphoria and alertness.

Methamphetamine and its metabolites are detectable in urine for up to 2 days after the last dose if the urine is collected immediately after the last use. Methamphetamine is metabolized in the liver and excreted through the kidneys. Barbiturate (BAR): Barbiturates are central nervous system depressants. They are used specifically as sedatives, hypnotics, and analgesics. Barbiturates are almost always taken orally as capsules or tablets. They are used therapeutically as sedatives, hypnotics, and analgesics such as acetaminophen or aspirin. Oxycodone is prescribed by the doctor and Percocet contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin. Oxycodone consists solely of small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin.

Methamphetamine and its metabolites are detectable in urine for up to 2 days after the last dose if the urine is collected immediately after the last use. Methamphetamine is metabolized in the liver and excreted through the kidneys.

Barbiturate (BAR): Barbiturates are central nervous system depressants. They are used specifically as sedatives, hypnotics, and analgesics. Barbiturates are almost always taken orally as capsules or tablets. They are used therapeutically as sedatives, hypnotics, and analgesics such as acetaminophen or aspirin. Oxycodone is prescribed by the doctor and Percocet contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin. Oxycodone consists solely of small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin.

Methamphetamine and its metabolites are detectable in urine for up to 2 days after the last dose if the urine is collected immediately after the last use. Methamphetamine is metabolized in the liver and excreted through the kidneys.

Barbiturate (BAR): Barbiturates are central nervous system depressants. They are used specifically as sedatives, hypnotics, and analgesics. Barbiturates are almost always taken orally as capsules or tablets. They are used therapeutically as sedatives, hypnotics, and analgesics such as acetaminophen or aspirin. Oxycodone is prescribed by the doctor and Percocet contain only small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin. Oxycodone consists solely of small doses of oxycodone hydrochloride combined with other analgesics such as acetaminophen or aspirin.

Methamphetamine and its metabolites are detectable in urine for up to 2 days after the last dose if the urine is collected immediately after the last use. Methamphetamine is metabolized in the liver and excreted through the kidneys.