BECKMAN COULTER CE

SYNCHRON System(s)
Chemistry Information Sheet

PROX
Propoxyphene

REF 475027

For *In Vitro* Diagnostic Use

Rx Only

ANNUAL REVIEW

Reviewed by	Date	Reviewed by	Date

PRINCIPLE

INTENDED USE

PROX reagent, in conjunction with UniCel® DxC 600/800 System(s) and SYNCHRON® Systems Drugs of Abuse Testing (DAT) Urine Calibrators, is intended for the qualitative determination of propoxyphene in human urine at a cutoff value of 300 ng/mL.

The PROX assay provides a rapid screening procedure for determining the presence of propoxyphene (PROX) and its major metabolite, norpropoxyphene, in urine. This test provides only a preliminary analytical result; a positive result by this assay should be confirmed by another generally accepted non-immunological method such as thin layer chromatography (TLC), gas chromatography (GC), or gas chromatography/mass spectrometry (GC/MS). GC/MS is the preferred confirmatory method.[1,2]

Clinical consideration and professional judgement should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

CLINICAL SIGNIFICANCE

Propoxyphene is a mildly effective narcotic analgesic commonly prescribed for the treatment of mild-to-moderate pain. Measurements of propoxyphene are used in the diagnosis and treatment of propoxyphene use and overdose.

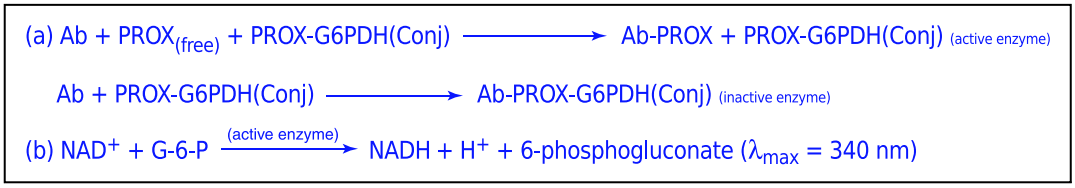
METHODOLOGY

The PROX assay utilizes a homogenous enzyme immunoassay method.[3] The PROX reagent is comprised of specific antibodies which can detect most propoxyphene and norpropoxyphene in urine. A drug-labeled glucose-6-phosphate dehydrogenase (G6PDH) conjugate competes with any free drug from the urine sample for a fixed amount of antibody binding sites. In the absence of free drug from the sample, the drug-labeled G6PDH conjugate is bound by the specific antibody and enzyme activity is inhibited. This reaction creates a direct relationship between the presence of drug and

enzyme activity. The G6PDH enzyme activity is determined spectrophotometrically by measuring its ability to convert nicotinamide adenine dinucleotide (NAD) to NADH (reduced form).

The SYNCHRON System(s) automatically proportions the appropriate sample and reagent volumes into a cuvette. The ratio for PROX is one part sample to 25 parts reagent. The System monitors the change in absorbance at 340 nanometers to calculate and express a reaction rate. A qualitative result is reported based on a comparison of the sample rate to the calibrated cutoff rate.

CHEMICAL REACTION SCHEME



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GENERAL DISCUSSION

Propoxyphene is structurally related to methadone. When taken orally, the potency is one-half to two-thirds that of codeine. The combination of propoxyphene with other analgesics such as aspirin and acetaminophen can produce a synergistic effect.[4] Peak plasma concentrations are reached within 2 to 2.5 hours. Side effects associated with oral administration of propoxyphene include nausea, vomiting, constipation, delusion, hallucination, confusion, cardiotoxicity and pulmonary edema.[5] Propoxyphene is metabolized rapidly in the liver to yield norpropoxyphene which is excreted in the urine. Detecting propoxyphene or its metabolites in the urine indicates use of propoxyphene.

SPECIMEN

TYPE OF SPECIMEN

Freshly collected urine samples should be used for testing. Collect urine samples in glass or plastic (i.e., polypropylene, polycarbonate, polyethylene) containers. Urine samples should be collected in the manner routinely used for drug screening analysis.[6] Samples should be at room temperature for testing.[7]

SPECIMEN STORAGE AND STABILITY

If the sample cannot be analyzed immediately, it may be stored at +2°C to +8°C for up to 7 days.[2,6] If longer storage is required or when a split sample collection method is used, samples should be stored frozen at -20°C or less.[6]

Additional specimen storage and stability conditions as designated by this laboratory:

SAMPLE VOLUME

The optimum volume, when using a 0.5 mL sample cup, is 0.3 mL of sample. For optimum primary sample tube volumes and minimum volumes, refer to the Primary Tube Sample Template for your system.

CRITERIA FOR UNACCEPTABLE SPECIMENS

Refer to the PROCEDURAL NOTES section of this chemistry information sheet for information on unacceptable specimens.

Criteria for sample rejection as designated by this laboratory:

PATIENT PREPARATION

Special instructions for patient preparation as designated by this laboratory:

SPECIMEN HANDLING

Special instructions for specimen handling as designated by this laboratory:

REAGENTS

CONTENTS

Each kit contains the following items:

One PROX Reagent Cartridge (1 x 250 tests)

VOLUMES PER TEST

Sample Volume	10 µL	
Total Reagent Volume	250 µL	
Cartridge Volumes		
A	200 µL	Antibody/Substrate Reagent
B	50 µL	Enzyme Conjugate Reagent
C	– –	

REACTIVE INGREDIENTS

REAGENT CONSTITUENTS

Antibody/Substrate Reagent: 69 mL

Monoclonal anti-propoxyphene Antibodies (mouse)

Glucose-6-phosphate (G6P)

REAGENT CONSTITUENTS

Nicotinamide adenine dinucleotide (NAD)

Tris buffer

Enzyme Conjugate Reagent: 18 mL

Glucose-6-phosphate dehydrogenase (G6PDH) labeled with propoxyphene derivative

Tris buffer

Also non-reactive chemicals necessary for optimal system performance.

> ⚠ **CAUTION**
>
> **Sodium azide preservative may form explosive compounds in metal drain lines. See NIOSH Bulletin: Explosive Azide Hazard (8/16/76).**
> **To avoid the possible build-up of azide compounds, flush wastepipes with water after the disposal of undiluted reagent. Sodium azide disposal must be in accordance with appropriate local regulations.**

GHS HAZARD CLASSIFICATION

Not classified as hazardous

SDS Safety Data Sheet is available at techdocs.beckmancoulter.com

MATERIALS NEEDED BUT NOT SUPPLIED WITH REAGENT KIT

SYNCHRON Systems DAT Negative Urine Calibrator (0 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug Low Urine Calibrator (300 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug High Urine Calibrator (1000 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug Low Urine Control (200 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug High Urine Control (375 ng/mL propoxyphene)

REAGENT PREPARATION

No preparation is required.

ACCEPTABLE REAGENT PERFORMANCE

The acceptability of a reagent is determined by successful calibration and by ensuring that quality control results are within acceptance criteria. Refer to the Quality Control section of this chemistry information sheet for Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines.

REAGENT STORAGE AND STABILITY

PROX reagent when stored unopened at +2°C to +8°C, will remain stable until the expiration date printed on the cartridge label. Once opened, the reagent is stable for 90 days at +2°C to +8°C unless the expiration date is exceeded. DO NOT FREEZE.

Reagent storage location:

CALIBRATION

CALIBRATOR REQUIRED

SYNCHRON Systems DAT Negative Urine Calibrator (0 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug Low (cutoff) Urine Calibrator (300 ng/mL propoxyphene)
SYNCHRON Systems DAT Multi-Drug High Urine Calibrator (1000 ng/mL propoxyphene)

CALIBRATOR PREPARATION

No preparation is required.

CALIBRATOR STORAGE AND STABILITY

SYNCHRON® Systems Drugs of Abuse Testing (DAT) Urine Calibrators are stable until the expiration date printed on the calibrator bottles if stored capped in the original containers at +2°C to +8°C.

⚠ CAUTION

Urine is not known to transmit infectious disease such as Hepatitis or HIV. However, because this product contains material of human origin, it should be handled as though capable of transmitting infectious diseases. The United States Food and Drug Administration recommends such samples be handled as specified in the Centers for Disease Control's Biosafety Level 2 guidelines.[8]

Calibrator storage location:

CALIBRATION INFORMATION

1. The DAT assays require three levels of calibrators. The calibration measures the separation between calibrators to ensure reagent integrity.

NOTICE

The calibration factor generated is non-functional for sample result calculation.

2. The system must have a valid calibrator cutoff value in memory before controls or patient samples can be run. The cutoff value for each DAT chemistry represents the mean reaction rate of the Low Calibrator, and is reported in mA/min units on patient and control reports. Cutoff values are stored in memory until the next successful calibration.

3. Under typical operating conditions the PROX reagent cartridge must be calibrated every 14 days and also with certain parts replacements or maintenance procedures, as defined in the UniCel DxC 600/800 System *Instructions For Use* (IFU) manual.
4. This assay has within-lot calibration available. For detailed calibration instructions, refer to the UniCel DxC 600/800 System *Instructions for Use* (IFU) manual.
5. The system will automatically perform checks on the calibration and produce data at the end of calibration. In the event of a failed calibration, the data will be printed with error codes and the system will alert the operator of the failure. For information on error codes, refer to the UniCel DxC 600/800 System *Instructions For Use* (IFU) manual.

TRACEABILITY

For Traceability information refer to the Calibrator instructions for use.

QUALITY CONTROL

Good laboratory practices suggest the use of control specimens to ensure proper assay performance. Each analytical run should include controls with levels 25% above and 25% below the cutoff threshold of each drug, as well as negative specimens certified to contain no drug.[9] In addition, these controls should be run with each new calibration, and after specific maintenance or troubleshooting procedures as detailed in the appropriate system manual. More frequent use of controls or the use of additional controls is left to the discretion of the user based on good laboratory practices or laboratory accreditation requirements and applicable laws.

The following controls should be prepared and used in accordance with the package inserts. Discrepant quality control results should be evaluated by your facility.

Table 1.0 Quality Control Material

CONTROL NAME	SAMPLE TYPE	STORAGE

TESTING PROCEDURE(S)

1. If necessary, load the reagent onto the system.
2. After reagent load is completed, calibration may be required.
3. Program samples and controls for analysis.
4. After loading samples and controls onto the system, follow the protocols for system operations.

For detailed testing procedures, refer to the UniCel DxC 600/800 System *Instructions For Use* (IFU) manual.

RESULTS INTERPRETATION

The system performs all calculations internally to produce the final qualitative result, reported as POSITIVE or NEGATIVE. The qualitative result is based on a comparison of the sample rate to the calibrated cutoff rate; a sample rate greater than or equal to the cutoff rate is reported as POSITIVE. A POSITIVE result (≥300 ng/mL) from this assay indicates only the presence of PROX or its metabolites and does not necessarily correlate with the extent of physiological and psychological effects. A NEGATIVE test result indicates that PROX is either not present, or is present at levels below the cutoff threshold of the test.

REPORTING RESULTS

Equivalency between the SYNCHRON LX and UniCel DxC 600/800 Systems has been established. Chemistry results between these systems are in agreement and data from representative systems may be shown.

Additional reporting information as designated by this laboratory:

PROCEDURAL NOTES

LIMITATIONS

1. The test is designed for use with human urine only.
2. Do not dilute the urine samples since this is a qualitative assay. Dilution of samples may produce erroneous results.
3. Interference has been demonstrated from mefenamic acid, a nonopioid analgesic.[10]
4. Adulteration of the urine sample may cause erroneous results. Alteration of a urine specimen may be detected by checking the appearance, temperature, pH, specific gravity, and creatinine levels of a sample.[6] If adulteration is suspected, obtain another sample and forward both specimens to the laboratory for testing.
5. An effort should be made to keep pipetted samples free from gross debris. It is recommended that highly turbid specimens be centrifuged before analysis.

PERFORMANCE CHARACTERISTICS

RELATIVE SENSITIVITY AND SPECIFICITY

Eighty clinical urine specimens were collected and tested. One hundred percent agreement was obtained between the SYNCHRON LX System and the SYNCHRON CX7 DELTA. The cutoff value of the SYNCHRON Systems PROX assay is 300 ng/mL.[11]

Table 2.0 SYNCHRON LX vs. SYNCHRON CX7 DELTA

PROX		SYNCHRON LX		
		Positive	**Negative**	**Total**
SYNCHRON CX7 DELTA	Positive	39	0	39
	Negative	0	41	41
Total		39	41	80

Relative Sensitivity: 100%

Relative Specificity: 100%
Overall Agreement: 100%

CROSS REACTIVITY

Propoxyphene and various potential interfering substances in a human urine matrix were tested for cross-reactivity with the SYNCHRON Systems PROX assay. The following table summarizes the results obtained at the concentrations tested for each potential cross-reactant.

Table 3.0 Cross Reactivity[a]

COMPOUND	CONCENTRATION (µg/mL)	EFFECT
Propoxyphene (cutoff)	0.3	Positive
Norpropoxyphene	0.5	Positive
Acetaminophen	1000	Negative
Acetylsalicylic Acid	1000	Negative
Albuterol	1000	Negative
Amitriptyline	50	Negative
d-amphetamine	1000	Negative
Benzoylecgonine	1000	Negative
Caffeine	100	Negative
Carbamazepine	20	Negative
Chlorpromazine	10	Negative
Codeine	500	Negative
Dextromethorphan	200	Negative
Diphenhydramine	500	Negative
Doxylamine	100	Negative
Imipramine	100	Negative
Methadone	100	Negative
Methaqualone	500	Negative
Metronidazole	1000	Negative
Morphine	20	Negative
Nortriptyline	500	Negative
Oxazepam	300	Negative
Phencyclidine	400	Negative
Pheniramine	100	Negative
Phenobarbital	1000	Negative
Phenytoin	40	Negative
Primidone	24	Negative
Secobarbital	1000	Negative

Table 3.0 Cross Reactivity, Continued

COMPOUND	CONCENTRATION (µg/mL)	EFFECT
Theophylline	40	Negative
Valproic Acid	150	Negative

a Data shown was collected using SYNCHRON CX Systems. Equivalency between SYNCHRON LX Systems has been established by Deming regression analysis to SYNCHRON CX Systems.

PRECISION

The following estimates of within-run imprecision were obtained when 20 replicates of the Negative Calibrator, Control 1 (200 ng/mL), Calibrator 1 (300 ng/mL), Control 2 (375 ng/mL) and Calibrator 2 (1000 ng/mL) were assayed on a properly operated and maintained SYNCHRON LX System.

Table 4.0 Typical Within-Run Imprecision

SAMPLE	MEAN RATE (mA/min)	1 SD (mA/min)	% CV
Negative Cal	266	2.2	0.8
Control 1	400	3.3	0.8
Cal 1	428	2.7	0.6
Control 2	469	3.4	0.7
Cal 2	495	2.6	0.5

Each laboratory should characterize their own instrument performance for comparison purposes. Instruments operated and maintained according to manufacturer‘s instructions should exhibit a within-run coefficient of variation of ≤ 2.0% for all sample levels.

NOTICE

These degrees of precision and equivalency were obtained in typical testing procedures on a SYNCHRON LX® System and are not intended to represent the performance specifications for this reagent.

ADDITIONAL INFORMATION

For more detailed information on UniCel DxC Systems, refer to the appropriate system manual.

SHIPPING DAMAGE

If damaged product is received, notify your Beckman Coulter Clinical Support Center.

REVISION HISTORY

Revision AF

Corrected the translation of days in the Calibration Stability section of the Greek translation.

Revision AG

Updated corporate address.

Revision AH

Added Revision History.

Revision AJ

Added new language requirement: Czech, and Korean.

Revision AK

Removed references to CX and LX systems as they are discontinued effective 12/2013.

Added Beckman Coulter trademark statement and disclaimer.

Revision AL

Added GHS Classification information

FOOTNOTES

It is possible that other substances and/or factors (e.g. technical or procedural) not listed above may interfere with the test and cause false results.

REFERENCES

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2. National Institute on Drug Abuse, "Mandatory Guidelines for Federal Workplace Drug Testing Programs", *Federal Register*, Vol. 53, No. 69 (1988).
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9. Substance Abuse and Mental Health Service Administration, "Mandatory Guidelines for Federal Workplace Drug Testing Programs", *Federal Register*, Vol. 58, No. 14, (1993).
10. Crane, T., et al., "Mefenamic Acid Prevents Assessment of Drug Abuse with EMIT™ Assays", *Clin. Chem.*, Vol. 39, No. 3, 549 (1993).
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